



Family First Prevention Services Act- Independent Assessments

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COLORADO
Office of Behavioral Health
Department of Human Services



Today's Goal:
*You will know what these
assessments are, and your role in
completing them*



SECTION 1

*What's with all the
acronyms?*

FFPSA, QRTP, OBH, DCW, DYS, ASO, IA



What is FFPSA?

- The Family First Prevention Services Act (Family First, FFPSA)
- A federal law
- Allows child welfare agencies to use federal funding to pay for services that keep kids safe, growing up in their families
- Family First provides Colorado the opportunity to
 - Reshape child welfare and provide more proactive services
 - Partner with service providers to respond to the individual needs of children, youth, and families.
 - Provide treatment in a setting that is designed to provide a higher level of care



- **October 1, 2019:** Federal reimbursement first became available to states that had opted into the program at the earliest possible time
- **October 1, 2021:** Final date for all states/Tribes to show compliance with and opt into Family First

Family First Federal Timelines

What is QRTP?

- Qualified Residential Treatment Program (QRTP)
- Created by FFPSA
- A new type of residential level of care that is for TREATMENT
- Less than 16 beds, have a trauma-informed model, shorter term
- Nursing and clinical staff must be accessible 24 hours a day/7 days a week
- State licensed AND nationally accredited
- Youth will be assessed to determine if this is the appropriate level of care to meet their needs
- Many current residential providers will become QRTPs

QRTP and courts

- Court Involvement:
 - For youth in child welfare, the court must “determine and approve” the QRTP placement and find that the placement provides the most effective level of care
 - The Court will decide whether the placement is consistent with the short-term and long-term goals for the child
- For DYS youth, the Administrative Review Division (ARD) will conduct the approval

What is OBH?

- Office of Behavioral Health (OBH)
- Part of the Colorado Department of Human Services
- A “sister” agency to the Office of Children, Youth, and Families (OCYF)
- Will implement and monitor all things for the Independent Assessment
- Also approve QRTP trauma-informed models



What is DCW?

- Division of Child Welfare (DCW)
- Within the Colorado Department of Human Services- Office of Children, Youth, and Families
- Oversees the county child welfare agencies
- Primary facilitators of FFPSA
- County children will be “stepping up” to QRTPs from the community, or “stepping down” from hospitals



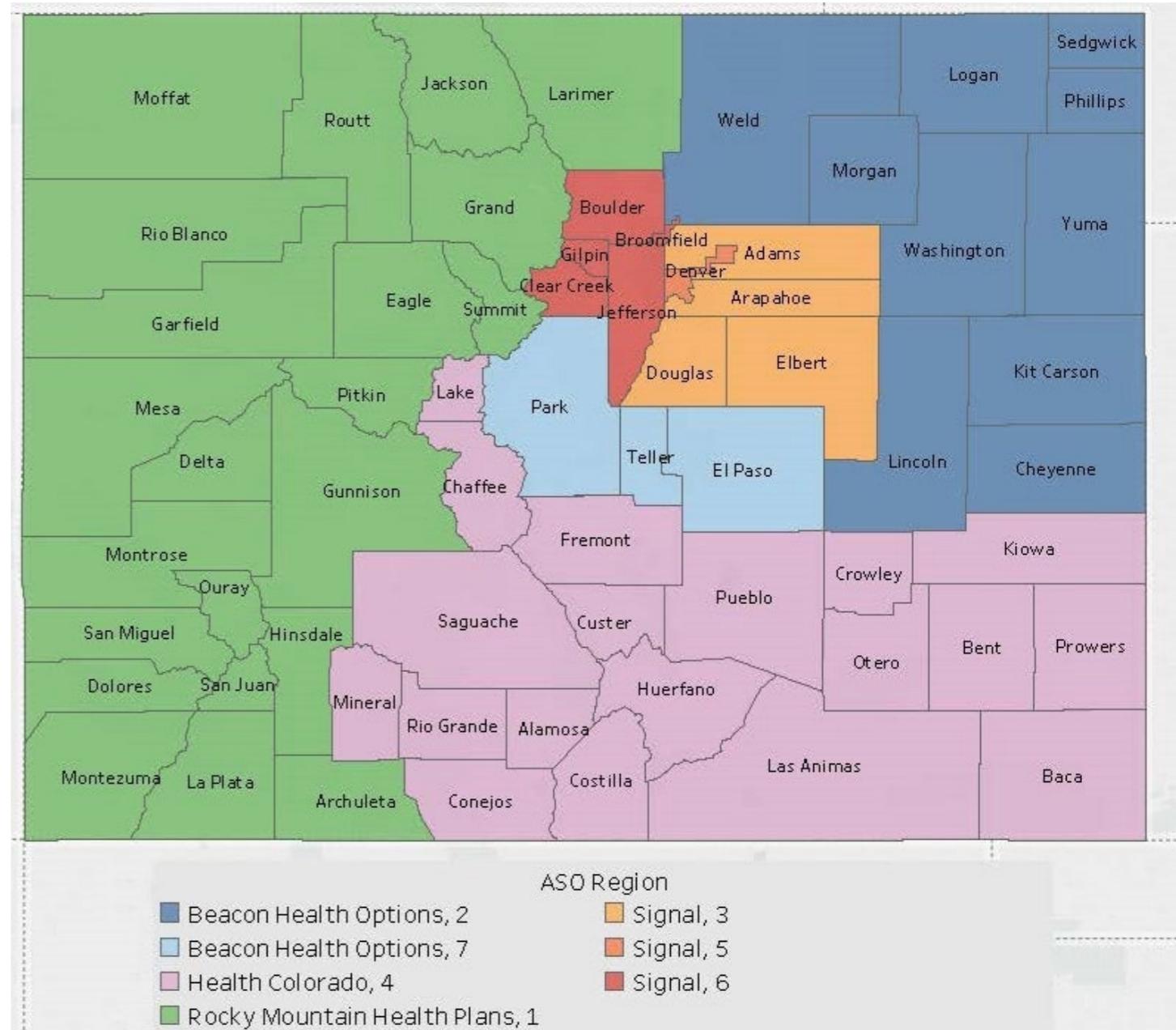
What is DYS?

- Division of Youth Services (DYS)
- Formerly Division of Youth Corrections (DYC)
- Within the Colorado Department of Human Services- Office of Children, Youth, and Families
- Provides for the care and supervision of youth committed by the District Court to the custody of CDHS
- Operates 12 secure youth centers
- Serves youth age 10-21 who are pre-adjudicated or committed
- DYS will be “stepping down” to QRTPs from the detention or commitment



What is ASO?

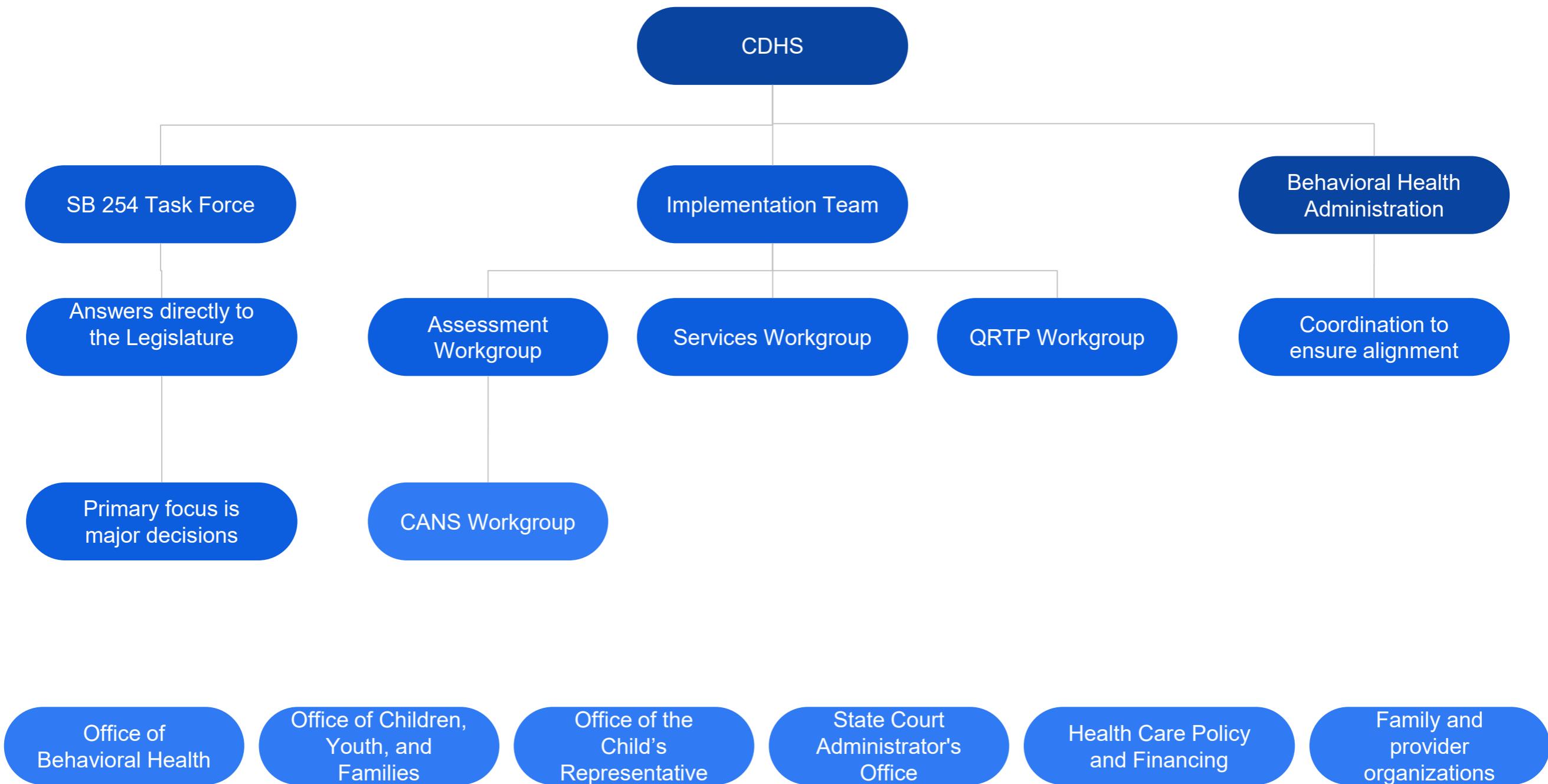
- Administrative Service Organization (ASO)
- Created by, and contracted with, the Office of Behavioral Health
- Primary focus is the Colorado Crisis Services
- Will complete the FFPSA Independent Assessment for all children/youth in DYS or DCW seeking QRTP treatment



What is IA?

- Independent Assessment OR Independent Assessor (IA)
- Also might be called a Independent Qualified Individual (IQI or QI)
- The person who completes the full FFPSA QRTP assessment
- Licensed professional (LPC, LCSW, LAC, LMFT, psychologist, psychiatrist)
- The individual Independent Assessor:
 - Must not be an interested party or participant in the juvenile court proceeding and must be free of any personal or business relationship that would cause a conflict of interest
 - Will sign a conflict of interest form
 - Cannot work for, or receive funding from, any placement setting
 - Cannot be a provider of the child/youth or family

Who's Working on FFPSA in Colorado?



SECTION 2

What is Your Role?

Your qualifications, your goal, what is the process



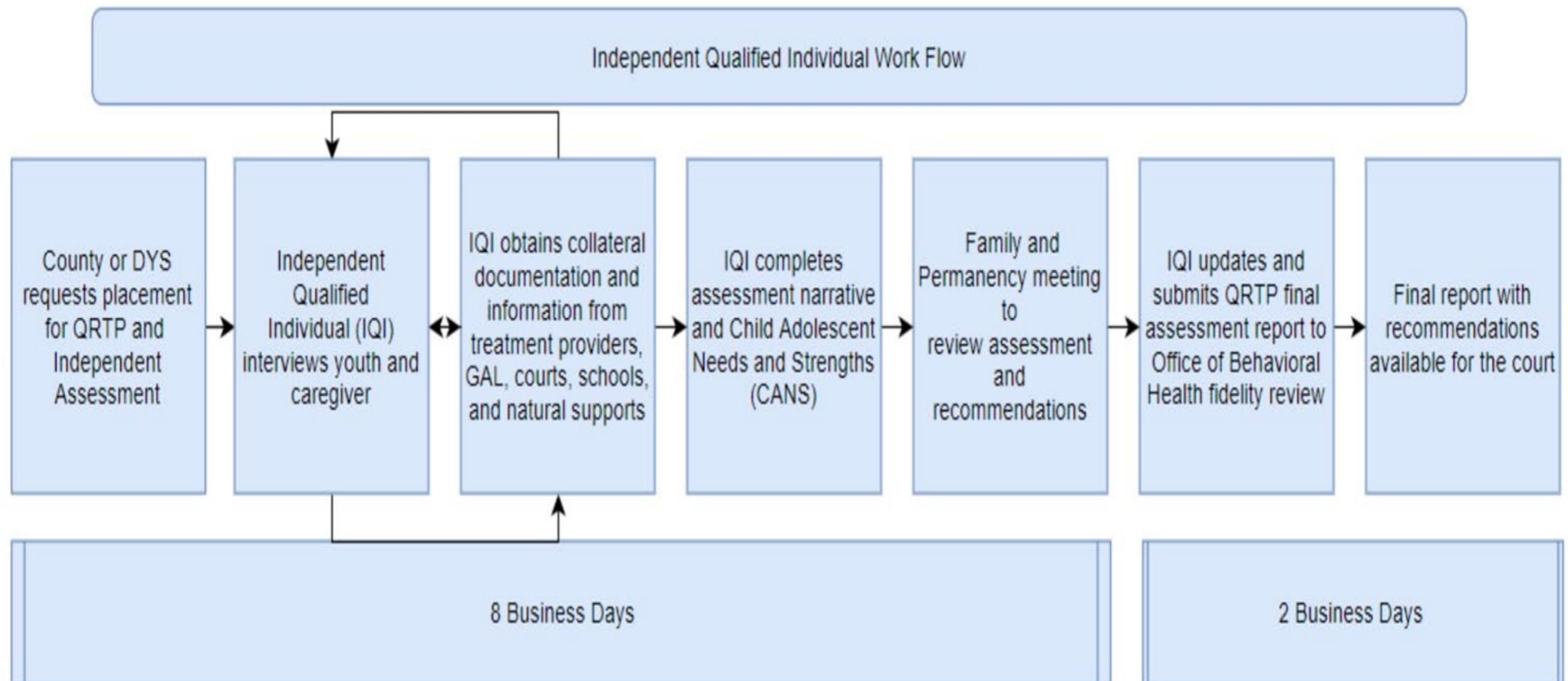
Qualifications of the Independent Assessor

- An assessment is required for all DHS and DYS children/youth entering a QRTP
- Licensed professional (LPC, LCSW, LAC, LMFT, psychologist, psychiatrist)
- Certified to complete the CANS
 - Taking the Colorado CANS training is HIGHLY recommended
- Agree with the conflict of interest form
- Must understand the difference between Medicaid and FFPSA medical necessity
- Must understand: child development, family systems, local and regional services, DCW and DYS systems, QRTP/group home/foster home services
- Must be able to complete highly professional assessments and documentation
- Must be person-centered, using culturally appropriate language, trauma-informed, and able to work with diverse stakeholders

The IA Goals:

- Complete a full psychosocial assessment on children/youth and their families to identify the most appropriate level of behavioral health treatment

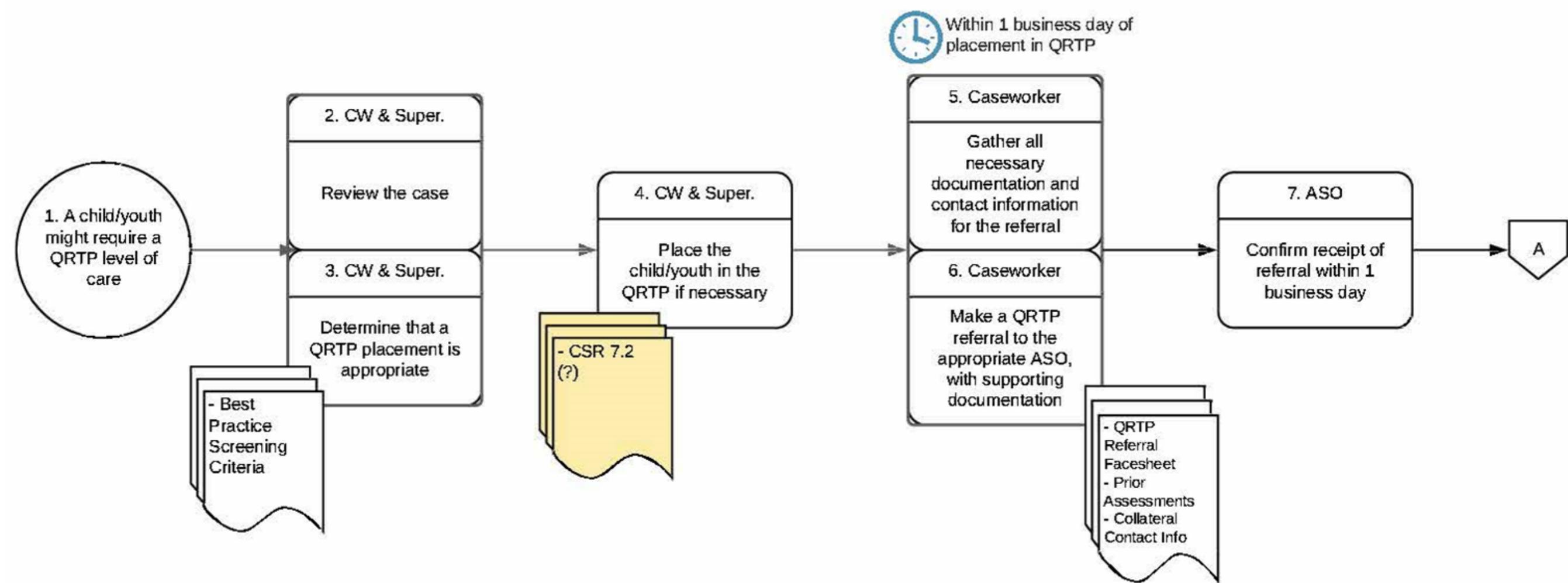
The Process- in a nutshell



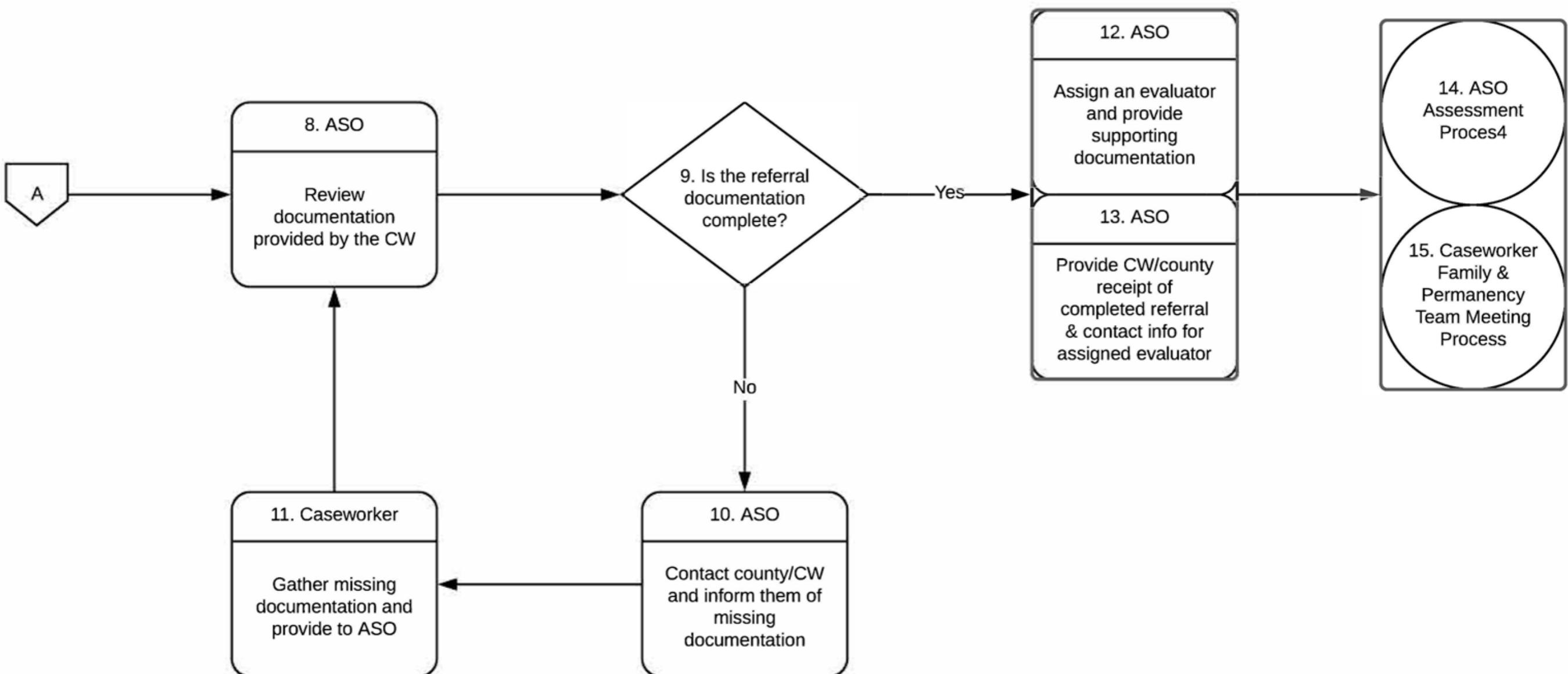
What is the Referral Process?

Points of Reference

1. A youth may already be placed in a QRTP placement at the beginning of this process, but best practice is that a referral is made to the Independent Assessor prior to placement.
2. If the child/youth needs to be placed in a QRTP placement immediately, the beginning steps of this process may be expedited but all steps will still need to be completed.
3. If there is referral documentation that is being held up by an agency outside of Child Welfare, then the caseworker will continue to gather that documentation and provide it to the ASO prior to the Family & Permanency Team Meeting. If this documentation is missing at the time of the Team Meeting, it will not be included in the CANS Assessment or the final ASO recommendation and will be noted in the court report.



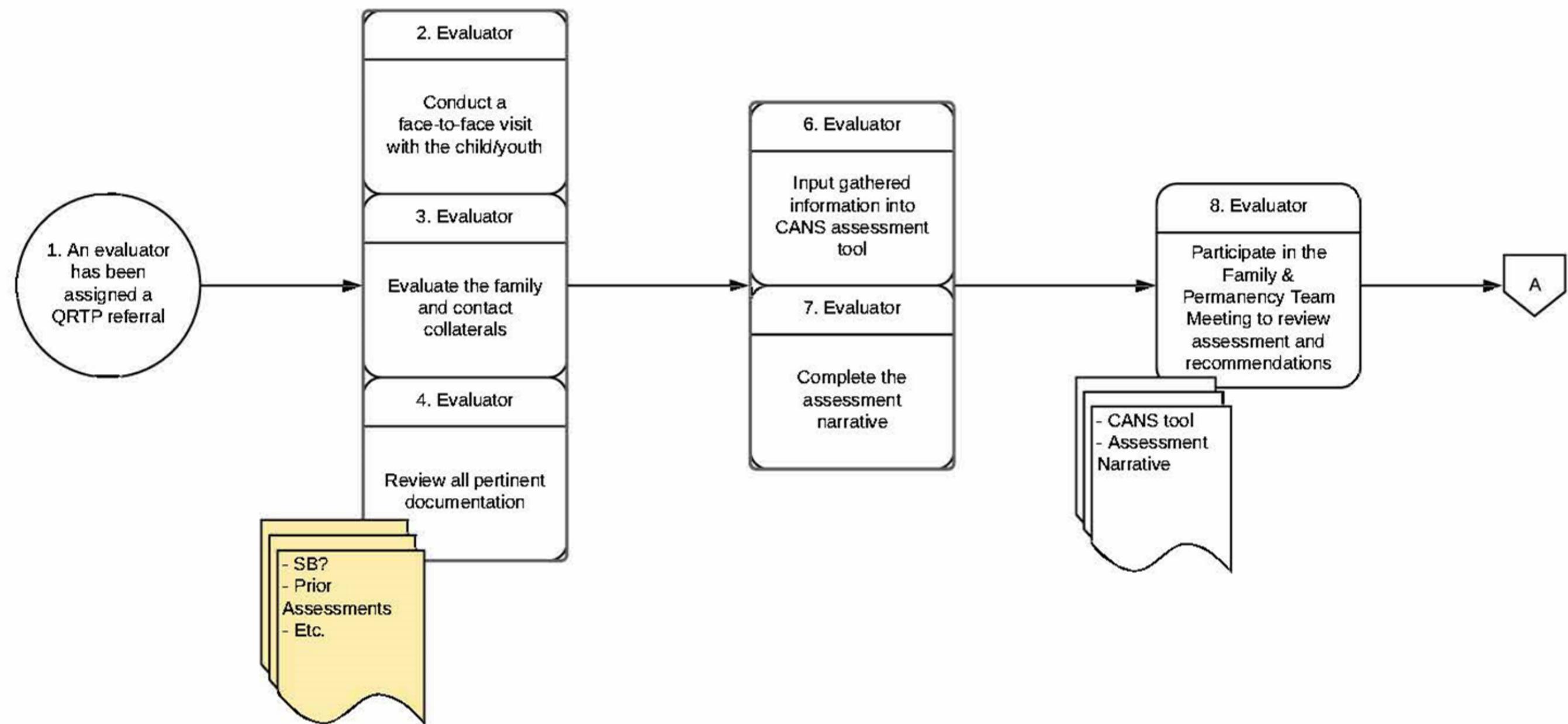
What is the Referral Process?



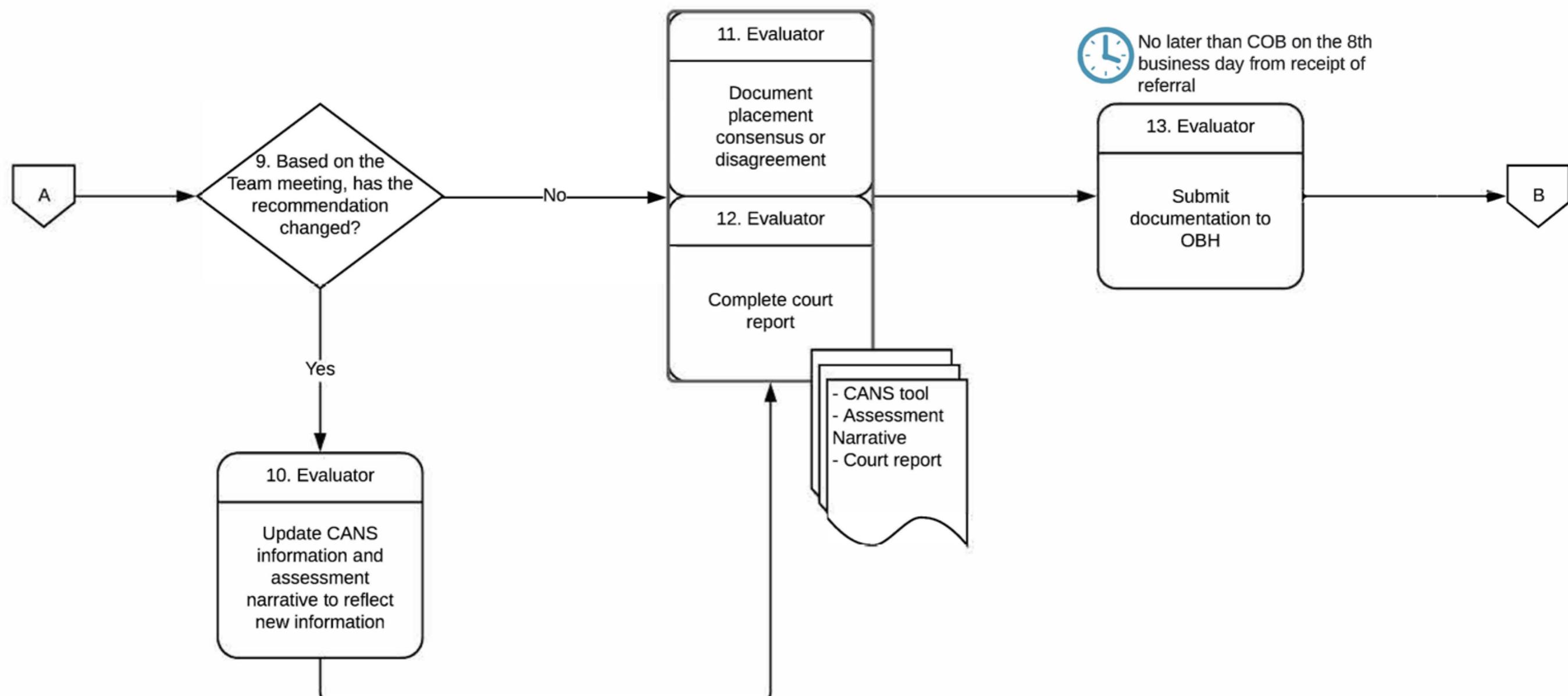
What is the Assessment Process?

Points of Reference

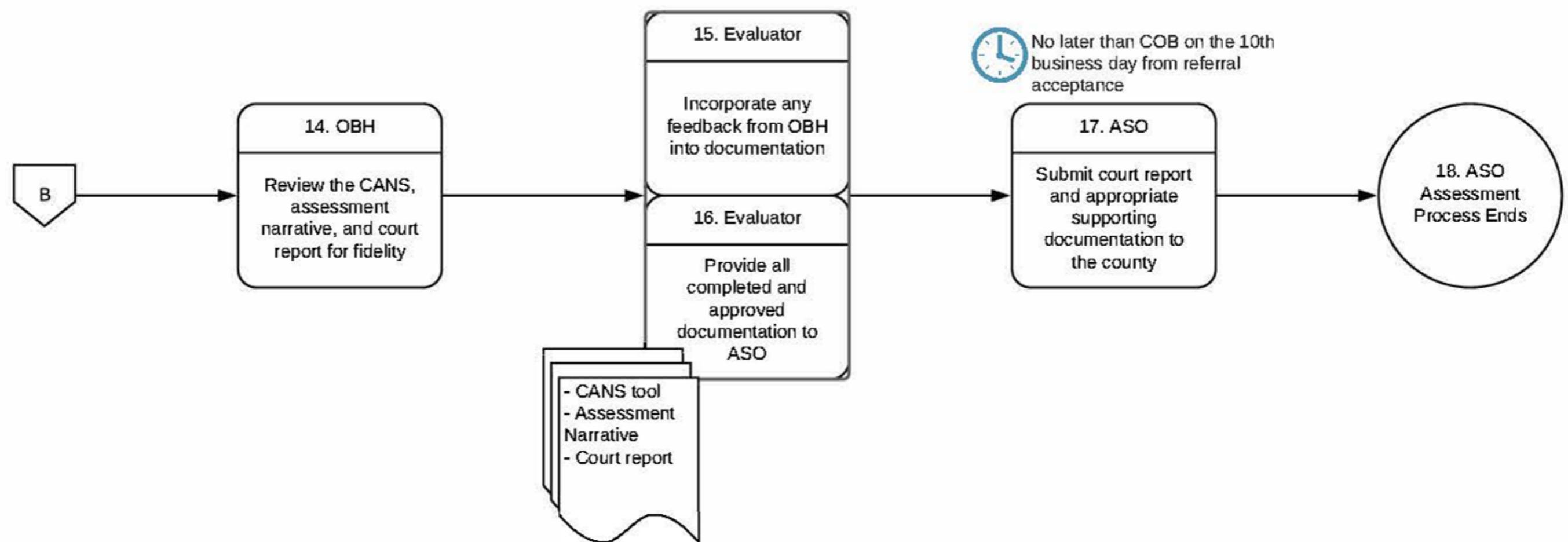
1. The ASO assessment process will be completed within 10 business days of receipt of a completed referral from a county.
2. This process occurs concurrently with the Caseworker Family & Permanency Team Meeting process.
3. The Family & Permanency Team Meeting is a standalone process that is lead by the Child Welfare Case Worker.
4. Once this process is complete, the ASO Fidelity Monitoring process begins, part of which includes a survey sent to people who participated in the Assessment process.
5. QRTP - Qualified Residential Treatment Program; ASO - Administrative Service Organization; OBH - Office of Behavioral Health



What is the Assessment Process?



What is the Assessment Process?



The Assessment Process

- Mandatory disclosure, conflict of interest form
 - If you don't have confirmation that an abuse event was previously reported- report it to the hotline
- A full psychosocial assessment
- Assess the strengths and needs of the child/youth, and family
- Uses the Colorado- Child and Adolescent Needs and Strength (Colorado CANS) tool
- Collaterals
 - Reviews all available collateral, including past assessments/screens/reports
 - Make dedicated efforts to interview:
 - Family
 - Current and previous medical and behavioral health providers
 - County and DYS staff
 - School
 - Guardian ad Litem (GAL)
 - Natural supports
 - Relatives and fictive kin
 - Clergy
 - Other appropriate professionals



The Assessment Process-Continued

- Determine if the needs of the child can be met with:
 - Family members
 - Placement in a foster family home
 - Qualified Residential Treatment Program
 - Specialized setting providing prenatal, postpartum, or parenting supports for youth
 - Supervised setting in which the child is living independently for youth 18+
 - A setting providing residential care and support services to child and youth who have been found to be, or are at risk of becoming, sex trafficking victims
- Develop a list of child/Youth and Family-specific short- and long-term mental and behavioral health goals

The Documentation Process

- Assessment Narrative → Colorado CANS → Court Report
- Assessment Narrative:
 - OBH-Created template
 - Has all needed information for the CANS and court report
 - Based on a standard “intake” or assessment
 - Will consist of all pertinent information obtained during the assessment process
- Colorado CANS:
 - Will help the IA determine what are the core needs/strengths of the child/youth and family
 - Top items will be incorporated into the goals, level of care recommendations, and the court report
- Court Report:
 - A final document that outlines major findings and recommendations
 - Submitted by the ASO to the county or DYS

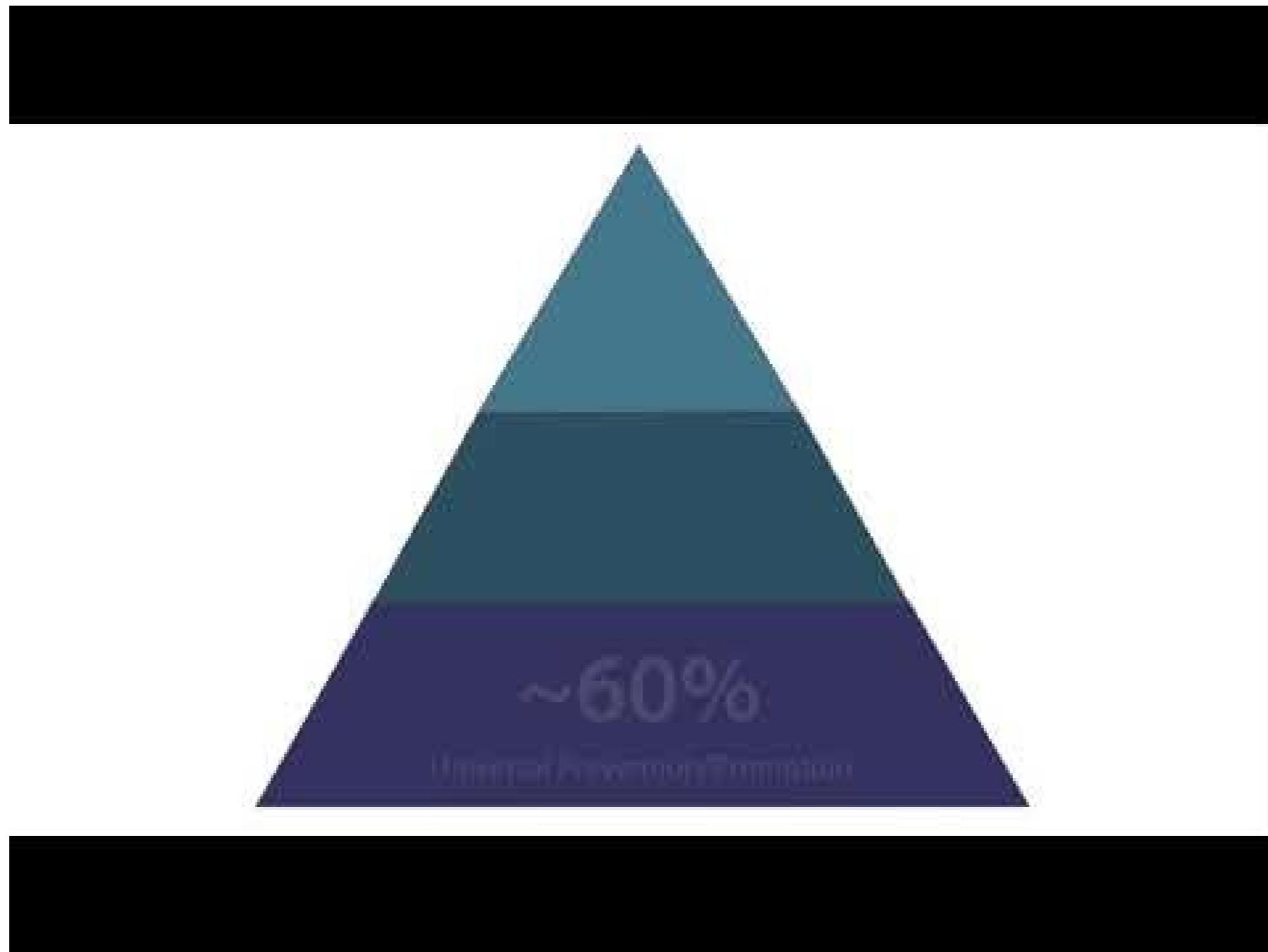


Assessment Narrative

- Demographic Information
- Assessment details and tool(s)
- Collateral and Documentation Review
- Purpose of Assessment with Chief Complaint/Presenting Problem
- Family/Home Situation
- Social Relationships
- Recreation and Interests
- Legal problems and history of/current juvenile justice involvement
- Current/Previous Medications
- General Physical and Dental Health Issues
- Sleep
- Appetite
- Cultural Factors
- School Behaviors and Educational Information
- Age 15+: Career aspirations and Employment Skills
- Capacity for Self-Sufficiency
- Daily Functioning
- Strengths, Abilities, and Skills as seen by child/youth
- Strengths, Abilities, and Skills as seen by parent(s)/caregiver
- Family strengths, abilities, and skills
- Developmental History
- Symptom profile
- Trauma History/Stressful Events
- Presenting Status
- History of or current DHS/Social Services involvement, including prior placement
- Psychiatric Hospitalizations
- Current Behavioral Health Services
- History of other Behavioral Health Services
- Diagnostic History
- Diagnosis History
- Current Barriers to Treatment
- 15+ years old, Needs of transition aged youth, if applicable
- Risk of being a victim of human trafficking
- Determined Diagnosis
- QRTP Independent Assessment Initial Clinical Recommendations

Colorado CANS

- Assessment Narrative → Colorado CANS → Court Report



Court Report

- Assessment Narrative → Colorado CANS → Court Report
- Court Summary:
 - A final document that outlines major findings and recommendations
 - Submitted by the ASO to the county or DYS
 - The county will submit your report with additional county-specific information
 - Focuses on the core statutory requirements
 - The court will then put “great weight” onto the report and make decisions keeping the report in mind



Court Report- Continued

- Assessment Narrative → Colorado CANS → Court Report
- Demographics
- Clinical recommendations
- Purpose of assessment with chief complaints
- Synopsis of assessment
- History of significant services
- Family and permanency team meeting outcomes
- CANS findings
- Additional:
 - Linear, grammatically correct, use quotations, professional language, use acronyms sparingly

Family and Permanency Meeting

- Facilitated by the county or DYS
- All language must be person-centered
- Meeting purpose:
 - Report findings
 - Incorporate any new information
 - Build consensus if at all possible
 - It's permissible to change recommendations based on new information
- After meeting- update documents if necessary

SECTION 3

Quality



OBH Review

- OBH must review all assessments prior to finalizations
- OBH must have 2 business days to review
- ASO must submit the assessment narrative, CANS, and Court Report
- Purpose:
 - Quality assurance and standardization
- Many will require a meeting to review feedback
 - Once the process is standardized, this will mostly be done via email
- ASO/IA must then incorporate any feedback/changes

What Happens when the Assessment is Complete?

- IAs are not expected to attend court
- Post-assessment survey
 - The ASO must send survey to each person who participated in the assessment
 - Currently- only concerning findings should be passed along to OBH for problem solving

Containment vs treatment

- What is containment?
 - 24-7 supervision
 - Behavioral health treatment is not required
 - Designed to keep the individual and community safe
 - Might focus on ADLs, voc-rehab, and other interventions
- What is treatment?
 - QRTPs are designed to provide behavioral health treatment- it's in the name!
 - Has set behavioral health goals
 - The child or youth has clinical needs that cannot be met in other settings
- Length of QRTP treatment:
 - No more than 12 consecutive months or 18 non-consecutive months
 - Children <13 yrs old: no more than 6 consecutive or nonconsecutive months

Levels of Care Determination

- IA will recommend a level of care, **not** a provider
- The recommendation must be in the best interest of the child/youth
- **Hospital level of care:**
 - M1 (27-65) hold
 - Very short term
 - Designed to reduce/address a crisis
- **Psychiatric Residential Treatment Facility (PRTF)**
 - Intensive residential care
 - Short term (<6 weeks)
 - Cedar Springs is the only one in Colorado
- **Qualified Residential Treatment Facility (QRTP)**
 - Provides behavioral health treatment for children, youth, and their families
 - Expected to be in treatment for more than 4 weeks
 - Only used when the child/youth/family concerns cannot be met with any other lower level of care
 - The lack of availability of a lower level of care is not a justification for QRTP services



Levels of Care Determination- Continued

- **QRTP- Continued**
 - IA must specify why the needs of the child cannot be met by the family of the child or in a foster family home
 - IA must specify why the QRTP is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child

Levels of Care Determination- Continued

- **Services in a Specialized Program for Youth At-Risk of and Youth Survivors of Sex-Trafficking (Draft 2/2021)**
 - A comprehensive assessment and collaborative decision-making process should be conducted
 - Least restrictive treatment option is preferred
 - Criteria for eligibility include one or more of the following:
 - FYI: The screen is built into the assessment narrative
 - Confirmed Victim of Sex Trafficking
 - Credible report/self-report of Sex Trafficking
 - Previous or current relationship with significantly older person
 - Previous or current relationship with inappropriate control dynamics, including but not limited to, violence, economic threat, and/or coercion
 - More than three runs in a 12 month period- with whereabouts unknown and/or concerns about location and safety during the run
 - Running episode that lasts more than one week- with whereabouts unknown and/or concerns about location and safety during the run
 - Found in the presence of known trafficking associates or areas of prostitution
 - Confirmed involvement in online sexually explicit activity
 - Experiencing ongoing homelessness (not including family homelessness) and concerns exist about location or safety
 - Charged with survival crimes



Levels of Care Determination- Continued

- **Specialized setting providing prenatal, postpartum, or parenting supports for youth**
 - The child/youth is pregnant, postpartum, or parenting
 - If so, a screen for perinatal mood disorders and SUD should be completed
 - The behavioral health needs cannot be met with community-based supports
 - Difficulty engaging in outpatient services and pregnant/postpartum care
 - Need comprehensive services and/or medical care
 - Most of these type of facilities focus on substance use
- **Supervised setting in which the child is living independently**
 - Youth is 18+ years old
 - The youth's behavioral health needs can be met in a community-based setting

Levels of Care Determination- Continued

- **Treatment Foster Care**

- The child/youth is unsafe at home via the Safety Assessment
- The child/youth requires an environment that has advanced training in behavioral health and trauma
- Least restrictive so if Kin can not be located then treatment foster care might be appropriate
- Treatment can take place through community-based care, including in-home services

Levels of Care Determination- Continued

- **Foster Care**
 - IA must specify why the needs of the child cannot be met by the family of the child or in a foster family home
 - The child/youth is unsafe at home via the Safety Assessment
 - Least restrictive so if Kin can not be located then foster care might be appropriate
 - Treatment can take place through community-based care, including in-home services
- **Home/Kin**
 - The child/youth is safe at home
 - Treatment can take place thought community-based care, including in-home services
- **Community-Based Supports:**
 - Outpatient treatment, respite, in-home treatment, peer support, wraparound, educational interventions, Colorado Crisis Response, parent-based treatment including substance use, etc