**REACH COMMITTEE MEETING (Zoom Only)**

**MINUTES**

Tuesday, April 25th, 2023, | 11:45 – 1:15 pm

1. Welcome by Jennifer Hernandez
	1. Put your name and organization in the chat and where you want to be.
	2. Lots on the agenda today!
2. Approval of minutes from January
	1. Angela Rose motions to approve
	2. Andrew Prehm seconds
	3. Minutes from January 24th, 2023
3. Update of JAC (Juvenile Assessment Center) steering committee by SherryLynn Boyles
	1. Meeting twice a month
	2. Working on scope of the JAC
		1. Shelter care, after school, respite care, etc.
	3. Licensing and zoning will dictate a lot going forward
		1. Still working to secure more funding
	4. Jennifer and Palmer encouraged attendance at JAC meetings
		1. The more voices and ideas the better
4. CYDC (COLORADO YOUTH DETENTION CONTINUUM) plan presentation highlights by Dana Scarbrough
	1. Amazing job representing, and received kudos after the presentation
	2. All 22 JD’s (Judicial Districts) were there
		1. Great for collaboration and see what other JDs (Judicial Districts) are working on
		2. Was able to brag about the community in the 4th JD (Judicial Districts)
			1. Can pick up the phone and easily discuss issues with each of you
5. Samantha Richardson presenting on behalf of CCHA (Colorado Community Health Alliance)
	1. CCHA has many branches but is a Medicaid navigator
	2. Care coordination can be extraordinarily complex and that is what CCHA is here for
		1. CCHA is the RAE (regional accountable entity) for regions 6 and 7.
		2. Model is to complete care coordination in a holistic way
		3. Can coordinate cases where crossover between RAE’s can occur
	3. Work with hospitals, pharmacies, community mental health and behavioral health, school districts, etc.
	4. RAE is more for the education of what services are available. About connections rather than forcing a service.
		1. Also, helping families navigate the Medicaid system can be complex.
			1. A common misconception about Medicaid is that youth can only receive six behavioral health visits in a year. There is no cap if medically necessary
	5. Who are care coordinators
		1. RNs, Social workers, behavioral health professionals, peer support, etc.
	6. Biggest barriers are substance use treatment, as there are no beds for juveniles and no respite services
		1. Current waitlist for residential services is 6-8 months
	7. CCHA also provides care coordination for adults
	8. Contact and email information will be sent out and put in the chat
		1. Even if youth are without Medicaid, please reach out. Here to help.
6. Sandra Kwesell, brought up involving parents more in conceiving solutions to current issues
	1. Seems like conversation has been the same for years, it is time to look at family and prevention differently. Sandra volunteered to help.
	2. Samantha Richardson’s response to the need for prevention: Families First is a program that addresses prevention and used the example of a foster child that is adopted at an early age but has been exposed to drugs or alcohol needs to have follow up care. When these youth are preadolescent, troubles arise that could have been prevented or been addressed had it been a requirement at adoption or through the care of the foster placement.
7. Dana has some reports to share.
	1. Important legislation being debated currently
		1. Raise the floor, 10-12 yr. olds will not be charged unless homicide HB 23-1249
			1. Will continue to update. Has many amendments already
			2. Please share any concerns. Primarily how CMPs (Collaborative Management Programs) (Collaborative Management Program) would be held accountable, and the cost of providing services to participants. The bill has a small fiscal note for all 64 counties (1.5 million).
		2. HB 23-1307 is legislation that provides an additional 22 emergency beds to the state. The CYDC Coordinators expressed limitations around providing good alternatives to detention due to the decreased bed cap and this legislation is what has been proposed to provide relief. However, the bill is very cumbersome and would be challenging to take advantage of.
			1. The bed reduction occurred during COVID, and we are now experiencing more juvenile activity that has created pre-Covid needs for more detention beds.
			2. Management of beds has become a full-time job itself
				1. We will never meet the state cap (215 beds) due to the Emergency Release Policy, but several JDs are always over cap and borrowing beds from other JD’s.
	2. Finances and data
		1. Revised CMP (Collaborative Management Program) budget in December
			1. We have provided the projection through the end of this fiscal year – 6/30/23.
			2. We should have a healthy amount to carry over, approx. 200k.
			3. We will know our allocation for next year in August and receive access to those dollars in early October for fiscal year 23-24.
			4. To conservatively project our budget for next year some positions have been moved to other funding sources and a few line items were reduced.
			5. We can meet and create a budget revision in the fall when we have the new allocation.
			6. Questions or thoughts?
			7. Can vote today if comfortable or can schedule a meeting for voting so there is more time to look over budget.
		2. Bi-annual CMP report
			1. A mid-year report is not required but done to ensure we are on track to meet the measures.
				1. So far, we are meeting all process measures but one

Need 75% attendance of partners signing MOU (Memorandum of Understanding) to attend these meetings.

* + - * 1. Hitting all performance measures as well.

One highlight is diverting youth from being committed to DYS (Division of Youth Services), we continue to remain strong in this area, but concerns that youth will be committed to DYS in the coming years is looming.

Low program numbers for Truancy in the first ½ of the fiscal year. However, for the first quarter we received an influx of ISST (Individualized Service and Support Team) cases in Truancy and our two Care Coordinators have 30 cases each.

* + 1. MTR (Marijuana Tax Revenue) budget
			1. Currently underspent 32k
				1. Will be close to spending this budget down by end of the fiscal year
				2. It is possible to make a last-minute budget change, as there is some request for MST (Multisystemic Therapy), and we will need to ensure no line item exceeds 10% by year end.
		2. CYDC budget
			1. Underspent as well near $460k
				1. Do have line items that will have to be adjusted before year-end as some areas are overspent
				2. Additional spending will come from requests for MST Therapy and the food expenditure for the 4th JD Summit on May 5th.
		3. Last year’s CMP MOU
			1. Draft is due to the state on 5/1/23
			2. A copy of last year’s MOU was sent to each of you
				1. Bylaws need to be reviewed
				2. Additionally, we have a few recommended changes for FY23-24, look for those in your email to review. Final signed MOUs (Memorandums of Understanding) are due to the state by June 30th. We have time to make changes and discuss.
1. Next meeting will be Collective Impact and will be on May 23rd.
2. Adjourned

Attendees

Dana Scarbrough – JI Troy Paben -JI

Jennifer Hernandez – Probation Kevin Miyakusu – CSPD SRO

Angela Rose – CASA Tonya Ingram – Municipal Probation

Andie Scott -CMP Admin, CDHS Kelly Hurtado – JI (Joint Initiatives)

Shelby Shively – JI SherryLynn Boyles – JI

Samantha Richardson – CCHA Oliver Robinson – DA’s office

Palmer Johnson – Mission Possible Emily Maney – El Paso County Public Health

Sandra Keswell - Family Rep Maria Black – D11

Andy Prehm – EPCSO Tina Horton – JD4

Connie Peterson - DYS Megan McHugh – TESSA

Mike Russell – D2 Seth Fischer – Public Defender

Lisa Zimprich – D8 Lori Stalcar - Diversus

Shelley Burke – Zeb Pike (DYS) Eugene Moore – Zeb Pike

Kora Burell – D3 Lin Billings Vela – Judge

Ivett Ruiz – DYS Sarah Graffam – Public Defender

Kolleen Johnson – D14 Chris Brandt – D11

Shilo Medina – Colorado Behavior Nicolle Lyell – GAL (Guardian Ad Litem)

15 of 19 IOG (Interagency Oversight Group) Members present

13 of 20 JSPC (Juvenile Service Planning Committee) Members present

35 total attendees