Accreditation Standards Study

For

Colorado County Departments and

Child Placement Agencies

Prepared Pursuant to 26-6-117, C.R.S

June 3, 2002

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Executive Summary

The Accreditation Study Committee worked to prepare this report in accordance with 26-6-117, C.R.S. The committee membership was composed of various national and local organizations, as well as county and state staff.

The committee focused on family foster care and compared:

- Colorado's CDHS Staff Manual Volume VII with the Child Welfare League of America (CWLA) standards and Foster Family-Based Treatment Association (FFTA) standards, though FFTA only addresses treatment foster care homes;
- Colorado's CDHS Staff Manual Volume VII with the Council on Accreditation for Children and Family Services (COA), and the Joint Commission On Accreditation of Healthcare Organizations (JCAHO); and
- Benefits and disadvantages of each model.
- Projected costs for: accreditation, the adoption of national standards, and for Colorado developing its own standards.

Detail is contained in the body of the report that provides information about the different models available and provides a detailed comparison of the models for Colorado. Additional information is provided which explains the cost to develop standards and the cost for Colorado to implement the different types of standards/accreditation.

Preparation for Accreditation

County departments and Child Placement Agencies (CPA) must accredit all services for which the accrediting body has standards, rather than specific program areas such as family foster care homes. Accreditation drives significant staff workload. Depending on the size of the organization, it usually takes 12-18 months to achieve accreditation:

- At least one staff person must be assigned to track activities and focus on the agency self-study as their sole responsibility.
- Other staff (core team) that have knowledge of the agency business management need to assist in completing the generic standards sections, coordinate personnel data forms, questionnaires, and update the policy and procedures manual.
- The core team gathers and assembles manual material, formats, and other documents for attachment for both the generic and service standards.
- Supervisory staff needs to be trained to new standards.
- Management must address strategies for continuous quality improvement.
- The Accreditation body consultation may be needed (at additional cost) to assist with outcome-based practice, training to all staff on evaluation, and integration of new policies into practice.

Cost Analysis

COA and JCAHO use agency budget size and/or service volume to determine their fees. The Cost Analysis is attached in the full report. The costs include the programs in the county departments and the private child placement agencies impacted by accreditation. Both COA and JCAHO require that an agency apply for accreditation for all programs for which that accrediting body has established standards. For example, a CPA that provides foster care, adoption, and birth parent counseling services would bear the cost of accrediting all of those programs. The county department has and CPA may have unrelated programs such as mental health services, emergency assistance, homeless programs, services for the aging, childcare, etc. that would also be required to be accredited along with foster care, adoption, and birth parent counseling services, etc.

- The majority of private agencies would be required to accredit at least three (3) service areas while others would be accrediting as many as thirty (30) service areas. The average CPA would probably accredit 3-8 sets of standards.
- All agencies would experience internal staff expenses to

complete the initial accreditation process and to

maintain accredited status through re•accreditation

every four years. The staff expense cost was estimated

on the basis of budget size and the number of service

areas the agencies would be accrediting.

q It is estimated that one FTE is needed for a private agency whose budget ranges from $500,000-$5M annually and who is accrediting at least 3 service areas. The person focuses on the accreditation application process, self•study, policy and procedure review and development, as well as preparation for and leadership during accreditation site visit.

- It is estimated that a maximum of 2 FTE for programs over $10M are needed, recognizing that private agencies are accrediting multiple programs.

- An allowance was made for county departments as the size of their budgets is driven significantly more by volume of services rather than by the number of service areas they must accredit. Counties whose budgets were from $500,000-$5M were estimated to need 1 FTE and counties whose budgets were over $5,000,000 were estimated to need a maximum of 2 FTE.

- The costs of accreditation are ongoing and would be experienced by the counties and CPAs at initial accreditation and every four years thereafter. Neither accrediting body decreases their fees after the initial accreditation. A new fee assessment is made at the beginning of the re-accreditation process based on the agency budget and/or volume of services.

- Both COA and JCAHO require full payment of their fees at the time and during the accreditation process. Counties and CPA's are unable to distribute the cost over the four year life of the accreditation period in any sort of payment arrangement.

- Prior to accreditation, significant time is required from dedicated accreditation staff, as well as administrative and line staff. There are considerable training, development and implementation costs. However, costs for staff time during re-accreditation are reduced because of the Continuous Quality Improvement (CQI) process that is the heart of accreditation. As requirements change, training is developed and implemented, but the volume and intensity of staff time is decreased.

Accreditation in State Supervised, County Administered Systems

Ohio has 88 counties. Eight counties pursued accreditation independently and the state has planned a 10-12 year rollout for the remaining counties with financial assistance. Ohio is planning rollout of the counties by group, with the largest counties being accredited first. The county clusters will be accredited in groups with technical assistance provided by the state department. Ohio funds 80% of the costs as the counties become accredited through a special project initiative.

Maryland has 23 counties and the city of Baltimore. Baltimore is accredited. The state has given the remaining counties 5 years to become accredited and has provided financial assistance.

Accreditation in a State Administered System

Illinois funded training and technical assistance from COA, accreditation costs for approximately 102 private child placement agencies, and negotiated a flat fee for accreditation costs of its state offices scattered throughout 101 counties. The Illinois Department of Children and Family requires that all foster care providers with whom they contract be accredited. Accreditation occurred between 1995-2000. There was no legislative requirement for the use of general funds to support accreditation.

In order to succeed in a project of this magnitude, Colorado could not finance it without allocating new resources. Accreditation provides comprehensive standards based on research and emphasizes continuous quality improvement (CQI) with a focus on outcomes. Standards are developed within the field, and an outside objective review occurs with measurable standards of best practice. It is believed this results in better outcomes for children and families.

Recommendations

Given the information that was obtained, the Department is making the following recommendations that provide alternatives that discuss different levels of impact and costs. A table located on page 37 of the main text compares the costs of the various options outlined below.

Option A:

> Accreditation through COA with financial reimbursement to offset costs for the initial accreditation costs for the county departments and CPAs, increased reimbursement as an incentive to CPAs when they become accredited, and deemed status for CPAs when they become accredited.

Rationale: This option is preferred because COA has accredited over 2000 public and private agencies of varying sizes and scope, and they are the only organization that has accredited county departments and state child welfare agencies. COA's accreditation is comprehensive and includes measurable standards for organization and management, as well as the array of services that public and private human services agencies provide.

COA maintains standards that are consistent with achieving the three current Federal outcomes, safety, permanency, and well-being. These outcomes were evaluated in the Federal Child and Family Services Review (CFSR) that occurred in Colorado in June 2002. Standards that are consistent with Federal expectations will assist Colorado to continue to assure the highest quality of services.

Rollout to complete accreditation statewide could occur over 5-10 years, similar to the experiences in Illinois and Ohio. The initial rollouts would target nine large size counties (Denver is accredited). For providers, costs of periodic re-accreditation process would be offset by the increased reimbursement rates, and for county departments additional funding included in their budgets to accredit, maintain accreditation, and to fund higher rates for accredited CPAs. This alternative would require legislative creation of a fund.

Next steps:

Legislation would be required to authorize accreditation and establish financing of General Funds to support accreditation, monitoring, and evaluation.

- Receive technical assistance from COA to plan and prioritize accreditation clusters in order to determine the statewide rollout structure and timeframes at a cost of $5,000 statewide.
- Establish state and local teams for long-term planning and oversight of the process, to provide technical assistance, and develop a methodology for deemed status. Videoconferencing, travel, and per diem costs throughout the process *have not* been included.
- Train approximately ten county, private agency, and state staff as peer reviewers with COA at a total cost of approximately $10,000 including training, lodging, per diem OR negotiate a training in Colorado. These reviewers and existing trained peer reviewers in Denver and private agencies would serve as mentors for initial and subsequent accreditation rollouts.
- Training for 10 additional peer reviewers would occur annually at a total cost of $8,000-10,000.
- Contract with COA for specialized training outlined in the report to direct and support agencies (public and private) to proceed at a total cost of approximately $12,000.
- Costs for support staff to be dedicated to the project and internal agency training costs have not been included.
- The costs do not include the application, surveyor site, or annual maintenance fees for each agency.
- The costs do not include educational expenses that might be incurred by an agency or county department to meet staff educational requirements. For example, some staff may require an advanced degree.

Additionally, individuals with advanced degrees generally have increased salaries.

Estimated Training, Accreditation Fees, and Staffing Costs

Preliminary costs for county and CPAs for training costs is **$37,000** and does not include a statewide long-term planning group or annual training to increase number of individuals to participate in the peer review process.

The cost for accreditation fees for county departments and CPAs is **$955,400-$1,257,500**. Additionally, this does not include the costs to accredit other programs a CPA may offer such as RCCF, group homes, or in-home support services that are not included in the cost analysis tables. It also does not include costs for county departments to accredit the adult services program.

OR

Combining accreditation fees and staffing costs incurred by agencies is estimated to cost from **$7,886,100-$8,159,600 and $37,000** for training.

Option B:

The CDHS Staff Manual Volume VII could be expanded to include the development of a Continuous Quality Improvement (CQI) process; require measurable standards to close gaps; and increased monitoring to include the use of a peer review process.

Rationale: In the process of this study the committee found that the rules in Volume VII closely reflect models of best practice in existing national standards such as CWLA. Following COA strategies for standard development, the process would require 18 months of research.

Rollout would occur over 3-5 years. As data in Trails becomes more readily available, it will be a valuable resource for some of the information needed for research. This alternative would require legislative creation of a fund to support research, development, training, implementation, monitoring and evaluation.

Based on data provided by COA, the cost of a new service standard is approximately $500,000 for a national standard. Staff time, research and paneling national experts on CQI would account for the bulk of expense. Consulting with expert bodies and using their expertise in developing a valid CQI standard is critical. In Colorado, the expertise to develop verifiable, nationally recognizable accreditation standards potentially exists through collaboration between the Department and a state university or college. Nationally, an organization such as CWLA has the expertise to provide assistance.

Next Steps:

- Training costs for county and CPA management regarding CQI requirements would be approximately $50,000 for curriculum development, training and materials, videoconferencing, travel, and per diem.
- Costs for an additional state FTE to maintain state of the art practice using data, research, and knowledge of national practice and to provide training is $70,000 annually.
- Develop a statewide workgroup to establish a peer review process to assist the current 24-Hour Monitoring Team.

Estimated Costs

Preliminary costs for this option to develop a CQI process, training, and an annual maintenance of CQI statewide, is **$620,000**.

Option C:

Incorporate Family-Based Treatment Association Standards to address only treatment/therapeutic foster care with increased reimbursement for CPAs that ascribe to the model. “Quality Standards for 24-Hour Child Care” would need to be revised to incorporate the requirements and provide monitoring to the standards.

Rationale: If the focus were only family foster care, this model would address treatment foster care. There would be a fiscal impact due because there can be no more than 1-2 foster children in the home, thus reducing capacity, as well as increased supervision, training and caseload requirements, requiring an increased reimbursement rate.

Next Steps:

- Develop a statewide workgroup, including integrated care management counties to study case rates versus other methodologies to adequately reimburse treatment foster care comparably to other states. Using $2600/month as an example case rate, the group would need to develop criteria to delineate treatment foster care, assess needed capacity, and develop gate-keeping methods.

- Add recruitment and retention staff for program development, training, and technical assistance to counties and CPAs to increase recruitment efforts due to the loss of capacity in homes, at a cost of $170,000. It is estimated that 378 additional foster care homes are needed as a result of reduction in overall capacity due to the limited number of children that may be served in treatment foster care homes.

- Membership dues for FFTA is $200 per year. While membership is optional, one of the benefits is technical assistance twice a year. The standards are $10 for members and $20 for non-members. It is assumed that approximately 25 counties and 109 CPAs would become members.

Estimated Costs

Preliminary costs of **$198,920** for the first year for this alternative only address the addition of recruitment and retention staff and activities listed above, 134 FFTA memberships, and the cost of FFTA Standards for each agency and county department. The additional cost for the funding needed to increase rates along with availability of federal funding to offset general fund has not been determined.

Option D

Develop an accreditation process for the State of

Colorado, conducted by the state, with process similar to

national accrediting organizations.

Rationale: This option would provide opportunity to fill existing gaps in Volume VII so that requirements are more consistent with national standards and mirrors the national accrediting process. Sixteen areas, relating to quality organizational management and services were identified in the text (p.10). Using existing resources, the Department could collaborate with a Colorado university or college to provide some of the panel expertise. Nationally, an organization such as CWLA has the expertise to provide additional assistance. Standards could be phased in over a period of 10 years.

Next steps:

- Develop a statewide workgroup to identify accreditation panelists.

- Costs for an additional 1.5 state FTEs to coordinate the paneling process, provide additional research, and support to the panel through the development of each of the standards, and operating costs is $112,000 annually.

- Cost for an additional staff to support the accreditation coordinators while standards are developed is $30,000.

- Cost upon completion of all the standards for 2 FTE to continue to maintain state of the art practice using data, research, and knowledge of national practice, operating costs, as well as to provide training is $170,000.

- Applying this only to counties and CPAs, training costs for county and CPAs regarding the 16 recommended standards, would be approximately $50,000 *per* standard for curriculum development, training and materials, videoconferencing, travel, and per diem.

- National training costs for panelists (assuming 15 panelists)is $60,000.

- Costs related to state, county, and provider panelist staff workload and contracting with the state university/college system and CWLA to panel standards are indeterminate.

- The costs do not include educational expenses that might be incurred by an agency or county department to meet staff educational requirements. For example, some staff may require an advanced degree. Additionally, individuals with advanced degrees generally have increased salaries

Estimated Costs

Preliminary annual costs include staffing costs for 1.5 state FTE, support staff during standard development, and annual training costs for panelists for a total of **$202,000** per year**.**

Training costs for implementation of each standard is **$50,000**. Overall training costs would be a minimum of $**800,000** over a period of 10 years.

Costs for 2 FTE continue to maintain state of the art practice using data, research, and knowledge of national practice, operating costs, as well as to provide training after the implementation is **$170,000** annually.

Recommendation

CDHS recommends that Option A be pursued. This is a long-term commitment that would require a phased-in approach. This option also requires legislative support due to the budget implications. However, this is the best option to move the system of care to meet the legislature's and state department's vision of safe and stable environment for children in out-of-home placements.

Acknowledgements

The Department acknowledges the contribution of individuals who dedicated their time, effort, and expertise in the development of this report. Special recognition and appreciation is extended to the individuals who committed countless hours to this project; and the county and community agencies that they represent who supported their efforts.

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BASIS FOR THE REPORT

The Colorado General Assembly enacted 26—6-117, C.R.S, Accreditation Standards for County Departments and Child Placement Agencies. (1) No later than July 1, 2002, the state department shall study:

(a) Standards for assessing the quality and performance of foster care in foster care homes certified by county departments or by child placement agencies based upon national standards for foster care services.

(b) Standards for the accreditation of county departments and child placement agencies for purposes of foster care services based upon accreditation standards of a nationally recognized accrediting body of child welfare and social services organizations.

(2) In conducting such study on accreditation standards, the state department shall compare the merits of writing its own standards with the merits of contracting with a national accrediting body. The study shall include, but is not limited to, analyzing the following:

(a) The fiscal impact on the state, counties, and

providers, including the cost of:

(I) Writing standards;

(II) Contracting with a national accrediting body,

including all fees and travel expenses;

(III)Training;

(IV) Implementation;

(V) Potential corrective action;

(VI Staff time of county departments and child

placement agencies to meet the accreditation standards;

(VII) Collecting and evaluating data relating to

accreditation standards;

(b) The time frame for implementation of accreditation standards;

(c) Sanctions for failing to meet the accreditation standards.

(3) The state department shall submit its report and its findings and recommendations to the health, environment, welfare, and institutions committee of the house of representatives and to the health, environment, children and families committee of the senate on or before July 1, 2002. Such report shall also include any recommendations regarding legislative changes to implement the accreditation process.

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BACKGROUND INFORMATION

The Accreditation Study Committee was composed of members or representatives of The Child Welfare League of America (CWLA), the Colorado Association of Family and Children Agencies (CAFCA), and the Child Placement Agency (CPA) Network, members of the provider community, as well as county and state staff. The participating provider community was represented by agencies that are accredited and non-accredited, have varying types of children's services, and a range of child capacity and budgets. County staff from foster care, administration, and a county attorney's office participated. State staff represented the Divisions of Child Care and Child Welfare Services.

The Accreditation Study Committee sought input from national organizations such as the CWLA, the Joint Commission On Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation for Children and Family Services (COA), several states who have completed or are undergoing accreditation, as well as agencies in Colorado that have undergone the accreditation process. The committee studied published media related to accreditation and information that had been previously compiled.

Prior to February 2002, foster care rules were contained within different sections of Staff Manual Volume VII, including within the "Quality Standards for 24-Hour Child Care". To facilitate better organization and ease in locating requirements, the foster care rules that were in Quality Standards were removed, and placed intact with those already contained within the "Child Care Facility Licensing" section (7.700). Currently, "Quality Standards for 24-Hour Child Care" pertain only to group care facilities licensed by the Division of Child Care, with few exceptions.

The committee focused on family foster care and compared:

- Colorado's CDHS Staff Manual Volume VII with CWLA standards and Foster Family-Based Treatment Association (FFTA) standards, though FFTA only addresses treatment foster care homes;
- Colorado's CDHS Staff Manual Volume VII with COA, and JCAHO Standards; and
- Benefits and disadvantages of each model.
- Projected costs for: accreditation, the adoption of national standards, and for Colorado developing its own standards.

Potential corrective action, implementation timeframes, and sanctions were not addressed in the report since the model selected will impact how the areas are implemented.

GENERAL INFORMATION

"Standards" and "accreditation" have different functions and focus. Standards relate to the quality of service provision within a specific program, and providing operational definition and guidance. Standards ideally are based upon public policy, research, evaluation, and outline quality services. Accreditation is an evaluation of an organization's quality of management and service compared to national quality standards. Programs within the organization must conform to best practice models of service delivery outlined in organizational and program service standards.

Two sets of standards were analyzed, FFTA and CWLA.

- FFTA is an agency-led organization of treatment foster care providers established in 1988. The standards are based on public policy, research and evaluation though they only relate to treatment foster care. There is no monitoring mechanism by FFTA.

- CWLA standards establish expectations. The standards are ideals for best practice developed by a national task force. The standards are the highest bar for child and family-serving agencies to strive toward.

Three accrediting organizations had some application towards Colorado's needs.

- The Commission on Accreditation of Rehabilitative Facilities (CARF) is a habilitative model. The agencies that use CARF generally provide services to individuals with physical, psychological, and developmental disabilities through rehabilitation programs, vocational services, and sheltered workshops. This model would not apply to the bulk of the child welfare services, including family foster care homes.

- COA is a social work and community-based service model. It is currently the only body that accredits public child welfare agencies. For example, in Colorado, the Family and Children's Division of the Denver Department of Human Services is accredited.

- JCAHO is a health care or medical model. They provide accreditation for organizations such as hospitals, nursing homes, home care, and behavioral health care such as mental health, developmental disabilities, and substance abuse. JCAHO added a service standard for foster care in January 2000.

For accreditation with either JCAHO or COA, the public or private agency must accredit all services they provide for which the accrediting entity has corresponding standards. There are 109 child placement agencies that provide several services such as foster care, adoptions, and intensive in-home services that would be required to meet the accreditation standards for each service. The 64 county departments provide an array of services in child, adolescent, and adult services for which there are standards.

There are also 112 Residential Childcare Facilities (RCCF), and 45 group homes/centers that provide services to children and families in the child welfare system. Some RCCFs and group homes may be under a county department's governance, and some child placement agencies may be the governing body of a group facility. In those situations, the group facilities would also be required to meet accreditation standards**.** Accreditation of RCCFs and group homes was not addressed in this study.

STANDARDS COMPARISON

This section will match various program standards and accreditation entities with Colorado's standards and rules. An analysis of differences and similarities is provided. Appendix C provides a matrix with more information regarding comparisons of standards and accreditation to CDHS Staff Manual Volume VII

FFTA Program Standards for Treatment Foster Care

The standards define what Foster Family-based Treatment Association (FFTA) regards as the best practice model of Treatment Foster Care. There is flexibility for programs, particularly in the creation and implementation of a treatment plan. The framework defines the roles and responsibilities of staff and treatment foster families.

The standards include specific, measurable criteria, as well as, general descriptive expressions of philosophical beliefs that embody Treatment Foster Care. There is an assumption of a collaborative partnership between public and private agencies. For example FFTA states:

- The role of the Treatment Parent is central to Treatment Foster Care.
- Treatment Parents are viewed as colleagues and part of the professional team.
- While all Treatment Parents are foster parents not all foster parents are Treatment Parents.
- Treatment Parents serve both as caregivers (fostering role) of children with treatment needs and as active agents of planned change (treatment role). In Colorado this type of care is comparable to Therapeutic Services addressed in 26-5-102,C.R.S. Currently, Colorado providers who care for children who are identified with more intensive care needs in Level III and Level IV in the Needs Based Care (NBC) assessment would be appropriate for FFTA standards.

According to FFTA, “The standards are available for use by accrediting bodies in defining “Treatment Foster Care services and creating quality assurance processes. FFTA will work with agencies to “develop and evaluate quality services for children and families”. FFTA standards are currently revised every two years. FFTA does not award accreditation but establishes standards and gives each agency a measurable tool to complete a self-evaluation. As previously stated, there is no monitoring mechanism by FFTA.

Membership to the FFTA is $200 and the standards cost $10 for members and $20 for non-members. The shared goals and belief statements of the agency correspond closely to federal public policy and accepted norms in best practice such as the significance of:

- A child’s right to permanency.
- The role of the community, family, and kinship placements.
- Cultural diversity.
- Documentation.
- Foster parents and their relationship to the birth parents.

Comparison of FFTA with the CDHS Staff Manual Volume VII

The following information compares the FFTA Standards for Treatment Foster Care; and the Colorado rules pertaining to foster care, licensure of CPAs, and Child Welfare requirements contained in the CDHS Staff Manual Volume VII. Areas of compatibility and significant gaps are noted.

Both Staff Manual Volume VII and FFTA have standards written requiring a protocol for reporting and responding to allegations of misconduct towards children; and address program staff responsibilities and qualifications.

- Volume VII currently excludes the casework supervisor qualifications that FFTA allows.
- FFTA is more prescriptive of the staff/client ratio and factors that are allowed or expected to change the ratios.
- In the description of roles, the FFTA standards outline a process of treatment and a staff organizational chart. Volume VII allows for more autonomy in this arena.
- FFTA limits individual worker caseloads to eight children and staff supervisory caseloads to five, requires face to face visitation with the child a minimum of twice monthly, and limits 2 (prefers only 1} children placed in a home with the exception of children in sibling groups. Overall, FFTA standards are more stringent than Volume VII foster care rules, however the Volume VII rules are not specific to Treatment/Therapeutic Foster Care**.**
- FFTA provides substitute experience for some educational requirements allowing para-professionals essential to the work of Treatment Foster Care to be hired affecting the economics of Treatment Foster Care, thus making facets of it more affordable.
- FFTA describes initial training to take place within the first 3 months of employment by *all* agency staff connected with Treatment Foster Care. This includes first aid, CPR, de-escalation/restraint, in addition to twenty-four hours of annual ongoing training. Documentation of training is required. Volume VII requires foster parents to complete 27 hours of pre-certification training including 12 hours of Core Foster Parent sessions completed prior to placement. The remaining training must be completed within three months of placement of a child. An additional twenty hours must be completed prior to annual re-certification and must include CPR and first aid. Foster homes providing therapeutic services are required to complete 32 hours of continuing training annually. If the use of physical management is approved, a 6 to 12-hour de-escalation/restraint training program that includes a competency test as a part of the training must occur with periodic review. In general, Colorado's foster parent training requirements are more stringent than FFTA, however FFTA requires more direct staff training than Volume VII.
- Both sets of standards are similar in most respects, differing mainly in the focus on seeing the Treatment Foster Family as a focal point for fostering and treating the biological family as well. The educational requirements are higher for Treatment Foster Care then for current Therapeutic Foster Care as they require all staff to receive training as outlined above.
- FFTA requires "two full time staff for the program" and requires that the intervention be behaviorally based with children and youth. If psychotropic medication is prescribed, then therapeutic intervention must also be a part of the plan. These areas are not addressed in Volume VII.
- FFTA designates a section to program evaluation, which is an important aspect of Treatment Foster Care, including documentation and outcome measurement requirements.

Advantages of FFTA for treatment foster care only:

- FFTA standards are inexpensive to purchase, clear, and concise.
- They are based on federal and national guidelines, best practice, and are compatible with State and Federal regulations.
- It provides a working model for difficult children who would otherwise be in residential or hospital settings.
- FFTA promotes a philosophy of collaborative partnerships among public and private systems, child and family**,** and the community.

Disadvantages of FFTA standards for treatment foster care:

- If all family foster care were designated as treatment foster care in Colorado, there would be a significant fiscal impact.
- Treatment foster care is not appropriate for all foster parents, nor for all children.
- The standards restrict the autonomy of programmatic planning for agencies which would drive a fiscal impact for implementation.

Comparison of CWLA with the CDHS Staff Manual Volume VII

CWLA Standards are visionary and establish standards of best practice at the highest possible level. In general, the Colorado rules pertaining to foster care, licensure of CPAs, and Child Welfare requirements contained in the CDHS Staff Manual Volume VII compare positively to CWLA standards.

Both CDHS Staff Manual Volume VII and CWLA have standards requiring protocol for Research and/or Ethical Standards, though CWLA emphasizes the significance of research within services to develop state of the art standards. Joint research projects are encouraged by CWLA to establish that communities perceive that appropriate service provision is achieved. Volume VII does not address the research requirement as it relates to best practice. The CWLA standards prescribes the following guidelines for research:

- Responsibility in research, including suitable budgeting of funds.
- Personnel who provide research.
- Program review and evaluation.
- Maintenance of research and review of records

CWLA focuses on Continuous Quality Improvement. The Volume VII does not provide guidelines to monitor or track the following:

- Quality improvement.
- Strategic planning for the operation of the agency.
- General standards for monitoring the process of ongoing quality improvement
- Using statistical data to improve and expand quality services.
- Measurement of service outcomes.

Other areas with identified gaps in Volume VII are:

- Not requiring a monitoring system that addresses an analysis of financial information, fiscal management, rate setting, and financial diversification, accounting procedures and audit procedures.
- Staff training and supervision, including risk management. CWLA outlines requirements for facilities to address new staff orientation, supervision, staff development and training.
- Service delivery standards that are considered best practice by CWLA and essential for any child welfare setting such as termination/discharge, after care services, and community involvement/

collaboration.

CWLA standards provide guidelines to meet needs of the child through the community. There is emphasis on:

- The significance of the community and its perception of the agency's services.
- Increasing community awareness of the needs of children and families, as well as the methods available to meet the needs.
- Increasing community awareness of the unmet needs of children and families, as well as the steps required to meet the needs, beginning with social planning and leading to legislative advocacy for the child welfare system.

CWLA role

The CWLA is not an accreditation body and supports and recognizes both COA and JCAHO. CWLA is part of JCAHO's Professional and Technical Advisory Committee and is one of COA's sponsoring organizations. The CWLA will assist with accreditation costs for JCAHO and COA by:

- Reimbursing agencies for part of the costs, as there is no direct reimbursement relationship for JCAHO.
- Funding 30% of the COA accreditation fee in exchange for membership to the organization with a 4-year graduated plan. Dues are based on a percentage of the agency budget and the membership fee is increased incrementally from 50-100% over four years.

As a part of membership, CWLA provides training days and will train multiple agencies jointly to assist them through the process and achieving accreditation. However, it ultimately costs an agency more to become a CWLA member and accept their services toward achieving accreditation than non-members. Counties are charged a flat fee of $3,606 annually, regardless of the size of the budget. Private agencies are charged a percentage of their direct child welfare budget. Costs range from $2,500-$17,000 with larger organizations having less fiscal impact overall than smaller agencies.

Writing Standards

Writing accreditation standards is a complicated and time-consuming process, and in writing them, the following factors need to be considered:

- There would need to be a determination as to which service sections would be included.
- Each service section would require its own development timeline and corresponding fiscal impact.

The service areas that the COA addresses and the review committee considered important for Colorado are:

- Ethical Practice, Rights and Responsibilities
- Continuous Quality Improvement
- Organizational Integrity
- Human Resources

- Quality of the Service Environment
- Financial Management
- Training and Supervision
- Intake, Assessment and Service Planning
- Service Delivery
- Behavior Management
- Administration and Risk Management
- Foster and Kinship Care Services
- Pregnancy Counseling and Supportive Services
- Adoption Services
- Group Living Services (group homes)
- Residential Treatment Services

These service areas cover all the areas that would need to be accredited for the child placement agency that certifies foster homes and/or is involved in adoption services, as well as the governing bodies and county departments that also operate residential child care facilities.

Costs

COA estimated that it takes approximately 18 months to develop or add a single service to their standards. A copy of their timeline matrix is attached (Appendix B). COA estimates that it costs them approximately $500,000.00 for development of individual service areas. The largest expenses are in staff time, research and paneling the experts on each subject. Accreditation promotes best practice and quality services within an organization. It is critical to have valid accreditation standards where expert bodies are consulted and their expertise is used in developing the standards. In Colorado, the expertise to develop verifiable, nationally recognizable accreditation standards potentially exists through collaboration between the Department and a state university or college. Nationally, an organization such as CWLA has the expertise to provide assistance.

ACCREDITATION COMPARISON

JCAHO

JCAHO has been in operation for 40 years and accredits over 19,000 health care organizations worldwide, including 5,000 hospitals and 1,600 organizations providing behavioral health care, including developmental disabilities, mental health, and more recently, addiction services. JCAHO is best known for accreditation of medical models such as hospitals or behavioral treatment centers based on a medical model. On January 1, 2000, foster care standards became available for accreditation. Agencies seeking accreditation through JCAHO must accredit all services provided where standards are applicable. Since the model is medical in nature, there are many areas that Staff Manual Volume VII does not address nor would it be appropriate to do so. These include:

- Laboratory testing.
- Use of prosthetic devices
- Specific habilitation program plans for individuals with developmental disabilities.
- Human rights for individuals involved in clinical trials.
- Management of pain.
- Surveillance, prevention and control of infection.
- Record keeping for medications and anesthesia administered.

The following information compares JHACO Standards for accreditation in Behavioral Health Care and the Colorado Child Care rules pertaining to licensure of Child Placement Agencies, and Child Welfare requirements found in Staff Manual Volume VII. Areas of compatibility are noted, as well as significant gaps.

The standards for foster care are supplemental to the standards referred to previously. Agencies providing foster care are expected to meet all applicable standards found throughout the Standards of Behavioral Health Care Volume. The supplemental standards for foster care are introduced near the end of the volume in the Human Resources section with Standard HR.l0: “Individuals providing therapeutic foster care services require ongoing training and supervision to maintain competence”.

Many of the JCAHO standards are not measurable and cannot be monitored except through discussion or general notes.

- Regarding staff qualifications, JCAHO states "For their areas of responsibility, leaders define the qualifications and competencies of staff needed to fulfill the organizations’ mission". In comparison Staff Manual Volume VII details more definable and specific qualifications that are measurable and able to be monitored.
- Both JCAHO and Staff Manual Volume VII address the creation and implementation of a mission statement, vision, and a written policy regarding the rights of individuals in care. Volume VII is more instructive and pertains more closely to the children and families served.
- Both JCAHO and Volume VII require initial medical intakes, however Volume VII requires that every child be seen within his/her first two weeks of care and the medical intake requirements include extensive assessment of medical conditions, including all pertinent emotional, physical, developmental disabilities, and cognitive evaluation. Typically these assessments are completed as needed in the child welfare system.
- An area of concern within the JCAHO framework is the “voluntary reporting of sentinel events” which is a death in care and the suggested follow up investigation. In comparison the Volume VII section 7.202.3 on Child Abuse and Neglect includes a specific definition of requirements as to mandatory reporting of, and the extensive process and follow up investigation.
- JCAHO states: "Each child is assessed to determine appropriate services and placement." Staff Manual Volume VII, Section 7.301 includes five pages of specific and measurable regulations regarding family services and educational assessment.
- The only standard relating to the assessment of a foster family in JCAHO is PE.6: "Each prospective foster family is assessed to determine its appropriateness for the placement of children in foster care". In comparison, Section 7.500 of Staff Manual Volume VII contains eleven pages that define the requirements of assessment including: social history/background, motivation for caring for a child, CBI and FBI checks, and extensive background assessment and documentation for all areas of assessment.
- Staff Manual Volume VII has gaps in the collection of data for outcome measurement.

COA

COA was founded in 1977 as a national accrediting body for agencies providing behavioral health care, social and community services to children, families and individuals. Currently, over 1,300 organizations in the United States and Canada are either accredited or in the process of becoming accredited. The COA accreditation process is comprehensive including standards for organization and management as well as specific services. An agency must be accredited for every service it provides for which there is a standard written.

Every accredited agency must complete an annual “Maintenance of Accreditation” agreement and undergo a re-accreditation process every three or four years, depending on the accreditation agreement.

The following information compares COA Standards, including the organizational and management standards, as well as the individual services standards for family foster care; with the Colorado child care rules pertaining to licensure of Child Placement Agencies, and Child Welfare requirements found in Staff Manual Volume VII. Areas of compatibility are noted, as well as significant gaps.

Overall, the state requirements were comparable to COA standards, however, in some areas, the COA standards were more comprehensive and specific. Areas with significant gaps in Volume VII are as follows:

- COA has a strong emphasis on quality assurance and an entire section of standards is devoted to this topic, which includes both long and short-term planning, internal quality monitoring, case reviews, outcomes measurement and corrective action. Volume VII does not address efforts toward continuous quality improvement (CQI).

- COA has specific standards related to the organization’s governing body and community participation. Volume VII has some standards in this area, but does not address community involvement or specifics about the organization of the governing body for Child Placement Agencies.

- COA directly addresses equal employment and harassment issues.

- COA standards are more detailed in financial management of Child Placement Agencies than Volume VII.

- There are similarities in standards related to client records, however, in some areas such as medication control and administration, COA is more specific or stringent than Volume VII. In addition Volume VII does not address the maintenance or security of electronically stored client information.

- Standards for family foster care are similar. There are some areas such as training requirements, caseload sizes for workers, and frequency of contact between workers and children in foster care where COA standards are more stringent.

- COA has standards specific for treatment foster care and medically fragile children. Volume VII does not.

Areas of similarity between COA standards and Volume VII were:

- Issues related to the service environment and licensing of facilities.

- Training and orientation requirements for facility staff members.

- Intake, assessment and service planning.

- Risk management, contractual relationships, service agreements and management of investments.

A matrix found in Appendix C synthesizes comparisons made regarding JCAHO, COA, FFTA, CWLA, and CDHS Staff Manual Volume VII.

ACCREDITATION IN THE U.S. AND CANADA

The following information summarizes accreditation in human services.

Accredited child and family service agencies in Colorado

- The Family and Children's Division of the Denver Department of Human Services is accredited with COA. Their current re-accreditation is scheduled in July 2002 and the county department will also accredit their Adult Services Division, as it is a service for which COA has a standard, therefore the county is required to accredit the service.

- Three child placement agencies and ten Residential Childcare Facilities/Residential Treatment Facilities (RCCF/RTC) are accredited with COA, with three more in process. RTCs are facilities licensed as an RCCF that are certified for a mental health services component by Mental Health Services).

- Approximately three Residential Treatment Centers are accredited with JCAHO.

Accredited States

Oklahoma and Illinois have accredited their Departments of Children and Family Services (DCFS) through COA. Both departments operate under state administered systems.

- Oklahoma provides financial and technical assistance support. The Oklahoma Department of Human Services, Office of Childcare provides tax credits for expenses incurred in becoming accredited, and a support project is underway to assist providers with technical and financial assistance toward accreditation of childcare (less than 24 hours). Oklahoma requires agencies receiving Medicaid to be accredited.

- The Illinois Department of Children and Family requires that all foster care providers with whom they contract be accredited. Between 1995-2000, Illinois funded training and technical assistance from COA, accreditation costs for approximately 102 private agencies, and negotiated a flat fee for accreditation costs of its state offices scattered throughout 101 counties. There was no legislative requirement for the use of general funds to support accreditation.

States and county departments in the process of accreditation

- Indiana, Kentucky, Maryland, Missouri, Ohio, Utah, and Washington.

- Maryland has 23 counties and the city of Baltimore. Baltimore is accredited. The state has given the remaining counties 5 years to become accredited and has provided financial assistance.

- Ohio has 88 counties. Eight counties pursued accreditation independently and the state has planned a 10-12 year rollout for the remaining counties with financial assistance. The accredited counties are especially supportive of continuous quality improvement (CQI). The state department in Ohio certifies the counties to provide foster care. Ohio is planning rollout of the counties by group, with the largest counties being accredited first. The county clusters will be accredited in groups with technical assistance provided by the state department. Ohio funds 80% of the costs as the counties become accredited through a special project initiative. COA was chosen as the accrediting agency that most represented their services. Ohio is state supervised and county administered.

- Washington is providing financial assistance to their county offices for accreditation.

- In the U.S., 52 county departments of human services are accredited and 21 more are in process, representing 14 states, in addition to those occurring in the States previously outlined.

- The Province of British Columbia requires accreditation of all their private service providers (approximately 300) and is underwriting the total cost of each agency's accreditation.

- Some of the states have pursued accreditation due to pending lawsuits or settlement agreements.

The following states/provinces are known to be providing or have provided financial assistance county department accreditation, though it is not an exhaustive list:

- British Columbia

- Illinois

- Ohio

- Oklahoma

- Maryland

- Washington

Approximately 37 states have some type of accreditation requirements for providers, or deemed status (abbreviated regulatory review when monitored to state licensure requirements). Some examples are:

Out-of-Home Care Providers

Accreditation of foster care providers is addressed as follows:

- Delaware Department of Services for Children, Youth, and Families will waive monitoring of voluntary organizations that services are purchased from, in the year an accreditation study is conducted in those agencies.
- Illinois Department of Children and Family Services requires foster care providers that engage in performance contracting to become accredited.
- Indiana requires managed care providers to contract with accredited agencies.
- Iowa Department of Human Services allows providers to substitute accreditation for on-site state re-certification.
- Florida will be privatized and requires all lead agencies and subcontractors to be accredited.
- Kansas Department of Social and Rehabilitation Services requires that all foster care contractors be accredited.
- Kentucky Administrative Regulations require that residential 24-hour child care facilities, including group homes, be accredited by October 2004 or within four years of licensure.
- Michigan requires agencies that receive Medicaid to be accredited.
- North Carolina Division of Social Services (within state DHS) accepts accreditation as evidence of compliance with state licensing requirements and reduces the number of on-site reviews for accredited agencies.
- North Carolina and South Carolina private non-profit child placing agencies may apply to the Duke Endowment Funds for initial accreditation and re-accreditation. The Duke Endowment fund has dedicated some financial assistance to private foster care agencies.
- Ohio Department of Human Services has authorized use of accreditation in lieu of certification when accreditation standards equal or exceed the Ohio Administrative Code.
- Tennessee Department of Children's Services is permitted to use accreditation in its licensure, approval, or supervision of child welfare organizations.
- Texas passed legislation allowing accreditation to be substituted for childcare (day and residential) licensing. Accreditation is required for residential treatment facilities.
- West Virginia Department of Human Services provides deemed status for residential childcare services.
- Within Federal Region VII, which includes Colorado, both Montana and New Mexico require accreditation related to residential treatment facilities and mental health programs, respectively.

Accreditation related to Medicaid reimbursement for providers of residential treatment for children

- Alabama, Alaska, Kentucky, Montana, New York, Rhode Island, and Virginia allow accredited residential psychiatric and/or treatment facilities for children under 21 to receive Medicaid reimbursement.
- Arizona has accepted accreditation in lieu of Medicaid certification.

- Iowa Department of Human Services requires that Psychiatric Medical Institutions for Children (PMIC) be accredited to receive Medicaid funding.

Accreditation in other human services disciplines

- Approximately 16 states require that providers of specialized services such as behavioral healthcare, developmental disabilities, mental health, and substance abuse are accredited or are provided deemed status to licensing, re-certification, or monitoring requirements.

- Approximately five states increase reimbursement to accredited childcare (day and/or residential) agencies.

North Carolina

In the latter 1990's the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services pursued "state run" accreditation. The Quality Improvement Branch facilitated the process. The accreditation team was composed of staff from each of the agencies and also Children's Mental Health. Standards (manual and tools) were developed over 3 months and were based on the following considerations:

- Federal, state, local legislation and rules.

- Public mandates based on legal findings against the Division.

- Requirements of funding streams.

The following information captures the costs to the Quality Improvement branch for accreditation activities:

- 4 coordinators (Masters degree) 40 hours/month with salary ranges of $35,000-$38,000.

- 1 support staff (Bachelors degree) 80 hours per month with a salary of $24,000-$25,000.

- 1 administrator (Masters degree) 120 hours per month with a salary of $65,000.

A self-study based on document review was completed. Site visits for 39 major programs, including management reviews, were completed by 15 staff with MSW and Ph.D. degrees depending on the complexity of the program. The overall staff composition was as follows:

- 2 from Quality Improvement.

- 2 from Substance Abuse.

- 2 from Developmental Disabilities.

- 2 from Child and Families Division.

- 2 from Adult Mental Health.

- 2 Court ordered reviewers or waiver reviewers

- 1 from Budget Division.

- 1 Psychiatrist, MD

A follow-up accreditation report was submitted following the site visits, which included corrective action. Re-accreditation occurred in three years; however, North Carolina discontinued the process later due to:

- Concerns about the cost of providing self-accreditation services.
- A lack of trust and acceptance of the state accrediting reviewers' abilities, though the state agency continued to license agencies and monitor other areas of performance related to judicial mandates.

North Carolina did not permit deemed status as to the multiple types of regulatory reviews of agencies and the agencies became overwhelmed. North Carolina is pursuing accreditation for these same agencies with COA.

Illinois

Initial rollout for accreditation occurred with approximately 13 offices spread over the six regions. Offices that were likely to have the least difficulty were chosen and personnel from the respective offices and the state received training from COA to be peer reviewers. These individuals served as mentors for the first cluster, and individuals within that group became peer reviewers for the next cluster to be rolled out. When the process was completed, all regions had peer reviewers. For DCFS office re-accreditation, the roll out process has changed and will occur by region.

A number of private agencies had difficulty meeting accreditation requirements, so Illinois contracted with the CWLA for two years to provide technical assistance for administration, quality assurance, and direct services. Of the 102 agencies that were accredited, approximately 85 are in the process of re-accreditation. A few agencies closed, and a number of agencies did not meet Illinois' performance-based contracting requirements.

The Continuous Quality Improvement (CQI) process is imbedded in the DCFS offices' management and practice. Regional and state QA staff conduct individual office reviews, and within regions there are quarterly reviews. A statewide database was developed and contains twenty quarters of data. There are also consumer satisfaction surveys and indicators within the accreditation process. Peer review is an ongoing practice. All managers and direct staff have the requirement written into their job descriptions.

Illinois is in the process of re-accreditation of its offices and approximately 85 foster care providers. The office rollout (between 2000-2004) will be by region rather than the sequence used initially. Approximately 72 offices are currently in the process for re-accreditation. A flat rate has been negotiated with COA for DCFS offices, and the state will pay private agency costs based on COA's traditional fee schedule.

ADVANTAGES AND DISADVANTAGES OF ACCREDITATION

Both JCAHO and COA outline advantages and disadvantages of accreditation. Articles regarding accreditation are referenced in Appendix G. The Department's Accreditation Committee outlined the advantages and disadvantage of accreditation for Colorado in general, with variables such as voluntary and mandatory status, and with or without funding assistance.

Advantages of mandatory accreditation for county departments and Child Placement Agencies	Disadvantages of mandatory accreditation for county departments and Child Placement Agencies

• A continuous quality improvement (CQI) requirement with a focus on outcomes. • Built in self-assessment. • Comprehensive standards based on research. • Organizational integrity. • Utilization review. • Outside objective review with measurable standards of best practice. • Provides for standards developed within the field. • A belief that it assures best practice for children and families. • Equity in review so that county departments and CPAs are measured by the same standards. • Decreased liability for county departments and CPAs.	• Drives an increase in workload for initial accreditation, and ongoing workload demands to maintain standards through a continuous quality improvement, and undergo re-accreditation reviews. • Increased cost to county departments in staffing and provider reimbursement rates. • Increased cost to CPAs in staffing costs. • Overall CPAs are concerned that without funding, accredited agencies would have to shift discretionary funds and result in some CPAs closing due to limits in budget. • Counties are concerned that without funding their liability will increase as a result of agencies closing.

Advantage of voluntary accreditation with funding assistance	Disadvantages of voluntary accreditation with funding assistance
• Some agencies would prefer to be accredited but do not have the budget to do so.	• Concerns that county departments will have no choice but to place children with non-accredited agencies to reduce costs of care. • Without funding it could result in the status quo.

Advantages of mandatory accreditation with funding assistance	Disadvantages of mandatory accreditation with funding assistance
Same as first set of advantages for mandatory accreditation listed on previous page.	• There would be a reduction in the total number of children who may reside in a foster care home (foster and biological). q For instance there is a maximum of two foster children allowed in a treatment foster home. q Reduction in capacity could increase costs to county departments and competition among county departments for CPA foster home placements. q More resources would be needed for recruitment and retention of foster homes.

Advantages of voluntary accreditation with financial incentives	Disadvantages of voluntary accreditation with financial incentives
• Agencies can offset some of the cost of accreditation with incentives.	• If voluntary, county departments may be less likely to place children with accredited agencies due to the cost. • Accredited agencies may only have the highest level children referred for placement.

PREPARATION FOR ACCREDITATION

The following is a basic outline of the general workload, roles, and responsibilities for initial accreditation:

- Administrative lead assigned.
- Identified staff person (accreditation coordinator) who takes primary responsibility for tracking activities and is responsible to use significant time in the self-study. The person would need to be relieved of other major responsibilities.

- Depending on the size of the organization, the lead and the identified staff may be the same person.
- Core team (individuals who have knowledge of the agency business management) takes responsibility for completing organizational and management standards, coordination of personnel data forms, questionnaires, updating of policy and procedures manual.
- Service sections are assigned to staff with the subject expertise.
- Drafts are reviewed and edited by the accreditation coordinator.
- Core team gathers and assembles manual material, formats, and other documents for attachment for both the generic and service standards.
- Orient supervisory staff to new standards. Provide consultation to management on addressing continuous quality improvement. Possible use of accreditation body consultation to assist.
- A variety of staff are involved where clarification of the self-study is needed.
- Participate in interviews with peer reviewers.
- Outcome-based practice and evaluation requires training of managers and staff; and integration of new policies into practice.
- An increased demand for data requires the development of methods to input data and develop management reports.
- It generally takes 12-18 months to achieve accreditation.

COA staff provided the following information regarding accreditation with their agency:

- 60% of agencies do not achieve accreditation with the first try. It usually takes 3-6 months to improve deficiencies.
- 95% are accredited on the second try.
- 1% of agencies fail and are not accredited. If denied accreditation, the agency must wait one year to reapply.
- Sanction for failing to meet accreditation standards includes probation, suspension, and revocation of agency accreditation for serious issues.

COST ANALYSIS

An assessment of the costs for COA and JCAHO for the accreditation of the county departments and child placement agencies was completed. The cost analysis is located in Appendix D. Costs were calculated in the following way:

- COA and JCAHO use agency budget size and/or service volume to determine fees. The budgets that are reflected include the programs of the county departments that are impacted by accreditation and the programs of the private child placement agencies.
- Both accrediting organizations require that an agency apply for accreditation for all programs for which that accrediting body has established standards. For example, a CPA that provides foster care, adoption, and birth parent counseling services would bear the cost of accrediting all of those programs. The county department and a CPA may have unrelated programs such as mental health services,

emergency assistance, homeless programs, services for the aging, childcare, etc. that would be required to be accredited along with foster care, adoption, and birth parent counseling services, etc. The review revealed that the majority of private agencies would be required to accredit at least three (3) service areas while others would be accrediting as many as thirty (30) service areas. The average CPA would probably accredit 3-8 sets of standards.

- All agencies would experience internal staff expenses to

complete the initial accreditation process and to

maintain accredited status through re•accreditation

every four years. For the purpose of this analysis, the

staff expense cost was estimated on the basis of budget

size and the number of service areas the agencies would

be accrediting.

  - q It is estimated that one FTE is needed for a private agency whose budget ranges from $500,000-$5M annually and who is accrediting at least 3 service areas.

  - q The FTE is needed to focus attention to the accreditation application process, self•study, policy and procedure review and development, and preparation for and leadership during accreditation site visit.

  - q It is estimated that a maximum of 2 FTE for programs over $10M are needed, recognizing that private agencies are accrediting multiple programs.

  - q An allowance was made for county departments as the size of their budgets is driven significantly more by volume of services rather than by the number of service areas they must accredit. Counties whose budgets were from $500,000-$5M were estimated to need 1 FTE and counties whose budgets were over $5,000,000 were estimated to need a maximum of 2 FTE.

- The costs of accreditation are ongoing and would be experienced by the counties and CPAs at initial accreditation and every four years thereafter. Neither accrediting body decreases their fees after the initial accreditation for re•accrediting the organization. A new fee assessment is made at the beginning of the re-accreditation process based on the agency budget and/or volume of services.

- The fees for accreditation are front-loaded in nature. Both COA and JCAHO require full payment of their fees at the time and during the accreditation process. Counties and CPA's are not allowed to distribute the cost out over the four year life of the accreditation period in any sort of payment arrangement.

- Prior to accreditation, policies are written/revised to meet standards, requiring significant time from dedicated accreditation staff, as well as administrative and line staff. There are significant training, development and implementation costs. However, costs for staff time during re-accreditation are reduced because of the Continuous Quality Improvement (CQI) process that is the heart of accreditation. As requirements change, training is developed and implemented, but the volume and intensity is decreased.

SUMMARY OF FINDINGS

While the discussion of accrediting CDHS arose, it was not pursued due to the complex nature of the issue. Whether accreditation of CDHS is feasible in a state supervised environment where direct services are administered by counties and contractors is unknown. At a minimum, ADAD, Adults and Aging, Child Care, Child Welfare, Developmental Disabilities Services, DYC, Mental Health, and Vocational Rehabilitation would require accreditation. Since the federal domestic violence funds are housed in Child Welfare, that program would likely be required to accredit.

State agencies could require a CQI process with counties and/or contractors. This would drive significant fiscal/ workload issues and costs for training, implementation, and monitoring of the agencies, as well as the additional costs related for accreditation of CDHS agencies.

The scope of the review requested by the legislature related to county and CPA foster homes. The committee focused on accreditation requirements for county and CPAs.

In general, Colorado's standards compare well with COA and JCAHO. Standards provide operational definition and guidance based on policy, and is restricted to a specific program. That said, the committee set out to determine other ways to facilitate consistent quality practice standards regardless of the size of the organization implementing the standards.

The committee studied the feasibility of writing standards, but were unable to establish that any state had undertaken the task of writing their own accreditation standards. The costs to find the expertise necessary to develop verifiable, nationally recognizable accreditation standards would be prohibitive. In addition, there would be continued costs for ongoing research necessary to stay on a path of national excellence, to establish a monitoring and re-accreditation process.

Accreditation of public and private agencies has become more prevalent within the past 10 years, as a mechanism to augment existing state licensing and regulatory systems; in spite of the workload and monetary costs. The scope of accreditation encompasses evaluation of an organization's management and service provision. Continuous quality improvement is the cornerstone of accreditation, requiring the organization to continually assess itself to maintain national standards.

Both JCAHO and COA accreditation bodies are the most applicable to human service organizations. FFTA standards only relate to treatment foster care, which is one type of intensive foster care in a continuum and not appropriate to all children. FFTA does not monitor. It would be beneficial to evaluate FFTA standards to increase specialized programs as part of Colorado's continuum of care.

JCAHO is based primarily in medical and behavioral healthcare. While the accreditation standards are comprehensive in the medical model, the foster care standards contained in the Behavioral Health Care Accreditation Program are broad and not well defined. The fairly recent supplemental standards for foster care do not provide the operational definition, or the measurability to establish outcomes. In addition, JCAHO provides fewer staff for site reviews, and though initially the fee and costs appeared as though it would be less expensive, the committee discovered that ultimately JCAHO costs are an average of about $4000 higher than COA's for accreditation and re-accreditation. JCAHO uses a fee structure where it assesses a flat rate ($5840) and then attaches additional costs based on the number of children served by the agency throughout the year and assesses individual costs for the multiple services the children receive. The latter costs drive a significant fiscal impact.

COA is the only organization that has accredited county departments as well as private agencies. They currently have accredited approximately 2000 agencies of varying size and scope of services. The standards are applicable to the variety of services that public and private agencies provide and are measurable. COA has a required system of notification for critical incidents and work closely with the licensing entity.

The initial application cost for COA is approximately $600. The accreditation fee is based on a percentage of the budget for the services being accredited.

- Minimums of 2 reviewers are sent for a site visit and 2 days are scheduled at a total cost of $3200. If additional days are needed, the cost is $200 per day/reviewer.
- The number of reviewers depends on the number of services and offices to be accredited.
- The site review usually occurs 6-8 months after application.
- An annual accreditation maintenance fee is $225.

COA will provide customized training to accommodate individual needs. For example, 2 days of Intensive Accreditation Training and 1 day of Quality Management Training for an unlimited number of people can be designed for $12,000, covering costs for curriculum development, training material, standards manuals, and trainers.

Staff from COA recommended that if Colorado chose to pursue accreditation, COA could accommodate the counties and CPAs on a phased in basis. Similar to Ohio and Illinois, it is recommended that agencies that will do well begin accreditation first, and that technical assistance is provided to those agencies that need it prior to beginning accreditation.

If considering accreditation, appropriate fees need to be negotiated that reflect Colorado's interests. If the standard accreditation formula was used and counties were assessed for their budgets directed at accredited services, and subsequently CPAs were assessed for their budgets, then this would result in a double assessment of some of the same funds (foster care, family preservation, etc) since they flow from the county to the CPA.

Accreditation has ongoing workload and monetary costs that are balanced with comprehensive standards based on: research, built in self-assessment, requirements for continuous quality improvement (CQI), utilization review, organizational integrity, an objective external review with measurable standards of best practice, and enhancement of professional status within the community.

Increasingly more states or governmental bodies recognize the advantage and integrity of the standards and allow deemed status to agencies who are accredited so that they are reviewed less often or with less scrutiny because of an assumption of quality and professional status. Some states/counties are funding accredited agencies at higher levels than non-accredited agencies, again because of the assumption of quality.

Should Colorado choose to either mandate or encourage accreditation, criteria for the level and frequency of monitoring could be attached to performance and compliance with accreditation standards, as they are farther-reaching than program standards. Accreditation bodies work closely with the licensing or regulatory agency but they do not monitor to state requirements. For example, if there is a critical incident or a licensing violation, it must be reported to the accrediting body and the agency must address the concerns within a timeframe, or may risk sanctions by the accrediting body. Colorado would continue to need the

ongoing monitoring that occurs, however, instead of having to spread themselves across a multitude of provider agencies, the monitoring units in Colorado could work more intensely with struggling agencies to assure child safety and to assist in working toward achievement of accreditation.

Ohio and Maryland are state-supervised systems. Achievement of accreditation looks different in state-administered systems because mandates are passed directly to counties to implement. Ohio's plan is to accredit all of their 88 counties in clusters over a period of 10-12 years. The state is funding 80% of the costs when accreditation is met and 30% of the costs if a county fails to achieve accreditation. The state leadership recognizes that the smaller counties are going to struggle more and are rolling them out last. Given this, a spokesperson commented that they "wouldn't let any of them fail". Maryland has a rollout plan of 5 years for 23 counties; however, they did not request enough funding for training and fee assessment. The pace has slowed and the counties are not moving toward accreditation as quickly because they cannot absorb the costs. Illinois is state administered and funded the regional offices and most of the private agencies over a period of 8 years.

In Colorado county departments and private agencies work toward partnering. Providing support with common training, technical assistance, and financial assistance to county departments and CPAs would be a tangible indicator and acknowledgement of the advantage and expectation of consistent quality practice and service. While the committee was instructed to look specifically at foster care, it became apparent that agencies must accredit all services that have applicable standards with the accrediting body. Providing sufficient funding would demonstrate recognition of the fiscal and workload impacts to agencies that accredit in an environment where funding is stretched to provide appropriate and sufficient services.

In order to succeed in a project of this magnitude, Colorado could not finance it without new resources.

Recommendations

Given the information that was obtained, the Department is making the following recommendations that provide alternatives that discuss different levels of impact and costs. A table following the recommendations compares the costs of the various options outlined below.

Option A:

> Accreditation through COA with financial reimbursement to offset costs for the initial accreditation costs for the county departments and CPAs, increased reimbursement as an incentive to CPAs when they become accredited, and deemed status for CPAs when they become accredited.

Rationale: This option is preferred because COA has accredited over 2000 public and private agencies of varying sizes and scope, and they are the only organization that has accredited county departments and state child welfare agencies. COA's accreditation is comprehensive and includes measurable standards for organization and management, as well as the array of services that public and private human services agencies provide.

COA maintains standards that are consistent with achieving the three current Federal outcomes, safety, permanency, and well-being. These outcomes were evaluated in the Federal Child and Family Services Review (CFSR) that occurred in Colorado in June 2002. Standards that are consistent with Federal expectations will assist Colorado to continue to assure the highest quality of services.

Rollout to complete accreditation statewide could occur over 5-10 years, similar to the experiences in Illinois and Ohio. The initial rollouts would target nine large size counties (Denver is accredited). For providers, costs of periodic re-accreditation process would be offset by the increased reimbursement rates, and for county departments additional funding included in their budgets to accredit, maintain accreditation, and to fund higher rates for accredited CPAs. This alternative would require legislative creation of a fund.

Next steps:

Legislation would be required to authorize accreditation and establish financing of General Funds to support accreditation, monitoring, and evaluation.

- Receive technical assistance from COA to plan and prioritize accreditation clusters in order to determine the statewide rollout structure and timeframes at a cost of $5,000 statewide.

- Establish state and local teams for long-term planning and oversight of the process, to provide technical assistance, and develop a methodology for deemed status. Videoconferencing, travel, and per diem costs throughout the process *have not* been included.

- Train approximately ten county, private agency, and state staff as peer reviewers with COA at a total cost of approximately $10,000 including training, lodging, per diem OR negotiate a training in Colorado. These reviewers and existing trained peer reviewers in Denver and private agencies would serve as mentors for initial and subsequent accreditation rollouts.

- Training for 10 additional peer reviewers would occur annually at a total cost of $8,000-10,000.

- Contract with COA for specialized training outlined in the report to direct and support agencies (public and private) to proceed at a total cost of approximately $12,000.
- Costs for support staff to be dedicated to the project and internal agency training costs have not been included.
- The costs do not include the application, surveyor site, or annual maintenance fees for each agency.
- The costs do not include educational expenses that might be incurred by an agency or county department to meet staff educational requirements. For example, some staff may require an advanced degree. Additionally, individuals with advanced degrees generally have increased salaries.

Estimated Training, Accreditation Fees, and Staffing Costs

Preliminary costs for county and CPAs for training costs is **$37,000** and does not include a statewide long-term planning group or annual training to increase number of individuals to participate in the peer review process.

The cost for accreditation fees for county departments and CPAs is **$955,400-$1,257,500**. Additionally, this does not include the costs to accredit other programs a CPA may offer such as RCCF, group homes, or in-home support services that are not included in the cost analysis tables. It also does not include costs for county departments to accredit the adult services program.

OR

Combining accreditation fees and staffing costs incurred by agencies is estimated to cost from **$7,886,100-$8,159,600 and $37,000** for training.

Option B:

> The CDHS Staff Manual Volume VII could be expanded to include the development of a Continuous Quality Improvement (CQI) process; require measurable standards to close gaps; and increased monitoring to include the use of a peer review process.

Rationale: In the process of this study the committee found that the rules in Volume VII closely reflect models of best practice in existing national standards such as CWLA. Following COA strategies for standard development, the process would require 18 months of research.

Rollout would occur over 3-5 years. As data in Trails becomes more readily available, it will be a valuable resource for some of the information needed for research. This alternative would require legislative creation of a fund to support research, development, training, implementation, monitoring and evaluation.

Based on data provided by COA, the cost of a new service standard is approximately $500,000 for a national standard. Staff time, research and paneling national experts on CQI would account for the bulk of expense. Consulting with expert bodies and using their expertise in developing a valid CQI standard is critical. In Colorado, the expertise to develop verifiable, nationally recognizable accreditation standards potentially exists through collaboration between the Department and a state university or college. Nationally, an organization such as CWLA has the expertise to provide assistance.

Next Steps:

- Training costs for county and CPA management regarding CQI requirements would be approximately $50,000 for curriculum development, training and materials, videoconferencing, travel, and per diem.
- Costs for an additional state FTE to maintain state of the art practice using data, research, and knowledge of national practice and to provide training is $70,000 annually.
- Develop a statewide workgroup to establish a peer review process to assist the current 24-Hour Monitoring Team.

Estimated Costs

Preliminary costs for this option to develop a CQI process, training, and an annual maintenance of CQI statewide, is **$620,000**.

Option C:

Incorporate Family-Based Treatment Association Standards to address only treatment/therapeutic foster care with increased reimbursement for CPAs that ascribe to the model. "Quality Standards for 24-Hour Child Care" would need to be revised to incorporate the requirements and provide monitoring to the standards.

Rationale: If the focus were only family foster care, this model would address treatment foster care. There would be a fiscal impact due because there can be no more than 1-2 foster children in the home, thus reducing capacity, as well as increased supervision, training and caseload requirements, requiring an increased reimbursement rate.

Next Steps:

- Develop a statewide workgroup, including integrated care management counties to study case rates versus other methodologies to adequately reimburse treatment foster care comparably to other states. Using $2600/month as an example case rate, the group would need to develop criteria to delineate treatment foster care, assess needed capacity, and develop gate-keeping methods.

- Add recruitment and retention staff for program development, training, and technical assistance to counties and CPAs to increase recruitment efforts due to the loss of capacity in homes, at a cost of $170,000. It is estimated that 378 additional foster care homes are needed as a result of reduction in overall capacity due to the limited number of children that may be served in treatment foster care homes.

- Membership dues for FFTA is $200 per year. While membership is optional, one of the benefits is technical assistance twice a year. The standards are $10 for members and $20 for non-members. It is assumed that approximately 25 counties and 109 CPAs would become members.

Estimated Costs

Preliminary costs of **$198,920** for the first year for this alternative only address the addition of recruitment and retention staff and activities listed above, 134 FFTA memberships, and the cost of FFTA Standards for each agency and county department. The additional cost for the funding needed to increase rates along with availability of federal funding to offset general fund has not been determined.

Option D

Develop an accreditation process for the State of

Colorado, conducted by the state, with a process similar

to national accrediting organizations.

Rationale: This option would provide opportunity to fill existing gaps in Volume VII so that requirements are more consistent with national standards and mirrors the national accrediting process. Sixteen areas, relating to quality organizational management and services were identified in the text (p.10). Using existing resources, the Department could collaborate with a Colorado university or college to provide some of the panel expertise. Nationally, an organization such as CWLA has the expertise to provide additional assistance. Standards could be phased in over a period of 10 years.

Next steps:

- Develop a statewide workgroup to identify accreditation panelists.

- Costs for an additional 1.5 state FTEs to coordinate the paneling process, provide additional research, and support to the panel through the development of each of the standards, and operating costs is $112,000 annually.

- Cost for an additional staff to support the accreditation coordinators while standards are developed is $30,000.

- Cost upon completion of all the standards for 2 FTE to continue to maintain state of the art practice using data, research, and knowledge of national practice, operating costs, as well as to provide training is $170,000.

- Applying this only to counties and CPAs, training costs for county and CPAs regarding the 16 recommended standards, would be approximately $50,000 *per* standard for curriculum development, training and materials, videoconferencing, travel, and per diem.

- Costs related to state, county, and provider panelist staff workload and contracting with the state university/college system and CWLA to panel standards are indeterminate.

- National training costs for panelists (assuming 15 panelists)is $60,000.

- The costs do not include educational expenses that might be incurred by an agency or county department to meet staff educational requirements. For example, some staff may require an advanced degree. Additionally, individuals with advanced degrees generally have increased salaries

Estimated Costs

Preliminary annual costs include staffing costs for 1.5 state FTE, support staff during standard development, and annual training costs for panelists for a total of **$202,000** per year**.**

Training costs for implementation of each standard is **$50,000**. Overall training costs would be a minimum of $**800,000** over a period of 10 years.

Costs for 2 FTE continue to maintain state of the art practice using data, research, and knowledge of national practice, operating costs, as well as to provide training after the implementation is **$170,000** annually.

Recommendation

CDHS recommends that Option A be pursued. This is a long-term commitment that would require a phased-in approach. This option also requires legislative support due to the budget implications. However, this is the best option to move the system of care to meet the legislature's and state department's vision of safe and stable environment for children in out-of-home placements.

Comparison of Options

Option	A. Accreditation through COA with reimbursement to offset costs.	B. Develop a Continuous Quality Improvement (CQI) process; measurable standards; use of trained peer reviewers	C. Incorporate Family-Based Treatment Association (FFTA) standards for therapeutic/treatment foster care with increased reimbursement for CPAs that ascribe to the model.	D. Develop an accreditation process for Colorado, conducted by the state, with a process similar to COA.
Estimated time-frame for complete implementation	5-10 years for all counties and CPAs.	3-5 years.	2-3 years.	10 years.

One-time costs				
Training	a)$ 5000 (TA-planning) b)$10000 (Peer Reviewers prior to first rollout) c)$12,000 (co/CPA/state)	$50,000 (co/CPA)		
Application Fees	$103,800			
Option	A. Accreditation through COA with reimbursement to offset costs.	B. Develop a Continuous Quality Improvement (CQI) process; measurable standards; use of trained peer reviewers	C. Incorporate Family-Based Treatment Association (FFTA) standards for therapeutic/treatment foster care with increased reimbursement for CPAs that ascribe to the model.	D. Develop an accreditation process for Colorado, conducted by the state, with a process similar to COA.
Standards (purchase)			$2120	
Total one-time costs	**$130,800**	**$50,000**	**$2120**	

Annual Costs				
Staffing	$6,382,500 (FTEs for co/CPAs)	$70,000 (FTE maintain standard/ongoing training to co/CPA)	$170,000 (FTE recruitment, retention, and includes training, TA)	a) $112,000 (1.5 FTE-coordinate with panel until 16 standards completed) b) $ 30,000 (support FTE

				during standard development)
				$170,000 (2 FTE maintenance/continued research, training after standards are developed)
Option	A. Accreditation through COA with reimbursement to offset costs.	B. Develop a Continuous Quality Improvement (CQI) process; measurable standards; use of trained peer reviewers	C. Incorporate Family-Based Treatment Association (FFTA) standards for therapeutic/treatment foster care with increased reimbursement for CPAs that ascribe to the model.	D. Develop an accreditation process for Colorado, conducted by the state, with a process similar to COA.
Training	$8,000-10000 (peer reviewers)			a) $50,000 (per standard, may occur for 10 years) b) $60,000 (15 panel members)
Accreditation maintenance or membership	$ 38,925	$26,800		
Foster care			$25,712,089 (378 new foster homes, for 1512 children)	
Total annual costs	**$6,431,425**	**$96,800**	**$25,882,089**	**$252,000** (during standards development) **$170,000** (after development, ongoing research and maintenance)

Option	A. Accreditation through COA with reimbursement to offset costs.	B. Develop a Continuous Quality Improvement (CQI) process; measurable standards; use of trained peer reviewers	C. Incorporate Family-Based Treatment Association (FFTA) standards for therapeutic/ treatment foster care with increased reimbursement for CPAs that ascribe to the model.	D. Develop an accreditation process for Colorado, conducted by the state, with a process similar to COA.
Additional costs				
Accreditation fee (every 4 yrs)	$955,400-1,257,500			
Site survey	$553,600 (minimum based on agency size)			
Revised standards (every 3 yrs)			$2120	
Total additional costs	**$1,509,000-1,811,100** (every 4 years)		**$2120** (every 3 yrs)	

Option	A. Accreditation through COA with reimbursement to offset costs.	B. Develop a Continuous Quality Improvement (CQI) process; measurable standards; use of trained peer reviewers	C. Incorporate Family-Based Treatment Association (FFTA) standards for therapeutic/treatment foster care with increased reimbursement for CPAs that ascribe to the model.	D. Develop an accreditation process for Colorado, conducted by the state, with a process similar to COA.
Indeterminate costs	a)State and local team for long- term planning (10 yrs). b)Support staff. c)Internal CPA and county training. d)Masters level education costs to meet staff requirements may occur.	Statewide workgroup to establish peer review system to assist 24-hour monitoring team.	Statewide workgroup to study criteria for treatment foster care, utilization review process, and case rate methodologies. It is anticipated the case rate will increase due to the intensive needs of the children.	a) Statewide workgroup for identification of panelists. b) Masters level education costs to meet staff requirements may occur.

Appendix A

Human services agencies accredited in Colorado

COA

- Adoption Alliance
- Catholic Charities of Colorado Springs, Inc.
- Colorado Christian Home Tennyson Center
- Denver Children's Home
- Denver Department of Human Services, Division of Children and Family Services
- Excelsior Youth Center, Inc.
- Human Services, Inc.
- Lutheran Family Services of Colorado
- Mount St. Vincent home
- Namaqua Center
- PATH
- Savio House
- Shiloh Home, Inc.
- The Emily Griffith Center, Inc.
- Third Way Center, Inc.

JCAHO

- Cedar Springs Behavioral Healthcare
- Colorado Boys Ranch
- Devereux Cleo Wallace (Broomfield and Colorado Springs)

Appendix B

COA Preliminary Standards Development Timeline: Single Service Addition

Activity	1/02	2/02	3/02	4/02	5/02	6/02	7/02	8/02	9/02	1/02	11/02	12/02	1/03	2/03	3/03	4/03	5/03	6/03	7/03	8/03
Preliminary Activities																				
Meet w/ CWLA or other expert bodies	x																			
Preliminary research	x	x	x	x	x															
Conduct market analysis		x	x	x	x															
Conduct program reviews		x	x	x	x															
Panel formation		x	x	x	x															
Standards Development																				
1st Panel Meeting						x														
Meet with associations, organizations						x														
Draft standards						x	x	x												
Conduct program reviews						x	x	x												
Panel feedback on draft standards									x											
Evaluate panel feedback									x											
Create 2nd draft of standards										x										
Field Comment Period																				
Solicit field comment											x									

Appendix B (con't)

Activity	1/02	2/02	3/02	4/02	5/02	6/02	7/02	8/02	9/02	1/02	11/02	12/02	1/03	2/03	3/03	4/03	5/03	6/03	7/03	8/03
Evaluate and incorporate field comment												x								
Panel feedback following incorporation of field comment												x								
Standards language finalized												x								
Self Study Material																				
Draft indicators/EoC/tools												x	x	x						
2nd Panel Meeting														x						
Field test new material															x	x	x			
Final revisions																	x			
COSAP approval of standards and self-study																		x		
Develop peer training and marketing material																		x		
Production																				
Solicit production bids (Admin)																		x		
Conduct layout Production)																		x		
Activity	1/02	2/02	3/02	4/02	5/02	6/02	7/02	8/02	9/02	10/02	11/02	12/02	1/03	2/03	3/03	4/03	5/03	6/03	7/03	8/03
Develop rating sheets																		x		
Modify database																		x		

Printing																			x	
New standards available to agencies																				x

Appendix C

Matrix: JCAHO,COA, FFTA, CWLA, and

CDHS Staff Manual Volume VII

Key as it relates to foster care**:**

X Addresses category less extensively than others

- ü Addresses category extensively
- q Does not address

CATEGORY	JCAHO	COA	FFTA	CWLA	CDHS
Ethical Practice, Rights & Responsibilities					
Client rights and responsibilities	ü	ü	ü	X	ü
Access to and eligibility for services		ü			ü
Culturally competent practice		ü	ü	ü	X
Rights of persons in out-of-home care	ü	ü	ü		ü
Confidentiality and privacy protections	X	ü		ü	ü
Confidentiality of the records of minors				ü	Child-ren's Code
Access to case records		ü			Child-ren's Code
Research protections	ü	ü	ü	ü	X
Grievance procedures	X	ü		ü	ü
Ethical conduct; and protection of health and safety	ü	ü		X	X
Conflicts of Interest				ü	
Structured Continuous Quality Improvement Program					

Stakeholder participation		ü		X	
Long-term planning	ü	ü		X	
Short-term planning		ü		X	
Internal quality monitoring		ü		X	
Case record reviews		ü	ü	X	ü
Outcomes measurement		ü	ü	X	ü
Consumer satisfaction		ü	ü	X	ü
Feedback mechanisms		ü	ü	X	ü

Appendix C (con't)

CATEGORY	JCAHO	COA	FFTA	CWLA	CDHS
Structured Continuous Quality Improvement Program (con't)					
Information management and Corrective action		ü		ü	
Monitoring process for ongoing quality improvement		X		ü	
Strategic planning		X		ü	
Use of statistical data to expand quality services		ü		ü	
Organizational Integrity Governance and administration of the agency					
Purpose/Mission of the organization	X	ü	ü	ü	ü
Community involvement		ü		ü	X
Community education and support			ü	ü	
Advocacy for clients	ü	ü	ü	ü	X
Legal structure		ü		ü	
Governing body (risk management and financial responsibilities)		ü	ü	ü	X
Chief Executive Officer's responsibilities		ü		ü	
Conflicts of interest		ü		ü	
Fundraising practices		ü		X	
Guidelines for closing or merging organizations				ü	
HR planning and organization	X	ü		ü	X
Personnel policies		ü	ü	ü	ü
Harassment policies	X	ü		ü	

Fair & equitable treatment /equal employment opportunity	X	ü		ü	
Recruitment and selection		ü			
Staff qualifications		ü	ü	ü	X
Volunteers		ü		ü	X
Personnel records	X	ü		ü	
Performance reviews	X	ü	ü	ü	ü
Team-delivered services		ü	ü	ü	
Incentive programs for staff				ü	
Employee participation				ü	

Appendix C (con't)

CATEGORY	JCAHO	COA	FFTA	CWLA	CDHS
Quality of the Service Environment Addresses issues surrounding the service environment					
Safe and comfortable environment	X	ü	X	ü	ü
Site is located where it is accessible to clients	ü	ü		ü	ü
Facility licensing	ü	ü	ü	ü	ü
Compliance with health and safety codes	ü	ü	ü		ü
Safety of staff off-site		ü		X	
Facility safety and security		ü		ü	
Emergency response procedures	X	ü	ü	ü	ü
Infectious disease	ü	ü		ü	X
Financial Management of Agencies					

Financial planning		ü		X	
Analysis of financial information		ü		ü	
Fiscal management		ü		ü	
Financial accountability		ü		X	
Payroll		ü			
Audit procedures		ü		ü	ü
Rate setting				ü	
Accounting procedures		X		ü	
Financial diversification				ü	
Training and Supervision					
New staff orientation		ü	ü	ü	ü
Staff development training	ü	ü	ü	ü	ü
Training content		ü	X	X	X
Risk management training	ü	ü		X	
Supervision	ü	ü	ü	ü	ü
Requirements of supervisors	X	ü	ü	ü	
Intake, Assessment, and Service Planning Guidelines					
Screening and intake	ü	ü	X	ü	ü
Assessment	ü	ü	ü	ü	ü
Service planning	ü	ü	ü		ü
Family-focused service planning		ü	ü	ü	ü
Service Delivery Addresses requirements					
Service planning for persons with special needs		ü	ü	X	X
Social inclusion of persons with special needs		ü	X	X	
Family involvement in services		ü	ü	ü	ü
Allowable service modalities and interventions	X	ü	ü	ü	X
Medication administration	ü	ü	ü		X

Service continuity & coordination		ü	ü	ü	ü

Appendix C (con't)

CATEGORY	JCAHO	COA	FFTA	CWLA	CDHS
Service Delivery (con't)					
Case records, including electronic records		ü		ü	Not Electronic records
Case supervision		ü	ü	ü	ü
Termination/ discharge	X	ü	ü	ü	ü
Community involvement & collaboration		ü	ü	ü	ü
Aftercare plans	X	ü	ü	ü	
Transition to independence		ü	ü	ü	X
Educational programs for youth in out-of-home care	X	X	X	ü	X
Evaluation of service plan			ü	ü	ü
Relationships with other public and private agencies		ü	ü	ü	ü
Behavior Management Addresses restrictive behavior management practices (physical or mechanical restraints)					
Legal compliance & administrative oversight	ü	ü	ü		ü
Behavior management practices	ü	ü	ü		ü
Prohibited forms of behavior management	ü	ü	ü		ü
Behavior management training	ü	ü	ü		ü
Isolation	ü	ü	ü		ü
Manual restraints	ü	ü	ü		ü
Locked seclusion and mechanical restraints	ü	ü	ü		ü
Administration and Risk Management					
Loss and liability	ü	ü			
Risk management - insurance	ü	ü	ü	X	ü
Legal compliance		ü			
Security of information (including computer data)		ü		X	Not com puter data
Media relations		ü			
Service agreements		ü			
Administration and Risk Management					
Contractual relationships		ü		X	
Quality monitoring of purchased services; and management of investments		ü		ü	

Appendix C (con't)

CATEGORY	JCAHO	COA	FFTA	CWLA	CDHS
Foster and Kinship Care Requirements					
Services to the child		ü	ü	ü	ü
Services to biological parents		ü	ü		
Contact hours with children		ü	ü	X	X
Foster parent training	X	ü	ü	ü	ü
Physical requirements of foster homes		ü	ü	ü	ü
Educational and experience requirements for foster parents		ü	ü	ü	ü
Caseloads of workers		ü	ü	ü	
Specific standards for treatment foster care		ü	ü	ü	
Foster care for medically fragile infants and children		ü	ü	ü	
Kinship care standards		ü	Same as Foster Care	ü	Same as Foster Care
Background checks of foster parents and others living in the home with specific reasons why an application must be denied		ü	ü	ü	ü
Renewal of license/certificate	State requirements	State requirements	State requirements	2 yrs	3 yrs with annual inspection
Training for adoptive parents		ü		ü	X
Foster parent involved in assessment and selection of adoptive parents				ü	
Home studies/assessments	X	ü	ü	ü	ü
Characteristics of foster parents	X	ü	ü	ü	ü
Ongoing training based on assessments		ü	ü	ü	X
Foster parent mentoring			X	ü	
Program standards for foster care	X	ü	ü	ü	ü
Accreditation body	ü	ü			

Appendix D

Projected Costs

Calculations in the tables below represent the costs agencies would incur accrediting individually and do not reflect rates negotiated based on the volume of agencies to be accredited. The tables that follow provide the following information:

- **Accreditation fees only** are the fees assessed to the agencies based on the budget directed at child welfare services.

- **Accreditation fees and estimated staff costs** are combined calculations of the accreditation fee and the staffing costs estimated that the agency would need to accredit and maintain accreditation. A detailed explanation for the determination of staff costs is contained in the body of the text.

- The Denver DHS budget and three CPAs that are accredited are included in the cost analysis table because costs for re-accreditation and maintenance are an ongoing expense. A fourth accredited CPA was not licensed in Colorado until 2002 and is not reflected in data used to calculate budgets.

A budget analysis for 59 of 109 Child Placement Agencies is reflected in the CPA table below. Budget estimates are calculated from reimbursements that CPAs received county departments via CFMS, and from data received from the state auditor. Budgets and projected costs are not known for approximately 50 agencies, and were calculated using the minimum COA fee on the CPA table below. The data is unknown because:

- Approximately 45 CPAs provide private adoption services.
- Five CPAs that traditionally provide foster care did not have reimbursements reflected in CFMS.

Symbols in the tables below mean:

***** Two agency budgets include multiple services such as RCCF, foster care, adoption, and family preservation services. All other agency budget calculations reflect only reimbursements received for foster care services.

****** Costs do not include survey fees, annual maintenance fees, and any additional costs for services such as technical assistance or training provided by the accreditation body.

Appendix D (con't)

COLORADO COUNTY DEPARTMENT OF HUMAN SERVICES			
Budget Size	**Number of Counties**	****COA Fees Only**	**Internal Costs**	**COA Fees + Internal Agency Costs**
*Over $60,000,000	1	$46,000-52,000	$90,000	$136,000-142,000
$25,000,000-60,000,000	4	$24,400-46,000	$90,000	$456,000 - 544,000
$10,000,000-24,999,999	5	$15,500-24,400	$90,000	$527,000 - 572,000
$1,000,000-5,000,000	19	$7,600-12,400	$45,000	$999,800 - 1,090,600

$500,001-999,999	18	$5,700-7,600	$45,000	$557,000 - 578,600
$500,000 or Less	17	$5,700.00	$22,500	$479,400 - 479,400
Projected Total		**$523,500 - 774,100**		**$3,156,000 - 3,406,600**
		*** *JCAHO Fees Only**	**Internal Costs**	**JCAHO Fees + Internal Agency Costs**
*Over $60,000,000	1	$47,000-54,000	$90,000	$137,000-144,000
$25,000,000-60,000,000	4	$26,000-42,000	$90,000	$464,000 - 528,000
$10,000,000-24,999,999	5	$17,000-25,000	$90,000	$535,000 - 575,000
$1,000,000-5,000,000	19	$10,200-15,000	$45,000	$1,048,800 - 1,140,000
$500,000-999,999	18	$9,000-10,100	$45,000	$972,000 - 991,800
$500,000 and Under	17	$9,700.00	$22,500	$547,400 - 547,400
Projected Total		**$756,700 - 978,700**		**$3,704,200 - 3,926,200**

Appendix D (con't)

COLORADO CHILD PLACEMENT AGENCIES			
Budget Size	**Number of Agencies**	****COA Fees Only**	**Internal Costs**	**COA Fees + Internal Agency Costs**
$20,000,000-25,000,000	1	$21,500-24,400	$90,000	$111,500-114,400
*$5,000,000-7,000,000	3	$12,400-13,600	$90,000	$307,200 - 310,800
$3,000,001-4,999,999	1	$11,900-12,400	$90,000	$101,900 -102,400
$2,000,001-2,500,000	5	$10,000-$11,000	$45,000	$275,000 - 280,000

$1,500,000-2,000,000	10	$8,900-10,000	$45,000	$539,000 - 550,000
$500,001-1,000,000	15	$5,700-7,600	$45,000	$760,500 - 789,000
$500,000 and Under	24	$5,700	$22,500	$676,800 - 676,800
Estimated 50 agencies	50	$5,700	$22,500	$1,410,000 - 1,410,000
Projected Total		**$431,900 - 483,400**		**$4,181,900 - 4,233,400**
		****JCAHO Fees Only**	**Internal Costs**	**JCAHO Fees + Internal Agency Costs**
$20,000,000-25,000,000	1	$21,600-24,000	$90,000	$111,600-114,000
$15,000,000-19,999,999	0	$19,000-21,500	$90,000	$109,000-111,500
*$5,000,000-7,000,000	3	$14,100-15,100	$90,000	$312,300 - 315,300
$3,000,001-4,999,999	1	$10,600-14,100	$90,000	$100,600-104,100
$2,000,001-2,500,000	5	$12,100-12,900	$45,000	$285,500 - 289,500
$1,500,000-2,000,000	10	$11,200-12,100	$45,000	$562,000 - 571,000
$500,001-1,000,000	15	8,600-10,100	$45,000	$804,000 - 826,500
$500,000 and Under	24	$9,700	$22,500	$469,800 - 482,400
Estimated 50 agencies	50	$9,700	$22,500	$485,000 - 485,000
Projected Total		**$608,800 - 653,200**		**$4,558,800 - 4,603,200**

Appendix E

Index of COA Standards

Organization and Management Standards

G1. Ethical Practice, Rights and Responsibilities

G2. Continuous Quality Improvement

G3. Organizational Integrity

G4. Management of Human Resources

G5. Quality of the Service Environment

G6. Financial Management

G7. Training and Supervision

G8. Intake, Assessment and Service Planning

G9. Service Delivery

G10. Behavior Management

Service Standards

S1. Counseling Services

S2. Mental Health Services

S3. Psychosocial and Psychiatric Rehabilitation Services

S4. Employee Assistance Program (EAP) Services

S5. Case Management Services

S6. Substance Abuse Services

S7. Methadone Maintenance Treatment

S8. Shelter Services

S9. Crisis Intervention Services: Emergency Telephone Response Services; Information and Referral Services

S10. Child Protective Services

S11. Adult Protective Services

S12. Domestic Violence Counseling; Rape Crisis and/or Battered Women’s Services; Safe Homes

S13. Pregnancy Counseling and Supportive Services

S14. Adoption Services

S15. Intercountry Adoption Services

S16. Home Visitor Services

S17. In-Home Support Services

S18. Early Intervention Services for Infants and Young

Children

S19. Outreach Services

S20. Family-Centered Casework;Intensive Family Preservation

S21. Foster and Kinship Care Services

S22. Respite Care Services

S23. Supported Community Living Services

S24. Day Treatment Services

S25. Adult Day Care Services

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Appendix E (con't)

Service Standards

S26. Group Living Services

S27. Residential Treatment Services

S28. Therapeutic Residential Wilderness Camping/Adventure- Based Therapeutic Outdoor Services

S29. Community Building Initiatives

S30. Social Advocacy Services

S31. Refugee Resettlement Services

S32. Immigration and Citizenship Assistance Services

S33. Group Services for Social Development and Enrichment

S34. Employment and Vocational Services

S35. Financial Management/Debt Counseling Services

S36. Volunteer Friendship/Mentoring Services

S37. Child Care Services

S38. Prevention and Support Services

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Appendix F

Index of JCAHO Standards

Standards and Intents

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Appendix G

Individuals Interviewed for this Report

Elizabeth Carey Director of Government Relations, COA

Jeff Bormaster CWLA

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Jayne Pietrass	North Carolina Division of Quality Improvement
Mike Sumski	Illinois Department of Children and Family Services, Division of Quality Assurance
Peggy Williams	Associate Director, Behavioral Health Services, JCAHO

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Appendix G (con't)

References

Bormaster, Jeff: 2001 "National Accreditation: Why California's Public and Private Child Welfare Agencies Should Achieve this Outcome": *The Child Welfare Forum:* NASW California News: Volume 28, No. 2.: (October) 6.

Blassingame, Kelley M. and Steve Boehm: 2001 "An Agency Renewed, A Commitment Revived" *A Children's Voice*: (January) 32-35.

Boehm, Steve: 2000 "Everything You Wanted to Know About Accreditation, but were afraid to ask": *A Children's Voice:* (July) 16-19.

Hendricks, Heidi: 2001 Colorado's Look at Accreditation:

A Children's Voice (October) 1-3.

Council on Accreditation for Children and Family Services, "Recognition Report: 2001 (July) 1-3.

Council on Accreditation for Children and Family Services: "Fee Information for Agencies Considering Accreditation" (May, 2000) and "Sample Accreditation Fees for CY 01" (January, 2001): 1-2.

Council on Accreditation for Children and Family Services: “Frequently asked questions”: 1-4.

Council on Accreditation for Children and Family Services: “The 4 On-going Responsibilities of a CPA Accredited Organization”: 1-2.

Council on Accreditation for Children and Family Services: 2001 Standards and Self-Study Manual: Version 1, 7th Edition:(February) Volume 1 and 2.

Appendix G (con’t)

CWLA, National Center for Consultation and Professional Development: 2000 “Introduction to COA Accreditation”: (April) 1-3.

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Appendix G (con’t)

JCAHO: “Facts About the Joint Commission On Accreditation of Healthcare Organizations”: 1-10.

Joint Commission On Accreditation of Healthcare Organizations: 2001-2002 Standards for Behavioral Health Care, Accreditation Policies, Standards, and Intent Statements.

Appendix H

Listing of Participants on the Accreditation Workgroup

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Dana Andrews	Division of Childcare
Virginia Appel	Adoption Alliance
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Jill Hopp	CWLA
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Jan McIntosh	Denver DHS
Bonnie McNulty	Presidio
Beth Nixon	Savio
Jim Pope	Weld CO DHS
Karen Silverman	CAFCA
Beth Walker	Lutheran Family Services
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