



The Timothy Montoya Task Force: To Prevent Children From Running Away From Out-Of-Home Placement | Meeting 10

Meeting Minutes -- Prevention Subcommittee Discussion

November 1st, 2023, 8:00 am-11:00 am Virtual Meeting (Zoom)
Facilitators: Keystone Policy Center (Trace Faust)

Prevention Subcommittee	<ul style="list-style-type: none"> • Participants: Stephanie Villafuerte, Renee Marquardt, Michelle Bradley, Bryan Kelley, Brandon Miller, Elizabeth Montoya, Trace Fause, Kevin Lask, David Lee, Chris Ward, Trissie Casanova, Jenna Coleman, Becky Miller Updike, Ashley Chase, Chelsea Hill, Laurie Burney. • Bryan Kelley outlined his research that he has completed about other states. He said that the presentation today is from Vermont and that he is excited to hear about the best policies that we can use in CO. He introduced Trissie Casanova and Chris Ward. • Trissie said that there are staff secure facilities and unlocked facilities in VT. These facilities have delayed locks. She is also able to issue a stop order where staff can restrain youth that are trying to run away. Her job is investigating children who are suspected of being trafficked and at risk youth. She uses different factors to decide whether to issue a stop order. Factors include run history, frequency, duration, type, intensity, with whom, risk for trafficking, gang involvement, and crossing state lines. These are all used to determine if the risk is high enough to warrant a stop order. She also said that VT uses a risk screening tool to assess for sex trafficking of minors. She said that many of the youth in DCF custody score a high risk (some static, some dynamic). She noted that even though a child scores a high risk, it might not always mean she will issue a stop order but that the scores play a role when considering the child as a whole. She said VT is centralized and she is the only person in her role. She recognizes CO is decentralized. VT Department of Children and Families (DCF) services include juvenile justice and child protection. She said there are different types of youth in the facilities; youth on probation or dependency proceedings that fall beyond the control of a parent. She also said that they do not do parole; their version of parole looks like a child coming into DCF custody as a dependent based on delinquent acts. • Chris said that his job is regulating and licensing programs. He assesses programs for adherence. He also investigates claims of child abuse in residential facilities or schools. This is separate from investigations in the home. He recognized Kevin Lash and Elizabeth Montoya and the seriousness of these tragic situations. Regulations within the state carry the force of law. This brings enforcement power. Physical restraint is allowed in the law. It is a civil rights and a human rights issue so it is a serious decision. But if a child is at risk of hurting themselves or others, then staff should restrain. This applies to kids agressing others, suicide and high risk run away. VT had a secure residential facility that was locked but it closed down in 2020 after public comment that it was too correctional. He said that now there is a question about where children with serious convictions should reside. The state is in
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the planning of building a residential facility that is locked. Now, the state only has facilities with door delay locks. The 15-20 second delay allows for staff to step in and stop the child from leaving. If the youth leaves, staff is expected to follow them and if the child is gone for more than 3 hours, then it gets reported to the state and to the child's parents. Bryan invited the Task Force for questions.

- Trissie clarified that the staff secure placements are for children in DCF custody. There are other residential facilities for children not involved with DCF custody or juvenile justice. Chris said that there is one exception in Washington County at the mental health center that has children both in and out of DCF custody.
- Kevin Lash asked if this set up works and recalled his son's situation where the family knew he needed a secure facility but had to wait until he had a felony. Chris said that the locked facility was historically problematic and that it served children who were adjudicated, meaning they committed some crime and now they needed a secure facility, and kids who were not adjudicated, meaning they had severe mental health issues that were dangerous to themselves or others. He said there are very different treatment and supervision needs for the different types of children, children with behavioral issues and children with mental health issues. But, he also said that there is a lot of overlap between these different types of children. Adjudicated delinquent children also had mental health concerns and the mental health concern children frequently committed crimes and became adjudicated delinquents. He said that DCF and the VT Department of Mental Health System struggle to classify children into one of these types. He said that since there is so much overlap, it is hard to tease out the differences. But, he said that at the same time, it is a problem to have both types of children in the same program since the needs are different. He said that the program was good at dealing with children with behavioral concerns but not as good at dealing with children with mental health concerns. Kevin said that he was surprised by the answer and that, in his experience, there was so much overlap between the two groups so the treatment for adjudicated youth and non adjudicated youth was exactly the same and that is why his son was sent to a program for adjudicated youth prior to his juvenile justice involvement. Chris said that he is not familiar with that program but he is not surprised by the high level of overlap; he said that the facility in VT was set up with a more corrections focus and it was not particularly good at treating youth with mental health concerns in a trauma informed way. Trissie followed up by saying that VT is unique and that children do not have to enter the child protection system in order to access residential treatment. She said this process is through a coordinated service plan. Any child that is a resident of VT and that needs a higher level of care can access a coordinated service plan meeting to discuss the child's needs, including if the child needs residential care. The meetings include the school, the designated mental health agency, parents, and DCF. If the child needs residential care, the team can send that request to the case review committee, on the state level, for approval. The case review committee consists of DCF, the Department of Mental Health, the Department of Education, the Department of Aging and Independent Living,



and the Federation of Families. The committee reviews cases weekly and notifies each child's team of their recommendations for potential placements, both in and out of state. So, children can access this residential treatment regardless of involvement with DCF. She recognized that not all states have access to such an internal structure. She said that the Department of Mental Health, the Department of Education and the Department of Aging and Independent Living has access to all of the different contracts that DCF has access to.

- Elizabeth Montoya asked about the restrain guidelines in facilities where children admit themselves. She said that the only involvement from the state was that they were enrolled in Medicaid so it was the care coordinators that approved the Medicaid funding that recommended the different facilities. Chris said that it would be the same regulations if the residential treatment facility was licensed by DCF. It would be the same requirement to intervene if a child is at risk of harming self or others and the same requirement to report to the facility and to the family if the child was gone for longer than 3 hours. Trissie said that if a program falls under a residential treatment facility category, then DCF is the regulatory and licensing body.
- Brandon Miller introduced himself and asked context questions. He asked about the frequency of runaways, the size of facilities and who has the authority to request and issue a stop order. Chris said that he leans on Trissie for these questions. Trissie said that the programs are relatively small. Most of the programs look like houses. She said it is a complicated answer because children in DCF custody have a required process when a child tries to run away so these are easy to track. She cannot speak to children in residential programs that try to run away and are not in DCF care since these are harder to track. VT intelligence housed in the Department of Public Safety will collaborate with her especially about children who are trafficked. She also said that the media will pick up stories about children who run away. These are some of the ways she finds out about children not in DCF care who run away. Chris said that it is not a super frequent problem but that is a different answer for intensity. Sometimes children come back after less than 3 hours and those are not reported. He said he gets notified about once a month of a child running away from the 25 or so residential treatment programs. There are usually more in the summertime. But he said that if a child is gone overnight or for a couple of days, it is very intense; it is the ultimate legal and ethical liability. He also agreed with Trissie that they do not have statistics on youth who run away that are not involved with DCF. He also said that most of the facilities have space for 6-10 beds. Their largest program is licensed for 50 children. Trissie said that now it is more boys on the run than girls but it has been flipped in the past. She also said that it used to be that children would be gone for a week on average but now it is over a month. She said that right now they have about 3 or 4 boys missing. Trace offered a reminder for the last part of Brandon's question. Chris said that he tells staff to follow licensing regulations which states that staff can only intervene physically if a child is about to seriously hurt themselves. If a staff acts out of step with the regulations then they would get cited. But if they intervene and there is a real reason for it, then they would not get cited. He clarified that no one is really



giving or not giving permission; the program is making a clinical and supervisory decision on whether they need to stop the child or not. Brandon followed up if mental health and developmental or intellectual level is considered when deciding to restrain. Chris said yes and included opioid use as another risk factor. Trissie said that the specialized service unit matches children with services and they can advise on what cases to use restraints on. Trace said that if Task Force members are curious about the specifics of anything in this conversation, that they can look to provide that.

- Bryan said that he appreciates the mention of mixed communities of adjudicated and non adjudicated youth. He said that the focus of the Task Force is non-adjudicated youth. He asked if stop orders are common or more rare; he also asked about if there are differences between adjudicated and non-adjudicated youths having a stop order. Kevin followed up about what exactly a stop order is. Chris said that a stop order is stopping a child from leaving a building. It is not always the best tool since it is not therapeutic and people can get hurt but, when kids have enough risk, it is needed to stop them from running. He also said that there is not a difference between adjudicated and non-adjudicated youths; it is the same regulations. Trissie followed up that a child's delinquency status will not automatically qualify them for a program taking that into consideration when deciding to stop them or not. Chris then mentioned that, before the locked facility shut down, the high risk children would go there and they could not escape. So since this facility has shut down, stop orders have gone up.
- Stephanie asked about the definition of emergency and if there is anything in law or regulation about helping facilities determine a mutual understanding of an emergency. Trissie deferred to Chris. Chris said that it is a subjective assessment. He read the regulation, "restraints shall only be used to ensure the immediate safety of the child or others when no less restrictive intervention has been or is likely to be effective in averting danger. Restrain shall only be used as a last resort" He recognizes that there are so many gray areas in many of these phrases. There is also a gray area with the language of 'potential danger'. He usually recommends reporting things that involve a siren (fire, police, hospital). He also recommends reporting when a child is gone for more than 3 hours but that also gets ambiguous when a child's age is considered. The regulations are sometimes purposefully vague as to not lock programs into specific things. Stephanie asked about the effectiveness of delay gates. He said that they are pretty effective based on the incident reports and staff can engage the child to prevent them from leaving. Trissie said that some of the latest runaways have planned their runs carefully.
- Dr. Renee Marguardt introduced herself and asked about higher mental health needs children and about the designations of the facilities. She also asked about VT children in out of state facilities. Chris said that VT is moving through making all the facilities FFPSA compliant. There are no QRTPs or PRTFs in VT so they are losing federal funding. Trissie said that they are planning to build a PRTF; she is unsure of the timeline of when that will be open. Chris said that there are no stratified levels in VT, only RTPs. There are some differences in the containment level (if kids can have jobs, have friends come over, visit family, go to school, etc.) Staff secured with delayed locks is



the highest level of care but all facilities are licensed as the same thing. He also said that, historically, there were always more VT children in VT than out of state but now it is flipped and there are more children out of state than in state. This is not something the state strives for but it is because it is a lack of a complete system of care. Trissie said that there is a good number of requests for out of state care for children not involved with DCF. She said that the current cases are more complex and have many layers (violence, developmental delays, substance abuse, etc.) and the community has not been able to meet the needs. She said any child seeking substance abuse care must be placed out of state. Renee asked if children go out of state more often for public safety needs or for treatment needs. Trissie said that it is usually due to treatment needs. She also said that there are a few delinquent children that they are really struggling with and trying to send out of state since they need to be in a locked facility but no program will take them due to their violent history. Sometimes these kids have to go back into the community because of a lack of resources. She said that the specialized services unit has a team member who's job is to find programs that meet the needs of children. She finds programs, vets them, finds their regulatory history and then DCF works to get a contract with them. She said that this is what VT has been struggling with and she noted that placing girls who are violent is particularly hard.

- Michelle Bradley introduced herself and asked about a situation; what if there is a child in a QRTP and they run frequently and are now labeled a chronic runner and have an unsuccessful discharge. Since the facility will not take them back again and in CO they must exhaust all in state options before looking out of state, how does VT handle these situations? Trissie said that in the residential programs, it is built into the contracts. She said that she thinks that running is a part of the treatment but that they would usually look for PRTF that is a locked psychiatric treatment program for the next placement. They would look out of state for those since nothing in VT is locked. Chris said that he was happy the locked state run facility closed since it needed to be but now their hands are tied in some senses. The facility was 'no reject, no eject' meaning they would take everyone and never kick them out. The state is lacking a facility like this now since private facilities run out of capacity at some point. Trace asked if there was a waiting list and Chris said no. Trissie said that it was 30 beds and she never remembers a time when it was full. Chris said it was usually 5-10 children living there. Trissie said that, due to the lack of locked facilities, the set up right now is pretty unsafe. She said that they are staffing children 24 hours a day with DCF staff and sometimes with law enforcement present at a variety of buildings like hospitals, police stations and other buildings. It is unsustainable and extremely problematic especially for children with a higher level of care. She said that she is also a part of the staffing but she is no longer licensed to restrain a child so, she and others have to let children run and call the police to get them so as to not compromise safety. Michelle commented that there are some staff staying in hotels with children which is incredibly unsafe. Trissie said that due to a horrible instance in the past, VT no longer staffs at hotels.



- Trace asked about regulations around placing children out of state, especially when they have ran from multiple facilities multiple times. Chris said that it is case by case and that there is nothing in policy about this. Trissie said that the case review committee decides which program, either in state or out of state, is the best for the child. Cases get re-referred to the case review committee to look at next steps. Caseworkers do not make the decisions, the case review committee makes the determinations.
- Brandon asked about facility designations for PRTFs. Trissie said that their locked facility was not a PRTF since it was more a juvenile detention center. She said that there was a time when it had a wonderful treatment program. Brandon asked if most PRTFs are locked, and Trissie said yes. Renee commented that PRTFs don't have to be locked but they can be locked. There are no federal regulations against locking them. They cannot be used for security for children with public safety concerns.
- Chris thanked the group for their time and commented that children run away for maladaptive reasons but sometimes they run for healthy connections so, he hopes that VT will be able to best service children in need and provide what it is their missing so they do not run. Trissie said that children in DCF custody do a post run interview after they come back and children always have a reason for running so it is helpful to know what is leading up to the run. There are forensic investigation interviews for children who come back from running away if there is suspected trafficking involved. She said that children always run for a reason; it might not be a reason that an adult would agree with but they always have a reason. They are either running to something or from something. The decisions can be impulsive or planned. It is important that people talk to children, even the children that are not in DCF custody.
- Trace thanked Trissie for this perspective that centers youth stories. They thanked both Trissie and Chris for their time! Then, they reminded folks to review the materials and about the note catcher. Bryan seconded that.
- Trace brought the group back and directed them to include their notes in the note catcher document for 5 minutes.
- Brandon shared his notes verbally since the note catcher did not allow for editing for him. He said that pre-coordination is an interesting area. He asked about where the delayed locks are and how VT is handling having a locked facility at one point but not anymore. Trace appreciated these comments since it can be easy to focus on the policy side but it is important to think about what it will look like in practice. Brain also said that he noticed that VT struggles with the same things CO struggles with like when to restrain a child. Trace said that they will make sure these notes make it to the catcher.
- Becky mentioned that kids are mostly being placed in TX and TN and she is wondering if these facilities are locked or not. Jenna Coleman said that one of the facilities in TN has a ton of land and their outlook is letting children run but knowing they will never get off the land. She wonders if that place has a fence and if CO could get creative with something like this. Renee said that there was a similar facility in CO for children in juvenile justice, called the Ridgeview Center by Rights of Passage.
- Trace brought up the small programs.



- Becky made a comment that it would be very hard to fund a facility with 8-10 kids in it. Brandon commented that smaller is always better but asked if the resources can make it work. Trace asked if there are small facilities in CO; Becky and Renee said no. Renee said that it is the direction the field wants to move in though and that funding is the crux of it.
- Stephanie said that she wants to combine some conversations the Task Force and the state are having. She also asked a clarifying question about locks. Brandon said that some of the doors in the facility are locked; 1 of the doors is a delayed lock and the other door is not. He is not sure why this rule is. Stephanie asked about other mechanisms like electronic monitoring. She is wanting to dig deeper into this and she asked Becky for support on this. She also wanted to connect Brandon, Renee and Becky. Kevin said that his son cut off 3 ankle monitors in his teenage years. Stephanie said that when there is a will there's a way but she is worried about situations with no protections. Elizabeth mentioned other tracking devices on clothing.
- Trace directed the group to look specifically at CO and Bryan's materials. Bryan introduced the documents he prepared about CO state regulations and statutes. He opened it up to questions.
- Brandon asked about contradictions in the language. For example, some say that anything hands on is a restraint and others say that anything under a minute is not a restraint. Bryan said that the laws and regulations apply to different situations and circumstances so they are not always applicable to the type of child the Task Force is talking about. It is still important to have this information to get a full picture though. He also said he is working on getting a presenter to talk about the nuances in the laws and regulations. Stephanie also commented that the laws and regulations include many different situations. She also brought up that the team is making a presentation to put this all together. Brandon asked about how the regulations came about and from which statutes. Stephanie said that the statute can be broad and that the rules committee will get more specific for operational use. The rules only have to pass the state board so sometimes the rules do not always match the statute. She is not comfortable, usually, with broad laws and figuring out the details in rules even though this happens all the time.
- Bryan directed the group's attention to the state policy summary. Trace said that it is important to review the table of contents for an overview. Bryan mentioned again that CO can pull from other states to avoid reinventing the wheel.
- Trace asked members to continue to add comments to the note catcher.
- Stephanie brought the group back and asked Brandon about the difference between CO and VT when facilities assess risks. Brandon said that his understanding of VT was that the facility will reach out to the regulating person and confirm that it would be appropriate to stop this child in a run. Stephanie said she liked that, especially to improve facility to regulator relationship since regulators will not always act the same across different facilities. He also said that he liked the VT assessment tools mentioned since it brought everyone together in agreement on the level of risk. He said that there are assessment tools but more agreed upon risk factors is a better



approach. Stephanie said that she agrees and it brought clarity on the legal interpretation; this was one of her biggest takeaways from the presentation.

- Renee said that she saw 2 themes; restraining and stop orders. She said she was wondering about the distinction between children with stop orders and children with known risk factors. She is wondering what added things the staff can do with a stop order.
- Kevin said that he understood that VT has a state person that determines the best facility for the child; he never encountered one in his experience. Brandon said that CO also has a state person but, since the state is decentralized, it is more county based so the state person is not super effective. Stephanie discussed an agreed upon assessment tool and assessing children with the state and parents ahead of time. She said that she gleaned some preadmission tools from the VT presentation but that she gathers that VT is struggling just as much as CO. She is excited to look into TX's education for runaway prevention.
- Brandon said that part of the issue is that the facilities do not allow for a continuum of care to be able to serve the higher risk children since all the facilities look the same.
- Jenna said that their assessments include 3 points of view but families enrolled in Medicaid cannot access this resource. Elizabeth asked if this is what CCHA supports. Jenna said that assessments take a long time and it was a thought she had with levels of care.
- Trace asked for overall reactions about the helpful nature of the information they received. They recognized that no system is perfect but is this the information they need to make decisions.
- Jenna said that what stood out to her was the comment at the end about prevention, figuring out the why and preventing it from happening again. Bryan said that some states have specific procedures and policy about post run interviews so this can be something to look into more.
- Stephanie said that her comments are not about the quality of the presentation since the presenters were knowledgeable but she is frustrated since this presentation was not the 'silver bullet'. This is a credit to the Task Force since this work is on the cutting edge. She finds herself finding kernels of information to help put together best practices.
- Renee seconded Stephanie's comments. She also commented that children in a facility have different considerations than children in foster care.
- Brandon said that he agrees with Jenna and that treatment should be individualized. The problem is that the statute says that restraining can never be a part of a treatment plan or a behavior modification plan. It only mentioned a carve out for 'emergency'. Elizabeth said that this is a part of coordinating care and deciding ahead of time that it is okay to stop a child.
- Ashley Chase said that she is struggling with the lack of due process and having children in facilities that look a lot like jail. The idea that a youth in a civil system can be subjected to things that are not allowed in a detention facility is a struggle.
- Trace expressed gratitude towards the group and that the other group is rejoining.
- The group was then called back into the large group for a debrief.



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