

# Colorado

2015–2019 Child and Family Services Plan



**Submitted to:  
Administration for Children & Families  
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**Colorado Department of Human Services  
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## Glossary of CFSP Acronyms

ABCD	Assuring Better Child Health and Development
ACC	Accountable Care Collaborative
ACF	Administration for Children and Families
ACHY	Advisory Committee on Homeless Youth
AECF	Annie E. Casey Foundation
AI/AN	American Indian/Alaska Native
APSR	Annual Progress and Services Report
ARC	American Red Cross
ARD	Administrative Review Division
BHO	Behavioral Health Organization
BPCT	Best Practice Court Teams
C.R.S.	Colorado Revised Statutes
CAPTA	Child Abuse Prevention Treatment Act
CASA	Court Appointed Special Advocate
CBSM	Community-Based Social Marketing
CCIA	Colorado Commission of Indian Affairs
CCR	Code of Colorado Regulations
CCR	Colorado Community Response
CCYIS	Colorado Children and Youth Information Sharing
CDHS	Colorado Department of Human Services
CFCIP	Chafee Foster Care Independence Program
CFP	Casey Family Programs
CFR	Code of Federal Regulations
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHSDA	Colorado Human Services Directors Association
CHRP	Children's Habilitation Residential Program
CIP	Court Improvement Program
CMHC	Community Mental Health Center
CMO	Central Management Organization
CMP	Collaborative Management Program
COEM	Colorado Office of Emergency Management
COG	Continuity of Government



COVOAD	Colorado Voluntary Organizations Active in Disasters
CPA	Certified Public Accountant
CPA	Child Placement Agency
CPM	Colorado Practice Model
CPR	Cardiopulmonary Resuscitation
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CSFPA	Colorado State Foster Parent Association
CSU	Colorado State University
CTUG	Colorado Trails Users Group
CWELC	Child Welfare Executive Leadership Council
CWTA	Child Welfare Training Academy
CWTS	Child Welfare Training System
CY	Calendar Year
CYLN	Colorado Youth Leadership Network
D&N	Dependency and Neglect
DCW	Division of Child Welfare
DHS	Department of Human Services
DIFRC	Denver Indian Family Resource Center
DOH	Division of Housing
DPHE	Department of Public Health and Environment
DR	Differential Response
DSS	Department of Social Services
DVP	Domestic Violence Program
DYC	Division of Youth Corrections
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPSDT	Early Periodic Screening, Diagnosis, and Testing
ETV	Education and Training Vouchers
FAMJIS	Family Justice Information System
FAR	Family Assessment Response
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year
FSP	Family Service Plan

FTE	Full-Time Equivalent
FUP	Family Unification Program
GAL	Guardian ad Litem
GED	General Education Development
HB	House Bill
HCBS	Home and Community-Based Services
HCPF	Health Care Policy and Financing
HCV	Housing Choice Voucher
HSC	Hotline Steering Committee
HSRI	Human Services Research Institute
ICPC	Interstate Compact for Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IFGP	Individual and Family Grant Program
IGA	Inter-Governmental Agreement
IH	In-Home
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Questioning
LINKS	Listening to the Needs of Kids
LMS	Learning Management System
MCV	Monthly Caseworker Visit
MOU	Memorandum of Understanding
NCANDS	National Child Abuse and Neglect Data System
NCFAS	North Carolina Family Assessment Scales
NFP	Nurse–Family Partnership
NGA	National Governors Association
NTTL	No Time to Lose
NYTD	National Youth in Transition Database
OBH	Office of Behavioral Health
OCR	Office of the Child’s Representative
OCYF	Office of Children, Youth and Families
OEC	Office of Early Childhood
OITS	Office of Information Technology Services
OJT	On-the-Job

OOH	Out-of-Home
OPPLA	Other Planned Permanent Living Arrangement
OYLC	Older Youth Learning Collaborative
P.L.	Public Law
PAC	Policy Advisory Committee
PBL	Project-Based Learning
PIO	Public Information Officer
PIP	Performance Improvement Plan
PMD	Performance Management Division
PSSF	Promoting Safe and Stable Families
Q&A	Question and Answer
QA	Quality Assurance
QPT	Quality Practice Team
R&R	Recruitment and Retention
RCCF	Regional Child Care Facility
RCCO	Regional Care Collaborative Organization
RED	Review, Evaluate, Direct
ROM	Results Oriented Management
RTAC	Regional Training Advisory Committee
RTC	Regional Training Center
SACWIS	Statewide Automatic Child Welfare Information System
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SCORM	Sharable Content Object Reference Model
SEF	State Emergency Function
SEOC	State Emergency Operations Center
SEOP	State Emergency Operations Plan
SFBT	Solution-Focused Brief Therapy
SFY	State Fiscal Year
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
SSC	State Steering Committee
START	State and Regional Team for Crimes Against Children
SUDSS	Southern Ute Department of Social Services

T&TA	Training and Technical Assistance
TA	Technical Assistance
TAE	The Adoption Exchange
TBD	To Be Determined
TEV	Travel Expense Voucher
TGYS	Tony Grampsas Youth Services
TPR	Termination of Parental Rights
TISOC	Trauma-Informed System of Care
TSC	Training Steering Committee
TTY	Tele-Typewriter
U.S.C.	United States Code
USDA	United States Department of Agriculture
VOICES	Value of Individual and Community Engagement Services
WBT	Web-Based Training
WIA	Workforce Investment Act

# **I. General Information**

## **A. State Agency Administering the Programs**

### **1. Overview**

Colorado's 2015-19 Child and Family Services Plan (CFSP) is the State's child welfare five-year strategic plan. It outlines the goals and actions to accomplish the outcomes of safety, permanency, and well-being for children and families involved or at risk of involvement with the child welfare system. The CFSP describes Title IV-B, Subparts 1 and 2, the Child Abuse Prevention Treatment Act (CAPTA), adoption, Chafee Foster Care Independence Program (CFCIP), Education and Training Voucher Program (ETV), American Indian child welfare, kinship care, and Title IV-E and non-IV-E foster care programs. All requirements of 45 CFR 1357 are included within the plan. The Colorado Department of Human Services (CDHS) is the administering agency for these programs. In addition to child welfare program services, CDHS is responsible for the program areas of child and family services, youth corrections, behavioral health, economic security, child care licensing, and child care subsidy.

This 2015-19 CFSP outlines the programs and services that constitute Colorado's work with children and families as well as an assessment of statewide performance on key measures and related improvement plans based guiding service principles (45 CFR 1355.25). The CFSP contains information on Colorado's achievement of national performance data standards. In accordance with 45 CFR 1355.53, Colorado utilized its statewide automated child welfare information system, Trails, in developing the CFSP. The 2015–2019 CFSP may be accessed at <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601>.

The 2015-19 CFSP is a working document that reflects changes in the CDHS Division of Child Welfare (DCW) organizational structure and culture as it builds on successful initiatives and strategies implemented since the 2010-14 CFSP. The Child and Family Services Review (CFSR) Performance Improvement Plan (PIP) was completed in July 2014.

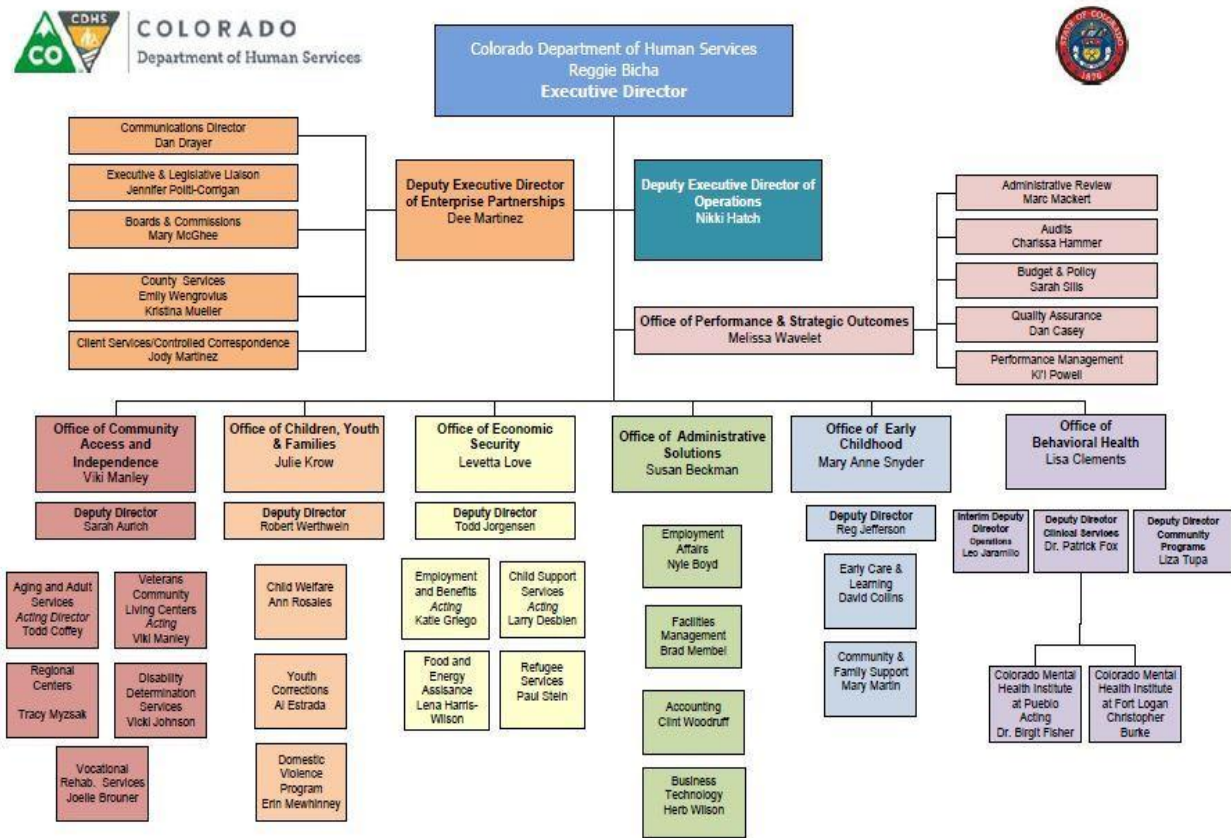
### **2. Organizational Structure**

Colorado's child welfare system is state supervised and county administered, of which there are 64 counties. The State oversees child welfare practice, provides policy direction, and provides 80% of the funding for services through an allocation formula statutorily established by the Child Welfare Allocation Committee. Counties contribute approximately 20% of the funding through local revenues. A Colorado counties map is located in Appendix A.

The state Division of Child Welfare resides within CDHS's Office of Children, Youth and Families (OCYF; see Figure 1). In 2012, CDHS restructured OCYF to align the programs that provide protective and youth-in-conflict services for children, youth, and families. OCYF administers the Divisions of Child Welfare, Youth Corrections, and the Domestic Violence Program. OCYF utilizes the Department's monthly performance review process with the

Executive Management Team (referred to as C-Stat) to maximize the office’s client service programs and coordinate efforts to improve the lives of children and families.

**Figure 1: CDHS Organizational Chart**



The Office of Children, Youth and Families (OCYF) is divided among three program areas: Division of Youth Correction (DYC), Domestic Violence Program (DVP), and Division of Child Welfare (DCW).

**a. Division of Youth Corrections**

Colorado’s Division of Youth Corrections (DYC), within OCYF, provides a continuum of residential and non-residential services that encompass juvenile detention, commitment, and parole. DYC has a regionalized administrative structure comprised of four management regions: Central, Northeast, Southern, and Western Colorado. The Division operates 10 secure facilities that serve youth between the ages of 10 and 21. DYC also administers Senate Bill (SB) 91-94, a state funded, locally administered program that provides services to youth at risk of further entry

into the juvenile justice system. County departments work directly with staff in the DYC regions on local policy issues, procedural matters, and specific child and family cases. District Court judges make determinations whether youth are served in the child welfare or the youth corrections systems. There are approximately twice as many delinquent youth in the child welfare system as in DYC at any point in time. Youth with delinquent and pre-delinquent behavior are served in the child welfare system in the program area termed *Youth in Conflict* (described in Child Welfare Programs Areas on page 3).

***b. Domestic Violence Program***

Colorado's Domestic Violence Program (DVP) provides funding for 46 community-based domestic violence programs throughout the state. Programs provide a wide array of services to domestic violence victims, including 24-hour crisis lines, safe shelter, empowerment-based advocacy, information and referrals to community resources, and community education for domestic violence victims, their families, and other stakeholders within the community. DVP collaborates with the Division of Child Welfare, other governmental agencies, and the community to make available the best possible interventions across all systems.

***c. Division of Child Welfare***

Colorado's Division of Child Welfare is comprised of a specialized set of services that strengthen the ability of the family to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning. Services stabilize the family situation and strengthen the family's capacity to care for their children. When safety is not possible within the family, services focus on the child's need for a stable, permanent home as quickly as possible. Services provided at the county level are categorized into four program areas.

Child Welfare Program Areas

- **Program Area 3**: *Program Area 3* provides prevention and intervention services for children, youth, and families at risk of involvement with child welfare. Services are provided to families to safely care for their children prior to involvement or referral to child welfare. This program area was added in 2013.
- **Program Area 4**: *Youth in Conflict* services reduce or eliminate conflicts between youth and their family members or the community when conflicts affect the youth's well-being, the normal functioning of the family, or the well-being of the community. The focus of services shall be on alleviating conflicts, protecting the youth and the community, re-establishing family stability, or assisting the youth to emancipate successfully.
- **Program Area 5**: *Child Protection* services are provided to protect children whose physical, mental, or emotional well-being is threatened by the actions or omissions of parents, legal guardians, custodians, or persons responsible for providing out-of-home care, including a foster parent, an employee of a residential child care facility, and a

provider of family child care or center-based child care. The focus of services shall be on providing for the child's safety, enhancement of family functioning, and addressing the child's need for permanency.

- **Program Area 6:** *Children or Youth in Need of Specialized Services* are statutorily authorized services to specified children and families when the primary focus of services is no longer protective or *Youth in Conflict*. These services include children with subsidized adoptions, children with Medicaid-only services, and children for whom the disposition is no longer reunification (i.e., OPPLA, independent living).

The rule-making authority for all of these programs and services rests with the State Board of Human Services. The Board is comprised of appointees of the Governor and works closely with CDHS, county staff, and stakeholders to promulgate rules for the programs. DCW works directly with a variety of stakeholder groups on an ongoing, issue-oriented basis and directly licenses and monitors contract 24-hour out-of-home service providers.

#### **i. Child Welfare Appropriation and Medicaid Funding**

The child welfare appropriation was established as a separate line item in SFY 2000–01 in response to footnote 78 to SB 99-215 and funds the following:

- Positions responsible to provide the continuum of county supervision to the county departments of social/human services in the provision of all child welfare services as defined in 26-5-101(3), C.R.S., including monitoring of county programs.
- Response to legislation defining policy and fiscal issues.
- Policy development and subsequent program development and implementation.
- Response to consumers for information as well as follow-up on complaints.
- Coordination and collaboration with others within the Department to eliminate service duplication and assure service integration, this includes the Office of Economic Security, Office of Early Childhood, Office of Behavioral Health, DYC, and the Office of Performance and Strategic Outcomes (Performance Management and Administrative Review Divisions).
- Coordination and collaboration with other state agencies to eliminate service duplication and assure service integration, this includes the Governor's Office of Informational Technology Services, Judicial, Department of Public Health and Environment, Education (CDPHE), and HCPF Office of Community Living and Division of Intellectual and Developmental Disabilities.

In addition to an appropriation of funds, services for children and families are also funded through Medicaid, and policy and supervisory responsibility for Medicaid rests with the HCPF. Coordination between CDHS and HCPF occurs at both the Governor's cabinet level and at numerous staff levels in both departments. Both agencies work collaboratively to maximize the use of Medicaid funding to afford children and families' service accessibility and delivery.



## ii. County Level

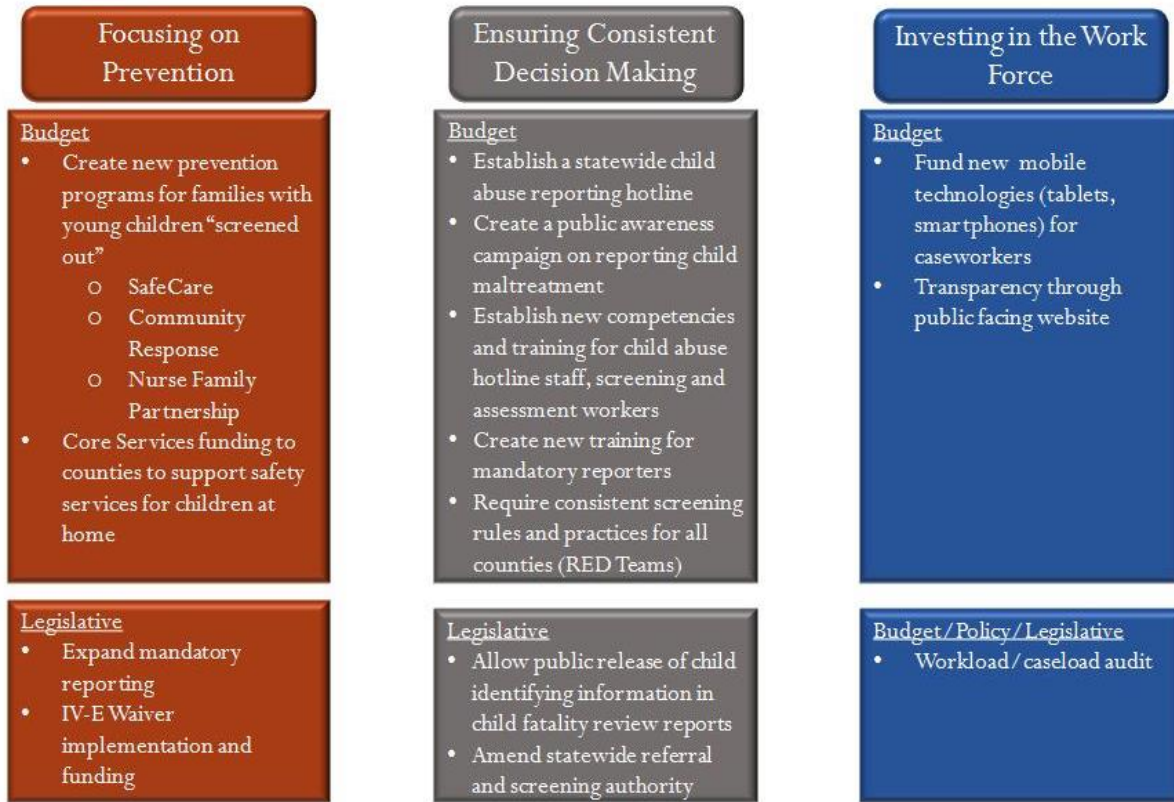
The state supervised, county administered system's success is dependent on the collaborative relationship between the state and counties. CDHS has taken extensive steps to include its county partners in strengthening and enhancing Colorado's child welfare system. This is evident in the formation of numerous task groups and committees in which state and county staff along with community partners collectively develop policy, practice, and new best practice initiatives (see a comprehensive list of committees on page 12). Counties are charged with carrying out the practice of child welfare and administering direct services to children and families. The success of delivery services are achieved through formal and informal agreements between county departments and local community entities, which provide the following:

- Managed care platforms,
- Collaborative management programs,
- Service co-location,
- Blended funding,
- Joint staff supervision,
- Service oversight and evaluation committees,
- Policy and program development work groups,
- Needs assessment efforts,
- Joint strategic plans,
- Committees to develop, monitor, and influence legislation, and
- Other county-specific forums.

### ***B. Division of Child Welfare Vision Statement***

The vision statement for the Division of Child Welfare is, "Colorado's children live in a safe, healthy, and stable environment." This vision was bolstered in 2012 with Governor Hickenlooper's *Keeping Kids Safe and Families Healthy* plan (see Figure 2 for the initiatives of the enhanced 2.0 plan). The plan provides support and funding for initiatives focused on prevention, consistent safety practices, and investing in the child protection workforce. The plan also strengthened the Department's use of performance management to produce stronger child protection and well-being practices.

**Figure 2: Keeping Kids Safe and Families Healthy 2.0**



**C. Collaboration**

Colorado’s collaborations at the state and county levels are critical to providing services to children, youth, and families involved in the child welfare system. The collaborations are not only critical in the delivery of services, but also are key to ensuring the sustainable success of the children and families they serve. The collaborations avoid splintering of efforts, create unified treatment approaches, increase community support for best practice efforts, and increase local contribution to creating solutions for improving the lives of children and families. The following collaborations are highlighted due to their impact on the implementation of major initiatives. (Additional collaborative information is contained in relevant sections.)

**1. Colorado Human Services Director Association**

The Colorado Human Services Directors Association (CHSDA) is a non-profit association representing the social/human services directors from Colorado’s counties. The Association promotes a human services system that encourages self-sufficiency of families and communities, and protects vulnerable children and adults from abuse and neglect. CHSDA works under the authority and direction of county commissioners. CDHS and CHSDA work closely together through various task groups and committees to develop policy and advance best practices for

child welfare, specifically the Policy Advisory Committee and Child Welfare Allocation Committee. (See a comprehensive list of committees on page 12).

## **2. Child Welfare Executive Leadership Council**

The CWELC advises CDHS on policy, budget and program issues that impact the safety, permanence and well-being of Colorado’s children and families. Specifically, the council ensures that the direction and delivery of initiatives are consistent with the best interest of children and families in Colorado. The council consists of leadership from CDHS, other state agencies, non-profit foundations, provider associations, county human services, elected officials, community advocate associations, Administration for Children and Families (ACF) Region VIII, and other key community stakeholders invested in the welfare of children.

## **3. Collaborative Management Program**

The Collaborative Management Program (CMP) provides incentives for achieving positive outcomes for multi-system children, youth, and families. CMP, created by statute in SFY 2004–2005, currently has 35 counties with active programs in Colorado.

The program formally integrates individual services from multiple state funded and community agencies that serve children, youth, and families involved with multiple systems. CMP requires that the involved agencies provide the family with a unified treatment approach as well as identify the best local resources to serve the children, youth, or family. Specifically, the program facilitates collaborative work such as:

- Creating incentives and minimizing disincentives to collaborative work,
- Information sharing and legal avenues to share confidential information,
- Accessing, utilizing, and interpreting data to inform decision making,
- Strategic planning for multiple stakeholders,
- Developing common outcomes and performance-based measures that meet the integrity of the legislation and individual community needs,
- Developing capacity to deliver technical assistance,
- Balancing a unified approach with a desire to maintain flexibility at the local level, and
- Ensuring family engagement and participation at the governance and operational levels.

County government agencies work collaboratively to serve the families and accept mutual accountability for the functioning of the CMP and the quality of its outcomes. The non-legislated CMP state steering committee (composed of the mandatory state agencies, participating counties, family advocates, community agencies, and family members) advises the State on policy and governance oversight for the CMP. The committee emphasizes the following definition of collaboration from the University of Denver’s Dr. Carl Larson: “Collaboration is a mutually beneficial relationship between two or more parties who work toward common goals by sharing responsibility, authority, and accountability for achieving

results.” The committee also works with the program evaluator to produce a yearly outcome report that is distributed to executive directors of varying state departments.

No federal waivers were required to implement this program; however, the statute provides for waiving state rules as needed.

The funding for the program is obtained through two sources. First, incentive funds accrue from divorce docket fees. The second source of funding comes from local cost savings created by the CMP structure. The cost savings amount is determined by the number of children and youth served that would otherwise generate cost for each agency separately.

In addition to serving children, youth, and families, the CMP provides an infrastructure for both the Colorado Children and Youth Information Sharing (CCYIS) and Colorado’s Trauma-Informed System of Care (TISOC) initiatives.

### **Colorado Children and Youth Information Sharing Collaborative**

The CMP and CDPHE’s Prevention Leadership Council formed the Colorado Children and Youth Information Sharing (CCYIS) Collaborative in March of 2008. Its main purpose is to structure policy and procedures for efficient, appropriate, and timely sharing of information between service agencies at the state and local levels. The *CCYIS Information Sharing Release* rolled out in April 2013, and statewide training completed in July 2013. The CCYIS’s ability to ease data access plays a critical role in the statewide coordination of services.

### **Trauma-Informed System of Care**

Colorado’s Title IV-E Waiver trauma-informed interventions are being implemented through Colorado’s Trauma-Informed System of Care (TISOC). The vision of the TISOC is “Colorado’s children with behavioral health challenges will reach their full potential through effective and efficient services and supports.” TISOC seeks to implement in Colorado a trauma-informed child and family service system. As defined by the National Child Traumatic Stress Network, such a system involves parties who recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within the aforementioned system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

Building on the CMP structure, the TISOC involves the public mental health, child welfare, juvenile justice, and education systems. The goals of the TISOC are implemented in Colorado through a cohort community based model, Communities of Excellence that allows cohorts of communities to plan and implement TISOC together while also identifying possible local adaptations for the base TISOC services and supports. Currently, the TISOC supports 16

Communities of Excellence in 20 counties throughout the state. Future TISOC expansions will continue in the remaining CMP counties.

A statewide goal for the TISOC is to develop a sustainable infrastructure to coordinate and pay for services for families of children and youth with complex needs, many of whom are involved with child welfare. Each Community of Excellence receives funding to support wraparound facilitators, family advocates, infrastructure development, and flexible services for families. Currently the 16 communities have 18 trained wraparound facilitators and 13 family advocates working with families. Based on the recommendations of a meta-analysis of Colorado reports and evidence from other states, Colorado is piloting the wraparound model through the care management entity (CME) in El Paso County.

A CME is a centralized organization that blends funding, organizes services and supports, and serves as a locus of accountability across agencies. TISOC is supported by a cooperative agreement between CDHS and the Substance Abuse and Mental Health Services Administration (SAMHSA), and is administered by the Office of Behavioral Health (OBH) in partnership with OCYF.

### **Residential Care Collaborative**

The Residential Care Collaborative is a committee led by CDHS and includes representatives from provider agencies, state and county child welfare departments, the OBH, HCPF, and a Behavioral Health Organization (BHO). The group, initiated in 2005 through House Bill (HB) 05-1084, has quarterly meetings open to the public, and guests in attendance primarily include residential care providers and county utilization managers. The collaborative has a critical role in aiding Colorado's plan to "right size" congregate care over the next five years. The group reviews current policy and practice to ensure that residential care placements are utilized as an appropriate service and not a permanent placement. Specifically, they review new initiatives, policies, and strategies that impact residential care to ensure that providers, counties, and the state maintain the direction of best practice for the treatment and service of children and youth.

## **4. Court Improvement Program Collaborative**

CDHS's collaboration with the Colorado Court Improvement Program (CIP) enhances interdisciplinary processes involving children, youth, and families involved in multiple systems. CIP was created as a result of the 1993 Family Preservation and Support Act. The Act required an original assessment on how Colorado handles its cases involving children, in particular dependency and neglect cases. The CIP is primarily concerned with improving the way the individual courts in Colorado handle dependency and neglect cases in order to improve the safety, permanency and well-being outcome for the children and families the court serves.

As a result of the CIP, several initiatives were created, they include:

- The Family Justice Information System (FAMJIS), Colorado’s child welfare data exchange project. FAMJIS measures performance on specific items related to safety, timeliness, due process, and permanency, and is available to judicial officers and their staff.
- CIP and the Child Welfare Training system collaborated to develop and provide on-going training delivery of the *CIP Training Wheel Curricula*. This training assists multi-disciplinary Best Practice Court Teams (BPCTs) in building a foundation of core knowledge within each discipline or service area related to the outcomes of safety, permanency, and well-being.
- Continuous Quality Improvement (CQI) systems were implemented within Judicial and align efforts to improve permanency outcomes for children and youth. This work resulted in a Permanency Site Visit protocol and the training of stakeholders on CQI for the purpose of increasing permanency.
- BPCTs are convened to discuss lessons learned and share perspectives on the CQI process and tools for Permanency Site Visits.
- CIP promotes the expansion and sustained utilization of CQI for permanency goals. CIP obtained technical assistance from the Children’s Bureau to work with eight Colorado jurisdictions. The partnership includes Colorado CIP, CDHS, National Resource Center for Legal and Judicial Issues, Administration for Children and Families (ACF), Region VIII, National Council of Juvenile and Family Court Judges, and the National Center for State Courts, facilitated by the federal Training and Technical Assistance (T&TA) Network. They have built logic models and conducted CQI training for all jurisdictions and BPCT convenings, and have applied the CQI process at each site. This work is ongoing.

## 5. CDHS Inter-Office Collaborations

Teamwork and the collaboration of services and economic assistance housed in other offices within CDHS are encouraged to collectively prevent maltreatment and improve the lives of children and families.

### *a. Office of Early Childhood*

The Office of Early Childhood (OEC) formed within CDHS in 2012. It is strategically partnering with OCYF in the State’s child abuse and neglect prevention efforts. HB 13-1117 appropriated funding for OEC and aligned the State’s early childhood programs. The legislation brings together ten programs from four CDHS divisions, the Department of Education, and the Department of Public Health and Environment that positively impact the lives of young children and their families. OEC administers Title IV-B, Subpart 2, Promoting Safe and Stable Families (PSSF), which aligns with Colorado’s new child welfare prevention initiatives, described in Section IV. OEC programs include:

- Child Care Licensing

- Child Care Quality Initiatives
- Colorado Child Care Assistance Program
- Early Childhood Councils
- Early Childhood Mental Health Specialists
- Early Intervention Colorado/Part C
- Colorado Community Response Program (CCR)
- Maternal, Infant, and Early Childhood Home Visiting Program
- Nurse Family Partnership (NFP)
- Colorado Children’s Trust Fund (CCTF)
- Family Resource Centers Program

OEC demonstrates the shared commitment of the CDHS administration and state stakeholders to advance and improve early childhood education, which is associated with better childhood well-being outcomes. OEC and DCW coordinate prevention and early intervention programs that help to prevent child abuse and neglect, as evident through programs such as CCR, home visiting programs, and CCTF’s child maltreatment prevention. OCYF and OEC co-chair the Prevention Steering Committee, which is an interdisciplinary committee that provides oversight to child abuse prevention programs funded through CDHS.

***b. Office of Behavioral Health***

Colorado’s mental health and substance abuse treatment services are delivered through the Office of Behavioral Health (OBH). Community mental health services are delivered through contracts with seven specialty clinics and seventeen not-for-profit community mental health centers. The roles and functions of both community mental health centers and clinics are statutorily defined in Colorado Revised Statutes (C.R.S.) 27-1-201, et seq. There are four Behavioral Health Organizations (BHOs) responsible for implementing the Medicaid Mental Health Capitation Program through contracts with the Colorado Department of Health Care and Policy Financing. The BHOs operate managed care programs serving all of Colorado’s 64 counties. Each BHO is responsible for managing the delivery of mental health services to Medicaid-eligible individuals in its assigned geographic service area. Each regional area has unique community resources.

Depending upon the treatment needs, children, youth, and families involved with the child welfare system may access services through the BHO. When the BHO does not have the treatment services the child/family needs available within the community mental health setting, the BHO, upon request by the child’s caseworker, is contractually required to procure the services through the local treatment network. Non-Medicaid eligible children and families may also access the Core Services Program and community treatment resources.

## **6. The Department of Health Care Policy and Financing**

The Department of Health Care Policy and Financing (HCPF) is Colorado's Title 19 Medicaid agency. HCPF, OBH, and OCYF work collaboratively to address concerns with mental health services for Medicaid-eligible children and their families. Most of the youth and children in out-of-home (OOH) care receive Medicaid services through one of seven Regional Care Collaborative Organizations (RCCOs) in the state. The children are enrolled in the HCPF Accountable Care Collaborative, which provides coordinated health services through the RCCOs. Children's health care services are tracked through the Medicaid/Medicare Information System. Medicaid funds an FTE (full-time equivalent) to assist with health care inquiries and program issues for children and youth in the child welfare system, and to maintain collaborative efforts with HCPF. OCYF and OBH jointly fund an FTE to collaborate with HCPF in order to ensure services are effectively delivered to children and youth involved with child welfare or at risk for entering the system. This partnership has led to joint work on the definition of services and qualifications of staff that serve Medicaid-eligible child welfare children and families in the Behavioral Health contracts. In addition, private insurance carriers, obtained with the assistance of HCPF, cover children in OOH care who do not qualify for Medicaid. Discussions are continuing regarding how to assure continuity in the treatment team for a child and family served pre-placement, during placement, and post-permanency. Additional information about the DCW-HCPF collaboration is in Section X.B.

The Division of Intellectual and Development Disabilities (DIDD) resides within HCPF. DIDD oversees all developmental disability services (except the Children's Habilitation Residential Program) and closely collaborates with OCYF, via policy task groups, to improve the service delivery systems for children and youth with developmental disabilities. Currently, many children with disabilities are served through county child welfare departments although there are no concerns of child abuse and neglect. DIDD and OCYF are working with OBH and community partners to create greater accessibilities of services with a concurrent reduction of unnecessary government involvement.

## **7. Stakeholder Survey and Input**

In 2013, DCW utilized Survey Monkey® to gather quantitative and qualitative input from a variety of stakeholders about a range of issues regarding child welfare strengths and areas needing improvement. (See survey in Appendix B.) Over 600 stakeholders responded, including youth, family members, advocates, and members of the legal, child welfare, educational, and medical communities. Issues included timeliness, appropriateness, and availability of services. The survey responses were reviewed and are included in the relevant sections of the CFSP. Stakeholder input was gathered by counties through the Policy Advisory Committee. Additionally, in 2015, the Colorado Practice Advancement Group will use the Colorado Practice Model approach to reviewing and developing a comprehensive stakeholder input process.



Stakeholders also provide input through various committees and task groups that focus on child welfare policy and practice. Almost all of the communities include CDHS and county members, and most include additional community stakeholders. The following are many of the existing committees and groups in which child welfare is involved:

### **County/CDHS Specific**

- Policy Advisory Committee (PAC)
  - Economic Security subPAC
  - Finance subPAC
  - Child Welfare subPAC
    - Child Protection Task Group
    - Kinship Task Group
    - Permanency Task Group
    - Provider Rates Setting Task Group
    - Continuum of Care–Level of Care Tool Task Group
    - DIDD/DCW Task Group

### **Child Welfare Specific**

- Training Steering Committee
- Hotline Steering Committee
- Psychotropic Committee
- Title IV-E Waiver Demonstration Project Oversight Committee
- CMP State Steering Committee
- CDHS Prevention Steering Committee
- Child Welfare Allocation Committee
- Mitigation Committee
- Licensing Advisory Committee
- Affordable Care Collaborative Quality Sub-committee
- Colorado Post Adoption Resource Center (COPARC) Advisory Committee
- Project Operations and Implementation Team (POIT; CQI/CPM oversight committee)
  - Promising Practices Work Group
  - CQI Work Group
- Differential Response Leadership Council
- Program Area 3 Work Group
- Treatment Foster Care Work Group
- Educational Stability Grant Executive Team
- Permanency Roundtable Advisory Board
- Adoption Intermediary Commission
- Children's Justice Act Task Force
- Grandfamilies National Partnership and Advisory Group Convening
- Oral Health Collaborative

### **Multi-disciplinary Purpose with Child Welfare Involvement**

- Children's Advisory Committee
- Colorado Interagency Coordinating Council

- Juvenile Justice and Delinquency Prevention Council
- Commission on Criminal and Juvenile Justice
- Bridges Adolescent Substance Abuse Grant Steering Committee
- Developmental Diagnostic & Capacity Work Group
- Trauma Informed Systems of Care Work Group
- Sex Offender Management Board
- CHSDA Human Trafficking Taskforce
- DATA Human Trafficking Public Policy Group
- Substance Abuse Task Force
- State Youth Council
- Pathways to Success Steering Committee
- Advisory Committee for Homeless Youth
- Colorado Behavioral Health Transformation Council, Under 26 Workgroup
- Colorado Youth Sexual Health Team
- Tony Grampas Youth Services Program Board
- Colorado Youth Leadership Network
- Colorado Hosting Program Advisory Committee
- Refugee Youth Provider Forum
- Bridging the Gap at Mile High United Way Community Partnership Meetings
- Casey Family Programs Older Youth Learning Collaborative
- CSEAC Committee

## **8. Tribal Involvement**

Colorado's collaboration with tribes is described in Section V on page 73. Colorado has two federally recognized tribes: the Ute Mountain Ute Tribe and the Southern Ute Tribe. Acknowledging ongoing concerns about collaboration with tribes, the CDHS Executive Leadership Team has increased outreach and tribal support as needed. The Tribal Consultation Agreement, signed by the CDHS Executive Director in 2012, and the work of the counties where tribes are located will improve Colorado's collaboration and consultation with the tribes. In addition, a CDHS liaison serves as a continuous point of contact for tribes as well as a member of the Colorado Commission of Indian Affairs (CCIA). In addition to regular CCIA health and wellness meetings, in Spring 2014 meetings were held in both tribes with SafeCare organizers, county departments, and OCYF leadership regarding how to successfully implement the evidence-based in-home service model, SafeCare.

## **9. Stakeholder Feedback to the Draft CFSP**

A series of webinars were held in May and June 2014 to solicit input on the CFSP. The draft document was sent to the counties and county community partners. The dates and participant count of the webinars are in Appendix C.

## **II. Assessment of Performance**

### **A. Overview**

CDHS utilizes four initiatives to assess and drive improvements to the state's and counties' performance on the measures associated with the Child and Family Services Review (CFSR) outcomes and systemic factors. These initiatives include the Colorado Practice Model (CPM), Results Oriented Management (ROM), administrative review of cases conducted by CDHS' Administrative Review Division (ARD), and CDHS' C-Stat performance review process. Together, these initiatives constitute a dynamic Quality Assurance System that creates a robust process for quantitative and qualitative analysis of the state and counties' performance, and thorough identification of strengths, weaknesses, and potential solutions to improve our performance and our service to children, youth and families involved in Colorado's child welfare system. Colorado Quality Assurance System is described in more detail on page 30.

#### **1. Colorado Practice Model (CPM)**

The Colorado Practice Model is a CQI process to consistent and cohesive approach to practice and service delivery (see page 51 for program detail), one of the key components of the Governor's *Keeping Kids Safe and Families Healthy* Plan. The goal of the CPM is to collaboratively design, develop, implement, and evaluate a State and County wide consensus-based child welfare best practice model that continuously improves child and family outcomes. Cohorts of counties and tribes are implementing the CPM by establishing, training, and activating Quality Practice Teams (QPTs) that use CQI methods and tools to identify opportunities for improvement and implement best practices. CPM as it relates to the CFSR outcomes and systemic factors is described in more detail on page 46.

#### **2. Results Oriented Management (ROM)**

CDHS partnered with the University of Kansas School of Social Work to develop a Results Oriented Management (ROM) system for Colorado. Colorado ROM uses real-time data from Trails, giving state and county staff the tools to analyze performance and inform child welfare improvements at the policy, state and county level. Colorado ROM includes reports for C-Stat measures, CFSR/AFCARS measures, and demographics for children, youth and families involved in Colorado's child welfare system. This online reporting tool provides both state and county staff with the ability to share data that is more current, drill down and analyze it in different ways aimed at creating a better understanding of the system's numerous successes and challenges.

Additionally, as part of an on-going effort to increase transparency and accountability in child welfare in Colorado, the CDHS has created an educational website and public data center. For many years, data about the services provided through the Division of Child Welfare has been shared by publishing an annual DCW Data Book that describes in detail the trends, allocations and data for the State Fiscal Year (SFY). Through the CDHS Community Performance Center

website, CDHS provides the public with similar online reporting tools and reports that are available in Colorado ROM, while protecting confidential information of the children and families served through child welfare services.

### **3. Administrative Review Division**

The Administrative Review Division (ARD) serves as an independent third party review system under the auspices of the CDHS. ARD is the mechanism responsible for the federally required Case Review System and a portion of the Quality Assurance System for both the DCW and the Division of Youth Corrections. With an ultimate passion of providing permanency and well-being for Colorado's children, the Administrative Review Division works closely with Colorado's counties to train, measure and assess their adherence to State and Federal regulations.

ARD conducts three types of reviews that inform the child welfare system: 1) out-of-home (OOH); 2) in-home (IH); and 3) quality assurance (QA). Subsequent to the 2009 CFSR Onsite Review, ARD made changes to its out-of-home and in-home review instruments, aligning them with the CFSR Onsite Review Instrument. More information about ARD case review process is on page 28.

ARD OOH reviews are scheduled at six-month intervals as long as the child/youth is in OOH care. Prior to the onsite review, an ARD reviewer reviews the case file in Trails. The case file review is followed by an onsite review in which families, youth, care providers, Guardians ad Litem (GALs), Court Appointed Special Advocates (CASAs), and others are invited to attend.

Reviews are conducted on a stratified random sample of the county's in-home cases. IH reviews are conducted every six months for the 10 large counties, and annually for mid-size and small counties. Families and external parties do not attend these reviews.

The quality assurance reviews are incorporated into all of these placement reviews. ARD also conducts reviews of cases through stratified random samples of cases involving children in placement less than six months. ARD case review material for this self-assessment is for the time period of October 1, 2012, through September 30, 2013.

### **4. C-Stat**

C-Stat is a management strategy that analyzes performance using the most currently available data. C-Stat allows Divisions within CDHS to pinpoint performance areas in need of improvement and then improve those outcomes, helping to enhance the lives of the populations that CDHS serves and to provide the best use of dollars spent. Through root cause analysis, CDHS can determine what processes work and what processes need improvement. By measuring the impact of day-to-day efforts, CDHS makes informed, collaborative decisions to align efforts and resources to affect positive change.

The DCW is currently tracking Colorado's performance on the following measures, some of which are CFSR outcome measures:

- Absence of Institutional Abuse or Neglect
- Absence of Maltreatment Recurrence
- Caseworker Contact with Parents
- Child Welfare Walkaways
- Children in Care for more than 24 Months and no more than 2 Placements
- Children in Out of Home Care for Greater than 24 months
- Children who do not Re-Enter Care within 12 Months of Discharge
- Congregate Care Placements
- Legally Freed Children Discharged to Permanency
- Maintain Children Safely in their own Home
- Median Length of Stay to Finalized Adoption
- Reunification Occurring within 12 Months
- Safety Assessment Forms Completed Accurately
- Timeliness of Assessment Closure
- Timeliness of Response to Initial Abuse/Neglect Investigations

## **5. CFSR outcomes and systemic factors**

Colorado assessed the performance of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. The March 5, 2014 CFSR Data Profile (2013 annual Adoption and Foster Care Analysis and Reporting System File) and the April 16, 2014 Child Safety Profile were used for this assessment. The Administrative Review Division’s case review findings have been evaluated, and Trails data and reports have been included. Data sources are identified for each outcome and systemic factor. There are two systemic factors for which the Data Profile, ARD, and Trails are not available: Agency Responsiveness to the Community, and Foster and Adoptive Parenting Licensing, Recruitment and Retention.

The following is a summary of the state’s performance on the seven Child and Family Services Review (CFSR) outcomes and the systemic factors. In each summary, strengths and significant areas of concern for each of the fourteen areas are highlighted.

### ***B. Child and Family Outcomes***

#### **1. Safety Outcomes**

1. Children are first and foremost protected from abuse and neglect.
2. Children are safely maintained in their own homes whenever possible and appropriate.

##### ***a. Safety Outcomes Statewide Performance Data***

##### **i. Safety Outcome 1: Children are first and foremost protected from abuse and neglect.**

Three measures are relevant to this outcome.

**Table 1: Safety Outcome 1 Measures**

<p><b><u>Measure 1:</u></b></p> <p><b><u>Goal:</u></b></p> <p><b><u>Performance:</u></b></p>	<p><i>Timeliness of Response to Initial Abuse/Neglect Investigations:</i> Timeliness of initiating investigations/assessments of child maltreatment reports, i.e., the alleged child victim has been interviewed. This is a C–Stat measure.</p> <p>90%</p> <p>Between April 2012 and March 2014, the average rate was 83.68%. Timeliness of response for the month of May over a three-year period was as follows: 2011 was 87.0%, 2012 was 90.3%, and 2013 was 91.6%. ARD tracks whether the county makes reasonable efforts to interview/observe the alleged victim within the assigned response time. For the period of 1/3/2013 through 12/19/2013, this was achieved in 89.8% of all assessments.</p>
<p><b><u>Measure 2:</u></b></p> <p><b><u>Goal:</u></b></p> <p><b><u>Performance:</u></b></p>	<p><i>Absence of Maltreatment Recurrence:</i> Of all children who were victims of substantiated or indicated maltreatment allegation during the first six months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a six-month period?</p> <p>94.6%</p> <p>95.5% for SFY 2012–2013 as measured by the April 16, 2014, Child Safety Profile. This level of performance is the same as SFY 2010–11, and down slightly from SFY 2011–12 (95.6%)</p>
<p><b><u>Measure 3:</u></b></p> <p><b><u>Goal:</u></b></p> <p><b><u>Performance:</u></b></p>	<p><i>Absence of Child Abuse and/or Neglect in Foster Care (12 months)</i></p> <p>99.68% (National Standard)</p> <p>99.26% for SFY 2012–13. This level of performance represents a slight decrease (SFY 2011–12 was 99.59%, and SFY 2010–11 was 99.34%)</p>

ii. **Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.**

Two measures are relevant to this outcome.

**Table 2: Safety Outcome 2 Measures**

<p><b><u>Measure 1:</u></b></p> <p><b><u>Goal:</u></b></p> <p><b><u>Performance:</u></b></p>	<p><i>Maintain Children Safely in Their Own Home:</i> Children who were not initially (first 30 days) in out-of-home care and did not enter out-of-home care during case involvement. This is a C–Stat measure.</p> <p>86%</p> <p>While performance was below the goal overall in CY 2013, the performance goal was achieved in January, February, and March of 2014</p>
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<b>Measure 2:</b>	<i>Risk Assessment And Safety Management</i> (operationalized as “safety assessment forms completed accurately”). This is a C–Stat measure.
<b>Goal:</b>	95%
<b>Performance:</b>	For the time period of January 2013 thru February 2014, the performance was: a) traditional assessment performance: 83.0% b) Family Assessment Response (FAR) performance: 92.2%

**b. Assessment of Strengths and Concerns Regarding Safety Outcomes**

Colorado is focused on improving performance on desired safety outcomes. The CDHS and OCYF are committed to taking a continuous quality improvement approach to obtaining better performance outcomes. Colorado is performing well on *Absence of Maltreatment Recurrence* and within a percentage point of meeting the goal for *Absence of Child Abuse and/or Neglect in Foster Care*. Areas needing to be addressed are *Timeliness of Response to Initial Abuse/Neglect Investigations* and *Risk Assessment and Safety Management*. Colorado has met its goal for *Maintain Children Safely in Their Own Home* for three consecutive months, but wishes to strengthen and elevate the expectation for meeting this measure.

For *Timeliness of Response to Initial Abuse/Neglect Investigations*, twenty-nine counties, including three of the ten large counties, are underperforming. C-Stat analysis of *Timeliness of Response* by year suggests that performance is impacted by seasonality. Specifically, analysis of timeliness by month indicated that this measure relates school schedules and holiday and summer breaks. Counties rely on the information from schools for locating children and families as well as many families tend to be visiting elsewhere or relocate during breaks. The Division of Child Welfare is working with the Colorado Department of Education to construct solutions for county child welfare to access demographic data from schools when they are not in session.

In efforts to improve outcomes for *Timeliness of Response to Initial Abuse/Neglect Investigations*, DCW and ARD have taken several steps to enhance performance. ARD tracks timeliness of response and addresses these issues in case-specific reviews and on-site technical assistance. The DCW’s county assigned safety and permanency specialists offer in-depth technical assistance and consultation for counties and recommend strategies for improving performance. Counties have also implemented their own strategies for improving performance. While in most counties the new Review, Evaluate, Direct (RED) Team approach is only involved in the assignment of an appropriate response time, some counties have taken upon themselves to use the RED Teams to follow-up on the timeliness of response and appropriate closure of assessments.

In response to historically not achieving the goal for *Risk Assessment and Safety Management*, DCW contracted with Colorado State University (CSU) to review the safety and risk assessment process and tool. Results from that evaluation revealed that workers struggled with the format

and wording of the assessment tool. Therefore, in conjunction with counties and CSU, DCW updated and validated a new tool set to be piloted and potentially released by the end of CY 2014.

The measure for *Maintain Children Safely in Their Own Home* has seen steady improvements due as the result of recent efforts to shift the culture towards serving children safely in their own homes. However, since this measure is captured as an exit cohort, it involves children who were removed two years ago. Because of this time lag, the measure may not be an accurate reflection of current practice. Fluctuation in the score may not reflect poor practice, but instead, best practices.

In response to these concerns, CDHS maintains safety outcomes as a C-Stat priority. In addition to the ongoing monitoring by ARD, DCW training and technical assistance emphasizes the importance of timely response, how to accurately complete safety and risk forms, and engaging families to create and maintain safety. In addition, as in CDHS’s approach to all areas of poor performance outcomes, DCW collaborates with the Office of Performance and Strategic Outcomes to identify promising practices in counties who consistently meet the targeted safety outcomes goal and share successful strategies with low performing counties.

## 2. Permanency Outcomes

1. Children have permanency and stability in their living situations.
2. The continuity of family relationships is preserved for children.

### a. *Permanency Outcomes Statewide Performance Data*

#### i. **Permanency Outcome 1: Children have permanency and stability in their living situations.**

The ten measures and data for this permanency outcome are from the March 5, 2014, CFSR Data Profile.

**Table 3: Permanency Outcome 1 Measures**

<b><u>Measure 1:</u></b>	<i>Point-in-Time Permanency Profile, Foster Care Population Flow: Children in foster care on first day of year.</i>
<b><u>Goal:</u></b>	Maintain consistent rate of reduction.
<b><u>Performance:</u></b>	State FFY 2013 total = 5,725 (reduced from FFY 2012 of 6,191 children, and FFY 2011 of 6,733 children)
<b><u>Measure 2:</u></b>	<i>Permanency Composite 1: Timeliness and Permanency of Reunification</i>
<b><u>Goal:</u></b>	122.6 or higher (National Standard)
<b><u>Performance:</u></b>	State Score = 116.0



<b><u>Measure 3:</u></b>	<i>Permanency Composite 1: Component A: Timeliness of Reunification, Measure C1-2: Exits to reunification, median stay for all children discharged from foster care to reunification in the year shown, who had been in foster care for eight days or longer.</i>
<b><u>Goal:</u></b>	6.5 months (National Median)
<b><u>Performance:</u></b>	State Median = 5.9 months
<b><u>Measure 4:</u></b>	<i>Permanency Composite 1: Component B: Permanency of Reunification, Measure C1-4: Re-entries to foster care in less than 12 months.</i>
<b><u>Goal:</u></b>	15.0% (National Median)
<b><u>Performance:</u></b>	State Median = 19.5%
<b><u>Measure 5:</u></b>	<i>Permanency Composite 2: Timeliness of Adoption: Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer, Measure C2-4: Children in care 17+ months achieving legal freedom within six months.</i>
<b><u>Goal:</u></b>	8.8% (National Median)
<b><u>Performance:</u></b>	State Median = 2.4%
<b><u>Measure 6:</u></b>	<i>Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time, All Measures.</i>
<b><u>Goal:</u></b>	Composite score 121.7 or higher
<b><u>Performance:</u></b>	State FFY 2013 Composite Score = 138.2
<b><u>Measure 7:</u></b>	<i>Permanency Composite 4: Placement Stability, Measure C4-1: Two or fewer placements settings for children in care for less than 12 months.</i>
<b><u>Goal:</u></b>	83.3% (National Median)
<b><u>Performance:</u></b>	State Median = 88.1%
<b><u>Measure 8:</u></b>	<i>Permanency Composite 4: Placement Stability, Measure C4-2: Two or fewer placements settings for children in care for 12 to 24 months.</i>
<b><u>Goal:</u></b>	59.9% (National Median)
<b><u>Performance:</u></b>	State Median = 62.2%
<b><u>Measure 9:</u></b>	<i>Permanency Composite 4: Placement Stability, Measure C4-3: Two or fewer placements settings for children in care for 24+ months.</i>
<b><u>Goal:</u></b>	33.9% (National Median)
<b><u>Performance:</u></b>	State Median = 28.7%

<b><u>Measure 10:</u></b>	<i>Median Length of Stay in Foster Care.</i>
<b><u>Goal:</u></b>	6.5 months
<b><u>Performance:</u></b>	State Median = 9.6 months (as compared to previous FFY 2012 (6.9 months) and FFY 2011 (6.5 months))

**ii. Permanency Outcome 2: The continuity of family relationships is preserved for children.**

The eight measures and data for this permanency outcome are from the ARD Out-of-Home Review Process and reflect opinions expressed by family, child/youth, OOH providers, county staff, court staff, and others who attend reviews.

**Table 4: Permanency Outcome 2 Measures**

<b><u>Measure 1:</u></b>	<i>Visiting with Mother:</i> Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	76.6%
<b><u>Measure 2:</u></b>	<i>Visiting with Father:</i> Does the frequency of visitation with the father/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	70.3%
<b><u>Measure 3:</u></b>	<i>Visiting with Siblings:</i> Does the frequency of visitation with sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	92.2%
<b><u>Measure 4:</u></b>	<i>Preserving Connections:</i> Were the ICWA requirements met?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	30.9%
<b><u>Measure 5:</u></b>	Is the department making concerted efforts to maintain the child/youth's connections during the review period?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	100%

<b><u>Measure 6:</u></b>	Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	92.4%
<b><u>Measure 7:</u></b>	In the opinion of the reviewer, is the primary court-ordered permanency goal, at the time of the review, appropriate for this child/youth?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	89.3%
<b><u>Measure 8:</u></b>	For a child/youth with a permanency goal of Other Planned Permanent Living Arrangement (OPPLA), is it documented that all other more permanent goals have been considered and appropriately ruled out?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	77.0%

***b. Assessment of Strengths and Concerns Regarding Permanency Outcomes***

Colorado recognizes the importance of serving children in the home, and in the circumstance when efforts for reunification have been exhausted, finding that child a stable and permanent living situations. DCW is committed to continuously improving the state and county approach to supporting biological families and relative placements as well as exercising best practices for the recruitment and retention of permanent placements.

Colorado has performed well on a number of permanency measures, specifically measures 1, 3, 9, 7, and 8 from Table 3. Performance measures 2, 4, 5, 9, and 10 from Table 3 indicate the need to improve efforts at achieving timely permanency and reducing length of time in placement. Colorado continues to make progress in reducing the number of placements, which is likely due in part to fewer open cases, but also in part to increased success in preventing placement. To the extent the latter is correct, it is likely that the children who do go into placement and their families have experienced more severe problems, which could be associated with longer stays, higher level of re-entry, and less timely permanency.

The poor performance of these measures demonstrate that Colorado is struggling to serve children who are long term stayers in the OOH system and there is need to continue our efforts for enhancing the provider system to serve more complex needs in the community and in the home. The concentration of children in complex needs in the OOH system will increase as Colorado continues to move forward with promoting prevention and in-home services.

Although stakeholders report that county departments are making concerted efforts to maintain the child/youth's connections, the failure to achieve most measures for *The Continuity of Family*

*Relationships is Preserved for Children* (Table 4), indicate a need to evaluate the process by which these measures are achieved. The failure to meet the goal for the Table 4 measures are reflective of both practice and documentation concerns. Colorado has continued to invest in practices that improve the ability to achieve in these outcomes, such as the use of intensive family finds, family inclusion at Permanency Roundtables, CIP, and statute permitting the reunification of parental rights when appropriate. Colorado recognizes a continued need to strengthen in-home and wraparound resources as to best support the family in safely caring for their children. Colorado is also utilizing its Child Welfare Training System to improve the accessibility and quality of trainings that focus on the enhancement of family involvement and connections. Efforts to improve ICWA compliance are evident in CDHS’s involvement with the Tribal–State collaboration and ICWA subcommittee of CIP.

Colorado will continue to collaborate with counties, community partners, providers, and HCPF to increase the focus on addressing complex needs in the community and in the home when appropriate.

### 3. Well-Being Outcomes

1. Families have enhanced capacity to provide for their children’s needs.
2. Children receive appropriate services to meet their educational needs.
3. Children receive adequate services to meet their physical and mental health needs.

#### a. *Well-Being Outcomes Statewide Performance Data*

The measures and data for the well-being outcomes are from ARD reviews, Calendar Year 2013.

#### i. **Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.**

There are three measures for this outcome.

**Table 5: Well-Being Outcome 1 Measures**

<b><u>Measure 1:</u></b>	<i>Worker Visits with Child (Frequency of Visits):</i> In what percent of cases did agency personnel have contact with the child every month?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	91.2%
<b><u>Measure 2:</u></b>	<i>Worker Visits with Child (Quality of Visits):</i> Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	82.3%

<b><u>Measure 3:</u></b>	<i>Child/Family Involvement in Case Planning (contains 4 separate measures):</i>
	a) Was the OOH provider engaged in case planning during the review period?
	b) Was the child/youth engaged in case planning during the review period?
	c) Was the mother/guardian/kin engaged in case planning during the review period?
	d) Was the father/guardian/kin engaged in case planning during the review period?
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	a) Provider: 99.9%
	b) Child: 99.9%
	c) Mother: 92.0%
	d) Father: 82.2%

ii. **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

There are three measures for this outcome.

**Table 6: Well-Being Outcome 2 Measures**

<b><u>Measure 1:</u></b>	<i>Was educational stability provided for the child during the review period?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	67.9%
<b><u>Measure 2:</u></b>	<i>For youth aged 16 and older, is the youth on track to graduate and/or complete high school?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	80.3%
<b><u>Measure 3:</u></b>	<i>For children aged 3 to 5, is the child enrolled in Head Start or another early childhood education program?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	79%

iii. **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

There are six measures for this outcome.

**Table 7: Well-Being Outcome 3 Measures**

<b><u>Measure 1:</u></b>	<i>Did the child/youth receive a medical exam or medical screening, or was a medical exam scheduled within two weeks of initial placement?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	66.8%
<b><u>Measure 2:</u></b>	<i>Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of the initial placement?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	75.8%
<b><u>Measure 3:</u></b>	<i>Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	81.5%
<b><u>Measure 4:</u></b>	<i>Has the child/youth received regular dental care and treatment for identified dental needs?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	81.0%
<b><u>Measure 5:</u></b>	<i>Were the child/youth's mental health needs (including the need for psychotropic medications) assessed?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	99.6%
<b><u>Measure 6:</u></b>	<i>Were mental health services provided to meet the child/youth's needs during the review period?</i>
<b><u>Goal:</u></b>	95%
<b><u>Performance:</u></b>	70.6%

***b. Assessment of Strengths and Concerns Regarding Well-Being Outcomes***

Colorado recognizes the need to enhance the service delivery system to meet the educational and health needs of children with complex needs. DCW and county departments are committed to the inclusion of children, youth, and families in case planning and respect the input of those individuals in problem solving. In addition, DCW with county partners recognize the need to strengthening compliance to the obtaining the health and educational needs of children in the care of the county.

CDHS is currently collaborating with counties, community partners, providers, and HCPF as well as interoffice efforts within CDHS to improve the well-being of children and their families

through increased accessibility to housing, education, and health services so children do not need to be in the care of child welfare to obtain services that address complex needs.

Colorado is performing well in the area of including children and providers in identifying the needs of children, however there are a number of areas of concern that need to be strengthened for child well-being, particularly obtaining quality services and educational stability.

Physical and mental health care indicators are also a cause for concern, with between one-fourth and one-third of children not documented as receiving timely screenings/exams after placement, and nearly one in five not receiving timely health and dental care. Two of the frequent reasons cited for not obtaining timely medical and dental exams are the lack of providers and children being placed on waiting lists; out of 7,040 applicable cases in 2013, 797 cases lacked documentation from the medical provider verifying an initial exam. A lack of mental health services is also a concern, specifically a need to address ongoing care needs. The reasons most often cited for lack of mental health services included “changed mental health provider,” “waiting lists of two weeks or more,” and “needed services not available.” CDHS continues to collaborate with HCPF to increase provider access for families and provide oversight of compliance to service obtainment and the quality of service outcomes. In addition, Colorado’s implementation of trauma-informed assessments and services through the Title IV-E Waiver are anticipated to improve mental health services outcomes and number of placement moves.

Educational measures of well-being are a cause for concern—nearly one-third of children do not have educational stability, and nearly one in five older youth are not on track for graduation. CDHS and Colorado Department of Education (CDE) collaborated on the Colorado Education Stability grant to increase educational stability for children and youth in foster care. CDE and CDHS are currently working on next steps to address the educational needs of children involved with child welfare. Colorado’s emphasis on education through the Chafee Foster Care Independence and Educational Training Voucher Programs, educational waivers, the addition of data fields to Trails, and routine data analysis are anticipated to improve performance on educational measures.

## ***C. Systemic Factors***

### **1. Statewide Information System**

Trails is Colorado’s certified state–county SACWIS system. It is a complex and comprehensive system that has evolved over its 13-year history. Since its implementation in 2001, Trails has been continually enhanced to address issues and meet the changing needs of CDHS. Since county departments of human services service many youth involved with the DYCS, a separate module was created for DYCS services. Trails integrates, with limitations, 11 data systems owned by other child and family serving state agencies. State and County users depend heavily on the

approximately 1,000 structured and ad-hoc reports, which were developed from Trails to satisfy Federal reporting requirements and to assess the performance and effectiveness of Colorado's child welfare services. In 2013–2014, Colorado enhanced Trails by adding the Results Oriented Management (ROM) System and the CDHS Community Performance Center, a public-facing child welfare e-data website.

Trails has been incrementally updated over the last thirteen years; however, the system is rooted in outdated technology and architecture. The system's interface is not reflective of modern technology and has limited mobility capabilities. OCYF contracted for an evaluation of the current system and any recommendations for potential system upgrades. The report confirmed that a system overhaul is needed. OCYF is examining its options.

## **2. Case Review System**

Colorado's case review system is administered by the ARD. Independent from CDHS' DCW, and county departments of human services, ARD is aligned with CDHS' larger quality assurance system within the department's Office of Performance and Strategic Outcomes. Since its inception in 1991, ARD has developed strong internal processes to ensure consistency across reviewers. The division works collaboratively with the Divisions of Child Welfare and Youth Corrections, and county departments to develop review tools and processes. Additionally, the division uses an instrument that is mapped directly to the CFSR On-site review instrument (OSRI), including the multiple items that comprise the Systemic Factors.

The Case Review System is comprised of several items:

- Determining that case plans are developed jointly with parents;
- Periodic reviews are conducted once every six months by court or administrative reviews;
- Permanency hearings are held every 12 months;
- Filing of Termination of Parental Rights or the compelling reasons for not filing; and
- Notice of hearings and reviews are provided to caretakers.

These items, based on SFY 2014 data, are contained in the following tables and exemplify Colorado's evaluation of this Systemic Factor:



ARD Question	OOH Population	State Performance
# 1721	Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?	86%
#1722	Were all required parties addressed in the treatment plan?	80%
#1723	Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal?	84%
#1724	Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements?	76%
#1703	If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain "nunc pro tunc" language?	97%
#1708	Were all required parties invited to the review and given at least two weeks' notice?	88%
#1762	If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate?	61%
ARD Question	IH Population	State Performance
#6016	Does the Family Services Plan treatment plan document services that are directed at the areas of need identified through assessment?	83%
#6017	Were all required parties addressed in the treatment plan?	83%
#6018	Does the Family Services Plan treatment plan include objectives and action steps that document clear expectations in order to achieve the permanency goal?	78%
#6019	How is the progress on the Family Services Plan treatment plan monitored?	18 items evaluated
#6020	During the review period, for areas on the Family Services Plan treatment plan where progress has not been made, what barriers have delayed progress?	19 items evaluated
#6021	During the review period, have the Family Services Plan and/or services been amended to address any barriers?	53%
#6022	Does the most recent 90-day review/Court report in Trails meet Volume 7 requirements?	71%

Through its case reviews, ARD provides helpful information to CDHS, county departments, and caseworkers. The case reviews often highlight areas where additional training or technical assistance is needed. Analysis of data collected from ARD's review process identifies developing trends in Colorado's child welfare practice. Out-of-home (OOH) case reviews provide a forum for parents, providers, children, and youth to share their information and concerns. The efficacy of Colorado's case review process is supported by research that shows children whose cases were reviewed timely achieved permanency ten months sooner than those whose cases were not reviewed timely.

ARD conducts a large number of reviews each year. In 2013, ARD conducted 7,700 6-month periodic reviews (OOH), 1,300 reviews of cases receiving in-home services, 2,200 reviews of

assessments, and 1,500 reviews of screened out assessments. In-home, assessment, and screen-out reviews all rely on a random sampling methodology that provides data this is generalizable to county and state populations.

ARD's annual review of screened out child abuse and neglect referrals assesses the consistency of county processes. The review involves caseworkers statewide who voluntarily participate in the review. The caseworkers are trained in the review processes, and they determine if cases have been screened out appropriately.

ARD provides a data collection system that tracks and reports on other established indicators collected from case files, face-to-face interviews with required participants, written findings, and other data. Data collection measures comply with Titles IV-B and IV-E requirements, as well as program requirements. The ARD Steering Committee, which is comprised of county department administrators, state program staff, state court personnel, and members of the community, defines and develops reports that provide key stakeholders with relevant information that clearly identifies programmatic strengths and areas needing improvement.

ARD also assesses the quality of services delivered. Areas of focus include child safety, special needs, cultural needs, health and educational needs, mental health, progress in care, parents' progress, visitation, compliance with the services plan, progress towards alleviating the causes necessitating placement, due process, appropriateness of the placement, barriers to permanency, whether additional or different services are needed, appropriateness of the permanency goal, and reasonable efforts to achieve permanency. Quality practice principles are reflected in the review protocol to help communicate to staff the type of case practice that is expected.

### **3. Quality Assurance System**

Colorado has implemented a dynamic Quality Assurance System that encompasses the activities of the department's Divisions of Child Welfare, Administrative Review and Performance Management, and the aims of initiatives such as the Colorado Practice Model (CPM), Results Oriented Management (ROM), and C-Stat. Colorado's Quality Assurance System engages all levels of state and county staff as well as the general public. Not only does the system provide tools for state, county and community stakeholders to review statewide and county level performance, it also promotes quality improvements in state and county departments both respectively and collaboratively.

Four CPM components (see program details on page 51) contribute to Colorado's Quality Assurance System: 1) county Quality Practice Teams (QPTs); 2) the Practice Advancement Committee; 3) the Promising Practices Work Group; and 4) CQI Work Group. The QPTs are where the county CQI work is done. Counties use their teams and CQI processes and tools to determine performance areas requiring improvement. The Practice Advancement Committee guides Colorado's child welfare practice and ensures that current and new practices meet the practice standards of the CPM base practice model. The Promising Practices Work Group,

comprised of state and county members, determines if county identified practice meets the threshold for a promising, evidence-informed or evidence-based practice and can be included in the compendium of best practice. Child welfare outcomes are scrutinized in the CQI Work Group to determine the individual practice that influences the outcome.

As discussed in the overview to this section, Colorado ROM is primarily a reporting tool that allows state and county staff real time data about state and county level performance on key outcome measures. Through the CDHS Community Performance Center website, the public also has access to reports available in Colorado ROM. With increased access to real time child welfare data and greater transparency with the general public, CDHS hopes to foster a better understanding of what is working well and what is not working in the provision of child welfare services in Colorado.

C-Stat is a highly collaborative initiative that involves CDHS' Executive Management Team, the DCW and ARD, the Performance Management Division (PMD), and county departments. PMD is primarily responsible for implementing and sustaining CDHS' C-Stat initiative. The separation between program (DCW) and review (ARD and PMD) is maintained through this productive and supportive working relationship. All three divisions work closely to ensure the focus is maintained on outcomes and data, along with accountability and action plans. ARD and DCW are routinely challenged to assess the efforts of their staff and ensure alignment with CDHS' strategic direction and the desired child welfare outcomes.

The three divisions also work closely with counties to discuss performance issues and provide technical assistance as needed. Collaboration between state and county staff is critical to the Quality Assurance System's functionality. DCW has assigned safety and permanency liaisons to each county to provide program support and to support the county's CQI processes. Using indicators drawn from Trails, DCW regularly reviews practices implemented by counties to improve CFSR and C Stat outcomes. PMD staff routinely present C-Stat measures at county meetings and are available to counties for training and technical assistance. CDHS believes outcomes are more likely to be achieved when all stakeholders embrace and are invested in agreed upon practice values and outcomes. Moreover, frequent communication and collaboration between CDHS Executive Management Team, CDHS staff, county commissioners, county directors, and caseworkers ensure Colorado's progress towards achieving the best outcomes for the children and families served by the child welfare system.

In addition to the initiatives listed above, ARD and DCW are engaged in other quality assurance activities that support Colorado's Quality Assurance System. ARD manages County Foster Home Program Reviews and Child Fatality Reviews, as well as other reviews or requests, such as the reasons children and youth enter congregate care as a first placement. DCW conducts reviews of county programs, including the Adoption Subsidy Program, Title IV-E eligibility review, the counties' use of Trails, and other risk-based program reviews of county policies and procedures. DCW uses information from DCW program staff's reviews and ARD quality

assurance efforts to evaluate if defined policy is supporting effective practice in service delivery to achieve child safety, permanency, and well-being.

#### **4. Staff and Provider Training**

Colorado has made great strides in improving its training system as described in detail in Section X.D on page 97. Key improvements have included; 1) the creation of a Training Steering Committee, (comprised of community, state, and county staff), which provides recommendations on needed decisions to the Child Welfare Training Academy, and 2) the addition of four regional training sites. Colorado has a strong training system for staff and providers as well as interdisciplinary groups. The training system offers courses for staff development as well as initial and ongoing training that includes the basic skills and knowledge required of all staff who deliver services pursuant to county practice. The Training Academy utilizes current adult learning techniques and maximizes the efficiency of technology to service remote areas throughout the state.

The new structure allows for input from numerous stakeholders and vendors as well as increases accessibility throughout the state via regional training centers. Several counties have requested to change their assigned regional center due to proximity to other sites or the frequency of particular courses offered. The accommodation to these counties is considered annually.

As Colorado has restructured its training system, it has developed a robust evaluation process. New caseworkers, supervisors and foster parents evaluate every training session, with the purpose of providing feedback about the trainer and course content. The evaluation is intended to determine if training is providing the basic skills and knowledge needed to complete the functions required. Ongoing staff development courses are evaluated at each offering. The following tables exemplify the training evaluations for new caseworkers and foster parents.

## New Caseworkers

### 1. Trainer Feedback:

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The trainer knew the subject area.	2239	1 0.0%	3 0.1%	379 16.9%	1856 82.9%	3.83
The trainer was well prepared and organized.	2239	2 0.1%	12 0.5%	485 21.7%	1740 77.7%	3.77
The trainer related well to the group, answered questions, and responded to concerns.	2237	12 0.5%	46 2.1%	459 20.5%	1720 76.9%	3.74
The trainer provided enough explanation and examples.	2237	6 0.3%	37 1.7%	490 21.9%	1704 76.2%	3.74
The trainer gave me enough opportunities to practice skills. (if applicable)	2229	8 0.4%	56 2.5%	557 25.0%	1608 72.1%	3.69
The trainer motivated me to want to try out the training ideas on the job.	2231	10 0.4%	35 1.6%	588 26.4%	1598 71.6%	3.69
The trainer modeled cultural sensitivity.	2220	11 0.5%	30 1.4%	532 24.0%	1647 74.2%	3.72

### 2. Workshop Content:

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The subject matter was at the right level of difficulty.	1028	2 0.2%	33 3.2%	433 42.1%	560 54.5%	3.51
The workshop content was compatible with my agency's philosophy and policies.	1022	0 0.0%	6 0.6%	420 41.1%	596 58.3%	3.58
My agency will support me in using this training on the job.	1024	0 0.0%	5 0.5%	363 35.4%	656 64.1%	3.64
I learned specific job-related knowledge and/or skills.	1026	0 0.0%	14 1.4%	341 33.2%	671 65.4%	3.64
I will use knowledge and/or skills from this training on the job.	1028	0 0.0%	7 0.7%	306 29.8%	715 69.6%	3.69
I will be able to do my job better because of this training.	1029	0 0.0%	16 1.6%	321 31.2%	692 67.2%	3.66
Families will benefit from my taking this course.	1026	0 0.0%	5 0.5%	354 34.5%	667 65.0%	3.65
I was given sufficient time to practice using Trails.	465	11 2.4%	36 7.7%	161 34.6%	257 55.3%	3.43

## New Foster Parents

### 1. Trainer Feedback:

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The trainer knew the subject area.	826	0 0.0%	0 0.0%	84 10.2%	742 89.8%	3.90
The trainer was well prepared and organized.	827	2 0.2%	8 1.0%	115 13.9%	702 84.9%	3.83
The trainer related well to the group, answered questions, and responded to concerns.	826	0 0.0%	5 0.6%	94 11.4%	727 88.0%	3.87
The trainer provided enough explanation and examples.	826	0 0.0%	2 0.2%	108 13.1%	716 86.7%	3.86
The trainer gave me enough opportunities to practice skills. (if applicable)	810	3 0.4%	6 0.7%	168 20.7%	633 78.1%	3.77
The trainer motivated me to want to try out the training ideas on the job.	823	2 0.2%	9 1.1%	137 16.6%	675 82.0%	3.80
The trainer modeled cultural sensitivity.	821	0 0.0%	4 0.5%	116 14.1%	701 85.4%	3.85

### 2. Workshop Content:

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The subject matter was at the right level of difficulty.	521	1 0.2%	8 1.5%	165 31.7%	347 66.6%	3.65
The workshop content was compatible with my agency's philosophy and policies.	465	2 0.4%	4 0.9%	161 34.6%	298 64.1%	3.62
My agency will support me in using this training as a foster parent.	489	2 0.4%	1 0.2%	122 24.9%	364 74.4%	3.73
This class helped me with making my decision about being a foster parent.	518	6 1.2%	15 2.9%	143 27.6%	354 68.3%	3.63
I have more knowledge of what is required of me as a foster parent.	524	0 0.0%	6 1.1%	86 16.4%	432 82.4%	3.81
I will be a better foster parent because of this training.	514	2 0.4%	10 1.9%	100 19.5%	402 78.2%	3.75
I will use what I learned from this training as a foster parent.	523	2 0.4%	2 0.4%	92 17.6%	427 81.6%	3.80
Children will benefit from my taking this course.	513	3 0.6%	8 1.6%	108 21.1%	394 76.8%	3.74

CWTS is expanding its evaluation process in 2015 to include a six-month follow-up with new caseworkers. The subsequent evaluation will be used to determine the effectiveness of the training in preparing caseworkers for the job duties they are performing. This “deeper dive” into evaluation is a critical CWTS strategy that will inform changes to training and ongoing staff development needs.

## **5. Services Array and Resources**

Colorado is concentrating on the service areas that will improve safety, permanency, and well-being outcomes for children, youth, and families. A variety of data driven, collaborative planning mechanisms have been used to identify areas and strategies for improvement. Many of these are described throughout the CFSP. Several planning processes are:

- **Youth Services Planning**

Colorado is planning to make extensive changes in the area of youth services. Part of the planning process for these changes has been coupling a theoretical model of older youth development and needs, *The Colorado Theory of Change for Older Youth in Child Welfare* (located in Appendix D), with a youth services logic model that identifies universal practices for serving older youth and efforts to broaden and integrate services systems based on the theoretical model. This process has facilitated the identification of long-term goals and strategies that are based on an understanding of youth development. The work complements the legislatively required Statewide Youth Plan, the goals of which are to identify key issues affecting youth and align strategic efforts to achieve positive outcomes for all youth. The CDHS Pathways to Success initiative is being incorporated into the Statewide Youth Plan to address the needs of youth in OOH care.

The Statewide Youth Plan process includes a committee of representatives from each youth serving state agency and numerous county representatives that are charged with identifying gaps in the youth service system and make recommendations for reduced duplication and fragmentation. The Plan is due to State Legislators in September 2014.

- **Identifying Service Gaps by Assessing and Aggregating Individual Case Needs**

As part of its continuum of care work, a Colorado county–state work group developed a model for assessing and planning a continuum of care (prevention to post-permanency services) based on the needs of individual children/youth and families. The model describes the status of the child welfare case, child/family characteristics, provider skill/performance expectation, and the needed service array. It was developed as a way to identify overall current services, gaps in services, and service expectations at the various levels of care that are statewide expectations. For example, one of the services gaps identified was treatment foster care. This service is now being explored, with the phased implementation beginning in October of 2014.

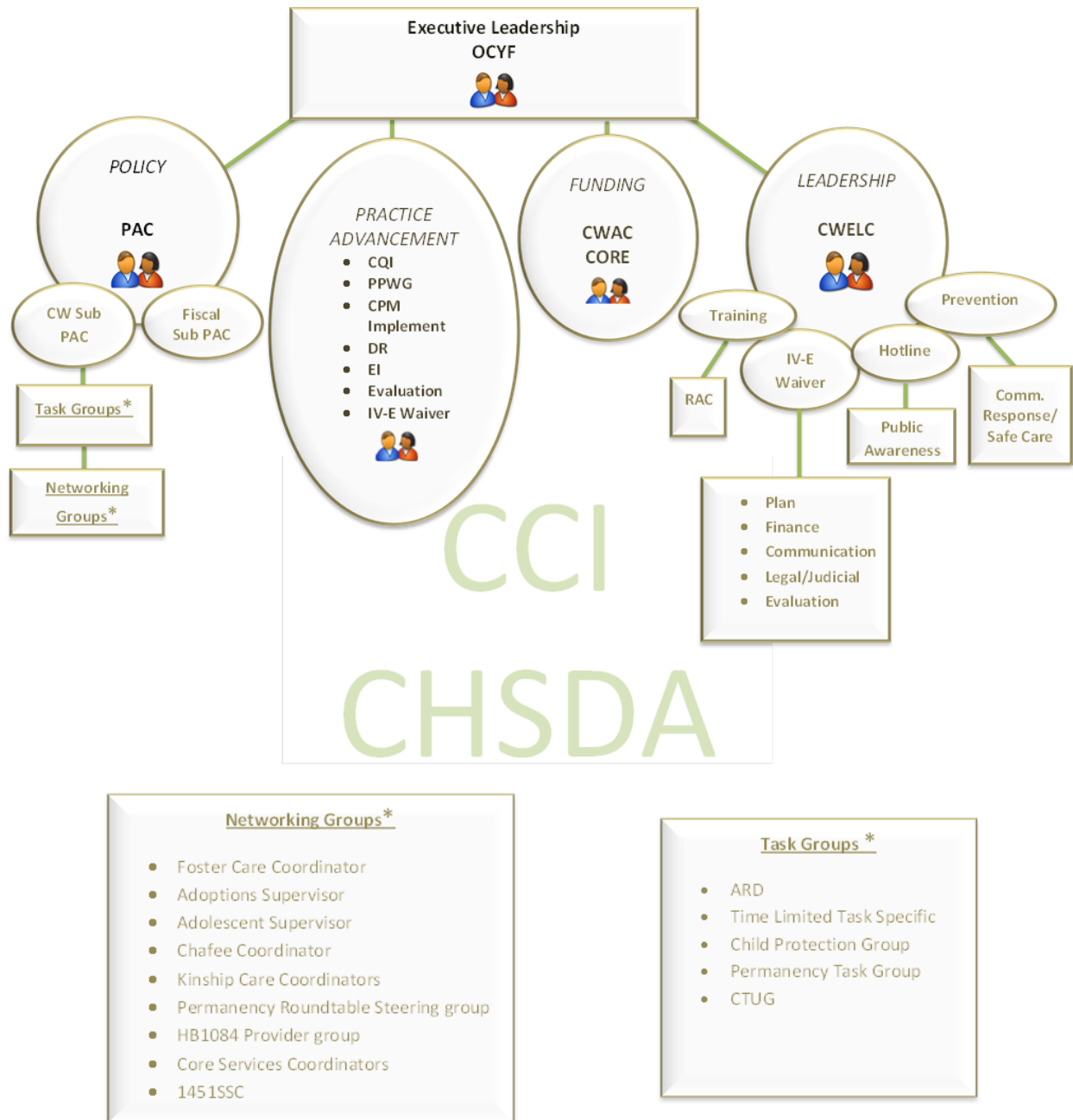
These various planning mechanisms have led to the development/enhancement of a rich array of services and approaches to practice along the continuum of care, described in subsequent sections of the CFSP. Through the utilization of collaborative committees (see page 12) several key initiatives impacting child welfare have developed, including a host of new preventive services, an enhanced screening of referrals, RED Teams, Differential Response, a new safety and risk assessment, the three phases of safety rules revision, enhanced focus on children aged zero to five (0-5), and more services for older youth. Colorado's services under the CFSP are coordinated with services or benefits of other state and federally assisted programs serving the same population. As aforementioned, stakeholders have expressed a need for the delivery of services to be accessible and without service gaps.

## **6. Agency Responsiveness to the Community**

Colorado's collaboration and responsiveness was identified as a strength in the 2009 CFSR Onsite Review. As described in Section I.C, Colorado has maintained and deepened its collaboration with CIP. CDHS recognizes that the state alone cannot resolve all the needs of children and families, and utilize collaborative stakeholder groups to receive community feedback in both the identification of gaps and barriers as well as in crafting solutions to meeting those needs. In addition to those committees listed on page 12, Figure 3 highlights the structure CDHS and counties established with its community partners to ensure continuous community input for child welfare.



Figure 3: Office of Children, Youth and Families Stakeholder Involvement and Collaboration



## 7. Foster and Adoptive Home Licensing, Approval, and Recruitment

In the 2009 CFSR Onsite Review, a statewide foster/adoptive resource recruitment plan was determined to be an area needing improvement. As a result, Colorado developed and has maintained a state Foster and Adoptive Parent Diligent Recruitment Plan since 2010, and it was completed in 2013. Targeted and child-specific recruitment efforts are aligned with the child population in the State’s custody. The 2015–19 Foster and Adoptive Parent Diligent Recruitment Plan is submitted with this CFSP (see page 94). Colorado has continued to

implement best practices for the recruitment and retention of foster and adoptive parents. CDHS works closely with stakeholder associations, and collaboratively reviews the requirements of those parents, the barriers to obtaining permanency, service gaps, and potential evidence supported solutions. These collaborations have convened to review current rules and practice to ensure they are still relevant and necessary. The State evaluates its child placement needs using several data sources, which include Trails, AFCARS, and the Colorado Adoption Registry Record.

In addition to upholding state law and rule for licensure, Colorado continues to maintain processes and protocols for background checks for the certification and licensing of child care and foster care facilities. Criminal background clearances are completed per the federal requirement. Colorado evaluates compliance with federal and state requirements through regular file reviews. County certified family foster homes are reviewed by ARD and the DCW Twenty-four Hour Monitoring Team reviews state-licensed facilities.

Colorado uses Cross-Jurisdictional Resources for Permanent Placements by engaging in the Interstate Compact for Placement of Children (ICPC). Colorado evaluates its ICPC system with a Trails-generated report and county program reviews. In FFY 2013, Colorado submitted 1,009 outgoing home study requests. Of these, 225 were requests for studies of parents, 485 were for relatives, 105 were public adoptions, 184 were foster home, and 7 were “other.” These numbers are significant when compared to the 443 home study requests Colorado received from other states. Out of Colorado’s 1,009 requests, 269 were denied and 308 were approved. Although 308 requests were approved, the number of child placements out of Colorado was 262, for the time period of October 2012 to September 2013. The lower number of placements compared to the approvals may be due either to the counties not completing the placement or information not being entered into Trails at the time the report was prepared. Colorado completes 12% of its home study requests from other states within 60 days.

### **III. Plan for Improvement**

#### **A. Overview**

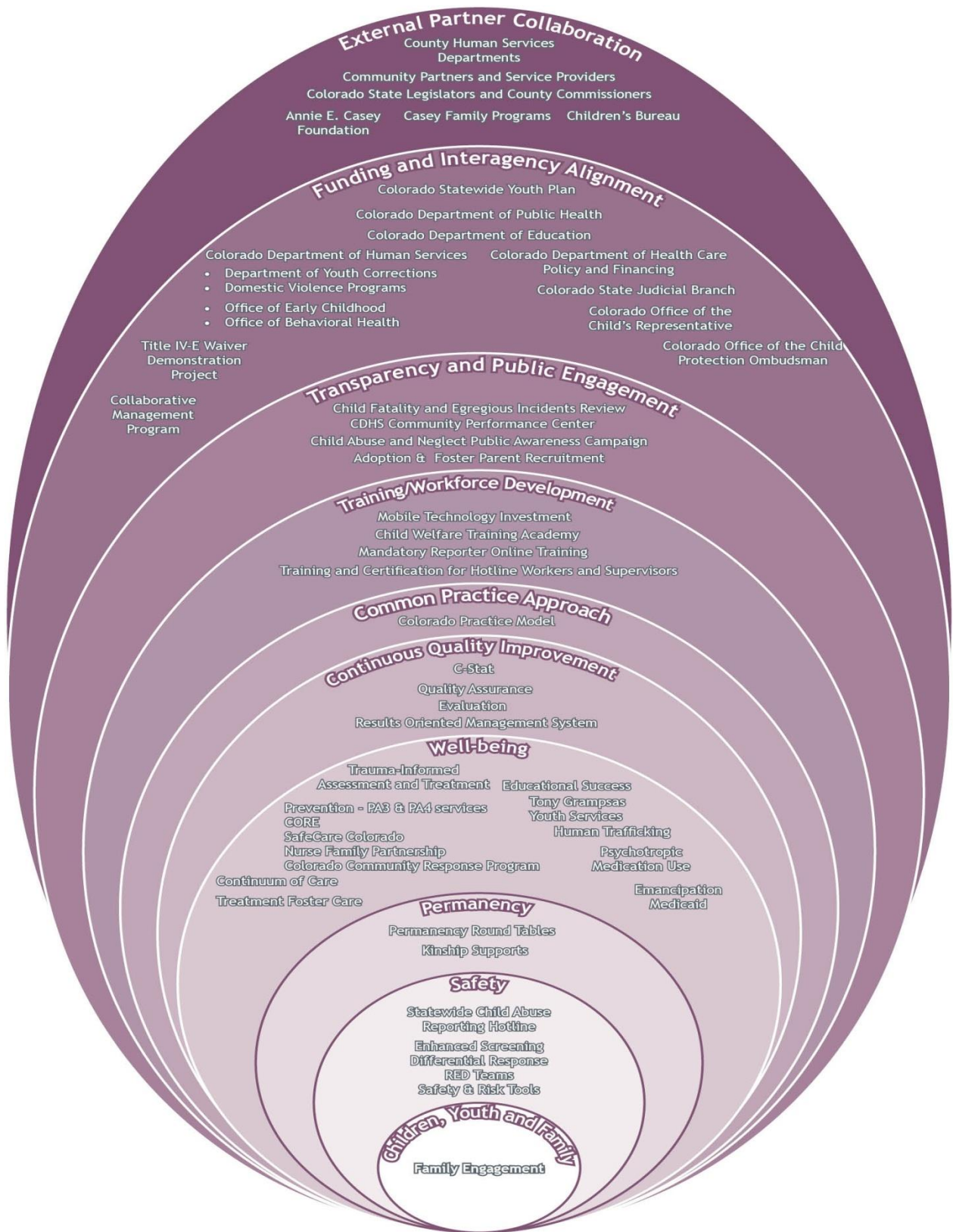
Colorado's plan for improvement integrates Executive and Legislative Branch supports with Title IV-E Waiver interventions along with the Governor's *Keeping Children Safe and Families Healthy 2.0*, and builds on federal grants and awards that have solidified a positive foundation for change that will roll out statewide over the next four years.

Through these efforts Colorado currently has the numerous parts it needs to ensure a successful child welfare system. Over the next four years, DCW along with its county, community, and other state partners will continue its work to integrate these existing initiatives into a cohesive and comprehensive system that serves children in the home and community when possible (see Figure 4 for initiatives). Specifically, Colorado will work to coordinate existing resources to ensure children and youth are served in the least restrictive setting possible and that children successfully achieve permanency as a result of coordinated family supports. This will be achieved by continuing and bolstering the work with continuum of care, wraparound services, and braiding of funds.

Colorado will also continue its efforts to integrate data across systems to formulate a comprehensive understanding of the services provide to children as well as identifying any needs that have gone unaddressed. The work identified through the CDHS interoperability plan will accommodate the efforts of other state agencies that look to integrate children and youth case management and database systems.

The improvement process includes a strong quality assurance and continuous quality improvement process to ensure that Colorado is exercising best practices and adequately addressing the needs of its most vulnerable citizens. Specifically, Colorado will continue to enhance its Results Oriented Management (see page 15 for details) system as well as its public facing website, CDHS Community Performance Center.

**Figure 4: DCW Initiatives and Collaboration**

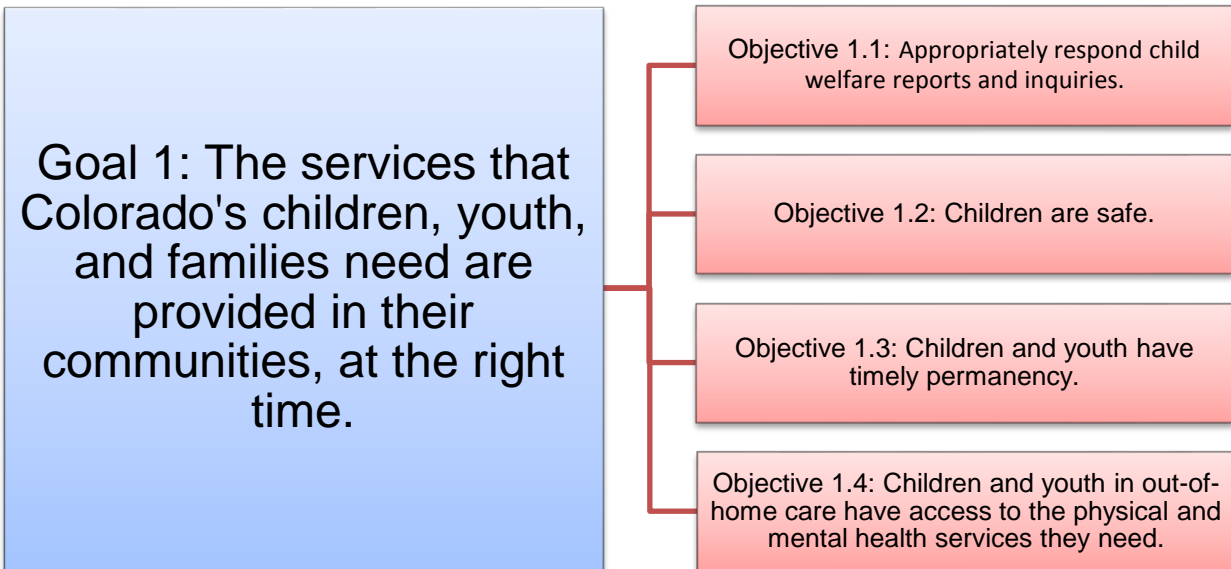


Colorado has three major goals for the next five years:

1. The services that Colorado’s children, youth, and families need are provided in their communities, at the right time.
2. Youth and children remain safely at home with families.
3. Integrate the various QA-CQI approaches in Colorado to act as one cohesive system.

These goals are derived from assessment of performance to date and reflect Governor Hickenlooper’s Child Welfare Action Plan, *Keeping Children Safe and Families Healthy 2.0*. Each goal is presented with objectives, interventions, measures of progress, and implementation supports.

**B. Goal 1: The services that Colorado’s children, youth, and families need are provided in their communities, at the right time.**



**1. Objective 1.1: Appropriately respond to child welfare reports and inquiries.**

**a. Intervention 1.1.1: Implement a statewide child abuse and neglect hotline.**

A statewide reporting hotline was authorized by legislation in 2013. A Hotline Steering Committee works with DCW on the preparation and implementation of the system statewide, including establishing policy and overall structure as well as selecting contractors to develop the system. The hotline is targeted for a soft rollout in fall 2014. The system will be operational, consistent with legislated requirements, on January 1, 2015.

**b. Intervention 1.1.2: Enhanced screening.**

The new hotline will include an enhanced screening protocol to be used in gathering information from the reporter. The protocol is designed to elicit more useful information from the reporter

that will: 1) assist in front-end decision making about whether to screen in or screen out a referral and where to refer the reporter when abuse and neglect are not present; and 2) help the child welfare assessor to better understand relevant issues about the family and their situation. Enhanced screening is anticipated to contribute to improved performance in timeliness of initial response and accuracy of safety assessment form completion by providing better information at the front end of the intake/assessment process.

**c. *Intervention 1.1.3: Refer to prevention services.***

Colorado is working to maximize its existing collaboratives and committees to create a more streamlined delivery of preventive services. Colorado has a range of existing prevention services, described in Section IV, which include: Colorado Community Response (CCR); SafeCare Colorado (SafeCareCO); Nurse–Family Partnership (NFP); Promoting Safe and Stable Families (PSSF); Colorado Works/Temporary Assistance for Needy Families (TANF); housing services; Early Periodic Screening, Diagnosis, and Testing (EPSDT); child care; child support; parenting classes; support groups; and Supplemental Nutrition Assistance Program (SNAP). Funding of \$6.11 million was added to the State’s Core Services budget for Program Area 3. Children ages 0 to 5 and their families will be the priority for prevention services during the next five years.

**2. Objective 1.2: Children are safe.**

**a. *Intervention 1.2.1: Implement and monitor new safety and risk assessment.***

As a result of the full-spectrum Safety Self-Assessment completed by the State Child Protective Services Team, Colorado has a new safety assessment, effective July 2014. It requires an initial assessment and ongoing assessments at prescribed points in time. The new safety assessment and related training (July–August 2014) is intended to reduce inaccurate completion of safety forms and to reduce recurrence of abuse and neglect for all children, including those in foster care. It is also intended to increase timeliness of assessment by making the assessment process and documentation clearer. ARD will begin monitoring completion of the new safety assessment in October 2014.

**3. Objective 1.3: Children and youth have timely permanency.**

**a. *Intervention 1.3.1: Implement Title IV-E Waiver Interventions of Family Engagement, Kinship Supports, and Permanency Roundtables in counties.***

The Title IV-E Waiver interventions work in concert to improve permanency for children and youth. Starting with a formal *Family Engagement* meeting within seven days of case opening, the family’s needs and resources can be identified early in the life of the case, impacting the capacity for children and youth to remain safely at home. When children and youth may need to be removed from the home, kinship, including relative resources, is identified, and the *Kinship Supports* are intended to assist kinship caregivers with maintaining their family stability. When children need to be placed out-of-home, *Permanency Roundtables* can be initiated, ensuring all legal permanency options are explored.

Based on a Casey Family Programs model, the goals of the *Permanency Roundtable* process are to achieve legal permanency and improve relational permanency through increased permanent connections. Forty-seven counties are trained on the implementation of and are practicing *Permanency Roundtables*. Quality assurance teams in the counties and regions ensure fidelity to the model and success throughout the state.

The long-term *Permanency Roundtable* outcomes are measured via Colorado's *Current Legal Permanency Status* form, completed by *Permanency Roundtable* master practitioners in consultation with case managers and supervisors. Children with Other Planned Permanency Living Arrangement (OPPLA) permanency goals, as well as those children/youth that have been in out-of-home care 12 months or longer, are prioritized for *Permanency Roundtables*. New screens in Trails have been developed to track data and outcomes.

***b. Intervention 1.3.2: Develop and implement alternatives to congregate care.***

With assistance from the Annie E. Casey Foundation and Casey Family Programs, Colorado is implementing a plan to “right size” congregate care by collaborating with the residential provider community to develop a continuum of services to serve clients in their own homes. The first step involved the completion of a “gap assessment” by a collaborative workgroup to determine the placement resources that are needed in addition to residential care. Following this, Colorado will work with partners to develop resources to meet these needs. In addition, Colorado is implementing and strengthening treatment foster care so children with more complex needs can be served in family settings.

***c. Intervention 1.3.3: Implement treatment foster care.***

This service is not currently provided in a systematic approach and has been identified as a gap in the continuum of care. Colorado is planning on a phased implementation of this beginning in October 2014.

**4. Objective 1.4: Children and youth in out-of-home care have access to the physical and mental health services they need.**

***a. Intervention 1.4.1: Maintain collaborative efforts with the Department of Health Care Policy and Financing to monitor psychotropic medications prescribed for children and youth in foster care.***

The DCW, in collaboration with HCPF, will monitor psychotropic medications prescribed for children and youth in foster care, and will implement practices based on the *Colorado's Psychotropic Protocol for Children in the Child Welfare System*.

***b. Intervention 1.4.2: Implement trauma-informed assessment and services in all counties.***

The Division of Child Welfare, in partnership with the Office of Behavioral Health and the Department of Health Care Policy and Financing, will provide trauma-informed screening,

assessment, and treatment for children/youth and their caretakers starting in July 2014, with eight pilot counties, as a Title IV-E Waiver intervention. Other counties will implement the practice incrementally over the next four years.

## **5. Measures of Progress for Goal 1**

1. Colorado will meet the 90% national goal for timeliness of response three out of twelve months for each year of the CFSP.
2. Colorado will develop a baseline for the measurement of safety form accuracy for SFY 2015–2016, increase 5% per year for SFY 2017–2018, and will evaluate the safety and risk assessment and safety form accuracy in SFY 2019.
3. The national standard for “absence of maltreatment recurrence” of 95% will continue to be met and maintained throughout the five-year period.
4. The national standard of absence of child abuse and/or neglect in foster care (12 months) of 99.68% will be met nine out of twelve months for each year of the five-year period.
5. The median stay in out-of-home care prior to exit to reunification (*Data Profile, Permanency Composite 1, Measure C1-2*) will improve by 5% by 2017.
6. The rate at which children/youth are placed in the most appropriate setting to meet their needs will improve by 1% annually for each of the next five years.
7. The rate of medical and dental examinations following placements will improve by 5% by 2018.
8. By 2018, trauma-related activities will be as follows:
  - 95% of children/youth will be screened by DCW for trauma.
  - 90% of children/youth screened in for trauma by DCW will be assessed by OBH.
  - 70% of children/youth assessed as traumatized will receive evidence-based trauma treatment.

## **6. Implementation Supports for Goal 1**

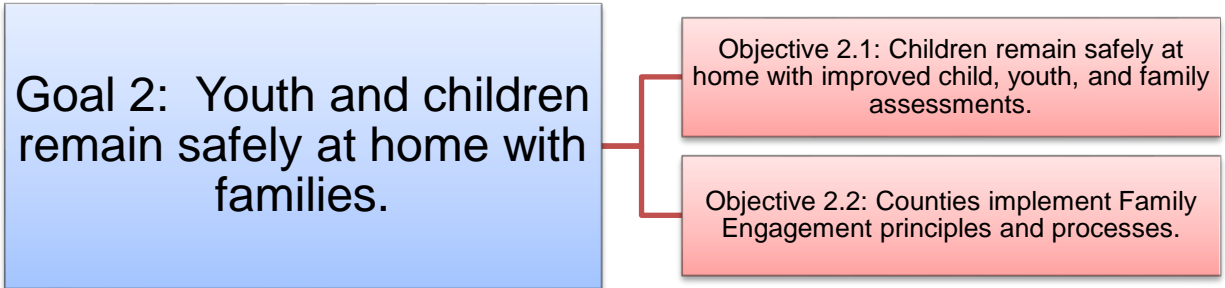
Colorado is achieving progress in several of the above progress measures. New initiatives that will enhance progress require the following supports:

1. Increased sufficient staffing for interventions that are new or may add time to current responsibilities (e.g., enhanced screening and trauma screening for all children in open cases). This has been addressed through increased state general funds for the implementation of the hotline and Title IV-E Waiver Intervention funds.
2. Sufficient resources are available in the community for new program development (e.g., trauma-informed assessment and treatment, the array of prevention services, and alternatives to congregate care). CDHS has worked both with HCPF and residential care providers to identify and maximize existing funding resources as well as retooling provider business model and funding methods, this will afford Colorado to be successful in this transition.



3. Continued consultation, technical assistance, and contractual work for select projects, such as development of the hotline. Colorado state general funds are available for initiatives of the *Keeping Children Safe and Families Healthy 2.0* plan.
4. Coaching and training for State Implementation Specialists. This is an ongoing process and standard practice when new state staff are hired in the DCW.

**C. Goal 2: Youth and children remain safely at home with families.**



**1. Objective 2.1: Children remain safely at home with improved child, youth, and family assessments.**

*a. Intervention 2.1.1: Implement new safety assessment and statewide training.*

See *Intervention 1.2.1*.

*b. Intervention 2.1.2: Accurately complete safety assessment forms.*

This C-Stat goal will continue to be monitored monthly at CDHS; technical assistance will continue to be offered to counties as needed; and training for new staff will continue to emphasize this.

*c. Intervention 2.1.3: All counties utilize RED Teams.*

RED Teams are successfully implemented and utilized in all counties.

**2. Objective 2.2: Counties implement Family Engagement principles and processes.**

*a. Intervention 2.2.1: All counties have an identifiable Family Engagement program.*

As a Title IV-E Waiver intervention program, thirty-six county departments implemented the *Family Engagement* intervention in 2013, and all will implement by SFY 2018. Implementation includes having a dedicated family engagement program that includes elements of a core framework.

**3. Measures of Progress for Goal 2**

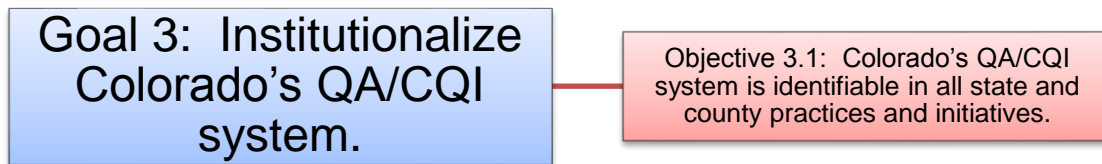
In addition to measures identified for Goal 1, the following measures for Goal 2 will be used.

1. The sample of screened out cases monitored by ARD will maintain the rate of 98% accuracy of decision-making.
2. Engagement of family members in case planning is enhanced as follows:
  - Youth: 99.9% engagement rate is maintained for nine out of twelve months for each year of the five-year period.
  - Mother: Engagement rate is base lined for SFY 2015–16, increased 5% per year for SFY 2017–18, and re-evaluated in SFY 2019.
  - Father: Engagement rate is base lined for SFY 2015–16, increased 5% per year for SFY 2017–18, and re-evaluated in SFY 2019.

#### 4. Implementation Supports for Goal 2

1. Training and QPTs focus on caseworkers using Trails “framework” section for documentation of *Family Engagement* interventions.
2. Continued training, supervision, and coaching for caseworkers on *Family Engagement* techniques.
3. Continued technical assistance from the two DCW FTE dedicated to RED Team implementation.

#### D. Goal 3: Institutionalize Colorado’s QA/CQI system.



#### 1. Objective 3.1: Colorado’s QA/CQI system is identifiable in all state and county practices and initiatives.

##### a. Intervention 3.1.1: Streamline communication between the DCW Research, Analysis, and Data Team, ARD, other data systems, and the counties.

CDHS will utilize existing collaboration forums, such as Colorado Trails Users Group (CTUG), CPM CQI Work Group, and county lead committees, to ensure that issues are identified and addressed in a timely manner. The new ROM system is a vital mechanism for obtaining current data. ROM extracts information from Trails and is available to the state and counties. In addition, high-level data from ROM is available on the public facing website ([www.CDHSdatamatters.org](http://www.CDHSdatamatters.org)).

The aforementioned groups will work to develop a singular CQI system that includes performance management data from the county and state, federal data tracking requirements, and ROM.

***b. Intervention 3.1.2: Ensure regular and identifiable stakeholder involvement in an oversight capacity of Colorado’s child welfare practices.***

CDHS and counties will utilize existing forums (such as the stakeholder survey and the various planning and monitoring groups described in Sections IV, V, and VI, including CDHS Policy Advisory Committee (PAC), Child Welfare sub-PAC, CWELC, and CHSDA to seek input about and aid in monitoring and planning improvements. The Quality Practice Team/Continuous Quality Improvement (QPT/CQI) will be utilized as the process by which data and performance is evaluated and utilized to inform best practices.

**2. Measures of Progress for Goal 3**

Colorado’s QA/CQI system will be evaluated by counties and CDHS to determine how the framework meets the CQI needs of DCW.

**3. Implementation Supports for Goal 3**

Achievement of Goal 3 will require continued resources for the QPT process for the state, counties, and tribes.

***E. Child and Family Services Continuum***

**1. Overview**

Title IV-B is the federal block grant that is used for a broad range of child welfare services. The funding includes Stephanie Tubbs Jones Child Welfare Services, Title IV-B, Subpart 1; Promoting Safe and Stable Families, Title IV-B, Subpart 2; and Chafee Foster Care Independence Program Services. The funding is provided to protect and promote the welfare of children; prevent the neglect, abuse, or exploitation of children; support at-risk families through services that allow children to safely remain with or return to their families in a timely manner; promote the safety, permanency, and well-being of children in foster care and adoptive families; and provide professional development, support, and training to ensure a well-qualified child welfare work force. This section of the plan describes Title IV-B, Subparts 1 and 2. The Chafee Foster Care Independence Program description is located in Section VI.

**2. Child and Family Services Continuum**

CDHS and other collaborating departments support a broad services continuum. The continuum is a flexible spectrum of services that is modified according to the needs of children, youth, and families. Services in one segment of the continuum are also provided in other segments (e.g., many of the services in Early Intervention and Family Preservation can be provided in Child Protection Services). The segments of the continuum are as follows:

**a. *Prevention and Family Support Services***

Prevention and family support services keep children and families from entering the child welfare system and promote children remaining with their families in safe and stable homes whenever possible. These services include:

- Colorado Community Response
- SafeCare Colorado
- Nurse–Family Partnership
- Promoting Safe and Stable Families
- Colorado Works/Temporary Assistance for Needy Families
- Housing services
- Early Periodic Screening, Diagnosis, and Testing
- Child care
- Child support
- Parenting classes
- Support groups
- Core Services
- Kinship Supports
- Supplemental Nutrition Assistance Program
- Program Area 3
- Tony Grampas Youth Services

**b. *Early Intervention and Family Preservation Services***

Early intervention and family preservation services are designed to address the needs of families at risk or in crisis, to strengthen and stabilize families, and prevent entry into OOH care. These services include:

- Quality child care and early learning
- Child welfare related child care
- Medicaid
- Home-based intervention
- Sexual abuse treatment
- Day treatment
- Life skills
- Intensive family therapy
- Behavioral health services
- Substance abuse treatment
- Core Services
- County-designed programs
- Special economic assistance

**c. *Child Protective Services***

Child Protective Services (CPS) are the assessment of cases of suspected abuse and neglect as well as the provision of treatment services for children and families. Some of the components of CPS are the following:

- Enhanced Screening
- RED Teams
- Trauma-informed screening and services
- Differential Response
- The safety and risk assessments
- Core Services
- Family engagement strategies, such as Team Decision Making Meetings, Facilitated Family Engagement Meetings, and Family Group Conferences
- Concurrent planning
- Safety planning
- Support planning
- Family services planning
- Mediation
- Kinship Support Services
- Interstate Compact on the Placement of Children

**d. *Foster Care Services***

Foster care services are for the placement of children in OOH care with services designed to meet children's needs for safety and well-being. Higher levels of these services (group homes, residential child care facilities, and psychiatric care facilities) are also treatment services. Following are the components of Foster Care Services in place:

- Kinship care and support services
- Foster homes certified by county departments or child placement agencies (CPAs)
- Specialized foster care
- Treatment foster care
- Group homes (county and CPAs)
- Group centers
- Residential child care facilities
- Psychiatric residential treatment facilities
- Children's Habilitation Residential Program, Home and Community Based Services Waiver

*e. Permanency Services*

Permanency services determine and implement permanent plans for children. These services are organized by the spectrum of permanency options:

- Reunification with the family of origin
- Permanency with relatives or kin (adoption or guardianship)
- Permanency with someone other than kin (adoption or guardianship)
- Relative Guardianship Assistance
- Other Planned Permanency Living Arrangement (OPPLA) with kin
- OPPLA with someone other than kin
- Permanency Roundtables
- Independent living/emancipation
- Expedited permanency planning
- Reinstatement of parental rights (starting August 2014)

*f. Post-Permanency and Placement Prevention Services*

Post-permanency and after-care services support permanent placements for children and include:

- Post-legal adoption services
- Reunification services
- Relative Guardianship Assistance Program
- Chafee Foster Care Independence Program services
- Core Services Program
- Kinship caregiver supports
- Adoption assistance
- Family Unification Program (FUP) Vouchers for youth

### **3. Improvement of the Service Continuum for Subpart I**

Colorado's 2015–19 service continuum maintains all of the above elements. The major changes to the continuum involves the introduction of prevention and intervention services (Program Area 3), the alignment and expansion of services for youth (Program Area 4), and reforms to Child Protective Services (Program Area 5).

Colorado is engaged in broad child welfare reform that emphasizes prevention, child protection, and youth services. Key reform strategies include new prevention services, statewide youth services alignment, updated technology and inter-operability, a well-trained work force, and a strong performance management system. Child and family safety and well-being underlie all of Colorado's child welfare reform efforts.

In addition to child safety, Colorado strategic planning delves more deeply into child development needs and family stability. With the shift to prevention, it is recognized that child

and family well-being can be enhanced along the continuum of services, i.e., prior to, during, and after a family's involvement in the child welfare system. Self-advocacy, case management skills, and education are critical to families' capacities to maintain stability and enhance well-being, and are linked to the outcomes of Colorado's child welfare reform.

Colorado's reform started in 2012, with the unveiling of Governor John Hickenlooper's *Keeping Kids Safe and Families Healthy Plan*. The plan's original elements focus on the systemic changes needed to improve Colorado's child and family outcomes; establishing a common practice approach, implementation of a state performance management system, redesign of the training program, work force development, funding alignment, increased transparency, and public engagement. These systemic changes are still in progress and support the next phase, *Keeping Kids Safe and Families Healthy 2.0*, introduced by the Governor in 2013. Phase 2 reflects the State's commitment to ensure that children living anywhere in the state receive the same level of protection from child abuse and neglect. It is comprised of a three-pronged strategy that focuses on prevention, consistent decision making, and investments in the workforce.

With substantial support of the Colorado Legislature, the *Keeping Kids Safe and Families Healthy Plan 2.0* has been implemented with over \$46 million in new funding for prevention and early intervention, a statewide child abuse reporting hotline and public awareness campaign, implementation of the Title IV-E Waiver Demonstration Project, new prevention programs, and new mobile technology for caseworkers in the field.

*Keeping Kids Safe and Families Healthy Plan 2.0* is supported by an array of new and enhanced interventions, some of which are focused on a specific point of the continuum and others that span the continuum. The following interventions and initiatives are described below:

- a. Colorado's Title IV-E Waiver Demonstration Project
  - i. Family Engagement
  - ii. Kinship Supports
  - iii. Permanency Roundtables
  - iv. Trauma-Informed Services: Screening, Assessment, and Treatment
- b. Colorado's Practice Model
- c. Differential Response
- d. Youth-Focused Interventions
  - i. Practice Model for Crossover Youth
  - ii. Pathways to Success initiative– Model Youth Plan
  - iii. Tony Grampas Youth Services Program
  - iv. Adolescent Human Trafficking Victims
  - v. Unaccompanied Refugee Minor Program
  - vi. Youth Voice and Leadership Development
  - vii. Family Unification Program (FUP) for Youth Coordination

- e. Improving Safety, Permanency, and Well-Being Outcomes
  - i. Safety
  - ii. Permanency
  - iii. Well-Being

**a. Colorado's Title IV-E Waiver Demonstration Project**

Colorado's Title IV-E Waiver Demonstration Project (Title IV-E Waiver), awarded by the U.S. Department of Health and Human Services, ACF on October 23, 2012, is a set of strategies and interventions designed to help achieve the goals of *Keeping Kids Safe and Families Healthy*, all of which will be mandatory for all counties by 2018.

The IV-E Waiver has an approximate yearly average of \$6.7 million to promote funding reform and implement new and expanded child welfare initiatives. SB 13-231 authorized creation of the Title IV-E Waiver Demonstration Project, and the project rolled out on July 1, 2013 in 41 counties. The new application cycle starts in March of each year of the Title IV-E Waiver.

The Title IV-E Waiver and additional financial reforms are critical to Colorado's ability to keep its practice initiatives current to meet the needs of children and families involved with the child welfare system. Two established initiatives, the Colorado Practice Model and Differential Response, are the precursors to Colorado's performance management system and child welfare reform. These are referenced, along with the Title IV-E Waiver and *Keeping Kids Safe and Families Healthy 2.0*, throughout relevant sections of this plan.

Colorado's Title IV-E Waiver, a key strategy of *Keeping Kids Safe and Families Healthy 2.0*, aligns funding with practice, and is an initiative that is providing counties with additional resources to improve the consistency of casework practice. The Title IV-E Waiver and additional financial reforms are critical to Colorado's ability to keep its practice initiatives current with the needs of children and families.

The Title IV-E Waiver includes interventions in four areas, targeted at improving permanency for children: family engagement, kinship supports, permanency roundtables, and trauma-informed services. These interventions are being evaluated by Human Services Research Institute (HSRI), Colorado State University (CSU), and Chapin Hall. Additional counties will be brought on in Year 2, beginning July 1, 2014.

**i. Family Engagement**

Thirty-six county departments implemented the *Family Engagement* intervention in 2013, the first year of the Title IV-E Waiver, far exceeding the projections for the end of Year 2 of the project. Although many counties have *Family Engagement* programs, this was the first time county departments partnered with the state to develop a statewide base model for facilitated family meetings. The model also includes time frames and key meeting participants; a Trails section was developed for documentation. The base model promotes statewide consistency in



practice and will improve case record documentation. It is anticipated that the improved Trails documentation will aid outcomes tracking and research.

## **ii. Kinship Supports**

This intervention is based on evidence that children in kinship caregiving families who receive the supports needed are more likely to have stable placements and permanent connections, and are less likely to enter or re-enter the child welfare system. *Kinship Supports* target:

- Children and youth in out-of-home care, including those in congregate care, who can be stepped down or safely transitioned to a kinship caregiver with services and supports; and
- Children and youth at risk of entry or re-entry into out-of-home care that can be prevented through services and supports to the kinship placement or guardianship.

Eighteen counties implemented the Kinship Supports intervention in 2013. The intervention starts with the Kinship Supports statewide base model, developed by a state–county partnership, and provides a consistent, basic level of services to kinship families regardless of the county of residence. The model includes a Kinship Needs Assessment, which helps determine the kinship caregiving family’s current needs to sustain placement, as well as a support plan to address those needs. The base model includes case management services and navigation. The base model also contains a second category of services:

- Respite
- Child care
- Basic needs (food, clothing, shelter, furniture, baby items)
- Transportation
- Access to recreational activities
- Therapeutic and educational needs not covered by private or public insurance or the educational system

The base model development includes new Trails documentation fields for outcomes tracking and research.

## **iii. Permanency Roundtables**

*Permanency Roundtables* are the third IV-E Waiver Year 1 intervention that will impact permanency. Based on a Casey Family Programs model, the goal of the *Permanency Roundtable* is to achieve legal permanency. If it is not possible to attain legal permanency, the process will improve relational permanency through increased permanent connections. Forty-seven counties have been trained in *Permanency Roundtables*. Colorado is currently one of six states implementing youth-centered *Permanency Roundtables*. The State Permanency Roundtable Coordinator meets with counties to provide technical assistance and to assist with maintaining model fidelity.

The long-term *Permanency Roundtable* outcomes are being measured through the use of Colorado's *Current Legal Permanency Status* form, completed by *Permanency Roundtable* master practitioners in consultation with case managers and supervisors. Children age 16 years and older with Other Planned Permanency Living Arrangement (OPPLA) permanency goals, as well as those children/youth who have been in out-of-home care 12 months or longer, are prioritized for *Permanency Roundtables*.

#### **iv. Trauma-Informed Services: Screening, Assessment, and Treatment**

DCW, in partnership with the OBH and the HCPF, will provide trauma-informed screening, assessment, and treatment for children/youth and their caretakers, starting in July 2014, with 10 pilot counties. This initiative is funded through the SAMSHA grant for TISOC and Title IV-E Waiver. County child welfare services will screen their approved target population of children/youth when a case is opened for services (in-home and out-of-home) to determine if the child/youth has in the past or currently is experiencing trauma. In addition, the youth in all Program Area 4, Youth in Conflict, cases may be screened.

Counties that will implement trauma-informed services will utilize Southwest Michigan Children's Trauma Assessment Center's screening checklists to assess the need to refer children, youth, and/or caretakers for a trauma-informed assessment. There are two screening checklists: 1) Identifying Children at Risk Ages 0-5; and 2) Identifying Children at Risk Ages 6-18. Based on the outcome of the trauma screening, the child/youth will be referred for a trauma-informed assessment. If a child is screened as being exposed to trauma and the trauma is negatively affecting their functioning, then the parent/caretaker may also be referred to treatment.

Children, youth, and caretakers will be referred based on eligibility to a Medicaid-approved behavioral health provider. Those not Medicaid eligible may be referred to either a Community Mental Health Center (CMHC) or another qualified provider identified by the county according to the county's identified population. Children, youth, and/or caretakers assessed to be in need of services will then receive evidence-based, trauma-informed treatment. Depending on need, a variety of interventions may be offered. The interventions will be based on the developmental level of the child/youth and the nature and severity of the trauma experience. Through this effort, the following outcomes are anticipated:

- Increase in provision of trauma-informed treatment when a trauma-informed assessment indicates trauma is present and impacting a child/youth/caretaker's life;
- Improvement in child/youth/caretaker functioning;
- Increase in the likelihood that children/youth removed from their homes achieve permanency through reunification;
- Decrease in the need for psychotropic medications for children and youth in out-of-home care; and
- Decrease in the numbers of children/youth needing placement who are placed in congregate care.

Colorado's child welfare trauma-informed process planning started in 2012, with a work group comprised of state and county child welfare staff, as well as trauma-informed and mental health subject experts from OBH and CMHCs. The group was charged with determining the screening tool to be used by county departments of human/social services. CDHS, county child welfare departments, CMHCs, and BHOs from the pilot counties were then convened to operationalize the child welfare trauma-informed process. It is estimated that 51% of children/youth screened for trauma will continue to a trauma-informed assessment. Of the 51% assessed, approximately half will move on to trauma-informed treatment.

As the eight Communities of Excellence pilot counties initially implement the trauma-informed process, the remaining counties will be surveyed annually with an implementation index to determine current activities supporting trauma-informed practices and the degree to which counties are implementing the core components of the intervention. Trails has been modified to capture the screening and process of referral for assessment.

***b. Colorado's Practice Model***

Started in 2010, the Colorado Practice Model (CPM) was fully implemented in all counties and the Southern Ute Tribe as of December 2013. The CPM is a consensus-based child welfare model that builds on continuous quality improvement processes within a peer support culture. It facilitates a common practice approach and supports outcomes-based decision-making. The CPM will increase accountability, create consistency, prepare employees, clarify expectations, promote data-driven decisions, and improve collaboration between the state and counties.

The process of implementing the CPM has been as follows. Each county completed CQI training and formed a Quality Practice Team (QPT). The QPT's function is to review county CFSR data and C-Stat goals, determine the cause/effect of performance issues, and implement strategies to improve performance. Each county/tribe has the opportunity to add to the *Compendium of Promising Practices* if their practice meets the criteria of promising or evidence-based/informed practice.

State Implementation DCW Program Specialists are assigned to each county to provide technical assistance and support to the QPT. The Southern Ute Tribe utilizes an outside consultant. The Ute Mountain Ute Tribe attended an orientation, but due to changes in Tribal personnel, they have postponed participation. The CPM is comprised of Colorado's first practice standards to be developed by a broad stakeholder group. The CPM base practice model will be augmented in the future as practice changes and will be evaluated for future change by the Practice Advancement Group.

***c. Differential Response, Enhanced Screening, and RED Teams***

The Differential Response (DR) program offers an alternative response for providing services to families who have been referred to the child welfare system. County DR implementation is elective, based on county readiness, and is approved by the CDHS Executive Director. Differential Response, authorized by Colorado Statute, began with a five-county pilot in 2010, and expanded to a total of eight counties in SFY 2014.

DR prescribed elements for screening of new referrals, enhanced screening and RED (Review, Evaluate, Direct) Teams, are being implemented statewide. The enhanced screening will increase the level of information obtained from reporters and RED Teams are multi-disciplinary meetings in which that information is reviewed and determined the appropriate response time. Implementation will improve child safety through improved information gathering and decision making on new referrals of maltreatment.

Colorado's initiatives will move the state towards best child welfare practice. Although there are county variations in practice, state leadership is ensuring that the funding and practice align, and that the counties are moving in a consistent direction. The current initiatives provide children, youth, and families with access to a standard of practice and services, regardless of where in the state they reside.

**d. Youth-Focused Interventions**

**i. Practice Model for Crossover Youth**

Crossover youth are known to both the child welfare and juvenile justice systems concurrently. The Practice Model for Crossover Youth focuses on ways to effectively serve youth within the initial system (either delinquency or dependency) to prevent crossover and, when crossover does occur, to coordinate services. A process for identifying youth at the point of crossover is in effect, and the purposes are to ensure that caseworkers:

1. Exchange information in a timely manner;
2. Include families in all case decision making; and
3. Ensure that a tendency towards placement (“foster care bias”) does not occur at the point of detention or disposition.

**ii. Pathways to Success initiative– Model Youth Plan**

In keeping with Governor Hickenlooper's vision of access to services regardless of where youth live, the State embarked on a major cross-system re-design of youth services and is implementing an ACF Model Youth Plan grant, and has called it *Pathways to Success*. Additionally, HB 13-1239 requires the development of a statewide youth services plan that aligns programs, services, and funding in a continuum of youth services from prevention to legal/relational permanency. The vision is to achieve alignment of strategic efforts to achieve positive outcomes for all youth with a shared vision across systems. The mission is to facilitate the alignment and integration of programs that serve youth and family services using positive youth development and systems of care principles.

CDHS established the Colorado Statewide Youth Development Committee with representatives of various state departments and statewide youth service organizations to guide the development of the Statewide Youth Development Plan. The plan will be submitted to the Colorado General Assembly by September 30, 2014.

The alignment of efforts will build on several youth services initiatives, including Tony Grampsas Youth Services, Adolescent Human Trafficking Victim work, Unaccompanied Refugee Minor Programming, Youth Voice and Leadership Development, and Family Unification Program (FUP) Vouchers.

**iii. Tony Grampsas Youth Services Program**

The Tony Grampsas Youth Services (TGYS) Program was moved from the Colorado Department of Public Health and Environment to CDHS on July 1, 2013. TGYS provides funding to local organizations that work with youth and their families through programs designed to prevent youth crime and violence, and child abuse and neglect. Based on HB 13-1239, TGYS will be pursuing a strategy to assist community-based organizations working in positive youth development and prevention services to enhance the evidence base of their services, ultimately improving the services provided to youth and their families. The TGYS Board is participating in the development of the Statewide Youth Development Plan, to establish a baseline measurement for youth services and to identify gaps in services.

**iv. Adolescent Human Trafficking Victims**

DCW and county departments will collaborate with private providers, human trafficking experts, and cross-systems stakeholders to recommend policies, programming procedures, and practices to decrease, if not eliminate, the exploitation of children and youth involved in Colorado's child welfare system. The group will develop statewide child welfare and multi-disciplinary promising practices to include protocols and therapeutic services in collaboration with the Division of Youth Corrections and the Domestic Violence Program.

**v. Unaccompanied Refugee Minor Program**

This program will focus on the following activities for unaccompanied refugee minors:

- Monitoring and active caseload;
- Assisting in the development of collaborative service delivery models;
- Assuring compliance with state child welfare policy;
- Assuring compliance with federal regulations; and
- Evaluating the effectiveness of private agency program and case management services, the efficiency and appropriateness of payments, and effectiveness of refugee foster care and independent living programs.

**vi. Youth Voice and Leadership Development**

DCW is committed to incorporating youth perspectives in the development and ongoing evaluation of programs and services provided to youth and their families. The membership of the Child Welfare Executive Leadership Council and the Psychotropic Medications Protocol Steering Committee currently includes youth leaders. Youth leaders will also be involved with the Children's Justice Task Force.

Youth input will be sought through the Colorado Youth Leadership Network, a hub hosted by CDHS for integrated learning and leadership development using positive youth development, which informs best practice. The Youth Leadership Network will work with its 15 youth-serving organizations to focus on sustainability in the coming years, which will include expanding statewide youth voice and youth advisory boards. Youth are also committee members of the Statewide Youth Plan Committee and assist in the identification of system gaps and barriers.

**vii. Family Unification Program (FUP) for Youth Coordination**

The Division of Housing and DCW will continue to partner with local service providers to administer the housing choice voucher program to assist homeless youth aging out of the foster care system (ages 18 through 21). The FUP housing choice vouchers will be provided to two populations:

1. Youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who lack adequate housing. FUP vouchers are limited by statute to 18 months of housing assistance.
2. Families for whom the lack of adequate housing is a primary factor in the imminent placement of the families' child or children in out-of-home care, or the delay in discharge of the child or children to the family from out-of-home care.

***e. Improving Safety, Permanency, and Well-Being Outcomes***

The improvement of safety, permanency, and well-being outcomes is reliant upon the *Keeping Kids Safe and Families Healthy 2.0* components that have been implemented and those that are being implemented, including the Title IV-E Waiver interventions. The CPM serves as the umbrella for all statewide initiatives and practice standards, ensuring consistency in practice. The linking of these initiatives is described in the Safety, Permanency, and Well-Being sections that follow. The 2015–19 CFSP goals and objectives are based on the initiatives and strategies of *Keeping Kids Safe and Families Healthy 2.0* and the Title IV-E Waiver interventions.

Overall, the strategies to improve safety, permanency, and well-being outcomes are as follows:

- Engaging families in caring safely for their children;
- Engaging kin to support families in caring safely for their children and assuring child well-being;
- Engaging kin as permanency options in those situations where families are unable to care for their children;
- Having access to a comprehensive service array to meet the needs of children, their families, and kin;
- Operating a strong quality improvement system at the state and in the counties that examines and modifies performance driven outcomes;
- Training and technical assistance to support a strong, dedicated workforce to improve practice;

- Accessing child protection and permanency liaisons to consult on specific cases or problem performance areas; and
- Monitoring of county performance by the ARD.

#### **i. Safety**

DCW focuses on child safety for children and youth through referral, assessment, and ongoing services, and reviews these county processes when concerns arise. DCW staff collaborates and communicates with county staff, providing consultation and technical assistance on difficult cases and the implementation of new initiatives. The team develops, analyzes, and implements legislative, budgetary, and policy initiatives and recommendations related to child safety issues.

ARD case reviews include a check of safety assessment forms for accuracy and completion. C-Stat reviews data related to safety issues, including accurate completion of safety assessment forms, timeliness of response for initial abuse and neglect investigations, and timeliness of assessment closure.

Although Colorado exhibits several strengths in the area of safety outcomes, challenges include:

- Accuracy in completing safety and risk assessments and re-assessments;
- Timeliness of assessment closures;
- The number of child maltreatment egregious incidents and fatalities; and
- The rate of re-abuse.

Analysis of data trends indicates that children ages 0-5 are most at risk of fatality. Statewide prevention programs implemented under *Keeping Kids Safe and Families Healthy 2.0* target families with children in this age group.

*Keeping Kids Safe and Families Healthy 2.0* strategies/interventions focus on safety/child protection issues. Prevention and early intervention are integral to Colorado's improvement of safety outcomes. The preventive services selected for the services continuum target families with children zero to five (0-5) years of age, families expecting their first child, and families experiencing instability. Changes were made to the Trails system for tracking outcomes and expenditures related to preventive services.

The goal of these prevention efforts is to provide services when families need them and decrease the likelihood that they enter the child welfare system. These efforts also provide an alternative where families may be referred for services by the community and mandatory reporters, but are not accepted or screened out for assessment. The prevention programs are voluntary and include SafeCare Colorado, Colorado Community Response, and the Nurse–Family Partnership augmentation, which are administered by DCW and OEC.

Below is a summary of initiatives that are designed to promote safety and are in the process of being implemented.

### **SafeCare Colorado**

This evidence-based, behavioral parent-training program is for families at risk of being reported for child abuse or neglect. CDHS is working with the Kempe Center to roll out this program. Under the SafeCare Colorado (SafeCare CO) program, counties will have the opportunity to provide services to at-risk families before they enter the child welfare system. DR counties may use SafeCare CO as an intervention for the Family Alternate Response (FAR) track. SafeCare CO focuses on prevention, parent–child interaction, home safety, and medical care.

The program consists of 15 to 20 weeks of 90-minute sessions with families and has shown to reduce maltreatment by 26%. The first implementation of sites includes 18 counties and both tribes: Archuleta, Cheyenne, Denver, Dolores, Elbert, Jefferson, Kit Carson, Lincoln, Logan, La Plata, Mesa, Montezuma, Morgan, Phillips, San Juan, Sedgwick, Washington, and Yuma Counties, and the Southern Ute and Ute Mountain Ute Tribes. The selection process for the second round of sites is underway. The program anticipates serving on average 600 families per year. The services are voluntary.

### **Colorado Community Response Program**

The Colorado Community Response (CCR) Program targets families who have been referred to, but are screened out of, the child welfare system. The families may benefit from information and referrals for economic security, child care assistance, and community-based programs. CCR awards were made to ten sites: Arapahoe, Douglas, Boulder, Chaffee, Eagle, Larimer, Mesa, Montrose, Otero, Teller, and Washington Counties, with an expansion request for two additional sites. CCR will roll out to an additional 18 sites in Year Three. By adopting CCR, Colorado becomes one of 15 states with a “formalized response” to “screened out” reports. Both the CCR and SafeCare CO programs provide services to families when they need them. The services are anticipated to reduce the entry of families into the child welfare system and to prevent placement of children in OOH care.

### **Nurse–Family Partnership**

The Nurse–Family Partnership (NFP) is an evidence-based intervention that will increase opportunities for families at risk for child abuse and neglect to obtain a service designed to increase maternal and child health. NFP services are voluntary and target women in the 32<sup>nd</sup> week of pregnancy with their first child. DCW is administering a program augmentation that aims to increase referrals of families at risk of involvement with the child welfare system.

### **Statewide Reporting Hotline**

Colorado is in the process of implementing a new statewide child abuse reporting hotline that will go live on January 1, 2015. The CDHS established a Hotline Steering Committee (HSC) in June 2013, consisting of state and county representatives, stakeholders, and expert consultants, to develop a recommendation for the new hotline and rules governing its operations. The HSC researched national and county-specific practices, visited hotline offices in other states, and met



with telephony experts to inform the decision making for Colorado's hotline system. Through its work, the HSC identified six critical components for Colorado's new hotline reporting system:

1. A routing system that quickly routes calls to counties;
2. Data collection on all calls received through the system;
3. Training and certification for hotline workers and their supervisors;
4. Adequate staffing for counties and the state;
5. Continuous quality improvement; and
6. A public awareness campaign.

The Joint Budget Committee of the Colorado General Assembly appropriated approximately \$6 million to develop a new telephony system for child abuse reporting; execute modifications to the state automated case management system and county telecommunications systems to better integrate with the new statewide system; hire a new state-level administrative unit to oversee the statewide hotline; and provide additional financial resources for counties to implement the consistent screening practice recommendations of the HSC.

The new statewide hotline will include a well-publicized, toll-free, statewide number for reporting suspected child abuse and neglect that will route the caller to the county where the child resides. Using speech recognition technology, the system will route callers who call the statewide number to the appropriate county. A help desk service will be created to assist callers who are not familiar with Colorado's counties, who are deaf or have hearing impairments, or who speak a language other than English or Spanish. Additionally, citizens will have the option to call each of Colorado's 64 counties and 2 tribes directly on county telephone lines dedicated to accepting reports of suspected child abuse and neglect.

Calls will be captured through a cloud-based network that will record all calls and capture call data, such as date and time of calls, where calls are routed, call duration, and abandonment rates. This information will be used by the state and county departments to evaluate the quality of service provided to the hotline's callers. The data collected through the system will also help identify where resources are needed throughout the state and inform funding requests with strong empirical evidence.

CDHS Rules and Regulations will support new practices related to the hotline's operations. The HSC rules recommendations may include a requirement that calls be taken by the jurisdiction in which they are received, documentation of all calls in Trails, and increased supervisory oversight. Hotline workers will also be required to receive training and certification on enhanced screening procedures and the new system's technology. All of the HSC recommendations will be vetted through Colorado's Policy Advisory Committee and the State Board of Human Services.

The system will be tested and piloted in advance of the January 1, 2015, go-live date. CDHS anticipates beginning user acceptance testing of the system in September 2014 and county pilots

beginning in October 2014. The new system's ease of reporting and a corresponding public awareness campaign, which will be described below, may generate a 20% increase in statewide call volume to Colorado's child protection teams.

#### *Enhanced Screening for Initial Reports*

County departments' hotline call screeners will be trained and certified in new screening protocols that include rules regarding new hotline procedures and requirements and an interview methodology that obtains all the necessary information required to make informed screening decisions. A state-county work group developed a new statewide Enhanced Screening Guide, which Colorado's counties will use as part of the statewide child abuse hotline's implementation.

#### *Public Awareness Campaign*

Colorado will begin a multi-year Child Abuse and Neglect Awareness Public Awareness Campaign coinciding with the State's new hotline reporting system. The campaign will begin in January 2015 by informing key child welfare stakeholders, including mandatory reporters, of the new hotline. A promoted public launch of the statewide hotline will take place in April to correspond with Child Abuse Prevention Awareness Month. While the initial year of the campaign will focus on the launch of the new statewide child abuse reporting hotline, subsequent years will leverage prevention messages, as well as promote the statewide number to report concerns.

During the State Fiscal Year (SFY) 2012–13, counties and tribes received 81,734 referrals or reports of child abuse and neglect. It is estimated that 75% of these referrals came from mandated reporters, 15% from family members, and only 10% came from the general public.

To develop an evidence-based public awareness campaign, better understand perceptions of child abuse and neglect in Colorado, and identify barriers to reporting suspected child abuse and neglect, CDHS commissioned a study to conduct qualitative and quantitative public opinion research. The data indicated that more than half of Coloradoans (51%) say they have personally encountered a child they suspected was a victim of child abuse or neglect and could identify a proper next step when they have encountered suspected child abuse and neglect.

There are two primary goals of the 2015 Child Abuse and Neglect Awareness Public Awareness Campaign:

1. Market the new statewide child abuse and neglect hotline; and
2. Educate mandatory reporters and the general public in all 64 counties, as well as the two sovereign Indian tribes, on how to identify and report suspected child abuse and neglect.

The objective of the 2015 Child Abuse and Neglect Awareness Public Awareness Campaign is to reach a more even balance between calls reporting concerns originating from mandatory reporters and the general public.

## **Implementation of RED Teams in All Counties**

RED Teams (described above as a practice component of Differential Response) have been implemented in all counties, whether they currently are implementing Differential Response or will do so in the near future.

## **Training for Mandatory Reporters**

Web-based training for mandatory reporters engages an additional segment of the external community in the protection of children. Colorado's Children's Code, C.R.S. 19-3-304, defines the individuals required to report, and the training is aimed at providing information about child abuse and neglect identifiers and the process for reporting. Mandatory reporters will be trained in information about enhanced screening, the statewide child abuse reporting hotline, and RED Teams.

## **Safety and Risk Assessment**

When completing an assessment of child abuse and/or neglect, caseworkers are required to complete the safety and risk assessment in Trails. After a rigorous evaluation of current safety and risk assessments, the new tool better align with current child welfare best practice. A pilot of the new tool will begin prior to modifying the current safety and risk assessment tool. In addition, DCW is analyzing the need to improve protocols to ensure continuous assessment of both safety and risk and prescribed points, and the use of assessments to guide family involvement. The North Carolina Family Assessment Scales (NCFAS) have been removed.

Colorado's safety outcomes will be monitored through the use of ARD findings, Trails, and ROM.

### **ii. Permanency**

DCW is responsible to help set guidelines and expectations for permanency planning and the health care oversight of children and youth in the custody of the counties. CDHS staff collaborate and communicate with counties about these expectations. DCW develops, analyzes, and implements legislative, budgetary, and policy initiatives related to permanency issues as related to public child welfare services. The Division oversees all facets of adoption, foster care (including recruitment of foster homes in both rural and urban settings), kinship care, interstate compact, residential services, and health care oversight and coordination (including psychotropic medications). CDHS works in concert with HCPF and OBH around health care services for children and youth in placement.

DCW is accountable for permanency related C-Stat performance management goals. Through C-Stat, Colorado has identified its permanency strengths and areas needing improvement. Colorado exhibits strengths in the areas of adoption and reunification of children and youth with their families and kin. The major permanency efforts are described below.

## **Adoption**

CDHS provides guidance and information to counties and partner agencies to help alleviate barriers to finalizing adoptions and to families when there are questions about post-adoptive

services, e.g., Medicaid. CDHS is developing ways to better identify signs of potential adoption disruption and has included an additional question on the new enhanced screening guide about whether the child/youth is adopted.

CDHS will continue to enhance ties to agency partners, the faith-based community, and others that are valuable resources in helping to find permanency and permanency connections for children and youth. Currently, DCW continues to use various media to promote recruitment and has several key initiatives that target recruitment and retention, including: the Heart Gallery and annual adoption celebration events held at the Governor's Mansion. DCW also partners with the counties and non-profit partners for adoption recruitment, including Lesbian, Gay, Bi-Sexual, Transgender (LGBT) recruiting events, Wendy's Wonderful Kids, The Adoption Exchange (TAE) Recruitment and Response Team (RRT), and Annie E. Casey Family Foundation's mini-grants to eliminate barriers to permanency in Colorado. Over the next five years, DCW and its partners aim to strengthen post-adoption supports and services for families so that they can sufficiently care for children and youth with complex needs.

### **Kinship**

*Kinship Supports* is one of the five Title IV-E Waiver interventions and has been utilized by many counties in Colorado. CDHS operates a Kinship Task Group, a Kinship Alliance, and a new specific kinship website. Kinship care in Colorado has increased over the past few years, and it is anticipated that it will continue to do so. Over the next five years, CDHS will continue to develop additional kin-specific specialized services, including family finding tools and supports. DCW and its partners aim to strengthen kinship assistance and supports for families so that they can sufficiently care for their kin children and youth with complex needs.

### **Foster Care**

Foster care in Colorado is provided by homes through CPAs or individual counties. CDHS provides updated information and resources and serves as a consultant to many counties, CPAs, and others interested in foster care. DCW recently rolled out a new website for foster parents and others who are interested in becoming a foster parent. In addition, DCW, counties, and the Child Welfare Training Academy collaborate with foster parent associations to review policies and practice, and ensure that current requirements are pragmatic and align with current best practices. As a result of this work, it was identified that Colorado needs to strengthen its ability to provide more intensive services for foster children with complex needs, and created treatment foster care, which is to start phased implementation in October 2014.

### **Interstate Compact on the Placement of Children (ICPC)**

CDHS works with the counties and other states to facilitate interstate placements (see Section II.B.7 for details).

## **Residential Services**

CDHS is focused on working with residential treatment providers to “provide the right service at the right time” for children and youth. The department sees congregate care as a service within a continuum of care, which is comprised of a broad array of services. CDHS is working with counties and community partners to reduce the length of stay for children in congregate care settings and promote the use of family setting care. Included in this effort is an increased focus on the utilization of in-home services, wraparound community services, and utilizing treatment foster care.

## **Permanency Roundtables**

As part of the Title IV-E Waiver, Colorado implemented *Permanency Roundtables* to increase the frequency and timeliness of permanency (see Section IV.A.3.a.iii). Permanency for youth in OOH care 24+ months is a priority for DCW. Currently, 158 youth have been identified as leaving foster care without permanency. Additionally, according to the Annie E. Casey Foundation, Colorado has the second highest rate of congregate care in the country, with many first placements into congregate care. The Annie E. Casey Foundation and Colorado have entered into an agreement to reduce congregate care levels and to collaborate with the residential provider community to “right size” congregate care. The first step will be the completion of a “gap assessment” by a collaborative work group to determine placement resources that are needed in addition to residential care. Casey Family Programs provided Colorado with \$300,000 in funding to help reduce congregate care.

### **iii. Well-Being**

Well-being is managed through DCW, its county partners, and community stakeholders. DCW and the counties work intensively with partners to coordinate physical and dental health care, behavioral health, substance abuse treatment, education, and economic stability for children and families with open involvements (cases). Interventions described above are designed to focus on well-being, as well as safety and permanency. Examples are as follows:

- Prevention programs focus on helping parents identify and meet the needs of children.
- Safety and risk assessment captures well-being strengths and concerns that become the basis for family goals and intervention plans.
- Trauma-informed interventions identify and treat child and youth trauma.
- CDHS collaborated with the Aspen Institute Ascend Program to bring a “two-generation” approach to DCW. This approach focuses on the inter-generational processes involved in securing economic security and educational success, working with parents and children together, and using a framework of economic supports, education, skills building, and social supports. The approach is applied to programs, policies, systems, and research to break the cycle of social and economic problems being handed down from one generation to another.

- Collaboration with the Colorado Department of Health Care Policy and Financing (HCPF) is improving the ongoing oversight and coordination of health care services for children in foster care (see Section X.B).
- Colorado’s Education Stability grant, a partnership between CDHS and the Colorado Department of Education, increases educational stability for children and youth in foster care.
- Colorado’s systems of care grant, the Trauma-Informed System of Care (TISOC) initiative, is supported by a cooperative agreement between CDHS and the Substance Abuse and Mental Health Services Administration, and is administered by the OBH in partnership with OCYF.
- The Kempe Center’s State and Regional Team for Crimes Against Children (START) provides multi-disciplinary consultation to support improved decision making about various aspects of difficult cases, including services that promote well-being.
- CDHS and county departments have formed a Developmental Disabilities Task Group of the Child Welfare Sub-PAC to develop recommendations that will allow children and youth with developmental disabilities and their families to be served by the Division of Intellectual and Developmental Disabilities when child protection issues are not present. This will include assuring that families have access to needed services and behavioral supports to safely maintain their child in the home whenever possible. In addition, when treatment and stabilization outside of the home are necessary, the group will be proposing solutions to providing residential treatment services without requiring involvement in child welfare.

Colorado’s service array is a strength; however, accessing and individualizing services require improvement. Medical and dental services availability is impacted by the number of providers in some areas who accept Medicaid. This can affect the child welfare system’s ability to schedule timely medical and dental services for children in foster care. As the HCPF Accountable Care Collaborative expands coordinated care for children in OOH care, CDHS anticipates that more children will receive the medical and dental services they need.

Colorado has met the eight PIP (July 2014) well-being outcomes, but continues to focus on improvement in this area.

### **Stakeholder Survey Feedback**

Stakeholder feedback aligns with the efforts of DCW. Stakeholders reported that while there are beginning efforts taking place to transition youth from out of home care into in-home and community services, more work is needed. This feedback aligns with existing efforts to reduce congregate care, have developmentally disabled youth served in the community, and implement treatment foster care.

Stakeholder feedback also indicated a need to strengthen targeted resources for LGBT youth. DCW is working with counties partners as well as LGBT awareness via the Child Welfare

Training Academy. In addition, DCW is working to increase targeted efforts to work with the LGBT community on both youth needs and the recruitment and retention of adoptive LGBT parents.

## ***F. Services Coordination***

### **1. Administrative Level (State and Counties/Tribes)**

Ensure that new programs integrate with existing programs by examining implementation and operational protocols for each.

#### ***a. Within Child Welfare***

1. The enhanced hotline screening protocol (tools and processes) provides sufficient information for the RED Team process to work effectively, and that the RED Team process provides sufficient information for quality decision making.
2. Trauma-informed screening and trauma-informed assessments successfully co-occurs with the assessment tool for safety and risk.
3. Intake protocol supports decision-making about whether to refer families to prevention services, such as SafeCare CO, CCR, and NFP.
4. Ensure that written case formats, such as the Family Service Plan (FSP), adequately capture goals related to trauma-informed services and the two-generation goals and services.

#### ***b. Child Welfare and Partners***

1. Ensure that protocols for referral from the child welfare system align with the eligibility criteria of the partner agencies providing services, specifically HCPF.
2. Work with provider agencies to determine their capacity to meet needs (e.g., ability of mental health providers to use evidence-based treatment modalities) and the number of clients who can be treated.

### **2. Family Level (Counties/Tribes)**

1. Ensure that intake caseworkers are making appropriate referrals to SafeCare CO, CCR, and NFP.
2. Ensure that screenings for trauma and required follow-ups are being conducted and recorded in case records.
3. ARD will provide information about families receiving services needed to address the areas identified in the risk assessment, which will assist with monitoring the family level coordination and integration of services. It is also expected that the Collaborative Management Programs will monitor coordination and integration of services at the local level through Interagency Oversight Groups.

## ***G. Service Description***

### **1. Description of Services of Title IV-B, Subpart 2: Promoting Safe and Stable Families**

The Promoting Safe and Stable Families (PSSF) program, administered by the Office of Early Childhood (OEC), seeks to:

- Secure permanency and safety for children by providing support to families in a flexible, family-centered manner through collaborative community efforts;
- Enhance family support networks to increase well-being;
- Prevent unnecessary separation of children from their families;
- Help reunite children with their parents, or provide other permanent living arrangements through adoption or kin; and
- Support preservation efforts for families in crisis who have children at risk for maltreatment or re-abuse.

There are thirty-two PSSF sites in Colorado serving forty counties; one adoption agency that provides services statewide; and one tribe. These sites serve more than 95% of Colorado's children, ages 0 to 18. PSSF site project components are:

- Collaborative Councils—Community/advisory councils provide guidance.
- Family Advocates—Staff members who engage family members to identify strengths and navigate systems, as well as promote linkages between service providers.
- Partnerships—focus on building strong collaborative relationships between local Departments of Social Services, mental health, school systems, and community-based organizations to provide comprehensive, non-duplicative services for families.
- Parent Involvement in System Improvements—Families are actively involved at every level, from sitting on the Collaborative Council, to working as advocates, providing support to other parents as mentors, and developing their individualized Family Service Plans.

All PSSF sites promote partnerships between community-based organizations and county departments. Collaborations may involve the following:

- Service agreements
- Mechanisms for parent and professional partnerships and the provision of multi-disciplinary expertise
- Strength-based assessments and treatment plans
- Individualized treatment plans
- Formal and informal supports and services for families from community-based networks
- Flexible or pooled funding
- Ongoing consumer input



- Program flexibility to address changing community and family needs

Local programs are using evidence-based and promising practices as a means to inform practice and provide validity to the work they are doing. All PSSF sites provide services in Family Support, Time-Limited Reunification, Adoption Support and Promotion, and expend 20% of total site funding in each category:

**a. *Family Support***

Voluntary preventive services include respite care, budget training, positive parenting, legal assistance, nutrition education, emergency funds, support groups for a variety of caregivers, family engagement meetings, and case management.

**b. *Family Preservation***

Family preservation services are provided to children at risk for OOH placement because of abuse, neglect, or parental inability to care for their children. Services help to maintain the child in his/her own home and help families alleviate crises.

**c. *Time-Limited Reunification***

Services to facilitate reunification are offered during the 15-month period that begins on the child's initial foster care entry date. Services may include family orientation meetings to help families understand the system; individual, group, or family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental/behavioral health services; assistance to address domestic violence; temporary child care/crisis nurseries; and transportation to or from services.

**d. *Adoption Support and Promotion***

Post-adoption services are delivered through a contract with the Adoption Exchange. Some sites focus on adoption of older youth; others focus on adoptive family recruitment. Additional services include, but are not limited to, the following:

- Enhancing relationships between counties and private agencies to provide post-adoption services and reduce service duplication,
- Maintaining 24-hour access through email and a 1-800 hotline to respond to post-adoption inquiries in English and Spanish,
- Maintaining a website devoted to post-adoption resources,
- Providing bi-lingual support materials to help families with adoption-related paperwork,
- Provides resource lists to providers and adoptive families,
- Creating new, and supporting existing post-adoption support groups,
- Training for mentors and respite providers,
- Conducting seminars for parents and service providers,
- Maintaining benefit information for families who have children with special needs, and

- Publishing and distributing a semi-annual newsletter on post-adoptive services.

## **2. Assessment of Strengths and Gaps in Service**

Colorado has made significant progress in strengthening the child welfare services array from prevention to post-permanency. The services array meets the practice principles of the CFSR. Planning for these services is based on collaborative processes with key partners. Overall strengths include:

- *Keeping Kids Safe and Families Healthy 2.0*, a comprehensive child welfare plan and funding;
- A comprehensive quality assurance process, including the C-Stat initiative, ARD, and CPM;
- Strong evaluation components for the prevention service array and the Title IV-E Waiver interventions; and
- The redesigned Child Welfare Training Academy with new curriculum and strong support from counties and community providers.

An analysis of strengths and gaps is presented here in terms of the segments of the service array described previously: prevention, early intervention and family preservation, child protective services, and services for OOH care and achieving and maintaining permanency.

### ***a. Prevention***

Colorado's *Keeping Kids Safe and Families Healthy 2.0* provides direction and funding for an array of prevention services for families who are referred to child welfare services and do not meet the criteria for opening an investigation/assessment, but are in need of services to prevent future child abuse and neglect. These prevention services (SafeCareCO, CCR, NFP Core Services, and Program Area 3) are coordinated with community partners that have operated these or similar services for at-risk families for years. Now families who are referred to child welfare services but screened out will have increased access to these services.

Notable areas of strength of Colorado's prevention strategies include:

1. Evidence-based models;
2. Providers receive training around fidelity to the models;
3. Each model is being formally evaluated;
4. Counties and providers collaborate; and
5. Trails modifications to track preventive services and outcome data.

Colorado's prevention initiatives were only implemented recently. Information about any gaps or areas for improvement will be available when evaluation results are released after the three-year pilot phase has concluded.

***b. Early Intervention and Family Preservation***

Colorado is currently meeting the goal of 86% for maintaining children in their own homes (operationalized as “children who were not initially [first 30 days] in out-of-home care and did not enter out-of-home care during case involvement.”) As stated previously, Colorado has a wide array of early intervention and family preservation services.

Colorado has made considerable progress enrolling children in health insurance programs. Colorado has also increased slots for early childhood education (*Colorado Kids Count, 2014*). In some areas of the state, counties and stakeholders report waiting lists for housing and health care services.

***c. Child Protective Services***

The C-Stat initiative highlights some areas of potential improvement in Colorado. These measures include timeliness of initial response, accurate completion of safety assessment forms, and involvement of parents (especially fathers) in case planning. Colorado is responding to these concerns with service enhancements, including a revision of the safety assessment form and training; development of the RED Teams and expansion of Differential Response; family engagement; and trauma-informed screening. Due to the significant investment in child welfare services over the past two years, there are no gaps identified.

***d. Foster Care, Permanency, and Post-Permanency Services***

Colorado is working to improve the amount of time in foster care, timeliness of reunification or other permanency, the rate of re-entry to foster care in less than 12 months, and involvement of parents in case planning. Colorado’s family engagement intervention will improve visits with parents/caretakers and children, while engaging them in services planning. Additional interventions include the Title IV-E Waiver projects (*Family Engagement, Kinship Supports, and Permanency Roundtables*), trauma assessment and treatment, efforts to recruit foster and adoptive families, time-limited reunification services, and services for youth prior to emancipation. There are no known gaps in this segment of the service array.

**3. Expenditures by Program**

See the CFS-101s for these data points.

***H. Populations at Greatest Risk of Maltreatment***

Children ages 0 to 5 are at greatest risk for fatality.

***I. Services for Children Under the Age of Five***

The prioritization of services for this group of children includes:

- Colorado’s SafeCareCO, CCR and NFP target families with children under five years age.

- Colorado Rule provides specific child care licensing requirements for children age two and under; this includes limited ratios, infant/toddler specialized training, cardio-pulmonary resuscitation (CPR), and first-aid training.
- Colorado Rule requires children under the age of five with an incident of substantiated abuse or neglect to be referred within 60 days of the incident by the county department to the appropriate state or local agency for developmental screening.
- CAPTA funds are used collaboratively by the OEC and OCYF to increase the numbers of children referred for developmental screening who are involved in substantiated child abuse and neglect.
- Children ages 0 to 5 are identified in *The Safety and Risk Assessment and Enhanced Screening Guide* as a population at greater risk. Child welfare supervisors review and authorize all safety plans and Family Service Plans upon completion and every 90 days thereafter.
- New and ongoing training for child welfare caseworkers and foster parents address child development, the impact of maltreatment on child development, attachment, and bonding of infants and caregivers.
- Children age five and under will be screened for trauma using a specialized protocol, *The Checklist: Identifying Children at Risk Ages 0-5*.

#### ***J. Services for Children Adopted from Other Countries***

All children, youth, and their families who are the subjects of reports to child welfare, regardless of country of origin or familial status, receive access to child protection services. Families in need of services are referred to culturally appropriate services to meet individual needs.

## **IV. Consultation and Coordination Between States and Tribes**

### ***A. Demographics***

This section describes progress, consultation, and collaboration with tribes and other Native American representatives regarding the Indian Child Welfare Act (ICWA), coordination of permanency provisions afforded to Native American children, and provision of independent living services under the Chafee Foster Care Independence Program.

Colorado<sup>1</sup> has two federally recognized tribes, Southern Ute Tribe (1,408 enrolled members) and Ute Mountain Ute Tribe (2,060 enrolled members), both located in the southwestern corner of the state. Over half of Southern Ute members are under the age of 25. Members reside both on and off Ute Mountain Ute or Southern Ute Tribal lands.

Over 56,000 American Indian/Alaska Native (AI/AN) people, and over 104,000 people who are AI/AN and other races, reside in Colorado. They represent approximately 200 tribes, with Navajo as the fastest growing and Lakota as the largest. Most live in urban areas. Native Americans account for 5.8% of the population in La Plata County, located in southwestern Colorado.

### ***B. Processes Used to Consult with Tribes in the Past Year***

CDHS consults with the two tribes and with organizations serving and representing other Native Americans living in Colorado. CDHS currently provides the APSR and the CFSP to both tribes and will continue to do so. In 2013, the APSR was provided to Loren Sekayumptewa of the Southern Ute Tribe department of Tribal Services, and Janelle Doughty of the Ute Mountain Ute Tribe Department of Human Services.

CDHS signed a *Tribal Consultation Agreement* in 2012, joining the original agreement signed by the Departments of Public Health and Environment (DPHE) and Health Care Policy and Financing (HCPF) in 2011. The purpose of this agreement was to formalize the consultation policy through which the departments seek and maintain regular, consistent communication and partnerships with Colorado's two federally recognized American Indian tribes, the Urban Indian Health Organization of Colorado, and Denver Indian Health and Family Services. The CDHS Executive Director and the Executive Management Team attended a formal Tribal–State Collaborative meeting in February 2012, with the next meeting in August, 2014.

To facilitate ongoing collaboration, the CDHS county liaison attends the Colorado Commission on Indian Affairs quarterly meetings. DCW staff and county representatives attend the Denver Indian Family Resource Center (DIFRC) Steering Committee meetings, where discussion items have included minority over-representation, ICWA training, and child welfare services. A

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<sup>1</sup>All data from Colorado Commission on Indian Affairs.

member of DIFRC serves on the committee to establish a statewide child abuse and neglect reporting hotline. Tribal members have attended *Permanency Roundtable* training.

The Southern Ute Tribe has an inter-governmental agreement (IGA) with La Plata County. The Ute Mountain Ute Tribe and Montezuma County have expressed interest in developing a similar agreement, and the CDHS county liaison is assisting with facilitation of this agreement. Montezuma County and the Ute Mountain Ute Tribe both have Community Evaluation teams under the Collaborative Management Program, and both entities have seats on the other's team.

An Indian Child Welfare Subcommittee has been formed through the Court Improvement Program to evaluate the State's ICWA performance. Participants include staff from DCW, the State Court Administrator's office, county departments, a county attorney, a judicial officer, DIFRC, and Casey Family Programs Indian Child Welfare office.

### ***C. Input from and Coordination/Collaboration with Tribes for the Development, Implementation, and Assessment of the 2015–19 CFSP***

CDHS sought input to the 2015-19 Stakeholder Survey from both tribes. There continues to be communication via Colorado Commission of Indian Affairs and any input either tribe would like to submit is welcomed. CDHS and DCW are currently increasing communication in an effort to build a stronger relationship and dialogue with both tribes.

### ***D. Plan for Ongoing Coordination and Collaboration with Tribes***

#### **1. Forums**

CDHS will continue to work with the tribes as per the State Tribal Agreement and Addendum, which calls for regular communications every 60 days and through formal State–Tribal consultations sessions. In addition, CDHS representation on the Colorado Commission of Indian Affairs (CCIA) allows for interaction on a quarterly basis with tribal council leaders of the Ute Mountain Ute Tribe and the Southern Ute Tribe and the opportunity for fostering coordination and collaboration. Through the CCIA, special topic roundtable sessions can be coordinated with tribal leaders, and organized and conducted with the Executive Director of the CCIA on behalf of CDHS to discuss human services issues that are pertinent to the two tribes. The Tribal Agreement and Addendum is located in Appendix E.

#### **2. Clarification of Responsibilities**

##### ***a. Overview***

The tribes and counties work together to provide child welfare services and to clarify jurisdictional issues. The Southern Ute Department of Social Services (SUDSS) has jurisdiction of Native American children living within the boundaries of the reservation. The children must be enrolled or eligible for enrollment in a federally recognized tribe. The La Plata–Southern Ute IGA also states that SUDSS has jurisdiction of children who are one-quarter or more blood

quantum descendants of members of federally recognized tribes. When blood quantum is not clear, the agencies consult with each other to determine jurisdiction. Response also depends on where the child is located. For example, the local hospital is located outside the boundaries of the reservation. If a tribal child is at the hospital, the SUDSS staff cannot officially respond, because their attorney has advised them that they do not have jurisdiction outside of the reservation. In those situations, La Plata County staff will take the initial lead in the response, ideally teaming with a SUDSS staff member. The goal is to facilitate the child's return to the reservation so SUDSS can provide services to the child and family.

***b. Case Review System for Children in Foster Care***

CDHS does not conduct case reviews for children under tribal jurisdiction.

***c. Pre-Placement Preventive Services for Children at Risk of Entering Foster Care***

SafeCareCO was awarded to the Southern Ute and Ute Mountain Ute Tribes, in partnership with the Montezuma County Public Health Department, in January 2014. The Southern Ute Tribe has access to Core Services through an IGA with La Plata County.

***d. Services for Children in Foster Care to Facilitate Permanency***

Services are provided based on jurisdictional issues discussed above, although La Plata County is the Chafee host county for both tribes.

***E. Indian Child Welfare Act (ICWA)***

**1. Overview**

DCW has worked with the state judicial branch to promote and support an ICWA assessment form. The form is used to promptly identify a Native American child who is a member of, or eligible for membership in, a federally recognized tribe. ICWA training is provided in the Child Welfare Training Academy curriculum for new caseworker staff and in ongoing training for child welfare staff.

A work plan to improve the state's compliance with ICWA is being coordinated through the CIP with representatives of CDHS and urban Indian populations, including DIFRC. DIFRC serves as the lead ICWA trainer, with a contract from DCW, to provide trainings to state and county child welfare departments. The overall objective of the ICWA trainings is to serve as one strategy for improving Colorado's ICWA compliance through training and educating:

- County departments and community members/agencies on the cultural and statutory foundations of ICWA;
- Nurturing parent techniques that are culturally relevant;
- Appropriate foster recruitment and retention techniques by targeting prospective American Indian and Alaskan Native (AI/AN) foster parents through *Culture 101* training; and

- Effective tribal advocacy techniques and services in directly assisting county staff in efficient and timely communication with tribal nations as required by ICWA, expediting diligent search and permanency for children and youth placed in foster and congregate care.

Training participants will gain understanding of the historical trauma experienced by AI/AN populations, including the borderline genocidal activities of the federal government in the late 19th century and efforts to “kill the Indian, save the man” through the introduction of boarding schools. Participants will understand the cultural differences in child-rearing, parenting, safety, and permanency, and how to engage AI/AN family members in service planning and implementation.

Counties also contract directly with DIFRC for various services and case management assistance.

Colorado has joined with DIFRC to promote ICWA best practices across the state, particularly along the Front Range, where approximately 90% of the Indian population resides. The Ute Mountain Ute and Southern Ute Tribes are also engaged in this process to promote best practices. DIFRC, in conjunction with Casey Family Programs, has provided several ICWA training programs to state, local, judicial, and community agencies regarding the best practices, letter, and spirit of ICWA. It is anticipated that the partnership with DIFRC and Casey Family Programs will expand into continued ICWA technical assistance to the counties regarding best practices in working with Native Americans.

The CIP Indian Child Welfare Subcommittee is now addressing ICWA compliance by using CQI methods to review data, determine root causes, and develop and measure strategies for improvement. This work will continue moving forward. This group is also focused on increasing judicial training on the importance of ICWA and improving the policy and accountability structures related to ICWA.

In following ICWA protocol, the ARD asks specific ICWA questions about every child whose case is being reviewed. County departments document Native American children in OOH care, and ARD reviews the child’s ICWA status. The review includes a series of ten questions relevant to the inquiries of Native American heritage, court findings, and tribal notification of the child’s placement and court proceedings. ARD statewide data for SFY 2014, second quarter, indicates a compliance rate of 31.8%, representing a significant decrease in performance from 42.1% for SFY 2011.

The data reflects that improvements are needed in the following areas:

- Court orders determining that ICWA does NOT apply.
- Improved documentation of inquiry about Native American heritage.
- Notification of all identified tribes sent to Bureau of Indian Affairs.

The results of the Stakeholder Survey (Appendix B) indicate that a majority of respondents believe there is ICWA compliance, with 41.1% of respondents in agreement, and 23.0% strongly



agreeing with the statement that the child welfare system “applies the Indian Child Welfare Act when serving Native American children, youth, and families.”

## **2. Special Areas of ICWA Compliance**

Through the forums described above, CDHS will continue to seek input through tribal consultation about the following ICWA requirements.

### ***a. Notification of Native American Parents and All Tribes of State Proceedings Involving Native American Children and the Right of the Tribe to Intervene***

Each of Colorado’s 64 counties is expected to notify Native American tribes about Native American children. Most counties rely on their county attorneys to provide notification of proceedings.

### ***b. Special Placement Preferences for Placement of Native American Children***

Colorado has not negotiated a special placement preference for the placement of Native American children. Colorado seeks to comply with all provisions of ICWA, including order of preference. In its statewide recruitment campaign, CDHS encourages individuals of all cultures to consider becoming foster parents. DIFRC has developed the *Structured Analysis for Foster Home Evaluation Tool* training in conjunction with CDHS. This nationally recognized assessment tool, used in the assessment of abilities to parent, is used for certification of Colorado’s foster homes.

### ***c. Active Efforts to Prevent the Breakup of the Native American Family***

CDHS continues to set aside \$25,000 in Core Services Program funds for each Colorado tribe for family preservation and reunification services. The Southern Ute Tribe submits a Core Services Plan (family preservation and reunification services) each year, as required. The Southern Ute Tribe has an IGA with La Plata County to administer the funds and to enter required information into Trails on their behalf. The Ute Mountain Ute Tribe may access the funds when they are ready. A Ute Mountain Ute Tribe representative is included in all Core Services coordinator emails.

CDHS has asked local county departments to direct county resources to culturally competent organizations, including those who work with Native American families. County departments in the Denver metropolitan area have contracted with DIFRC to extend the delivery of these services. These services are funded through Core Services and PSSF funds.

### ***d. Use of Tribal Courts in Child Welfare Matters, Tribal Right to Intervene in State Proceedings, or Transfer Proceedings to the Jurisdiction of the Tribe***

Compliance with ICWA is reinforced through caseworker and county attorney training on ICWA requirements and the right of Tribal Courts to intervene and/or transfer court proceedings to their courts.

## ***F. Permanency Planning for Tribal Children***

The tribes have been trained in *Permanency Roundtables* for their use. Work to implement these will continue.

## ***G. Independent Living Services Under the CFCIP***

La Plata County offers these services based on referral from the tribes. Chafee Foster Care Independence Program

## ***H. Agency Administering Chafee Foster Care Independence Program***

CDHS administers the Chafee Foster Care Independence Program (CFCIP) through DCW. Services are provided by county departments and other agencies.

## ***I. Description of Program Design and Delivery***

### **1. Chafee Services and Education and Training Vouchers Programs**

#### ***a. Program Service Description***

CFCIP provides an array of services and supports designed to help youth transition to young adult self-sufficiency in compliance with the John H. Chafee Foster Care Independence Program.

#### ***b. Serving Youth Across the State***

Colorado's CFCIP offers services statewide through the counties. Twenty counties across the state host dedicated Chafee Programs. Eight of the host counties provide Chafee program support to youth in nineteen additional counties and the Southern Ute and Ute Mountain Ute Tribes. Funds provide access and support to eligible youth needing Chafee Program services in rural counties and in other cases, if needed. Room and Board in Colorado is defined as costs associated with provision of rent, rent deposits, furniture, household start-up, and shelter for emancipated youth 18-21. The DCW collaborates with HCPF to ensure that the provisions in the Affordable Care Act that require mandatory medical coverage to individuals who are under the age of 26, were in foster care at age 18 or a higher age, are enrolled in Medicaid or under a waiver of the plan while in foster care.

#### ***c. Service Population: Services for Youth of Various Ages***

In FFY 2013, 981 youth were served through CFCIP. In accordance with the John H. Chafee Foster Care Independence Program, Section 477 (42 U.S.C. 677) (a) of the Social Security Act, Colorado defines eligible youth as those in either the child welfare or youth corrections systems, who are one of the following:

- Currently in out-of-home care, 15 up to 18 years of age, and in out-of-home placement for a minimum of six non-consecutive months;

- Age 16 to 21 who entered adoption assistance or relative guardianship assistance on or after their 16<sup>th</sup> birthday; or
- Age 18 to 21, who were in out-of-home care on their 18<sup>th</sup> birthday.

**d. Targeted Service Delivery: Services for Youth at Various States of Achieving Independence**

In 2013, Colorado began use of a research-informed typology of youth to target transition services. The typology is based on the characteristics and needs of four distinct sub-groups of young people making the transition to adulthood as identified in the “Midwest Evaluation of the Adult Functioning of Former Foster Youth” (Midwest Study, Chapin Hall, 2011). County departments are now required in their planning to address each of the four sub-groups by identifying targeted services to meet their unique needs. These sub-groups and characteristics are described below.

**i. Accelerated Adults**

Members of this group were reported to be faring reasonably well. They primarily live on their own, are employed, and parenting children, if they had any. Members of this group have avoided the criminal justice system, have received a high school degree, and have had some continuing education.

Efforts have increased to better engage youth receiving Education and Training Vouchers (ETVs) to increase awareness of support services, such as local Chafee programs, school- and community-based educational support systems, youth advisory boards, foster care alumni support, and child care.

**ii. Struggling Parents**

Nearly all members of this group have resident children. They are most likely to be married or cohabitating. About equal numbers had their own place to live or lived with relatives, friends, or others. This group was least likely to have finished high school or to be currently enrolled in school. Only one-quarter were employed and reported the lowest levels of social support of any of the groups.

Services for these young people primarily focus on helping them find child care, supporting their continued education, and connecting them to and helping them maintain employment.

**iii. Emerging Adults**

This group is generally employed or in school. Most have finished high school and many have at least some college. This group is the second most likely to be employed and the least likely to have experienced homelessness or couch surfing. They have avoided trouble and are often relying on family or friends for a place to live and other forms of support.

Youth in this category benefit from independent living services that teach soft skills and supplement guidance received from their caregivers to help prepare them for self-sufficiency.

#### **iv. Troubled and Troubling**

Young people in this group are likely to suffer from mental and behavioral health problems. They often have children they are not actively parenting and are periodically or chronically involved in the criminal justice system.

To provide services to this group, Colorado is improving coordination with case managers from the DYJ to better connect youth leaving the criminal justice system with resources and supports that include referral to mental health services.

In preparation for the Pathways to Success initiative, CFCIP has also begun the shift to a targeted service delivery model, which focuses services within each of the outcome areas of well-being, permanent connections, housing, education, and employment. It is anticipated that the planning grant will further identify gaps in current assessments and services, and clarify targeted interventions to help youth (ages 14 to 21) achieve self-sufficiency.

#### ***e. Accomplishments, Progress, and Planning Using the Four Sub-Group Typology of Transitioning Youth***

In order to meet the seven purposes of the John H. Chafee Foster Care Independence Program, Section 477 (42 U.S.C. 677)(a), Colorado implemented a new planning process for CFCIP host counties that required counties to identify projected services based on the needs of each of the four sub-groups of youth and young adults identified in the Midwest Study. In addition, the new planning process requirements included:

- Processes for identification of youth in each CFCIP eligible service populations.
- Processes for outreach to professionals working with youth and young adults and to youth themselves to increase awareness of the program.
- Detailed bulleted descriptions of each county's program design and plans to deliver services to achieve the purposes of:
  - Successful transition into adult self-sufficiency;
  - Completion of secondary education;
  - Completion of post-secondary training and education;
  - Lifelong connections with family and community through family, mentors, and interactions with dedicated adults other than department staff and providers;
  - Financial stability through knowledge of financial responsibilities and skills in personal household financial management;
  - Monetary assistance; and
  - Health and healthy relationships and lifestyle choices.

Technical assistance calls for CFCIP counties were held in June 2013 to train on the use of Trails reports to track youth who are 1) at risk of aging out of care, and 2) eligible for services. Individual consultation is provided upon request.

During technical assistance sessions and at the July 2013 Chafee Quarterly Services Meetings, CFCIP county staff were trained on the use of the Youth Connections Scale (Center for Advanced Studies ) to help youth identify and strengthen significant relationships. This was part of a year-long focus on the role of Chafee services in helping youth identify and strengthen permanent connections with adults who can provide personal and emotional support.

For the first time, county Chafee Services Plans were reviewed by a team made up of representatives from CDHS, Mile High United Way/Bridging the Gap, Mile 61, and CSU/Fostering Connections Program. This team reviewed and provided constructive feedback to county departments about their proposed programs, gaps, and ways to increase support and connections for youth. Two universal recommendations were made for all programs:

1. Shift to a relational model to refer youth to services, introducing them personally to supportive adults at each organization receiving the referral; and
2. Increase collaboration with community- and faith-based organizations that provide social outlets and opportunities for developing lasting relationships to young people.

Colorado increased outreach efforts to expand the use of Education and Training Vouchers (ETVs), cultivating strategic partnerships to educate high school guidance counselors, colleges, universities, career and technical schools, other state agencies, and CASA volunteers who work with older youth who may plan to pursue post-secondary education. These partnerships will be described in more detail in the ETV section of this report.

Colorado is aware of a gap in services and supports for youth who exit care prior to their 18<sup>th</sup> birthday and find themselves facing homelessness or struggling with their transition to adulthood. The *Pathways to Success*, Model Youth Plan will examine these gaps in services along with current Chafee eligibility requirements and will make recommendations to address the gaps based on the findings.

The CFCIP will continue to align Colorado's program with federal priorities and youth needs, seeking to fill gaps in services and further align all services and supports with the five outcome areas described earlier in this report. The program will also plan to increase data capacity and align state data systems to support program and policy direction to achieve better outcomes for older youth.

***f. Child and Family Service Plan Goals***

Colorado's CFCIP goals for this reporting period are aligned with the Colorado 9to25 youth development plan goals (see table 8) for every child to be safe, healthy, educated, connected, and contributing.

**Table 8: Colorado 9to25 Youth Development Plan Goals**

<b>Goal</b>	<b>Measurement</b>	<b>Baseline</b>
SAFE: Reduce instances of homelessness among young people who leave foster care.	Colorado NYTD follow-up surveys of 19 and 21 year olds Homelessness question Annual comparison of NYTD data by age and cohort	2013 NYTD follow-up data, youth discharged from foster care Experienced homelessness in the past two years, 21.34%
HEALTHY: Increase the percentage of young people with Medicaid or other health insurance after leaving foster care.	Colorado NYTD follow-up surveys of 19 and 21 year olds Medicaid question Annual comparison of NYTD data by age and cohort	2013 NYTD follow-up data, youth discharged from foster care Medicaid, 66.01% Other health insurance, 16.21%
EDUCATED: Increase percentage of young people who report receiving a high school diploma, GED, vocational certificate, vocational license, college, or graduate degree.	Colorado NYTD follow-up surveys of 19 and 21 year olds Education question Annual comparison of NYTD data by age and cohort	2013 NYTD follow-up data, youth discharged from foster care High school diploma or GED, 0% Vocational license or certificate, 1.58% College or graduate degree, 0.79%
CONNECTED: Increase the percentage of young people who complete a Youth Connections Scale annually to identify and strengthen permanent connections.	Annual county Chafee program reports	2013 county Chafee reports (August 2014)
CONTRIBUTING: Increase the percentage of young people who are employed or in employment training after leaving foster care.	Colorado NYTD follow-up surveys of 19 and 21 year olds Full/part-time employment questions Annual comparison of NYTD data by age and cohort	2013 NYTD follow-up data, youth discharged from foster care Full/part-time employment, 37.55%

***g. Collaboration***

Colorado’s CFCIP maintains strategic partnerships to support core outcomes and enhance the Chafee program and independent living support for youth who are emancipating from or aging out of foster care. The CFCIP has strengthened involvement in a number of multi-systems and

community collaborative work groups with overlapping goals and focus on transition-age youth. This section highlights collaborative partnerships with a focus on statewide, multi-systemic work groups that bring together key organizations in the community to focus on each of the outcome areas.

Each county CFCIP submits detailed lists of collaborative partnerships that assist in providing youth with independent living services and supportive services to help them transition to self-sufficiency. The county lists are not included in this section due to space limitations.

**i. County-Level Chafee Plan Review Team**

- Mile High United Way
- Mile 61 Drop-In Center/Impact Orphans
- Fostering Success Program/CSU

**ii. Well-Being Outcome Area Partnerships**

- Under 26 Work Group
  - A sub-committee of the Behavioral Health Transformation Council with a mission to develop an effective, culturally responsive, community-based, integrated, and accessible system of care for transition-age youth and young adults, ages 14 to 25.
- Trauma-Informed System of Care
  - Focused on improving and integrating services and supports for children and youth with serious behavioral health challenges and their families.
- Youth Sexual Health Team
  - Collaborative team focused on parent/family engagement, education, and connectedness regarding youth sexual health.

**iii. Permanency Outcome Area Partnerships**

- LGBT Resource Family Outreach Partnership
  - This year, Colorado partnered with the Community Center of Colorado (The Center), Raise a Child, the Human Rights Campaign, and Denver Department of Human Services to host an event designed to introduce members of the LGBT communities to opportunities for foster care and adoption.
- Permanency Task Group
  - A work group of county and state representatives focused on improving permanency outcomes for youth.

**iv. Housing Outcome Area Partnerships**

- Advisory Committee on Homeless Youth (ACHY)
  - Strategic planning and action body focusing on preventing and addressing youth homelessness in Colorado. Committee members advise the Office of Homeless

Youth Services and work collaboratively to carry out Colorado Homeless Youth Action Plan activities.

- Department of Local Affairs, Division of Housing, Family Unification Program (FUP) for former foster youth.

**v. Education Outcome Area Partnerships**

- College in Colorado
  - College in Colorado is a key partner to improving educational outcomes for youth, with their comprehensive package of web-based tools and supports that assist youth to prepare for and navigate college.
- Pathways to Success Educational Opportunities Work Group
  - This work group has identified incremental steps to improve access and outcomes for youth pursuing post-secondary education in Colorado. The group includes a broad membership of schools, state entities, and community partners who have an interest in post-secondary success for youth who have had involvement in the foster care system.
- College Connect
  - College Connect is a DCW annual initiative. In 2013, this multi-day college experience brought together 50 youth from 12 counties on the Pingree Park Campus of CSU. Youth experienced living in a dorm environment, eating in a cafeteria, attending college level courses and Question and Answer (Q&A) sessions with students currently in college, college prep activities, and programs designed to build connections and relationships with peers.
  - This event is being re-designed in 2014 to serve a greater number of youth while aligning more closely with key outcome areas and needs. The new format will focus on connecting youth to key knowledge, resources, and supports in each of the five outcome areas. The educational component will expand to incorporate trade, career, and technical options. The event is re-evaluated annually for changes/modifications.

**vi. Employment Outcome Area Partnerships**

- Workforce Investment Act (WIA)/Workforce Centers/Department of Labor and Employment
  - The CFCIP is working with the Department of Labor and Employment to increase usage of WIA resources to support transition-age youth. This includes increased attention on youth with foster care involvement who access WIA services.
- State Youth Council
  - Focuses on Colorado's youth initiatives and how they can best access training, education, and workforce assistance through the workforce development system. This group works to connect local youth councils to the resources necessary to help youth find meaningful employment and gain the experience necessary to compete in Colorado's global economy.



## ***h. Program Support***

### **i. Training**

Over the next five years, training will be provided for counties, Chafee caseworkers, CASAs, and the Colorado State Foster Parent Association that covers:

- County Best Practices with Older Youth,
- Collaborative Child Welfare Response to Child Human Trafficking,
- Permanency and Chafee/ETV Wraparound Supports, and
- NYTD; Youth Voice/Youth Advisory Boards, Permanency, and Normalcy.

Annual training, *Helping Youth in Foster Care Build Self-Sufficiency Skills*, a two-day training, focuses on seven key content areas:

- Building Relationships
- Adolescent Development
- Behaviors and Interventions
- Assessing/Planning/Teaming
- Goals of Transition to Adult Living
- Trauma-Informed Approaches to Adolescent
- Harm Reduction

*Pathways to Navigator Training: Guiding Transition-Age Youth and Young Adults* will follow the development of the new *Pathways Guide to Transition-Age Youth and Young Adults*. The training is in development, and provides a framework for working with young people and a guide for navigating systems and resources to support young adults in foster care and foster care alumni. The development of the guide and pilot sites will roll out in 2015. The training will then transition to the Child Welfare Training Academy in 2016.

In addition to training, several regular meetings provide a forum for information sharing, technical assistance, and support:

- Chafee Quarterly Services Meetings (county Chafee caseworkers and supervisors),
- Adolescent Services Quarterly Meetings (any county caseworker or stakeholder who works with youth and young adults), and
- Best Practices with Older Youth (any county caseworker or stakeholder who works with youth and young adults).

### **ii. Technical Assistance**

CFCIP accesses technical assistance through the *Pathways to Success*, Model Youth Plan grant. Future technical assistance may be requested from the ACF Children's Bureau Training and Technical Assistance providers for the purpose of youth development and other program-related needs.

### iii. **Evaluation, Information Management, and Quality Assurance**

- Stakeholder evaluations and debrief were solicited following:
  - Chafee Quarterly Services Meetings
  - Adolescent Services Quarterly Meetings
  - Celebration of Educational Excellence
  - College Connect
- Trails reports are used to monitor caseloads and service delivery on the county level:
  - R 547 – Chafee Caseload Summary (baseline of youth served in a year)
  - R 626 – NYTD Services by County (baseline of services provided)
  - R 230 – CFCIP Annual Report (baseline of youth served by location and service level)
  - R 628 – NYTD Served Demographics (baseline of youth served by ethnicity, gender, and age)
  - R 570 – Adolescent Care Exceptions Report by County (baseline of youth served, case complexity snapshot, Chafee eligibility and prompts for Independent Living Plans, and Emancipation Transition Plans due or completed)
- ARD monitors counties for compliance with Case Planning Services related to Independent Living and the Chafee Foster Care Independence Program:
  - Permanency Outcome 1, Item 10, 1731
  - Permanency Outcome 1, Item 10, 1733
  - Permanency Outcome 1, Item 10, 1735
  - Permanency Outcome 1, Item 10, 1736
- National Youth in Transition Database
  - Cohort I, Follow-Up (2013A) – 52.86%
  - Cohort I, Follow-Up (2013B) – 61.86%

Colorado's Trails enhancements include an expansion to NYTD, plus survey support and alignments to the *Pathways to Success*, Model Youth Plan grant outcome areas, as well as incorporating waitlist tracking and support for ETV administration.

Colorado's ROM implementation will improve the availability of youth data for the state, counties, and stakeholders.

#### *i. Youth Involvement in Agency Improvement Planning Efforts*

##### **i. Youth Advisory Boards**

- Increased county-based Youth Advisory Board to 20 members:
  - Added Adams, Alamosa, Arapahoe, Eagle, Fremont, Larimer, Lake, and Morgan Counties.
- Developed Youth Advisory Boards sustainability plan.
- Engaged Youth Advisory Boards in focus groups around permanency.

**ii. Youth Leadership Activities**

- Participate in the Children’s Justice Task Force.
- Participate in the Psychotropic Medications Committee.
- Include youth on the Child Welfare Executive Leadership Council.

Planning efforts for maintaining and enhancing youth voice in Colorado are focused on increasing youth involvement through:

- Engaging interns with system involvement experience;
- Recruiting youth to all Chafee program planning committees;
- Embedding youth involvement and youth voice in the *Pathways to Success*, Model Youth Plan grant activities; and
- Increasing universal statewide sustainability supports and cultivation efforts for Youth Advisory Boards.

**j. Coordination with Tribes**

Colorado’s CFCIP provides services to youth from the Southern Ute and Ute Mountain Ute Tribes through a Memorandum of Understanding between the La Plata County CFCIP and the tribes.

**k. Colorado Education and Training Voucher Program**

Colorado’s Education and Training Voucher (ETV) Program supports self-sufficiency by providing financial support, coaching, and guidance to youth pursuing post-secondary educational goals through accredited colleges, universities, or career and technical schools. Foster Care to Success has administered the program since academic year 2003–2004. The program maintains individual contact with youth to monitor progress and provide individualized coaching and guidance to help youth navigate their academic and social environments. Through Foster Care to Success, youth receive care packages and access to additional scholarships and internship opportunities.

Colorado continues to increase efforts to connect youth receiving ETV support with local Chafee programs and school- or community-based resources. County Chafee programs receive notification in October and February of all youth receiving ETV support to attend schools in their county in order to improve outreach and support.

ETV eligibility mirrors that of CFCIP, which includes youth:

- Currently in out-of-home care, 15 up to 18 years of age, and in out-of-home placement for a minimum (non-consecutive) of six months;
- Age 16 to 21, who entered adoption assistance or relative guardianship assistance on or after their 16<sup>th</sup> birthday;
- Age 18 to 21, who were in out-of-home care on their 18<sup>th</sup> birthday; and/or

- Youth in DYC community placement settings who otherwise meet one of the above eligibility criteria.

Program guidance received from the ACF Region VIII supports the extension of ETV support to youth as young as 15 years of age, who are currently in out-of-home care, when special circumstances warrant early GED attainment and alternative educational goals that meet the needs and learning style of the youth.

### ***1. Program Planning***

The CFCIP will continue efforts to increase awareness of ETV through outreach, collaboration, and training of community partners and those who provide education and support services to ETV-eligible youth. The program will strengthen partnerships with post-secondary programs in order to improve the identification of students who have had foster care involvement and their connection to supportive services and funding options. Colorado will also increase efforts to connect youth who respond to the NYTD Database with Education and Training Vouchers and other available funding and support.

DCW's engagement in this effort aligns Chafee, *Youth in Conflict* services, and Tony Grampas Youth Services (TGYS). The goals are to aid youth in achieving permanency, to have access to family and community connections, and to prevent youth homelessness.

## **2. Collaboration with Youth and Other Stakeholders**

### ***a. Overview***

Collaborations with youth and other stakeholders, including other private and public agencies determining eligibility for benefits and services, include:

- TGYS grantees for service provision,
- CSU for evaluation,
- A variety of higher education settings for the ETV, and
- Counties and tribes on planning for the delivery of youth services.

### ***b. Pathways to Success, Model Youth Plan***

CDHS received a cross-systems two-year planning grant from the ACF Children's Bureau to develop a model youth system for youth who are in foster care or who have emancipated and are at risk of homelessness and potential human trafficking victimization to meet basic survival needs. The planning grant, known as *Pathways to Success, Model Youth Plan*, will inform the 2015–19 CFSP and APSRs through research, evidence-based assessment tools and intervention policies, and programming and practice strategies that improve protective factors and reduce risk factors for:

- Youth who entered foster care from 14 to 17 years of age,
- Youth who are in foster care from 14 to 21 years of age, and

- Youth who have emancipated from foster care and are 18 to 21 years of age.

The Pathways to Success initiative outcomes include:

- Pathways to permanency to connect youth to safe relationships—friend, family, and community.
- Pathways to well-being to access comprehensive health, social, emotional, physical, dental, mental, behavioral, and sexual health services.
- Pathways to housing to live in safe, affordable, and stable housing that is a trafficking-free place to live.
- Pathways to education to obtain a diploma with work skills, GED or high school diploma, career and technical education diploma, or a college degree.
- Pathways to employment to obtain a career-oriented job, paid or unpaid.

### ***J. Cooperation in National Evaluations***

Colorado will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

### ***K. Consultation with Tribes***

In 2012, a letter was sent to tribal directors inviting a plan for annual Chafee funding and for inter-agency agreements. The Southern Ute Tribe and the Ute Mountain Ute Tribe have entered into an agreement with La Plata County for provision of Chafee services (Appendix F). La Plata County includes both tribes in its Chafee Services Plan.

As described above, CFCIP training is provided for staff from both child welfare and partner agencies on a variety of youth service initiatives and programs, as well as for youth who serve on Youth Advisory Boards. Section X includes more information on child welfare staff and interdisciplinary training on youth-related topics.

## V. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

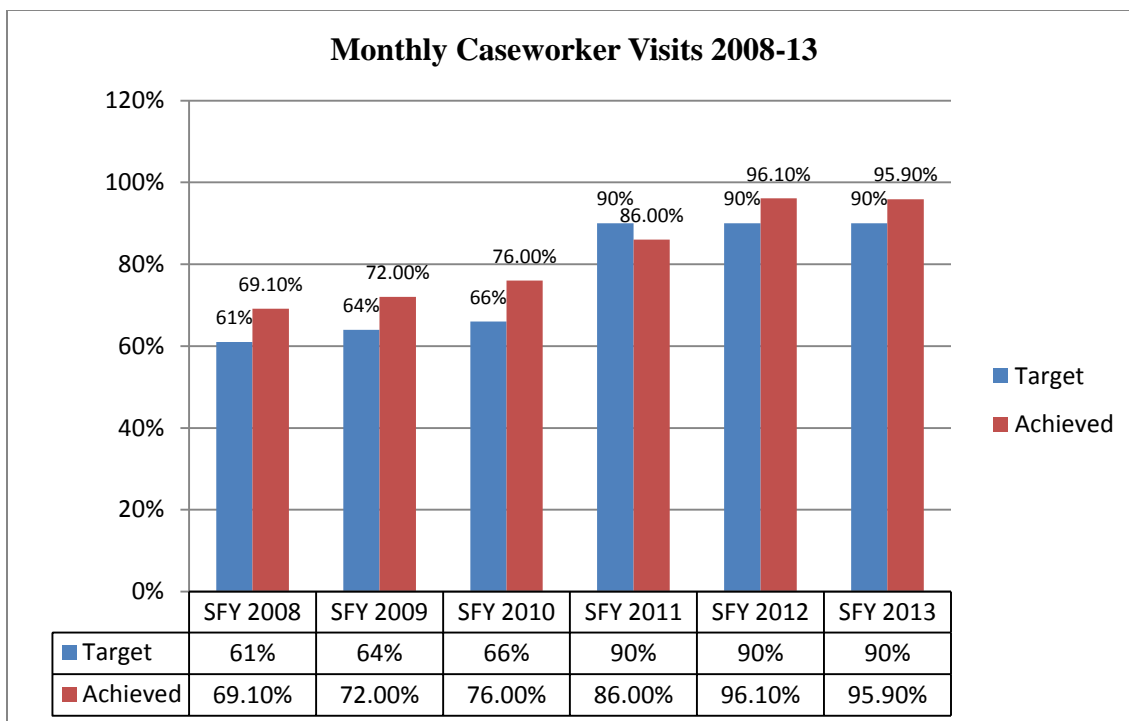
### A. Overview

Caseworkers are required to have face-to-face visits with children in out-of-home care every month, with the visits occurring in the child’s residence every other month. Monthly Caseworker Visit (MCV) data are monitored by counties with the County Scorecard, Trails reporting, and ROM. The DCW Child Protection unit maintains oversight of county performance and provides technical assistance as needed. The ARD reviews the frequency and quality of caseworker visits with both children and youth in OOH care and those remaining in their homes.

### B. Progress

Colorado achieved the 90% federal target goal for MCV for both 2012 and 2013, making significant progress over the last five years. The SFY 2013 MCV report indicates 95.9% of caseworker–child visits were completed within this timeframe. This represented a total of 7,814 children, with 51,192 required visits and 49,095 visits completed. Visits in the child’s residence totaled 42,768 (87.1% of completed visits). The MCV percentage fluctuates slightly due to the timing of the year-to-date report.

Figure 5: Monthly Caseworker Visits 2008-13



### ***C. Plans for 2014–2019***

Having surpassed the 90% goal, Colorado is now focused on maintaining a high level of compliance and, in addition, working to improve the consistency in content of the monthly visits with children in OOH care.

Over the next five years, Colorado plans to use the Monthly Caseworker Visit grant to continue to enhance the quality of caseworker–family connections. This will include training for workers in family engagement activities, such as family meetings, support planning, and partnering for safety. Along with these trainings, Colorado will support technology to assist caseworkers. The Governor’s *Keeping Kids Safe and Families Healthy 2.0* plan includes investing in mobile technology for caseworkers. This investment will allow caseworkers to enter documentation in Trails while in the field, allowing workers to have more time to serve families and children.

The Monthly Caseworker Visit grant will also be used for improving case consultation, group supervision models and framework mapping to enhance the work that caseworkers do with families. This will include providing funding for the materials needed for mapping, increased technology to translate mapping into case files, and Trails. Child welfare experts will be engaged as consultants on case planning and to assist workers with secondary trauma.

## **VI. Adoption Incentive Payments**

Colorado continues to exceed the National Standards Data for Adoption. Colorado's adoption numbers continue to be affected by decreased OOH placements and increased kinship/relative placements, which affect the numbers of actions to terminate parental rights.

Notification was received in September 2013 that the state was awarded Adoption Incentives in the amount of \$47,398 for FFY 2013. CDHS ensures that all funds will be spent by September 30, 2015.

Incentive funding will be used for county adoption training on permanency services for youth ages 18 and older and case review/technical assistance.

### ***A. Training***

Colorado will be offering regional Adoption Program Summits on the following topics:

- Promising Practices in Adoptive Placements and Support
- General and Child-Specific Recruitment
- Negotiating Adoption Assistance Agreements
- Completing Adoption Assistance Paperwork and Trails Data Entry
- Non-Recurring Adoption Expenses
- Adoption Case Services
- Post-Finalization Support to Adoptive Families and Adopted Children/Youth
- Eligibility Determination for Adoption Assistance
- Case-Specific Discussions and Case-Planning

### ***B. Technical Assistance***

A contractor is reviewing permanency plans, processes, and resources for youth who are about to emancipate from the foster care system. The review will address the history of each case and the resources provided to the youth and the family. Additionally, assistance will be offered to individual caseworkers to develop plans for the youth to assure that they have permanent connections or permanency through adoption, guardianship, relatives and kin.



## **VII. Child Welfare Waiver Demonstration Grant Activities**

Colorado's approved Child Welfare Waiver Demonstration Project is described under Section IV.A.3.a.

Colorado is maximizing the use of flexible Title IV-E dollars in the demonstration by isolating and identifying the Title IV-B eligible expenditures to be used in the Title IV-E Waiver Demonstration. The Title IV-E Waiver Demonstration Project Allocation Committee, comprised of state and county members, determines how savings are utilized and reviews the allocation formula annually.

## VIII. Targeted Plans Within the CFSP

### A. *Foster and Adoptive Parent Diligent Recruitment Plan*

Colorado's Foster and Adoptive Parent Diligent Recruitment Plan (Appendix G) is a full overview of the events, activities, and marketing strategies that have been approved for foster care and adoption recruitment and retention for SFY 2014–19. This plan has been developed using the social science research model, Community-Based Social Marketing (CBSM) Theory, about how to encourage behavioral change.

A key goal of the plan includes extensive research and focus groups to determine how to expand outreach to specific populations that would include potential adoptive/foster families. Some of those groups include the LGBT community, the Native American community, single women, empty nesters, various minority groups, and families who have previously adopted (private or internationally). Market research will be conducted during SFY 2014–15 that will inform Colorado's recruitment and retention efforts for the following years. Additional market research will be conducted in SFY 2019 to yet again shape ongoing future recruitment and retention efforts. Using the information from the focus groups, targeted marketing, (in conjunction with current market segmentation data) will be used in designing outreach efforts to the specific groups. Marketing efforts may include hosting information nights for the LGBT community, attending events at the Denver Indian Resource Cultural Center to highlight the need for Native American families, or hosting a book club night with an author of a popular adoption/foster care themed book.

Colorado has an ongoing need for adoptive and foster homes that will accept older teens, adolescents, and sibling groups of various cultural, racial, and ethnic backgrounds.

Another goal to expand outreach involves developing relationships with business partners across the state. One aspect will be to create an incentive/discount program that aids foster families, while simultaneously reaching out to the businesses' employees by hosting foster/adoption information sessions on site. Some businesses might be able to help sponsor current programs (such as the Colorado Heart Gallery) or provide aid to teens aging out of the system.

Other goals include:

- Update the [www.changealifeorver.org](http://www.changealifeorver.org) and Colorado Heart Gallery web pages.
- Expand social media marketing efforts, especially in regard to child-specific recruitment.
- Provide new statewide recruitment and retention materials, including materials targeted to specific markets and translated as necessary.
- Collect family (foster and adoptive) stories to incorporate into various recruitment and retention efforts.
- Survey recently certified foster families, county workers, adult adoptees, and foster youth alumni and use that information to inform our recruitment and retention efforts.

- Conduct focus group research with specific targeted audiences and use the data collected to inform future recruitment and retention efforts.
- Develop comprehensive, statewide identifiable images/tag lines based on the focus group data.
- Develop community/business partnerships to support foster families and expand recruitment efforts.
- Transition the Colorado Heart Gallery into digital formats.
- Offer support to counties to expand their social media presence, especially regarding child-specific recruitment and any cultural or social–economic needs they may have.
- Capitalize on trends in popular culture, such as movies and books for broad recruitment efforts.

For each event, activity, or marketing plan, tracking and evaluation of outcomes are included in the planning process. Some of the outcomes used will be surveys, number of ad placements and exposures (such as Facebook posts), and numbers of businesses engaged and employees reached. Website analytics will be used consistently, as will project summaries, which will be provided at the conclusion of each project. Please see the *Potential Outcomes & Measurements* column in Appendix G for more details for each item.

## ***B. Health Care Oversight and Coordination Plan***

Colorado has developed a plan for the ongoing oversight and coordination of health care services for children in foster care that is responsive to Section 422 (b) (15) (A) requirements. CDHS collaborates with the Title 19 Medicaid Agency, Colorado Department of Health Care Policy and Financing (HCPF) Children’s Health Services Advisory Board. Board members consist of parents, a dentist, an orthodontist, therapists, pediatricians, family medicine practitioners, and staff from Federally Qualified Health Centers, Colorado Community Health Network, and Managed Care and Behavioral Health Organizations (BHOs). The Board’s primary function is to provide review and feedback on children’s Medicaid policy changes/development. The Board has assisted DCW in meeting the requirements of P.L. 110-351, The Fostering Connections to Success and Adoptions Act; Section 205, P.L. 111-148, The Patient Protection and Affordable Care Act; and P.L. 112-34, The Child and Family Services Improvement and Innovation Act. HCPF was instrumental in developing the Health Care Oversight and Coordination Plan for Children in Foster Care, which may be accessed at <http://www.colorado.gov/cs/Satellite/CDHS-childYouthFam/CBON/1251591217601>, and The Psychotropic Medication Guidelines for Children and Adolescents in Colorado’s Child Welfare System, (<http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251644597356>).

Colorado’s new Health Care Oversight and Coordination Plan for Children in Foster Care is located in Appendix H. The requirements for the new plan are:

- A schedule for initial and follow-up health screenings;
- Monitoring and treatment of health needs identified in screening;

- Sharing and updating of medical information;
- Ensuring continuity of health care services (“medical home”);
- Oversight of prescription medications;
- Consulting with physicians and others regarding children’s health; and
- Addressing health needs of youth aging out of foster care.

The DCW-HCPF collaboration is critical to the well-being of children in foster care and children remaining home with their families. Counties and OOH care providers contact the state with issues concerning Medicaid eligibility, providers, and payments. The DCW Medicaid Specialist and Residential Care Program Administrator, whose position is supported with Medicaid funding, is a vital connection between the agencies. The purpose of this position is to ensure children and youth in the child welfare system are able to access Medicaid services for which they are eligible. CDHS has also implemented a staff co-location project, with the program administrator coordinating between HCPF and CDHS Offices of Children, Youth and Families and Behavioral Health. The goal is to improve children, youth, and families’ access to behavioral health services.

### ***C. Disaster Plan***

#### **1. State Plan**

Colorado has a Pandemic/Disaster Plan in place for the state and county departments that facilitates specific activities in response to a disaster. Called the *Emergency Plan*, it was developed in 2002 and remains in effect, although names of divisions/offices are updated. It describes CDHS uniform procedures for responding to emergency situations, identifying the roles and responsibilities for key areas within the department, and providing continuity of services. Key components of the plan that address child welfare are:

- Assist affected counties as needed by:
  - Identifying, locating, and continuing services for children under county care or supervision who are displaced or adversely affected by a disaster, e.g., finding temporary placements for children in out-of-home care who need them.
  - Responding to new child welfare cases in areas adversely affected by a disaster and providing services in those cases.
- Assist disaster response operations as needed by providing trained service personnel for such activities as food distribution, emergency housing, coordination with volunteer agencies, outreach procedures to determine unmet needs, development of capabilities of volunteer individuals, and agencies that can respond to unmet needs.
- Remaining in communication with essential county child welfare personnel who are displaced because of a disaster.
- Preserving essential program records outside of Trails.
- Coordinating services and sharing information with other Colorado agencies and with other states.

- Communicating with and informing the public through the media.

CDHS also conducts department-wide incident command teams that review all the needs of each office within the department. CDHS has recently hired a Safety Manager.

Over the next five years, DCW will collaborate with the CDHS Office of Administrative Solutions to ensure that DCW's plans meet departmental requirements. The Disaster Plan is located in Appendix I.

## **2. County Plans**

Each county has developed an individualized, detailed disaster response plan. Depending upon the nature and extent of a disaster, CDHS works in partnership with affected counties to provide support, oversight, and assistance. County Disaster Plans are maintained by CDHS on the internal drive along with the *Emergency Plan* and are available upon request.

### ***D. Training Plan***

#### **1. Overview and Structure of the Child Welfare Training Academy**

As part of CDHS' *Keeping Kids Safe and Families Healthy 2.0* initiative, the training system was restructured. In 2013, the Child Welfare Training Academy was redesigned and is now operated by a consortium of four providers under a contract with CDHS and under the direction of DCW. The consortium members are the Kempe Children's Center (Denver, Colorado), which serves as the Central Management Organization (CMO), and three partners, all of which are established experts in the field of child welfare: the University of Denver, Graduate School of Social Work, Butler Institute for Families; the Colorado State Foster Parent Association; and Ridgewood and Associates.

Each of the training partners contributes expertise and support in fulfilling the training needs of Colorado's child welfare staff. As content experts, the University of Denver's Butler Institute for Families designed and implemented the curriculum for the Colorado New Worker Pre-Service Academy in 2010. They continue to develop other in-service training offerings throughout the state, and train child welfare staff with relevant and timely training content. The Colorado State Foster Parent Association partners with the Kempe Center to design foster parent training. Ridgewood and Associates, which has worked with Colorado child welfare training programs for over 20 years, is now re-designing the public face of the training offerings.

##### ***a. Training Steering Committee***

The Training Steering Committee (TSC) evolved during the restructure. TSC is comprised of a wide variety of community partners, including elected county officials, county departments of human/social services staff, representatives from the courts, DCW staff, and various community members with a role in child welfare. TSC is charged with the advisement, oversight, and approval of changes to Colorado's Child Welfare Training System (CWTS). The TSC role

encompasses monitoring of current trainers and training; reviewing the regional training needs assessment results to determine the topics to add to existing training offerings; advising and approving major contract changes within the existing training contract; informing counties and regional training centers of changes; and advising and approving any structural changes to the Child Welfare Training Academy.

***b. Specialized CWTS Components***

The CWTS has implemented a dynamic, regionally based system that maintains fidelity to standardized curricula and responds to the training needs of the counties. The CWTS builds on previous Child Welfare Training Academy accomplishments and is modernizing the system by updating curriculum and using technology to deliver new research and practice information. Significant aspects of the CWTS are described below.

**i. Regional Structure**

- Colorado’s regional training model is comprised of four Regional Training Centers throughout the state: Garfield County (West), Fremont County (Southeast), Larimer County (Northeast), and Metro Denver. Each is staffed by a Regional Training Manager and a Regional Training Coordinator and supported by a Regional Training Advisory Committee (RTAC). Regional Training Managers direct operations of the Regional Training Centers, and the Regional Training Coordinators lead RTAC meetings, assess training needs within their region, and provide technical assistance during trainings.
- All pre-service trainings are conducted at the Regional Training Centers, including training for new caseworkers, new supervisors, and foster parents. Many of the in-service trainings are available at these centers as well.
- RTAC meetings are conducted regularly in each region. The committees are comprised of county staff within the region, as well as community partners, CDHS staff, and other invested stakeholders. The committee members communicate to the Regional Training Coordinators about the region’s training needs.
- The CMO facilitates the Regional Training Needs Assessment, which formally surveys all current child welfare staff (includes caseworkers, supervisors, administrators, and foster parents) to assess their satisfaction with existing training offerings and to identify gaps in training needs. The assessment provides useful feedback to the RTACs, the CMO, and the TSC, informing content and process changes for training offerings.
- Each RTAC also recruits community members, content experts, and county staff to review existing training curricula. This review process is known as the Training Content Assessment Review. Beginning with New Worker Pre-Service Training, New Supervisor Pre-Service Training, and Foster Parent Core Training, these work groups use a standardized review tool to review and update current curriculum according to the Colorado Practice Model practice standards.

## **ii. Website and Web-Based Functions**

- The Ridgewood and Associates training website houses all information relating to community trainings (including the newly developed mandatory reporter training), caseworker trainings, supervisor trainings, foster parent trainings, hotline screening trainings, web-based trainings, and other training options. Through links and tool kit functions, the website, [www.coloradocwts.com/](http://www.coloradocwts.com/) provides access to information related to Colorado's child welfare practice as well as training.
- CWTS hosts Colorado's first web-based mandatory reporter training available to communities statewide.
- The screening training and certification process was implemented May 2014. The first portion of this training is computer-based, and the second is classroom.

## **iii. Documentation of Caseworker Coverage**

The first caseworker coverage/fill-in list became available to counties on March 1, 2014. Maintenance of this coverage list is housed within the DCW Training Unit to monitor current certification to practice casework and ensure adherence to ongoing training expectations. This list is provided to counties on an as-needed basis.

## **iv. Tracking of Individual Training Records**

In SFY 2015–2016, the Child Welfare Training Academy will implement a “track” system for pre-service training. The system will track each trainee's completion of training requirements by topic area. The tracking system is being coordinated with curriculum design to facilitate this process.

## **v. Training Plan and Training Courses**

The Training Plan is described in Appendix J, and contains a list of all training courses.

## **2. Short-Term Training Design Efforts**

In the next year, the CWTA will conduct the following:

- Revise the curriculum for the social services caseworker pre-service training;
- Review various curricula to insure format uniformity;
- Ensure all trainers attend the Trainer Skills Institute;
- Ensure that those trainers who do not have current field experience shadow in county departments to stay connected; and
- Develop several new courses, to be determined.

## **3. Current Training Offerings**

### ***a. New Social Services Caseworkers and Supervisors***

The State mandates newly hired social services caseworkers and newly hired or promoted social services supervisors to successfully complete the Child Welfare Training Academy, which

consists of three web-based modules and four classroom modules, coupled with on-the-job (OJT) activities conducted by the caseworker's supervisor at the county department. The training modules cover these topics:

- Assessment
- Interviewing
- Family engagement
- Legal issues (includes ICWA)
- Foster care and adoption
- Effects of child abuse/neglect on development
- Principles of strength-based, family centered, culturally relevant case planning and case management
- Sexual abuse issues
- Behavioral health issues
- Domestic violence issues
- Cultural disparity

The training period for this varies depending on the time frame for completing the OJT component, but usually is within two months. Once all training components are completed, the trainee is certified and may begin taking cases.

***b. New Foster Parents***

Foster parents are also required to complete core training through the Child Welfare Training Academy before they can be certified as foster parents. The training is available through the Regional Training Centers, and the content includes:

- General overview of foster care
- Administrative and legal issues
- Why children get placed in out-of-home care
- Parenting and family dynamics
- Key concepts of child growth and development
- Importance of the team approach
- Individual differences, such as ethnicity and culture
- Discipline
- Effects of fostering on the foster family
- Working with the biological family

***c. Experienced Staff***

Experienced child welfare caseworkers and supervisors are required to complete at least 40 hours of ongoing in-service training per year. At minimum, 16 of the in-service training hours are to be focused on the area of the caseworker's primary job responsibilities. In-service training is short-term



and part-time, and the number of hours per class varies. Content areas covered include, but are not limited to:

- Assessment
- Interviewing
- Family engagement
- Legal issues
- Foster care and adoption
- Effects of child abuse/neglect on development
- Principles of strength-based, family centered, culturally relevant case planning and management
- Sexual abuse issues
- Behavioral health issues
- Domestic/intimate partner violence
- Cultural disparity

CAPTA funds a variety of training, including forensic training through the Child Advocacy Centers, Differential Response, the “Bridges Out of Poverty” training in one county, and “Safe and Together” training (on domestic violence).

***d. Foster Parents Ongoing Training***

Foster parents are required to complete 20 hours of annual in-service training to maintain their certification. The training must pertain to the types of issues or concerns affecting the children in their homes and the families with whom they work. In-service training is short-term and part-time, and the number of hours per class varies. Ongoing foster parent training is offered at the four RTC sites. Topics include:

- General overview of foster care
- Administrative and legal issues
- Why children get placed in out-of-home care
- Parenting and family dynamics
- Key concepts of child growth and development
- Importance of the team approach
- Individual differences, such as ethnicity and culture
- Discipline
- Effects of fostering on the foster family
- Working with the biological family

Foster parents may also take other training, such as trainings/seminars in their local communities. Ongoing training hours for foster parents are tracked by the county foster care or CPA certification caseworkers.

*e. Outcome Domain Trainings*

A wide range of trainings are planned for the next several years in all four regions that are categorized here in relation to the three child welfare outcomes of safety, permanency, and well-being.

**i. Safety-Related Training**

**Cross-System Training**

1. Child and family assessment will be provided as a joint training with youth services, mental health, and substance abuse. This is pertinent to new Safety and Risk assessment.
2. Ongoing joint training will be provided to child welfare caseworkers and domestic violence staff to enhance collaboration between the two disciplines.
3. Statewide cross-systems training for child welfare, substance abuse, and judicial staff will be provided on the use of a common assessment instrument (protocol) in determining child safety when substance use/abuse is one of the presenting problems.

**Direct Practice Training**

1. Child protection caseworkers and supervisors will receive training and technical assistance on issues related to accurate safety assessments.
2. Training will occur for caseworkers on the guidelines for appropriate intervention in child neglect cases to improve maltreating parents' abilities to care for their children.
3. Training will be provided to child welfare caseworkers on ethics and liability as related to child protective services.
4. Child welfare caseworkers will learn how to recognize the medical diagnosis of physical abuse and how to determine when a medical consultation should be utilized.
5. Ongoing training will occur for new child welfare caseworkers on casework practices, interviewing techniques, and substance abuse recognition, using the established computer-based training module.
6. Ongoing training is planned for experienced child welfare sexual abuse caseworkers on advanced sexual abuse interviewing skills.
7. Training will be provided to county Foster Care Certification workers and supervisors on the protocols for assessing risk factors in using the Structured Analysis Family Evaluation instrument for foster and kin home studies.
8. Training will take place for experienced child welfare caseworkers on advanced interdisciplinary topics in child protection.
9. Training for county caseworkers will be provided on the assessment of child safety and risk factors for children in OOH placements.

**Training for Judicial Officers, Guardians ad Litem (GALs), Respondent Parent Counsel, County Attorneys, and CASAs**

1. Training will be provided for judges, magistrates, GALs, respondent parent counsel, county attorneys, foster parents, county department staff, and their community partners on:

- a. Developing and delivering services at the community level that are designed to maintain children safely in their homes.
- b. Roles and responsibilities in addressing child safety in the child welfare system.
- 2. Training will occur for CASAs regarding:
  - a. Safety and risk factors for child abuse and neglect.
  - b. The laws defining child abuse and neglect, and the application of those laws by child protection staff and the courts.
  - c. Substance abuse in families and the impact on child safety and well-being.
  - d. Domestic violence and effects on child safety and community resources.
  - e. The impact of mental illness on child safety.
- 3. Training is planned for GALs on:
  - a. The impact of domestic violence and substance abuse on the safety of children.
  - b. Conducting effective interviews with children, youth, and other professionals associated with a case to determine the safety concerns for children.
  - c. How to recognize appropriate prospective placements for children who are at risk of harm.

### **Training for Private OOH and Other Child Welfare Service Providers**

- 1. Training will take place for child welfare services providers on:
  - a. Assessing safety and risk factors and strategies for addressing these factors to prevent the recurrence of abuse or neglect.
  - b. Management of youth who exhibit high-risk behaviors.
  - c. Effective strategies for reducing risk and danger in residential treatment settings.
  - d. Informed supervision of youth with a history of sexual offenses.

### **ii. Permanency-Related Training**

#### **Cross-System Training**

- 1. An annual conference for training for county child welfare staff, DYC, and OOH providers in multiple aspects of providing administrative and maintenance services to Title IV-E eligible children and their families.
- 2. Ongoing training for county and DYC staff on participating in administrative OOH placement reviews on relevant knowledge and skills for case management in the Title IV-E programs.
- 3. Ongoing, regional training for those county and DYC staff , serving as Title IV-E liaisons to DCW, on relevant knowledge and skills for administering Title IV-E eligibility determination.
- 4. Ongoing training for child welfare caseworkers, private service providers, and community members on “core” quality standards for service providers.
- 5. Training for child welfare caseworkers and family support providers on the development of services and services linkages for the inclusion of and outreach to fathers.

### **Direct Practice Training**

1. Ongoing training for child welfare caseworkers, foster and adoptive parents, and child placement agency staff on adoption practices. Training will focus on placement practices, the foster care continuum, assuring continuity in the lives of children, working with birth families and cultural diversity, and matching of children with parents.
2. Regional training for county liaisons on the Interstate Compact Placement of Children (ICPC) and the Interstate Compact on Adoption Medical Assistance.
3. Training on Adoption Assistance program rules, regulations, procedures, policies, and strategies for negotiating subsidies.
4. Training on the use of Title IV-E Adoption Assistance for non-profit, child placement agencies.
5. Ongoing training for state and county adoption staff in relevant knowledge and skills for successful implementation of the Multi-Ethnic Placement Act.
6. Ongoing training provided to state and county staff on administering core services to Title IV-E eligible children and their families, independent living program youth, and youth in conflict.
7. Ongoing training for child welfare caseworkers and family support providers regarding kinship care. Training will focus on family assessments and the provision of support services.
8. Training for child welfare caseworkers on reunification practice and placement prevention, focusing on the concepts of reasonable efforts, separation, attachment, and permanency planning.
9. Training for child welfare caseworkers on the use of outcome measures in developing Family Services Plans.
10. Training for para-professionals working with families of children who meet the OOH placement criteria. The training will address parenting skills, interpersonal skills, communication skills, basic health care, job development skills, and introductory concepts of infant and child development.
11. Training for child welfare caseworkers on the appropriate use of permanency goals.
12. Training for child welfare caseworkers on the assessment of children and youth for adoption. This training will also include strategies for preparing children and youth for adoption.

### **Training for Judicial Officers, Guardians ad Litem (GALs), Respondent Parent Counsel, County Attorneys, and CASAs**

1. Training will be provided for judges, magistrates, GALs, respondent parent counsel, county attorneys, foster parents, county staff, and their community partners on:
  - a. Legal and administrative issues involved in administering the Title IV-E program.
  - b. The dependency and neglect proceedings, legally imposed timelines, courtroom culture, and proper professional etiquette to enhance timely permanency achievement.

- c. Confidentiality with a focus on the accessibility of information, record keeping requirements, and the type of information that is available.
- d. The effects of community culture on service provision and permanency planning.
- 2. Training for CASAs on:
  - a. The importance of family and strategies for working as a team to achieve permanence for children.
  - b. Legislation and how CASAs can assist in the timely achievement of permanence.
  - c. The use of diligent search to identify appropriate family connections.
  - d. Service availability and the use of available information to effectively advocate for children to achieve permanence.
  - e. The impact of multiple moves on permanency achievement for children in OOH placements.
- 3. Training for GALs on:
  - a. The best practice standards with regard to sibling relationships and diligent search for family members.
  - b. The issues facing youth who are aging out of foster care and their role in effectively advocating for appropriate services.

### **Training for Private OOH and Other Child Welfare Service Providers**

- 1. Training for child welfare services providers on:
  - a. Involving families in the treatment process for children placed in OOH care.
  - b. Recognizing the signs of grief and loss in children in OOH care and recommendations for providing intervention.
  - c. The use of concurrent planning to expedite achieving permanency.
  - d. The use of social networking and preserving connections for youth transitioning from residential treatment back into their communities.
  - e. The necessary components of a successful independent living transition program.
  - f. Partnering to preserve placements and prevent placement disruptions.
  - g. The effective use of therapeutic visitation that leads to higher rates of expedited reunification.

### **iii. Child and Family Well-Being Related Training**

#### **Cross-System Training**

- 1. DCW, DYC, and residential provider staff will be trained on the use of the Colorado Client Assessment Record instrument.
- 2. Training for child welfare staff, collateral agencies, and parents on active parent involvement and participation on advisory boards and treatment planning.
- 3. Regional training sessions for state, county, and tribal administrators on ICWA, focused on the implications for policy, program management, and case practice changes needed to ensure compliance with ICWA.

4. Training in cultural sensitivity for child welfare caseworkers and OOH placement providers. Session emphasis is on the development of inter-cultural communication skills, techniques for cultural sensitive family assessment, interviewing, and case planning and cultural issues related to the placement of children.

### **Direct Practice Training**

1. Training will be provided to county caseworkers to enhance their ability to empower ethnic, minority parents and children, and to strengthen their family systems.
2. County caseworkers and contract services providers will be trained on new health-related rules and issues.
3. Training for child welfare caseworkers on conducting diligent searches for absent parents. The training will provide county staff with effective strategies to use in gathering information and conducting searches to find and engage absent parents.
4. Ongoing training provided to certified and licensed family foster care and group home providers in the requirements and basic knowledge and skills for providing maintenance services for Title IV-E eligible children and their families.
5. Training for child welfare caseworkers on the relationship between child abuse and developmental delays. Training focuses on the assessment of developmental levels and the impact of abuse at each level.
6. Training for child welfare supervisors, administrators, and directors on the CFSR. This training will address effective strategies to use in improving outcomes for children and families in the areas of safety, permanency, and well-being.

### **Training for Judicial Officers, Guardians ad Litem (GALs), Respondent Parent Counsel, County Attorneys, and CASAs**

1. Training for judges, magistrates, GALs, respondent parent counsel, county attorneys, foster parents, and county staff and their community partners on:
  - a. The effective use of a collaborative process in meeting the educational and health needs of children in foster care.
  - b. The effects of abuse and neglect on child development.
  - c. The effects of community culture on service provision and permanency planning.
  - d. Effective educational advocacy to ensure that the unique educational needs and rights of children involved in the child welfare system are being met.
2. Training for CASAs on:
  - a. Cultural competency and child advocacy.
  - b. Using family strengths to work toward relieving family stress to achieve timely reunification.
  - c. Child development, attachment, resilience, and separation.
  - d. Communicating with children based on their developmental stage and age.
  - e. How to gather information to promote family relationships and child well-being.

- f. Community resources available to parents, children, and caretakers that are designed to improve family functioning.
  - g. The use of psychiatric and psychological evaluations of children and parents.
  - h. The effects of abuse on child development.
3. Training for GALs on:
- a. The impact of race, ethnicity, culture, and other differences on the social and emotional well-being of children.
  - b. Child development and the impact of abuse and neglect on the developmental process.
  - c. The educational challenges faced by children and youth in foster care and how to effectively advocate for appropriate educational stability.

### **Training for Private OOH and Other Child Welfare Service Providers**

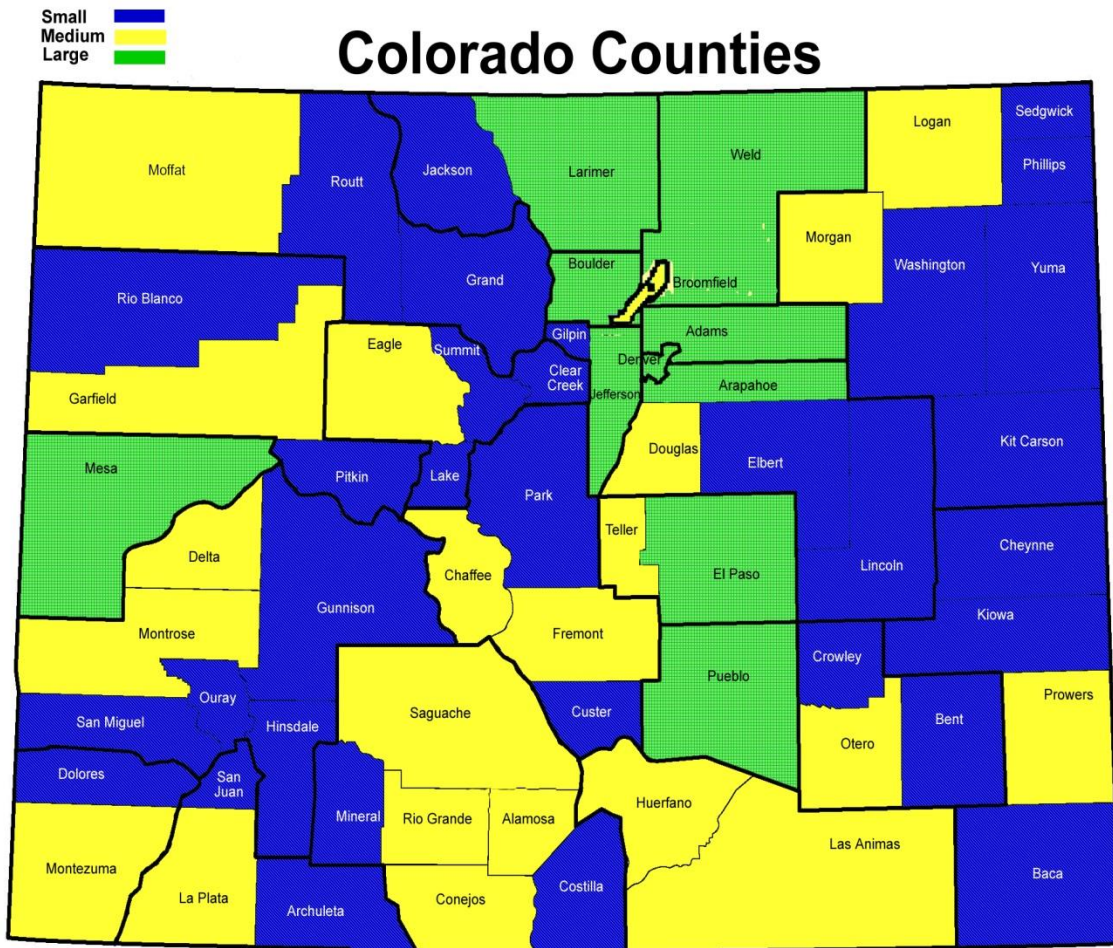
- 1. Training for child welfare services providers on:
  - a. The assessment of youth with behavioral, emotional, and psychological disorders.
  - b. Effectively administering medication and the recognition of warning signs in children and youth taking psychotropic medications.

#### **iv. Additional Training**

Joint training of foster parents and caseworkers will occur, which includes:

- 1. Developmental needs of children.
- 2. The dynamics of abused and neglected children.
- 3. Joint foster parent, supervisory, and caseworker training regarding the inclusion of foster parents as an active part of the child's planning team.
- 4. Foster parent, caseworker, and supervisor training regarding educational advocacy for children in foster care.
- 5. Foster/kin parents will have access to standardized pre-service foster care training (up to 27 hours).
- 6. Foster care program development training is planned to assist counties and CPAs to develop their foster care programs, focusing on recruitment and retention strategies and the supports needed for specialized types of foster care homes.
- 7. Regional trainings will be provided regarding foster care requirements, certification practice, recruitment, retention, and certification.

# Appendix A: Colorado Counties Map





## Appendix B: 2015–2019 CFSP Stakeholder Survey

Thank you for agreeing to complete this survey. The purpose of this survey is to obtain broad stakeholder input about Colorado’s child welfare services.

The Colorado Division of Child Welfare, within the Office of Children, Youth and Families, is developing the 2015–2019 Child and Family Services Plan (CFSP). The CFSP is a requirement of the Social Security Act, Titles IV-B and IV-E, and it sets the strategic direction, goals, and objectives for Colorado’s child welfare services for the next five years. The goals and objectives of the plan must address improved outcomes in the following areas:

- Safety of children and youth;
- Permanency for children and youth;
- Well-being of children, youth, and their families; and
- The nature, scope, and adequacy of existing child, youth, and family and related social services.

Colorado’s child welfare services are provided to children, youth, and families by county departments of human/social services. The Colorado Department of Human Services’ role is to provide funding, oversight, and policy guidance to counties. Survey responses should apply to the county/ies with which you are most familiar. If you would like to complete surveys for multiple counties, please return to the survey link and record your responses on a new survey instrument.

We would appreciate it if you would provide your name and affiliation so that we may include your name as a participant in the stakeholder process. However, identifying information is not required and can be given anonymously. Survey results will be reported in the aggregate and comments summarized.

Colorado’s 2010–2014 Child and Family Services Plan may be accessed at <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601>.

**1. Please select the type of agency or organization that you represent. If more than one applies, please include the information in the box below:**

- Teacher/Educator
- Tribal Nation
- Law Enforcement
- Legal Community (Judge, CASA, attorney)
- Family Member (former foster youth, parent, residential caregiver)
- Treatment Provider (counselor, psychologist, social worker)
- Medical Community (doctor, nurse)
- Advocate
- Faith Community Member

- Juvenile Services
- County Department Human/Social Services Staff
- Other (please specify):

Your name (optional):

Please identify the county for which you are completing this survey in the box below:

## I. Safety

### The county department of human/social services:

1. Responds to reports of child abuse and neglect in a timely and effective manner.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

2. Provides appropriate services and interventions that protect children/youth in the home and prevents removal.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

## II. Permanency

### The county department of human/social services:

1. Limits the number of out-of-home placements a child/youth experiences and assures that moves are in accordance with the child/youth's permanency plan.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

2. Makes efforts to limit the number of life changes a child/youth experiences when going into out-of-home care (i.e., placement with siblings, staying in the same school, maintaining the same religion/faith, placement with relatives).

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

3. Simultaneously prepares children, youth, and families for both reunification and other permanency outcomes (i.e., adoption, kinship care). This is also known as concurrent planning.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

4. Provides services to help children/youth in out-of-home care achieve their permanency plan in a timely manner.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

5. Effectively addresses issues that present barriers to a child/youth's adoption.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

6. Makes visitation efforts for children and youth in out-of-home care to adequately maintain strong, emotionally supportive relationships with both parents/guardians.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

7. Provides appropriate services for youth (ages 14–21) to prepare them to live successfully within their community.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

### III. Child and Family Well-Being

#### The county department of human/social services:

1. Effectively engages children, youth, parents, and/or guardians in case planning activities.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

2. Visits with the child/youth and the parents sufficiently assess progress on the family services and permanency plans and provides feedback on this progress.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

3. Has processes in place to ensure that the physical health and medical needs of children/youth in out-of-home care are identified and addressed.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

4. Has processes in place to ensure that the emotional and mental health needs of children and youth in out-of-home care are identified and addressed.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

5. Coordinates the child/youth's educational needs with the local school districts.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

6. Adequately prepares youth (ages 14–21) to transition from out-of-home care.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

#### **IV. Collaboration**

##### **The county department of human/social services:**

1. Collaborates with the courts and community partners.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

#### **V. Cultural Responsiveness**

##### **The county department of human/social services:**

1. Takes the child/youth and family's culture into consideration during decision making.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

2. Applies the Indian Child Welfare Act when serving Native American children, youth, and families.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

3. Makes lesbian, gay, bisexual, and transgender (LGBT) resources available for children, youth, and families.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

4. Has services available that reflect the culture/ethnicity of children, youth, and families receiving child welfare services.

1) *Strongly Agree*    2) *Agree*    3) *Neutral*    4) *Disagree*    5) *Strongly Disagree*    6) *Not Applicable*

## **Colorado's Child Welfare System**

The next two questions provide you the opportunity to make open-ended comments about Colorado's child welfare system. We value your opinion on these issues.

**1. In your opinion, what is working well in Colorado's child welfare system?**

**2. In your opinion, what improvements could be made to Colorado's child welfare system?**

**Please provide any additional feedback you feel would be helpful at this time.**

**Thank you for taking the time to complete this survey. We value your perspective and insights on Colorado's child welfare system.**

## Appendix C: Stakeholder Feedback to the Draft CFSP

CDHS conducted six webinars to obtain feedback about the proposed CFSP. Notification about the webinars was sent to a broad array of stakeholder groups. During the webinars, DCW staff presented an overview of the CFSP with a slide show and solicited feedback, both during the webinar and afterwards. Webinar participants were encouraged to provide feedback during the webinars and later by email to DCW. The feedback was summarized and reviewed by DCW. The final CFSP reflects decisions made regarding the feedback.

Webinar dates and the number of sites participating were as follows:

<b>Date of Webinar</b>	<b>Number of Participant Sites</b>
May 29, 2014	13
May 30, 2014	6
June 2, 2014	11
June 3, 2014	17
June 9, 2014	21

Webinar participants included:

<b>Date of Webinar</b>	<b>CDHS</b>	<b>Other State Agencies</b>	<b>County</b>	<b>Community</b>
May 29, 2014	3	2	3	5
May 30, 2014	3	0	7	11
June 2, 2014	1	0	1	5
June 3, 2014	3	4	5	6
June 9, 2014	2	2	4	15
Stakeholders Total:	12	8	20	42

## Appendix D: The Colorado Theory of Change for Older Youth in Child Welfare

<b>Universal Practices for Serving Older Youth</b>					
Long-Term Outcomes	1. Increase positive permanent placement 2. Expedite legal permanency for youth placed in out-of-home care with a focus on family placements 3. Increase well-being (e.g., number of youth graduating from high school and attending college) 4. Increased ability for young people to maintain, sustain, and advocate for their well-being as adults				
Intermediate Outcomes	1. Increase youth directed permanency planning 2. Increase resilience of youth and families 3. Improve systems and communities through youth and family involvement	1. Improve staff competencies around achieving legal permanency for youth 2. Increase staff ability to plan for permanency and prepare youth for adulthood	1. Increase family placement options 2. Maintain and protect family relationships	Youth and family actively participate in court hearings and decisions	1. Maintain educational placement 2. Address educational gaps 3. Increase school attendance
Short-Term Outcomes	1. Increase youth and family participation in decisions 2. Increase the involvement of youth and family members with lived experience at the individual case, local, and state level 3. Increase staff awareness of value of youth and family guidance to enhance practice	Align staff values around permanency	Improve staff competencies around family placement options	Increase collaboration and shared goals amongst child welfare and judicial	1. Identify barriers to educational success 2. Coordinate educational efforts within and outside agency



## Universal Practices for Serving Older Youth

Categories of Initiatives	Youth & Family Engagement		Staff Development	Integrating & Expanding Permanency Options	Judicial Engagement	Educational Well-Being
Purpose of Initiatives	To increase the role of youth in placement decisions and permanency efforts	To increase the role of the family in placement decisions and permanency efforts	To increase staff competencies and sense of urgency around permanency and understanding around the diversity of youth served	To increase family-related permanency options for youth	To improve judicial understanding, coordination, and oversight for youth	To ensure school success and increase the number of youth who are prepared for post-secondary education and a career
Initiatives	<ol style="list-style-type: none"> <li>1. Weekend Miracles Program—KidSave.org—Older Youth Mentoring Program</li> <li>2. Youth Voice in Court</li> <li>3. Colorado Youth Leadership Network</li> </ol>	<ol style="list-style-type: none"> <li>1. Trauma Informed System of Care</li> </ol>	<ol style="list-style-type: none"> <li>1. Permanency by Design</li> <li>2. Permanency Roundtables</li> <li>3. Cultural Competency</li> <li>4. Developmentally Disabled Youth Training</li> <li>5. Staff Peer Coaching</li> </ol>	<ol style="list-style-type: none"> <li>1. Intensive Family Finding</li> <li>2. Kinship Care</li> <li>3. Relative Guardianship</li> <li>4. Reinstatement of Parental Rights</li> <li>5. Recruitment and Retention of Foster and Adoptive Families</li> </ol>	<ol style="list-style-type: none"> <li>1. Crossover Youth Practice Model</li> <li>2. Benchmark Hearings</li> <li>3. Courts Catalyzing Change</li> <li>4. Judicial Permanency Advisory Committee</li> <li>5. National Resource Centers – Permanency Initiative</li> </ol>	<ol style="list-style-type: none"> <li>1. Education Stability Grant</li> <li>2. Fostering Success</li> <li>3. Guardian Scholars</li> <li>4. Helen McLoriane Fund</li> <li>5. Educational Training Vouchers</li> </ol>
Partners	<ol style="list-style-type: none"> <li>1. Colorado Department of Human Services (CDHS): Division of Child Welfare (DCW) and Division of Housing (DOH)</li> <li>2. Office of the Child's Representative</li> <li>3. Judicial</li> </ol>	<ol style="list-style-type: none"> <li>1. CDHS, DCW and DOH</li> <li>2. Office of the Child's Representative</li> <li>3. Judicial</li> <li>4. Probation</li> <li>5. Division of Youth Corrections</li> </ol>	<ol style="list-style-type: none"> <li>1. CDHS, DCW, CW Advisory Committee, and Leadership</li> <li>2. County DHS</li> </ol>	<ol style="list-style-type: none"> <li>1. CDHS, DCW</li> <li>2. County DHS</li> <li>3. State Judicial</li> <li>4. Office of the Child's Representative</li> </ol>	<ol style="list-style-type: none"> <li>1. CDHS, DCW</li> <li>2. County DHS</li> <li>3. Court Improvement Program</li> <li>4. Judicial Best Practice Court Team</li> <li>5. Judicial Permanency Advisory Group</li> <li>6. Probation</li> <li>7. Division of Youth Corrections</li> </ol>	<ol style="list-style-type: none"> <li>1. CDHS, DCW</li> <li>2. Division of Criminal Justice</li> <li>3. Colorado Department of Education</li> <li>4. Local Universities</li> <li>5. Private Funders</li> </ol>

## Efforts to Broaden and Integrate Services (Systems)

Long-Term Outcomes	Colorado Youth are: 1. Safe 2. Physically and mentally healthy 3. Receive a quality education 4. Connected to caring adults, school, and communities 5. Contributing to their community (i.e., volunteering, working)			
Intermediate Outcomes	Improved delivery of services and supports to underserved youth (e.g., youth in rural communities)	CDHS and partners develop and implement policies supporting system of care for youth	Increase quality and effectiveness of services through: (a) better coordination of efforts and (b) reduction of duplicative efforts	
Short-Term Outcomes	Increase the capabilities of crisis response and prevention systems to prevent runaway and homeless youth	1. Increase number of services that meet youth needs 2. Increase number of youth served in community	1. Increase awareness of needs and strengths of youth 2. Increase awareness of gaps and barriers of services	
<b>Categories of Initiatives</b>	<b>Broaden &amp; Improve Service Delivery</b>	<b>Behavioral Health Services Integration</b>	<b>Continuum of Care Integration</b>	<b>Interagency Collaboration</b>
Purpose of Initiatives	To Identify, understand, and leverage available permanency and well-being resources	To increase availability of high quality behavioral health services and supports for older youth	To integrate strategies so youth services are complimentary and coordinated	To coordinate efforts across systems so youth services are complimentary and coordinated
Initiatives	1. Support System for Rural Homeless Youth 2. Creation of a Statewide Youth Development Plan 3. Pathways to Success initiative– Model Youth Plan for Colorado	1. Trauma-Informed Care Management Entity 2. Psychotropic Medication Advisory Committee	1. 9to25 – Youth Development System 2. Trauma-Informed System of Care 3. AECF – Rightsizing Congregate Care	1. Collaborative Management Program 2. Senate Bill 94
Partners	1. CDHS, DCW, CW Advisory Committee, and Leadership 2. Department of Labor – Youth Services 3. Supportive Services for Runaway and Homeless Youth 4. Office of Homeless Youth Services	1. CDHS, Office of Behavioral Health (OBH) and DCW 2. Health Care Policy and Financing 3. County DHS	1. CDHS: Children and Families 2. Colorado Department of Public Health and Environment	1. CDHS, DCW 2. Probation 3. Division of Youth Corrections

## *Overview and Definitions*

<b>Name</b>	<b>Description</b>
Annie E. Casey Foundation (AECF) – Rightsizing Congregate Care	Collaborative process with AECF to reduce the use of congregate care and improve other performance indicators.
Collaborative Management Program	Program of multi-agency service providers to children and families by county departments of human/social services and other mandatory agencies to: <ul style="list-style-type: none"> <li>• reduce duplication and eliminate fragmentation of services provided</li> <li>• increase the quality, appropriateness, and effectiveness of services provided</li> <li>• encourage cost sharing among service providers</li> <li>• lead to better outcomes and cost reduction for services provided to children and families in the child welfare system</li> </ul>
Colorado 9to25 Positive Youth Development System	Colorado 9to25 is a collective, action-oriented network of youth and adults working in partnership to align efforts and achieve positive outcomes for all youth, ages 9 to 25, so they can reach their full potential. At the core of Colorado 9to25 is the incorporation of positive youth development into prevention, intervention, and treatment programs for youth aged 9 to 25.
Colorado Youth Leadership Network	Statewide network of youth advisory groups and leaders. The network is hosted by CDHS, DCW, which helps to support and sustain active youth voice at all levels.
Courts Catalyzing Change	Judicial work group of the No Time To Lose (NTTL) Permanency Framework.
Creation of Statewide Youth Development Plan	Established by statute (HB 13-1239) to identify key issues affecting youth and align strategic efforts to achieve positive outcomes for all youth.
Crossover Youth Practice Model	To better address the needs of youth known to both the child welfare and juvenile justice system.
Cultural Competency	Strategies to ensure services and efforts are culturally and linguistically competent.
Developmentally Disabled Youth Training	To increase understanding, strategies, and tools to support disabled youth in achieving better outcomes.
Education Stability Grant	To ensure that students in foster care are achieving academically through course completion, advancing to the next grade, accruing credits toward graduation, and on a path to post-secondary success.
Educational Training Vouchers	To help current and former foster care and adoptive youth attend colleges, universities, and vocational or technical programs.
Fostering Success	To provide support to independent CSU students who come from foster care, kinship care, group home, or orphaned backgrounds to reach graduation.
Guardian Scholars	To enable former foster youth to earn their undergraduate degree at Colorado’s flagship university.
Helen McLorlane Fund	To provide educational scholarships for foster care youth who are emancipated or are in the process of preparing to emancipate from the foster care system in Colorado.
Intensive Family Finding	Intensive search method to find family members and other adults who would like to step in and care for children and youth in foster care who lack permanency.

Name	Description
Judicial Benchmark Hearings	Assists youth approaching emancipation to prepare for independence through individualized attention from a judge and various court and social agency representatives at a series of hearings held at certain “benchmarks” or milestones to identify and plan long-term educational and career goals and help provide better understanding of what independence from the foster care system entails.
Judicial Permanency Advisory Committee	Judicial committee focusing on permanency goals and outcomes.
Kinship Care	Providing children with care by relatives or extended family (also called relative placement). The arrangement may be informal, a formal foster care placement, or a pre-adoption placement.
National Resource Centers – Permanency Initiative	Training and technical assistance based on a framework for improved practice to increase permanency for youth.
Pathways to Success initiative– Model Youth Plan for Colorado (MY Plan)	A comprehensive statewide intervention framework aimed at producing these core outcomes for young people: stable housing, permanent connections, social/emotional well-being, and productive education/employment to reduce the risk of homelessness.
Permanency by Design	Culture shift efforts to focus on reducing cross-systems placement culture to a permanency culture that will reduce the number of children entering into the foster care system and finding permanent homes for those in need, with a special attention to adolescents preparing to “age out” of foster care.
Permanency Roundtables	A facilitated permanency planning process with youth to identify realistic solutions to increase permanency.
Psychotropic Medication Advisory Committee	Committee was charged with developing recommended guidelines for the State of Colorado to ensure the appropriate use of psychotropic medications for Colorado’s children and youth in out-of-home care, and to integrate medications into comprehensive physical and behavioral health care.
Recruitment and Retention of Foster and Adoptive Families	Program strategies and resources to effectively recruit and retain foster and adoptive families.
Reinstatement of Parental Rights	For a child who has not been adopted after the passage of a prolonged period of time from the date parental rights were terminated, the ability to reinstate parental rights to safely reunify families.
Relative Guardianship	Legal guardianship of a child in out-of-home care by relative caregivers, including relatives, persons ascribed by the family as having a family-like relationship with the child, or persons who have had a prior significant relationship with the child.
Senate Bill 04-94 Detention Continuum	Statewide grant initiative that provides alternatives to detention for youth, ages 10 to 17, involved in the juvenile justice system.
Support System for Rural Homeless Youth	A collaboration to collectively address the unique needs of rural runaway and homeless youth and the geography challenges they face to receiving support and services.
Trauma-Informed System of Care	Colorado’s system of care to ensure children and youth with behavioral health challenges will reach their full potential through effective and efficient services and supports.
Weekend Miracles Program—Kidsave.org— Older Youth Mentoring Program	To create change so forgotten older foster kids grow up in families and connected to caring adults through a community mentor model.
Youth Voice in Court	Effort to increase the ability for youth to participate in court and have high quality representation.

## ***Background Information***

### **The Purpose**

*The Colorado Theory of Change for Older Youth in Child Welfare* is a comprehensive statewide framework that aligns and organizes strategies, programs, and systems interventions aimed at increasing safety, permanency, well-being, and self-sufficiency for older youth.

### **The Parameters**

The strategies, policies, programs, and interventions of *The Colorado Theory of Change for Older Youth in Child Welfare*:

- Are for all youth, ages 12 and older, in the child welfare system, regardless of entry, length of stay, etc.
- Exist across the continuum of services—from prevention, intervention, and aftercare.
- May also serve children and youth’s siblings under the age of 12.
- Take into account the development of the youth.
- Highlight a sense of urgency due to age.
- Understand the systems may be different for older youth.
- Recognize certain efforts may only be accessible in certain geographical areas, but are connected to a larger state effort.

### **The Uses**

- To connect and leverage shared efforts for older youth.
- To guide, sequence, and prioritize decisions related to new opportunities.
- To serve as a management tool.
- To create shared outcomes.

### **Next Steps**

- Identify measures for outcomes.
- Develop a strategic communication plan to increase understanding, support, and intentional partnering.
- Create strategy to share *The Colorado Theory of Change for Older Youth in Child Welfare* with counties so they can identify efforts within the theory of change that currently exist and add those unique to their county.

## Background Information

### *Colorado's No Time to Lose*

In 2010, several Colorado counties—Denver, Boulder, Broomfield, Pueblo, Larimer, Weld, Jefferson, and Mesa—began implementing permanency strategies. It became clear that a more comprehensive context for youth permanency would be helpful. Aligned with the rollout of the Colorado Practice Model and the Permanency by Design shift from placement to permanency culture, a multi-strategy effort to address permanency issues included the National Governors Association (NGA) Three Branch Institute, a policy and licensing review of barriers to permanency, the Annie E. Casey Foundation focus on congregate care rightsizing, permanency, and a judicial focus on involving youth in their court proceedings.

As Colorado began to address the issues of permanency for older youth, many states, counties, and other jurisdictions also strengthened their efforts to improve permanency. Staff within Casey Family Programs consulted with their field office experts, strategic consultants, jurisdiction partners, and youth and framed a set of core principles within a permanency context. This framework is called “No Time to Lose” (NTTL). The NTTL framework advances seven core principles that express overarching values essential to guiding policies, programs, and practices that help youth achieve legal permanency. The seven NTTL principles are:

**Principle 1:** *Youth are first and foremost protected from abuse and neglect.*

**Principle 2:** *Planning for permanency for youth begins at the point of engagement with the birth family and is approached with the highest degree of urgency.*

**Principle 3:** *Permanency planning places the youth and family in the center of the process and ensures participation in decisions.*

**Principle 4:** *Long-term placement in congregate care is not acceptable. Youth deserve the least restrictive and most normative family or family-like setting where relationships are maintained and protected.*

**Principle 5:** *Preparation for adulthood and permanency planning are integrated efforts.*

**Principle 6:** *Racial, ethnic, sexual orientation, and gender identity support and connections are essential components of permanency planning for youth.*

**Principle 7:** *The community, including schools, neighborhood, and faith-based organizations, plays a significant role in supporting youth and families before and after permanency has been achieved.*

Because Colorado has unique and positive collaborative relationships among the courts, Colorado Department of Human Services (CDHS), the Colorado Human Services Directors Association (CHSDA), the Legislature, and many other partners and stakeholders, Casey Family Programs (CFP) invited Colorado to be the first jurisdiction to work with them on constructing a

strategic framework for NTTL. Both the CDHS and CHSDA with judicial partners felt this would strengthen and enhance the permanency work already underway in Colorado and agreed to partner with CFP to help define actionable strategies for each of the seven principles and implementation plans. The team met in June 2011 and produced a set of recommendations and priorities by December 2011. The priorities developed were affirmed by both the NTTL workgroup and the sponsors, which included state staff, county partners, judges, providers, foster care providers, Office of the Child's Representative (OCR), county commissioners, youth leaders, and others. The NTTL framework, recommendations, and priorities continue to serve as a foundation for the permanency work and are integrated into the ongoing work in Colorado. The three priorities that emerged from the NTTL work are:

1. Promote youth and family engagement.
2. Expedite legal permanency.
3. Increase the use of kinship and family foster care for older youth (and decrease use of congregate care placements for more permanent placements).

### ***Older Youth Learning Collaborative***

Through the Older Youth Learning Collaborative (OYLC), Casey Family Programs is supporting the development of practice strategies and system improvements for older youth in care that can be spread nationally. The project is 18 months in duration and provides an opportunity for intensive learning across jurisdictions and Casey Field Offices, coordinated technical assistance, strategic data analysis, and access to top experts in the field.

Along with Colorado, participating sites include Austin, Texas; Connecticut; Tennessee; San Diego, California; and Michigan. Participating jurisdictions were selected based on data analysis and assessment of site readiness and capacity. The OYLC draws heavily on the combined expertise of the Child and Family Services and Systems Improvement participants.

Jurisdictions are developing logic models to guide planning and implementation. Emphasis is on interventions that are evidenced-based and/or evidenced-informed. Areas that have been identified for technical assistance include the Crossover Youth Practice Model, trauma-informed care, pregnant and parenting youth, predictive analysis, practices that promote permanency, reducing the use of congregate care, and Title IV-E Waiver support of older youth work. The Casey Family Program's Strategic Consultant is the primary contact for their jurisdiction and oversees all aspects of technical assistance. In addition, a cross-functional resource team serves as a consistent set of advisors, providing additional supports in planning and implementation.

The overall outcome for the project is to develop and identify strategies and systems interventions that increase safety, permanency, and well-being for older youth. Jurisdictions have identified outcomes specific to their project, including decreasing time youth are in foster care, decreasing the number of youth in congregate care, increasing kinship support and placement, and decreasing juvenile justice involvement.

# Appendix E: State Tribal Agreement and Addendum

## **Tribal Consultation Agreement for the Colorado Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing**

- Section I. Purpose
- Section II. Parties
- Section III. Definitions
- Section IV. Principles and Objectives
- Section V. Consultation Components and Procedures
- Section VI. Additional Provisions
- Section VII. Effective Date and Term
- Section VIII. Signatures

### Appendix A. Organizational Charts

1. Colorado Department of Public Health and Environment
2. Colorado Department of Health Care Policy and Financing
3. Southern Ute Indian Tribe
4. Ute Mountain Ute Tribe
5. Denver Indian Health and Family Services

### **Section I. Purpose**

The purpose of this Tribal Consultation Agreement (Agreement) is to formalize the consultation policy through which the Colorado Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing will seek and maintain regular, consistent communication and partnerships with the federally recognized American Indian Tribes of Colorado and the Urban Indian Health Organization (UIHO) of Colorado on health and health care related issues.

Each Party to this Agreement as further defined in Section II shall respect the sovereignty of the other. The respective sovereignty of the State and of each federally recognized Indian Tribe provides the foundation and authority to enter into this Agreement. The Parties share in their relationship particular respect for the values and culture represented by Tribal governments. Further, the Parties share a desire for a comprehensive, collaborative, government-to-government relationship between the State of Colorado and the federally recognized Indian Tribes in Colorado, as well as a comprehensive and collaborative relationship with the UIHO in Colorado and will take the measures necessary to achieve such relationships.

This Agreement is intended to build confidence and establish a trusting relationship among the Parties as well as to outline the process for implementing and abiding by the Agreement. This Agreement is also intended to formalize and institutionalize this relationship within the organizations represented by the Parties. This Agreement will also serve to comply with federal provisions outlined in Section 5006(e) of the American Recovery and Reinvestment Act of 2009 (ARRA), which establishes consultation requirements for Medicaid and the Children's Health Insurance Program with Indian Health programs.



This Agreement also commits the Parties to the initial tasks that will translate the government-to-government relationship into more efficient, improved and beneficial services to Indian and non-Indian people. This Agreement encourages and provides the foundation and framework for specific agreements among the Parties outlining specific tasks to address or resolve specific issues. The Parties recognize that implementation of this Agreement will require comprehensive educational efforts to promote understanding of the government-to-government relationship within their own governmental organizations and with the public.

## **Section II. Parties**

The following entities are parties to this Agreement and are collectively referred to as the Parties:

### Lieutenant Governor of Colorado

As member of the Colorado Executive Branch, and the Chair of the Colorado Commission of Indian Affairs, and in recognition of the government-to-government relationship between the State and the Tribes, the Lieutenant Governor is a party to this Agreement.

### Tribes

Federally recognized Indian Tribes in Colorado are party to this Agreement. Each Tribe has an independent government-to-government relationship with each other and the State. There are two federally recognized tribes in Colorado:

- Southern Ute Indian Tribe
- Ute Mountain Ute Tribe

### Urban Indian Health Organization (UIHO)

Federally recognized UIHOs in Colorado are party to this Agreement. There is one federally recognized UIHO in Colorado:

- Denver Indian Health and Family Services.

### State Agencies

There are two state agencies party to this Agreement:

- Colorado Department of Public Health and Environment (CDPHE) – CDPHE is the state agency responsible for protecting and preserving the health and environment of the people of Colorado. For the purpose of this Agreement, the Parties are only referring to the health aspects of CDPHE’s responsibilities.
- Colorado Department of Health Care Policy and Financing (HCPF) – HCPF is the state agency responsible for the administration of public health insurance programs in Colorado, such as Medicaid and Child Health Plan *Plus*.

## **Section III. Definitions**

For purposes of this Agreement the following terms shall apply:

- A. Actionable Item: Any Programmatic Action with potential Tribal Implications that is in the early stages of development, and therefore has the potential of being significantly impacted by input from the Tribes and the UIHO.
- B. Consultation: An enhanced form of communication among the Parties on Actionable Items that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion that, in turn, leads to mutual understanding and collaboration. It is a decision-making method for reaching an understanding through a participatory process that (a) involves the State Agencies, Tribes, and the UIHO through their official representatives; (b) actively solicits input and participation by the State Agencies, Tribes, and the UIHO; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. Consultation with the Tribes is a uniquely government-to-government process with two main goals: (1) to learn, and incorporate whenever possible, all pertinent considerations in decision-making; and (2) to consider each other's perspectives and honor each other's sovereignty.
- C. Indian Health Liaisons: Designated persons from the State Agencies who serve as the primary point of contact for Tribes and the UIHO for health issues relating to American Indians/Alaska Natives living in Colorado. Indian Health Liaisons along with Tribal and UIHO Liaisons share the responsibility of ensuring the implementation of this Agreement and maintaining ongoing communication between the Parties.
- D. Programmatic Action: Action related to the development, implementation, maintenance, or modification of health and health care rules, programs, services, legislation or regulations by the State Agencies that are within the scope of this Agreement.
- E. Tribal and UIHO Liaisons: Designated persons from the Tribes and the UIHO who serve as the primary point of contact for the State Agencies for health issues relating to American Indians/Alaska Natives living in Colorado. Tribal and UIHO Liaisons along with Indian Health Liaisons share the responsibility of ensuring the implementation of this Agreement and maintaining ongoing communication between the Parties.
- F. Tribal Implications: Refers to when a Programmatic Action by one of the State Agencies will have substantial direct effect(s) on the Tribes and/or the UIHO, or on the relationship between the Parties. All Parties to this Agreement share in the responsibility of identifying and determining which Programmatic Actions have Tribal Implications.
- G. Tribes: Federally recognized American Indian/Alaska Native tribes and tribal governments with whom the federal government maintains an official government-to-government relationship. In this Agreement "Tribes" refers to the Southern Ute Indian Tribe and the Ute Mountain Ute Tribe.

#### **Section IV. Principles and Objectives**

The Parties intend through the implementation of this Agreement to promote the following principles and objectives:

- A. The recognition and respect for the sovereignty of State and Tribal governments and the fostering of successful government-to-government relations.
- B. The promotion and development of innovative, efficient, and successful methods of involving the Tribes and the UIHO in State Agency policy development, strategic planning, and regulatory processes.

- C. The implementation of communication mechanisms and processes to ensure the Tribes and the UIHO are adequately and timely informed of Programmatic Actions, can access pertinent information, and have the opportunity to provide input and voice concerns.
- D. The development of communication mechanisms to identify and share pertinent information among the Parties with the goal of improving the health and wellness of American Indians/Alaska Natives living in Colorado.
- E. The recognition that maintenance of consistency and continuity among Indian Health, Tribal, and UIHO Liaisons will contribute to the effectiveness of consultation and communication among the Parties and should be maintained to the extent possible.
- F. The understanding that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication.

## **Section V. Consultation Components and Procedures**

### **A. Procedures**

#### **Programmatic Action Log Update:**

On a bi-monthly basis (approximately every sixty days) each State Agency shall distribute to the Tribes and the UIHO a Programmatic Action Log Update. The Update shall contain a continuous list/log of Programmatic Actions being developed and/or initiated by each State Agency. The Update shall provide a short description of each Programmatic Action, any clearly foreseeable Tribal Implications, important dates or implementation timeframes, and if the Programmatic Action is considered an Actionable Item. The Update shall indicate a date by which additional consultation could be requested by a Tribe or the UIHO, however, consultation can be requested at any time on any Actionable Item. The Update shall also contain an area to track whether additional consultation was requested and by whom, and to update current status/resolution of Programmatic Actions.

#### **Additional Consultation:**

A Tribe or UIHO may request additional consultation on any Actionable Item on the Update or on any question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado. Actionable Items on the Update shall indicate a date by which a Tribe or the UIHO can request additional consultation, however, consultation can be requested at any time for any Actionable Item. Additional consultation shall be initiated by written notice (may be in the form of an email) from a designated Tribal or UIHO Liaison(s) and directed to a designated Indian Health Liaison(s). Consultation may include but shall not be limited to:

- An initial meeting or teleconference to discuss the intent and scope of the Actionable Item or any other question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado
- Continued meetings or teleconferences until concerns over the Actionable Item or other question, concern, policy, practice, or issue within the scope of the State

Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado have been fully discussed

- Written correspondence including emails
- Discussions at the Colorado Commission of Indian Affairs' Health and Wellness Committee meetings to more fully understand the specifics and impact of the Actionable Item or other question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado
- Open meeting for all interested entities to receive information or provide comment
- A presentation by tribal representatives of their concerns and potential Tribal Implications of the Actionable Item or other question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado

When consultation is completed, a written response from one or both State Agencies to the Party that requested the consultation shall be sent describing the final determination/outcome regarding the topic of consultation. This information shall also be included on the Programmatic Action Log Update.

#### B. Meetings

##### Face-to-Face:

The State Agencies, Tribes, and UIHO, all together or individually, shall meet face-to-face no less than once per fiscal year and as resources allow.

##### Remotely:

As necessary, the State Agencies, Tribes, and UIHO, all together or individually, shall meet remotely via teleconference or videoconference to discuss outstanding issues and/or hold consultations as described above.

### **Section VI. Additional Provisions**

- A. This Agreement shall not diminish any administrative or legal remedies otherwise available by law to the State Agencies, the Tribes, or the UIHO.
- B. This Agreement shall not prevent the State Agencies, the Tribes, or the UIHO from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreements, professional service contracts, or other established administrative procedures and practices allowed or mandated by federal, State, or Tribal laws or regulations.
- C. This Agreement shall not be construed to waive the sovereign immunity of the State of Colorado or any Tribe, or to create a right of action by or against the State of Colorado or a Tribe, or any State or Tribal official for failing to comply with this Agreement. The State Agencies shall have the authority and discretion to designate internal operations and processes that are excluded from this Agreement, and recognizes that Tribes are afforded the same right.

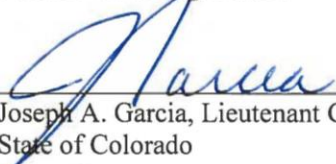
D. The State Agencies shall retain the final decision-making authority with respect to actions undertaken by the State Agencies and within the State Agencies' jurisdiction.

**Section VII. Effective Date and Term**

This Agreement is effective upon full execution and signature by all Parties.

The Parties together shall review and evaluate every two years, or as necessary, the implementation of this Agreement. At such time, a revised consultation policy may be executed, if necessary, replacing this Agreement.

**Section VIII. Signatures**

  
\_\_\_\_\_  
Joseph A. Garcia, Lieutenant Governor  
State of Colorado

9/12/2011  
Date

  
\_\_\_\_\_  
Pearl E. Casias, Chairwoman  
Southern Ute Indian Tribe


9.12.2011  
Date

  
\_\_\_\_\_  
Gary Hayes, Chairman  
Ute Mountain Ute Tribe

9/12/11  
Date

  
\_\_\_\_\_  
Del Nutter, Executive Director  
Denver Indian Health and Family Services

10/25/11  
Date

  
\_\_\_\_\_  
Christopher E. Urbina, Executive Director  
Colorado Department of Public Health and Environment

9/18/11  
Date

  
\_\_\_\_\_  
Susan E. Birch, Executive Director  
Colorado Department of Health Care Policy and Financing

10/11/11  
Date

END.

**Addendum – State of Colorado Tribal Consultation Agreement**

The Colorado Department of Human Services recognizes and supports the sovereignty of the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe.

The Colorado Department of Human Services supports fostering and maintaining a strong relationship with the federally recognized American Indian Tribes of Colorado and the Urban Indian Health Organization of Colorado.

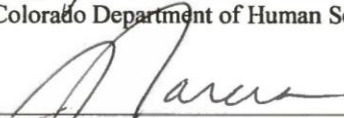
The Colorado Department of Human Services is the state agency responsible for the administration of human services programs in Colorado, administering a wide array of federally funded programs.

The Colorado Department of Human Services wishes to join as a full and equal party to this Tribal Consultation Agreement.

Signatures:

  
\_\_\_\_\_  
Reggie Bicha, Executive Director  
Colorado Department of Human Services

1-9-2012  
Date

  
\_\_\_\_\_  
Joseph A. Garcia, Lieutenant Governor  
State of Colorado

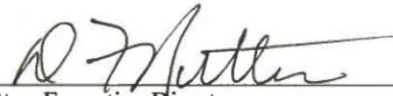
1-9-2012  
Date

  
\_\_\_\_\_  
Gary Hayes, Chairman  
Ute Mountain Ute Tribe

1/9/12  
Date

  
\_\_\_\_\_  
Jimmy R. Newton, Jr., Chairman  
Southern Ute Indian Tribe


1/9/12  
Date

  
\_\_\_\_\_  
Del Nutter, Executive Director  
Denver Indian Health and Family Services

4/13/12  
Date

  
\_\_\_\_\_  
Christopher E. Urbina, Executive Director  
Colorado Department of Public Health and Environment

1/9/12  
Date

  
\_\_\_\_\_  
Susan E. Birch, Executive Director  
Colorado Department of Health Care Policy and Financing

1/9/12  
Date

## Appendix F: Southern Ute–La Plata County Interagency Agreement



April 17, 2012

Attn: Steve Brittain/ Division Head  
Southern Ute Indian Tribe  
Division of Social Services  
P.O. Box 737  
Ignacio, Colorado 81137

### **Re: Regional Chafee Foster Care Independence Program Service Agreement**

Dear Steve,

This letter serves as an inter-agency agreement between the La Plata County Department of Human Services (LPCDHS) Chafee Program and the Southern Ute Indian tribe pertaining to the provision of Chafee services by LPCDHS to eligible youth in your region.

The goal of the Chafee/Independence Program is to provide youth who are aging-out of the foster care system the necessary skills and self-confidence to perform normal activities of daily living with as little outside support as possible in order that they may establish positive support groups and permanency in the community.

This letter serves to clarify and define the roles and responsibilities for each County/Agency in order to meet the requirements of the Chafee Foster Care Independence Program (CFCIP) regarding regional county agreements for service delivery to CFCIP participants.

It is the intent that by entering into this agreement that La Plata County (Host County) and the Southern Ute Indian Tribe (Partnering Agency) mutually agree to adhere to State rules and Federal statutes and policies that apply to CFCIP.

#### General Provisions:

- The Directors (or Director's designee), Administrators, Supervisors, and Chafee Counselors from both the Host County and the Partnering Agency will sign this Agreement.
- It is expected that both Agencies entering this agreement shall be responsible to communicate and coordinate with each other regarding case referral and to provide each other with pertinent information regarding the child and any other issues deemed necessary for effective and constructive service delivery.
- The Host County shall be responsible for Trails documentation.
- The Host County is responsible for providing funds specific to Chafee services for a Chafee participant being served by Host County.

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- The Host County shall be responsible for documenting and tracking the Chafee funds disbursed and such funds shall be reflected in the Host County's annual reporting.
- The Host County shall be responsible for expending funds per CFCIP and Federal guidelines, documentation of expenditures and reporting the annual expenditures in annual reports.
- The Host County shall be responsible for including the Chafee participant in their monthly caseload status reports and will submit them to the CFCIP Program Specialist by the 1<sup>st</sup> of each month.
- The Host County shall be responsible for compiling the annual individual data reports and submit them to the CFCIP Program Administrator.
- The writing and revision of Youth Transition Plans shall include the Chafee participant; care providers, and both the Host County and the Partnering Agency.
- The Host County will provide any Chafee services determined as necessary by the initial assessment in accordance with CFCIP regulations.
- The Host County is responsible for initial follow up reports.
- The Host County will inform the Partnering Agency of case closure through written documentation and will close the Independent Living case in Trails.
- The Host County is responsible for providing a copy of the Annual Chafee plan to the Partnering Agency upon plan approval.

Specific Provisions to be provided by the Host County:

- Comprehensive assessment of youth's daily independent skills, knowledge and practice.
- An individual written plan for Independent Living (IL) based on the assessment of the youth's stated wishes. Youth, Foster Care Providers, Adoptive Families, group home workers, GAL and Caseworker give input and review the youth's individual written plan. Ninety-five percent of the personal and financial goals on an individualized plan are based on the needs and goals of the youth.
- Provide group workshops to assist development of both hard and soft independent living skills.
- Provide individualized independent living skills training by including foster parents, caseworkers, tribal agencies, Probation and youth advocates.
- Provide an independent living educational profile, that consists of educational and life skills tools. Incentive is attached to this profile and the profile must be completed prior to the youth living independently. Youth are provided with a pre and posttest to evaluate their increase in IL skill. All youth are required to complete the educational profile and an exit interview with all agencies and persons involved with the youth's IL plan.
- **Hard skills** addressed may include, but are not limited to:
  - Self-care and hygiene
  - Budgeting and money management
  - How to locate housing
  - Consumer skills and safety
  - Emergency skills and safety
  - Using community resources
  - Sexuality, STD prevention
  - Nutrition
  - Job seeking and maintenance skills
  - Education and vocational planning
  - Car maintenance and upkeep

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- **Soft skills** addressed may include, but are not limited to:  
 Problem solving  
 Decision-making  
 Communication and interpersonal relations  
 Self-esteem building
- **Aftercare services** may include but are not limited to:  
 Young adults ages 18-21 receive housing assistance, if qualifications for the benefit have been met.  
 Continued education on hard and soft skills.  
 Educational / Employment/ Career counseling and assistance.  
 Household Management  
 Professional and Positive Youth Development  
 Medical/ Dental/ Optical Emergencies  
 Post-testing/ self-sufficiency.

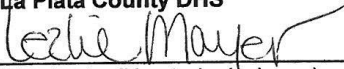
Financial agreements:

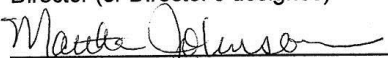
The Host County receives a total regional allocation of an amount to be determined by the state as per the approved Chafee plan submitted by the Host County to the Division of Child Welfare. This allocation includes an amount of funding (which is based on the number of youth in the program and their needs) available for Chafee services to be provided to Chafee eligible youth from the Partnering Agency and for which referral is made to the Host County by the Partnering Agency requesting services. Any funds shall be expended at the discretion of the Host County.

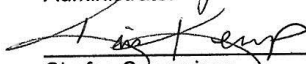
Chafee funds shall be used in accordance with Federal guidelines in Public Law 106-169 and per federal statute Title IV-E of the Social Security Act at Section 477.

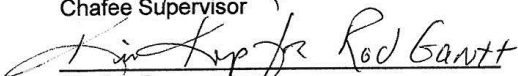
Signatures:

**La Plata County DHS**

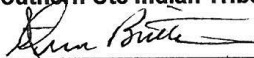
  
 \_\_\_\_\_  
 Director (or Director's designee)

  
 \_\_\_\_\_  
 Administrator

  
 \_\_\_\_\_  
 Chafee Supervisor

  
 \_\_\_\_\_  
 Chafee Caseworker

**Southern Ute Indian Tribe**

  
 \_\_\_\_\_  
 Division Head (or Director's designee)

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LEZLIE MAYER, DIRECTOR • DEPARTMENT OF HUMAN SERVICES  
1060 E. 2ND AVE. DURANGO, COLORADO 81301  
PHONE 970/382-6150 FAX 970/247-2208

May 30, 2012

Attn: Janelle Doughty  
Ute Mountain Indian Tribe  
Division of Social Services  
P.O. Box JJ  
Towaoc, Colorado 81334

**Re: Regional Chafee Foster Care Independence Program Service Agreement**

Dear Steve,

This letter serves as an inter-agency agreement between the La Plata County Department of Human Services (LPCDHS) Chafee Program and the Ute Mountain Indian tribe pertaining to the provision of Chafee services by LPCDHS to eligible youth in your region. The goal of the Chafee/Independence Program is to provide aging-out youth the necessary skills and self-confidence to perform normal activities of daily living with as little outside support as possible in order that they may establish positive support groups and permanency in the community.

This letter serves to clarify and define the roles and responsibilities for each County/Agency in order to meet the requirements of the Chafee Foster Care Independence Program (CFCIP) regarding regional county agreements for service delivery to CFCIP participants.

It is the intent that by entering into this agreement that La Plata County (Host County) and the Ute Indian Tribe (Partnering Agency) mutually agree to adhere to State rules and Federal statutes and policies that apply to CFCIP.

General Provisions:

- The Directors (or Director's designee), Administrators, Supervisors, and Chafee Counselors from both the Host County and the Partnering Agency will sign this Agreement.
- It is expected that both Counties entering this agreement shall be responsible to communicate and coordinate with each other regarding case referral and to provide each other with pertinent information regarding the child and any other issues deemed necessary for effective and constructive service delivery.
- The Host County shall be responsible for Trails documentation.
- The Host County is responsible for providing funds for a Chafee participant being served by Host County.
- The Host County shall be responsible for documenting and tracking the Chafee funds disbursed and such funds shall be reflected in the Host County's annual reporting.

- The Host County shall be responsible for expending funds per CFCIP and Federal guidelines, documentation of expenditures and reporting the annual expenditures in annual reports.
- The Host County shall be responsible for including the Chafee participant in their monthly caseload status reports and will submit them to the CFCIP Program Specialist by the 1<sup>st</sup> of each month.
- The Host County shall be responsible for compiling the annual individual data reports and submit them to the CFCIP Program Administrator.
- The writing and revision of Youth Transition Plans shall include the Chafee participant, care providers, and both the Host County and the Partnering Agency.
- The Host County will agree to update the partnering County by use of Trails entry.
- The Host County will provide any Chafee services determined as necessary by the initial assessment in accordance with CFCIP regulations.
- The Host County is responsible for initial follow up reports.
- The Host County will inform the Partnering Agency of case closure through written documentation and will close the IL case in Trails.
- The Host County is responsible for providing a copy of the Annual Chafee plan to the Partnering Agency upon plan approval.

Specific Provisions to be provided by the Host County:

- Comprehensive assessment of youth's daily independent skills, knowledge and practice.
- An Individual written plan for Independent Living based on the assessment of the youth's stated wishes. Youth, Foster Care Providers, Adoptive Families, group home workers, GAL and Caseworker give input and review the youth's individual written plan. Ninety-five percent of the personal and financial goals on an individualized plan are based on the needs and goals of the youth.
- Provide group workshops to assist development of both hard and soft independent living skills.
- Provide individualized independent living skills training by including foster parents, caseworkers, tribal agencies, Probation and youth advocates.
- Provide an independent living educational profile, that consists of educational and life skills tools. Incentive is attached to this profile and the profile must be completed prior to the youth living independently. Youth are provided with a pre and posttest to evaluate their increase in IL skill. All youth are required to complete the educational profile and an exit interview with all agencies and persons involved with the youth's IL plan.
- **Hard skills** addressed may include, but are not limited to:
  - Self-care and hygiene
  - Budgeting and money management
  - How to locate housing
  - Consumer skills and safety
  - Emergency skills and safety
  - Using community resources
  - Sexuality, STD prevention

Nutrition  
Job seeking and maintenance skills  
Education and vocational planning  
Car maintenance and upkeep

- **Soft skills** addressed may include, but are not limited to:  
Problem solving  
Decision-making  
Communication and interpersonal relations  
Self-esteem building
- **Afterschool services** may include but are not limited to:  
Young adults ages 18-21 receive housing assistance, if qualifications for the benefit have been met.  
Continued education on hard and soft skills.  
Educational / Employment/ Career counseling and assistance.  
Household Management  
Professional and Positive Youth Development  
Medical/ Dental/ Optical Emergencies  
Post-testing/ self-sufficiency.

Financial agreements:

The Host County receives a total regional allocation of an amount to be determined by the state as per the approved Chafee plan submitted by the Host and Partnering Counties to the Division of Child Welfare. This allocation includes an amount of \$ (which is based on the number of youth in the program and their needs) available for Chafee services to be provided to Chafee eligible youth from the Partnering County and for which referral is made to the Host County by the Partnering County requesting services. Any funds not expended by August 30th shall be expended at the discretion of the Host County.

Chafee funds shall be used in accordance with Federal guidelines in Public Law 106-169 and per federal statute Title IV-E of the Social Security Act at Section 477.

Signatures:

LaPlata County DHS

Leslie Myers  
Director (or Director's designee)

Mark Johnson  
Administrator

[Signature]  
Chafee Supervisor

[Signature]  
Chafee Caseworker

Ute Mountain Indian Tribe

[Signature] Chairman,  
Director (or Director's designee) UTE Mountain UTE  
Gary Hayes Indian Tribe

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Chafee Supervisor

\_\_\_\_\_  
Chafee Caseworker

## Appendix G: Foster and Adoptive Parent Diligent Recruitment Plan

	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements	Barriers to Permanency Work Plan
1	Foster Family Celebration Event	High profile celebration event at Governor's mansion.	x	x	x	x	x	x	Current/potential foster families	General	Attendees and media mentions	10e
2	Adoption Celebration Event	High profile celebration event at Governor's mansion.	x	x	x	x	x	x	Current/potential adoptive families	General	Attendees and media mentions	10e
3	Heart Gallery (Ongoing Displays) & Heart Gallery Event	Premiere celebration of the annual Heart Gallery photos and videos of children in foster care waiting for an adoptive family.	x	x	x	x	x	x	Local media, CDHS staff, photographers, community partners	General, Targeted, & Child Specific	Media mentions, number of attendees at the event, website analytics, Facebook followers	10h, 11d, 14b
4	LGBT Events	Collaborative efforts with child placement agencies and counties, specifically targeting the LGBT community (includes PrideFest events).	x	x	x	x	x	x	LGBT community	Targeted	Attendance at events, follow-up to determine number of families that attend specific information nights and begin certification process	10d, 10h, 10b
5	Website Maintenance	Maintain website throughout the year, which will include county contact information and website links.	x	x	x	x	x	x	Broad-based outreach information	General	Continued website analytics	11a, 14b

	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements	Barriers to Permanency Work Plan
6	Heart Gallery Digital Tower	Development of a digital Heart Gallery recruitment tool, including the purchase of display towers to supplement the physical photo displays. Will re-evaluate annually to stay current with technology.	x	x	x	x	x	x	Community members, locations, businesses	General, Targeted, & Child Specific	Number of videos, number of location placements for each digital tower	11d
7	Heart Gallery Foster Parent Tower	Expand the mission of the Heart Gallery to include the recruitment of foster families. This would include the development of foster family photos, stories, and videos to be included as an ongoing part of the Colorado Heart Gallery.	x	x	x	x	x	x	Potential foster parents	General & Targeted	Number of photos and location placements of the gallery, website analytics	10b, 10d, 10h, 14b
8	Foster and Adoptive Family Stories	Gather foster and adoptive parent recommendations from county partners to use for development of foster and adoptive parent stories to use for various recruitment and retention purposes. Families will be photographed and videoed, when appropriate, and their stories and images will be shared through various media forms, including the internet.	x	x	x	x	x	x	Potential foster and adoptive parents	General & Targeted	Number of photos and videos of family stories, website analytics	10b, 11b, 11d, 11e, 12c, 14b
9	Market Research	Use a market research firm to create focus groups and survey tools of new targeted groups (e.g., LGBT, African American, Latino, foster care alumni, adult adoptees, current adoptive parents, empty nesters) to gather new data to inform future recruitment and retention efforts.	x	x				x	Potential adoptive/foster parents, county partners	Targeted	Suggestions and direction about how to outreach to potential parents in targeted markets	10b, 10d, 11a, 14a

	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements	Barriers to Permanency Work Plan
10	New Statewide R&R Materials	Using focus group data, new statewide recruitment materials will be created. Material development will be based on market segmentation and focus group data to create a specialized series of ads and promos (using various media forms), which can be used by counties as well as the state, to provide a comprehensive campaign throughout the state. The new materials would expand outreach to specific targeted populations and will be updated and translated to address linguistic barriers annually as needed.	x	x	x	x	x	x	Counties across the state, specific ads to specific groups, same look	General & Targeted	Usage by counties across the state, website analytics	10h, 11a, 10d, 11b, 14a, 14b
11	Printed Materials	Various printed materials and packets, which are coded for tracking purposes, and could include media kits for use with businesses, community partners, and school outreach, as well as other recruitment and retention materials as necessary. The new materials would expand outreach to specific targeted populations and will be updated and translated to address linguistic barriers annually as needed.	x	x	x	x	x	x	Businesses and community partners (determined from focus groups and market research) and schools in targeted recruitment areas	General, Targeted, & Child Specific	Number of new businesses, schools, and community partners engaged	10h, 10d, 11a, 11b, 11e
12	Marketing Outreach for Targeted Groups	Using the data from the market research, determine potential targeted groups (e.g., LGBT, African American, Latino, current adoptive parents, empty nesters) for new recruitment efforts using various media forms suggested by the market research firm.	x	x	x	x	x	x	Targeted groups determined from market research	Targeted & Child Specific	Media exposure, social media, and website analytics	10d, 11b, 11e, 14b

	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements	Barriers to Permanency Work Plan
13	Social Media Marketing Fund	A fund to boost Facebook posts on both Facebook pages to encourage additional engagement, including around targeted times during the year, such as May and November and family-based holidays. Boosts would also include targeted web advertising to drive traffic to the social media pages, and child-specific boosts for Colorado's longest waiting children or children who need additional recruitment efforts.	x	x	x	x	x	x	All Coloradans who use social media, potential adoptive/foster parents, specific targeted demographic groups	General, Targeted, & Child Specific	Website analytics, number of likes, shares and responses	10d, 11a, 11b, 14b
14	Social Media Tool Kit/TA	A social media online tool kit to assist counties in developing their own social media presence for recruitment and marketing. This tool kit/TA will be updated as social media changes.	x	x	x	x	x	x	All Colorado counties that wish to implement social media recruitment	General, Targeted, & Child Specific	Number of counties using the program or requesting more TA	11c, 10h
15	Business/Community Partner Program	Development of a program of outreach to local/statewide businesses to support adoption/foster care/kinship/older teens/etc. Provide a menu of options for businesses to help support and expand R&R outreach to their employees through lunch talks and booths.	x	x	x	x	x	x	Businesses and community partners (determined from focus groups and market research) not currently engaged with CDHS	General & Targeted	Number of new businesses and community partners engaged	10h
16	Foster Parent Business Discount Program	Agreement with businesses statewide to offer discounts or special pricing for foster families. Accessible online or through a phone app, this would be part of the new website development.	x	x	x	x	x	x	Foster parents retention and business development	NA	Website analytics and feedback from families and businesses	10h, 14b



	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements	Barriers to Permanency Work Plan
17	Foster Parent Retention Grant	Mini grants for county departments for approved activities supporting the retention of currently certified foster homes. Grant ends in April. Grant would continue in SFY 2015 and possibly increase, depending on outcomes from SFY 2014.	x	x	x	x	x	x	Current foster parents	NA	Feedback forms from counties; data will be compiled and summarized	10h
18	Nationally Known Foster Care/ Adoption Speakers	Through community and business partnerships, host adoption/foster care speakers. This event would be for both recruitment and retention and could be broadcast through webcam across the state.	x	x	x	x	x	x	Broad-based outreach with partners to reach specific target populations	General & Targeted	Number of people attending event, social media engagement about the event, media mentions, website analytics	10h, 10b, 14b
19	Community Collaboration Recruitment Grant	Mini grants for county departments for supporting recruitment efforts/ events that foster collaboration among counties, CPAs, and other community organizations. Must be available to statewide participation and marketing. Potential target markets include LGBT, African American, Latino, Native American, previous adoptive parents, etc.	x	x	x	x	x	x	Broad-based outreach with partners to reach specific target populations	General & Targeted	Feedback forms from counties; data will be compiled and summarized	10h
20	Community Booths & Outreach	With community partners and counties, R&R booths will be located at targeted events throughout the state as a form of general and targeted recruitment efforts. Examples might include Cinco de Mayo, PrideFest, Black Arts Festival, Pow Wow, etc.	x	x	x	x	x	x	Specific targeted groups at events	General & Targeted	Count from events, social media engagement pre/post event, direct conversations, website analytics	10d, 10h, 11a, 14b

	<b>Project</b>	<b>Description</b>	<b>SFY 14</b>	<b>SFY 15</b>	<b>SFY 16</b>	<b>SFY 17</b>	<b>SFY 18</b>	<b>SFY 19</b>	<b>Targeted Audience</b>	<b>General, Targeted, or Child Specific Recruitment</b>	<b>Potential Outcomes &amp; Measurements</b>	<b>Barriers to Permanency Work Plan</b>
21	The Adoption Exchange (TAE) Recruitment & Response Team (RRT) & Membership	Information sessions for potential adoptive families, response to inquiries from AdoptUSKids, tracking and follow-up of inquiries, child-specific and general recruitment, matching and referral services, website profiles of waiting children, communication with counties about waiting children.	x	x	x	x	x	x	Potential adoptive families	General, Targeted, & Child Specific	TAE maintains a database of all children profiled on the website and the recruitment efforts and inquiries for each child, website analytics	10h, 14b
22	Professional Development	Additional professional development related to social marketing and media outreach, including work with diverse communities for foster care and adoption recruitment and retention specialists.	x	x	x	x	x		Professional skill development	NA	New methods and best practices for R&R social marketing	

## Appendix H: Health Care Oversight and Coordination Plan for Children in Foster Care

### *Introduction*

Colorado's Health Care Oversight and Coordination Plan for Children in Foster Care, first developed in 2011 by the Colorado Department of Health Care Policy and Financing (HCPF) Children's Advisory Committee and the Colorado Department of Human Services, Division of Child Welfare (DCW), meets the requirements of Public Law 110-351, Section F, The Fostering Connections to Success and Increasing Adoptions Act of 2008. The plan includes:

- A schedule for initial and follow-up health screenings;
- A description of how medical information for children will be updated and shared;
- Steps to ensure the continuity of health care services;
- The protocol for oversight of prescription medications;
- The process used to actively consult and involve other professionals in assessing the health and well-being of children in foster care and in determining the appropriate medical treatment for them; and
- Steps the agency responsible for the foster care program will take to meet the health care components that describe the options for health insurance and health care treatment decisions in the transition plan for youth aging out of foster care.

Accomplishments of the 2011 plan include:

- Development and implementation of the 2013 Psychotropic Medication Guidelines;
- Ongoing collaboration between DCW and HCPF Children's Advisory Committee;
- Health care treatment options and information about advance medical directives for youth transitioning out of the foster care system; and
- Fostering Connections Health Summits, which bring together medical, mental health, Medicaid, and state and county child welfare professionals to implement and improve coordinated health care services for children in foster care.

The original plan may be accessed in the 2011 Annual Progress and Services Report at the [CDHS website](#).

The 2015–2019 Health Care Coordination and Oversight Plan for Children in Foster Care (Health Care Plan) will continue to guide the ongoing collaboration between DCW and HCPF and the Behavioral Health Organizations (BHOs), which strives to continue improving the continuity of care for both children and youth in out-of-home care and their health care providers. The 2015–2019 Health Care Plan maintains the original goals and adds the following:

- Improving the continuity of health care services for children and youth in foster care;

- The Bright Beginnings Schedule for initial and follow-up health screenings;
- Oversight of psychotropic medications; and
- The implementation of trauma-informed interventions.

### ***Ensuring the Continuity of Health Care Services for Children and Youth in Foster Care***

The Medical Homes for Children Act (Senate Bill 07-130), signed into law in Colorado, was the impetus for creation of the framework for linking children enrolled in public health insurance to a “medical home.” SB 07-130 includes most children in out-of-home care, by virtue of their Medicaid eligibility. “Medical home” is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. The concept is not a final destination, but a model for achieving primary care excellence and ensuring that the right services are provided at the right time. The “medical home” framework also reduces health care costs by reducing hospitalizations and acute incidents with timely referral and follow-ups. The coordinated health services fit with the management of chronic health conditions.

SB 07-130, coupled with the Fostering Connections to Success and Increasing Adoptions Act of 2008, have established a roadmap for ensuring that all foster children have access to needed health care services through a “medical home” framework. Colorado has adopted the phrase “coordinated health services” for the “medical home” concept.

HCPF has implemented the Accountable Care Collaborative (ACC) as its coordinated health services framework. In 2011, CDHS and HCPF reached a collaborative agreement that children and youth in out-of-home care would be enrolled in the ACC to facilitate the continuity of their health care services. Children and families enrolled the ACC also belong to a Regional Care Collaborative Organization (RCCO). A network of seven RCCOs, strategically located across the state, connect families and children to primary care providers, and ensure care coordination, which includes helping members find community and social services in their area. The RCCOs provide assistance to the child/youth’s caregiver and is helpful when the child moves to another out-of-home placement or reunifies with family or kin, through such services as facilitating the location of medical records, including immunization records, and behavioral health treatment records. RCCOs will also locate physical, oral, and behavioral health providers and specialists, and community services. RCCO staff can also help meet the required medical and dental visits, coordinate physical health and behavioral health, and can help arrange for services as needed, as well as help when services or supports are denied or partially approved.

Mental and behavioral health services funded through Medicaid are provided through the BHOs, which collaborate with the RCCOs to ensure that health and behavioral health needs are coordinated. The 2015–2019 Health Care Plan builds on an efficient framework that facilitates coordinated health services for children in foster care.

## **Early Periodic Screening, Diagnosis, and Testing Program**

The Early Periodic Screening, Diagnosis, and Testing (EPSDT) Program is a required benefit for all “categorically needy” children receiving Medicaid. EPSDT’s rules reflect the greater health needs of low-income children, as well as children whose special health needs qualify them for assistance. Low-income children covered by public insurance are more likely to be born at low birth weight, which increases the risk for lifelong disability, and more likely to be in fair or poor health, to have developmental delays or learning disorders, or to have medical conditions (e.g., asthma) requiring ongoing use of prescription drugs. Serious health conditions affect 80% of children in foster care. For these children, Medicaid is essential to ensure access to preventive and developmental services.

EPSDT is designed to help ensure access to needed services, including assistance in scheduling appointments and transportation to keep appointments. As described in federal program rules, the EPSDT program consists of two, mutually supportive, operational components:

1. Assuring the availability and accessibility of required health care resources; and
2. Helping Medicaid recipients and their parents or guardians effectively use them.

The EPSDT Program is known in Colorado as the Healthy Communities Case Management and Outreach Program. The Program identifies eligible children and families in order to:

- Encourage their participation in ACCs and EPSDT;
- Inform them of the availability and benefits of preventive services;
- Provide assistance with scheduling appointments and transportation;
- Help families use health resources effectively and efficiently; and
- Monitor and evaluate the quality of services provided to beneficiaries.

It is the responsibility of the county departments of human/social services to ensure that children in out-of-home care are provided with preventative health care, transportation assistance, early diagnosis, and treatment of conditions that threaten their health. The county human or social services agency engages birth parents of children in foster care, when possible, in the routine care and treatment decisions. Foster parents are also active participants in decisions and activities regarding their children’s health care needs. When children/youth return home from out-of-home placement, the child welfare caseworker should provide information about EPSDT benefits to the family and provide referral information, so that the caregivers may benefit from continuity of EPSDT services.

## **Services for Children with Intellectual and Developmental Delays**

The CDHS Office of Early Childhood and the DCW have developed a Memorandum of Understanding (MOU) for the referral of children for screening for Individuals with Disabilities Education Act (IDEA), Part C services. CCR 2509-3 requires that children who are the subject of a substantiated case of child abuse and neglect be referred for developmental screening and

assessment, if needed. Children who are involved in a substantiated case or who appear to have special needs should also be referred.

Even when there are no developmental delays, the use of a screening tool can be helpful in structuring discussions between (foster) parents and health care providers about a child's development. The use of a screening tool means the health care provider gets more than a snapshot of the child. It also means biological and foster parents may be able to access these screenings to help assure children are obtaining appropriate and necessary services, even as a child transfers from home to home.

The Assuring Better Child Health and Development (ABCD) Project is a national effort to increase the use of standardized screening tools in primary care settings. In a recently published report, the American Academy of Pediatrics Committee on Disabilities reported that 12 to 16% of all children have some type of disability, including speech/language delay, intellectual or physical delay, learning disabilities, and emotional/behavioral problems. As a part of the Medical Homes and the EPSDT Programs, Colorado has an important partner in the Assuring Better Child Health and Development Project housed within the Department of Public Health and Environment.

This project provides training for medical providers to administer the screenings to children. The earlier intervention is provided, the better chance a child has of making significant strides in improvement. Screening might highlight a possible delay in instances where none was suspected, or where a parent or caregiver might begin to have concerns. In either case, early intervention may mean that more serious delay(s) can be avoided.

### **Current Local Public Health and Social Services Collaboratives**

Several Colorado communities have developed health/social services pilot projects to improve the continuity of health care for children in foster care. The Growing Connections for Kids Project in Denver, Healthy Harbors in Larimer County, and Mesa County's use of public health nursing staff to provide coordination and care are excellent examples of collaboratives.

These programs are positioned for exploring the option of collaborating with and utilizing home visitation funding set in health care reform for this population. Collaboration could involve local public health agency nursing home visitation programs, such as Nurse–Family Partnership, Mothers First Programs, and the Health Care Program for Children with Special Needs. These programs share a similar focus in the coordination of care, assuring access and continuity of care within a “medical home,” and information and referral to community resources. Other areas of collaboration could include support, education, and coaching for foster parents, as well as other caregivers, when appropriate.

The Fostering Connections Health Care Summits, initiated by the HCPF Children's Advisory Committee, have proven to be an effective means of bringing state and local partners together to

improve the continuity of health services for children. The 2014 Fostering Connections Summit featured informative sessions on establishing local health collaborations.

### ***Schedule for Initial and Follow-Up Health Screenings***

Colorado has adopted the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care, and the 2014 periodicity schedule is included with this plan. The Bright Futures/American Academy of Pediatrics schedule recommends:

- Physical Health: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, and every year between the ages of 3 and 20.
- Oral Health: Children are also required to have a dental visit with a dentist every six months beginning at age 1.
- Mental Health: Children are required to have developmental screenings, social emotional screenings, and depression screenings at appropriate ages, beginning with infants up to adulthood, as needed.

CCR 2509-3 requires that every child/youth entering out-of-home placement have a medical exam or screening scheduled within two weeks of placement, and a dental evaluation scheduled within eight weeks. Ongoing health services are to be provided as recommended by the health care provider. All medical records are required to be maintained in the child/youth's Health Passport in Trails.

### ***Oversight of Prescription Medications***

Colorado's Psychotropic Medication Guidelines, [Psychotropic Medication Guidelines for Children and Adolescents in Colorado's Child Welfare System - Solutions for Coordinated Care](http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251644597356), developed with a team of medical experts and implemented in 2013, are available at <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251644597356>.

The Psychotropic Medications Protocol Steering Committee, a sub-group of the Children's Advisory Committee, maintains oversight of the protocol and amendments/changes.

### ***The Implementation of Trauma-Informed Screening and Interventions***

Colorado is implementing trauma-informed screening and assessments, starting July 2014. All children placed in out-of-home care will be screened by child welfare staff for trauma symptoms, using the Southwest Michigan Children's Trauma Assessment Center's screening checklists. Those showing symptoms of trauma will be referred for further assessment by a mental health professional for a full assessment using the tool from the National Child Traumatic Stress Network. Symptoms checklists will be used for different developmental ages, i.e., Trauma Symptom Checklist for Young Children for below age 7, Child PTSD Symptom Scale, and

PTSD checklist for adults. If further treatment is indicated, trauma interventions may include the following:

- CCP – Child Parent Psychotherapy: Birth to 5
- TF-PCIT – Trauma Focused Parent Child Interaction Therapy: 2 to 7
- TF-CBT – Trauma Focused Cognitive Behavioral Therapy: 3 to 18
- AF-CBT – Alternatives for Families Cognitive Behavioral Therapy
- Adolescent Dialectical Behavioral Therapy
- Complimentary or adjunctive supports
- Sensory integration and neuro-sequential model

Children who are Medicaid eligible will receive trauma-informed assessments and services through the BHOs. The BHO contracts contain trauma-informed services. Children who are not Medicaid eligible will be referred to local Community Mental Health Centers. Trainings will be offered to clinicians using the National Child Traumatic Stress Network model.

The Trauma-Informed Screening and Interventions initiative will be rolled out in July 2014 in the eight Colorado Communities of Excellence, the pilot sites for the SAMHSA Trauma-Informed Systems of Care grant, implemented by CDHS DCW and OBH. The initiative is funded by the CDHS Title IV-E Waiver. Additional counties will be added to the initiative, based upon the completion of a county “readiness index.” All counties will implement trauma-informed services by 2018, the final year of Colorado’s Title IV-E Waiver.

### ***Consultation with Physicians and Other Non-Medical Professionals***

The Children’s Advisory Committee, established in 2001, serves as the convening body to review the Health Care Oversight and Coordination Plan for Children in Foster Care, as outlined in P.L. 110-351. CDHS also contracts with the Kempe Center’s START (state and regional) team on cases of child abuse and neglect and medical issues. The team includes the services of a pediatric radiologist, a forensic child psychiatrist, and a forensic odontologist. The Pathways to Success group provides guidance for the oversight of youth physical and mental health needs.

### ***Health Care Needs of Youth Aging Out of Foster Care***

Counties are required to develop a Youth Transition Plan with the youth. The Colorado Code of Regulations (CCR) 2509-3 requires that the Youth Transition Plan provide information about advance medical directives and Medicaid/medical insurance; caseworkers are required to document that this information has been provided to the youth. Colorado has also developed a court document for verification of foster care placement to assist the youth with securing education, physical, and mental health services after leaving the foster care system.



***2015–2019 Health Care Oversight and Coordination Plan for Children in Foster Care***

<b>Goal</b>	<b>Task Assignment</b>	<b>Completion Date</b>
1. Continue Fostering Connections Health Summits with available funding to continue the education process about coordinated health care for children/youth in foster care and development of local health care collaboratives.	Children's Advisory Committee	As funding is available
2. Review schedule for initial and ongoing health screenings for children and youth. Update plan with current periodicity schedule.	Children's Advisory Committee	Annually
3. Review the Psychotropic Medications Protocol to determine the need for updates and/or amendments, using data analysis as part of the process.	Psychotropic Medications Protocol Steering Committee	Annually
4. DCW and HCPF will analyze the ACC enrollment of children/youth in out-of-home placement to determine the rate of enrollment and how it has increased continuity of care and decreased costs.	DCW and HCPF	January 2016
5. DCW, in consultation with HCPF and ARD, will develop a CQI process to track health care outcomes for children and youth in out-of-home placement.	DCW	June 2015
6. Review Health Care Needs of Youth Aging out of Foster Care for updates.	DCW	June 2015 June 2017
7. Review the accomplishments and areas needing improvement of the 2015–2019 Health Care Plan and start five-year planning.	Children's Advisory Committee	September 2017

## Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, and for those who lack manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3<sup>rd</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD								ADOLESCENCE									
	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y		
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MEASUREMENTS																																		
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Weight for Length	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Body Mass Index <sup>5</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure <sup>6</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
SENSORY SCREENING																																		
Vision	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hearing	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																		
Developmental Screening <sup>8</sup>																																		
Autism Screening <sup>9</sup>																																		
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Alcohol and Drug Use Assessment <sup>11</sup>																																		
Depression Screening <sup>12</sup>																																		
PHYSICAL EXAMINATION <sup>13</sup>																																		
PROCEDURES <sup>14</sup>																																		
Newborn Blood Screening <sup>15</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Critical Congenital Heart Defect Screening <sup>16</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Immunization <sup>17</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hematoocrit or Hemoglobin <sup>18</sup>										• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>	• or * <sup>20</sup>		
Lead Screening <sup>19</sup>																																		
Tuberculosis Testing <sup>21</sup>																																		
Dyslipidemia Screening <sup>22</sup>																																		
STI/HIV Screening <sup>23</sup>																																		
Cervical Dysplasia Screening <sup>24</sup>																																		
ORAL HEALTH <sup>25</sup>																																		
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
- Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered). Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/405.full>).
- Screen, per the 2007 AAP statement "Essent Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" ([http://pediatrics.aappublications.org/content/120/Supplement\\_4/S164.full](http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)).
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- If the patient is uncooperative, reexamine within 6 months, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/111/4/902.abstract>).
- All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/S99.full>).
- See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/1405.full>).
- Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
- A recommended screening tool is available at <http://www.cdc.gov/crafft/index.php>.
- Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at <http://www.aap.org/en-us/advocacy-and-policy/advocacy/early-childhood/early-childhood/Mental-Health/Documents/PHQ-ScreeningChart.pdf>.
- At each visit, age-appropriate physical examination is essential, with infant totally undressed and older children undressed and suitably draped. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/127/5/931.full>).
- These may be modified, depending on entry point into schedule and individual need.
- The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/division/committees/inborn-errors/panel/label/orders/recommended-panel/uniform-screening-panel.pdf>), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genesys.wfsc.edu/ahs/genesys/wfsc/label/orders.pdf>), establish the criteria for and coverage of newborn screening procedures and programs.
- Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/128/1/130.full>).
- Schedules per the AAP Committee on Infectious Diseases, see available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5008a.htm>. Follow-up must be provided, as appropriate, by the pediatrician.
- See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (<http://pediatrics.aappublications.org/content/125/3/540.full>).
- For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" ([http://www.cdc.gov/tox/lead/ACCCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/tox/lead/ACCCLPP/Final_Document_030712.pdf)).
- Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
- Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: *Risks of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
- See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" ([http://www.nhbl.nih.gov/guidelines/child\\_ped/index.htm](http://www.nhbl.nih.gov/guidelines/child_ped/index.htm)).
- Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: *Risks of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1923.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in intravenous drug use, or are being tested for other STIs, should be tested for HIV and retested annually.
- See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/summary.htm>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
- Refer to a dental home, if available. If not available, perform a risk assessment (<http://www.cdc.gov/oralhealth/docs/RiskAssessmentTool.pdf>). If primary water source is deficient in fluoride, consider oral fluoride supplementation. For those at high risk, consider application of fluoride varnish for caries prevention. See 2008 AAP statement "Preventive Oral Health Intervention for Pediatricians" (<http://pediatrics.aappublications.org/content/122/6/1307.full>) and 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (<http://pediatrics.aappublications.org/content/115/1/113.full>).

KEY ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

## **Appendix I: Colorado's Disaster Plan**

[From county letter signed 6-6-2002 by Marva Hammons on Emergency Plan.]

Each level of government is responsible, by law, for the safety of its citizens. Citizens expect that state and local governments will keep them informed and provide assistance in the event of an emergency or disaster. All levels of government share the responsibility for working together in mitigating, preparing for, responding to, and recovering from the effects of an emergency or disaster event. When local government capabilities are taxed, state government has resources and expertise available to provide emergency or disaster assistance. The state will modify normal operations and redirect resources to assist and support local governments in saving lives, relieving human suffering, sustaining survivors, protecting property, and re-establishing essential services. Federal government resources and expertise can be mobilized to augment emergency or disaster efforts beyond the capabilities of state government.

### ***POLICY***

This policy is intended to provide a uniform procedure for responding to emergency situations; identifying the roles and responsibilities for key areas within the department; and providing continuity of services. These emergency situations include, but are not limited to, emergencies at any CDHS facility, local communities, and state or presidentially declared disasters.

The vision of the Colorado Department of Human Services (CDHS) is to be the nation's leader in helping individuals, families, and communities to be safe and independent; therefore, it is the policy of CDHS to adopt procedures that provide effective coordination and management of emergency operations within the statutory authority of the department. This policy applies to all CDHS employees.

### ***PROCEDURES***

- 1) General
  - A) Disasters could interrupt, paralyze, or destroy the ability of state government to carry out their executive functions. A disaster could include death or injury of key personnel and the destruction of public and private records essential to continued operations. To ensure Continuity of Government (COG), each Appointing Authority shall establish specific procedures to be implemented in the event of an emergency. The procedures shall include, as appropriate:
    - i) Pre-delegation of emergency authority
    - ii) Succession of essential positions
    - iii) Emergency Plans
    - iv) Safeguarding vital records
    - v) Protection of resources, facilities, clients, and personnel

- 2) Roles and Responsibilities
  - A) Appointing Authorities
    - i) The Executive Director will designate which facilities, if any, within the department are to remain operational regardless of the extremity of conditions.
    - ii) The Appointing Authority of each facility shall notify the Emergency Response Coordinator or the Manager of Operations in the event a facility closes.
    - iii) Each Appointing Authority or designee shall designate, in advance, which position/persons are considered to be essential and which are considered to be non-essential.
    - iv) Employees shall be informed of the essential/non-essential status of their current position.
    - v) Employees shall be informed of the specific supervisory or other persons to contact and of the procedures that become effective whenever an emergency exists which may interrupt the employee's routine attendance to the job site or job function.
    - vi) Initiates the agency's emergency response plan in the event of a disaster.
  - B) Public Information
    - i) The CDHS Public Information Officer (PIO) is designated as the single authority authorized by the Executive Director for media relations. All information released to the media must be pre-approved by the PIO.
    - ii) During the emergency:
      - (1) Establish an event journal to log the emergency events and activities of the PIO function.
      - (2) Establish a press release binder or folder. Keep copies of all press releases in chronological order.
      - (3) Have regular briefings with the CDHS Emergency Response Coordinator and other key personnel, to assure that you have timely information and the facts that need to be disseminated.
      - (4) Make extra copies of all press releases. This will allow you to update late arriving media without needing to recreate a release or to spend time giving the data verbally.
  - C) Emergency Response Coordinator
    - i) Staff the Emergency Operations Center if necessary and records incident information into the state computerized Operations Center.
    - ii) Assess the impact of potential or actual disasters on social systems in general with particular attention to the elderly, veterans, Colorado Works recipients, individuals with disabilities, refugees, repatriates from outside the U.S., persons with mental illness, youth, and institutions.

- iii) Coordinate emergency and recovery welfare services (federal, state, county, local, private and volunteer social service organizations), including:
    - (1) Feeding
    - (2) Shelter
    - (3) Clothing
    - (4) Registration and inquiry
    - (5) Human Services Programs
  - iv) Administer the Individual and Family Grant Program.
  - v) Provide representation at disaster assistance centers as necessary.
  - vi) Assist disaster response operations by providing trained service personnel for such activities as food distribution, emergency housing, coordination with volunteer agencies, outreach procedures to determine unmet needs, development of capabilities of volunteer individuals, and agencies that can respond to unmet needs.
- D) Office of Operations
- i) The Office of Operations is responsible for designating an Emergency Response Coordinator and two additional backups to support the Emergency Operations Center (EOC) operations.
  - ii) The Office is also responsible for maintaining a list of key contacts for the department and activating the call-down list in the event of an emergency.
- E) Office of Information Technology Services (OITS)
- i) OITS is responsible for ensuring that data stored on local area network servers is secure from access by unauthorized individuals and that proper mechanisms for backup systems are in place to enable disaster recovery of data.
- F) Office of Performance Improvement
- i) The Communications Division is responsible for the CDHS public information and community education programs, including contact with the media and the marketing of CDHS programs, services, and people. The CDHS PIO is the Director of this Division,
  - ii) The Division of Risk Management is responsible for the implementation and annual evaluation of Safety Programs including emergency plans for CDHS facilities.
  - iii) Field Administration serves as liaison to the counties and providing technical assistance, programmatic support, and trained personnel at disaster assistance centers as necessary.
- G) Office of Self Sufficiency
- i) The Division of Food Assistance, Food Distribution Programs is responsible for administrating the USDA commodity program in the State

- of Colorado. USDA commodities already in the possession of State distributors, local schools, or other agencies that receive commodities can provide food assistance to disaster victims.
- ii) The Office of Self Sufficiency is also responsible for assisting local departments with temporary assistance for disaster victims and providing technical assistance and trained personnel at disaster assistance centers as necessary.
- H) Office of Adult and Veterans Services
- i) The Division of Aging and Adult Services is responsible for assisting local departments with temporary assistance for disaster victims, including, but not limited to:
    - (1) Burial Assistance
    - (2) In-Home Services
    - (3) Medical Assistance
  - ii) The Division of Aging and Adult Services is also responsible for assisting with public outreach regarding special programs and providing technical assistance and trained personnel at disaster assistance centers as necessary.
- I) Office of Behavioral Health and Housing Programs
- i) The Division of Mental Health is responsible for establishing a mental health plan for the coordination of crisis counseling and serves as additional backup for the Emergency Response Coordinator.
  - ii) The Division of Mental Health also staffs the Emergency Operations Center as necessary and records incident information into the state computerized Operations Center.
  - iii) The Division of Supportive Housing and Homeless Programs is responsible for assisting local departments with temporary housing for disaster victims and providing homeless coordination and technical assistance, including:
    - (1) Providing rental and technical assistance
    - (2) Serving as a home ownership clearinghouse
    - (3) Providing a centralized homeless intake and referral system
- J) The Office of Child Care assists local departments with the establishment of temporary emergency child care facilities.
- K) The Office of Child Welfare assists local departments with consultation as needed for temporary placement of minor children.
- 3) Relationship to Other Plans
- A) State Emergency Operations Plan (SEOP)
- i) CDHS is mandated under the authority of the SEOP to carry out assigned activities related to mitigating the effects of a major disaster and to cooperate fully with the Colorado Office of Emergency Management

(COEM) and other political sub-divisions in providing emergency assistance.

- ii) CDHS will develop internal emergency plans, specific procedures, and checklists necessary to accomplish functional responsibilities as assigned in the SEOP.
- iii) When an emergency or disaster situation exceeds local capabilities, there are certain common types of assistance that are likely to be requested from State Agencies. These common types have been grouped functionally into areas termed State Emergency Functions (SEFs). These assignments are made based upon the department's statutory, programmatic, or regulatory authorities and responsibilities. The following is a summary of the assignments for CDHS:

- (1) SEF 6 - Care and Sheltering (Lead Role): Manages and coordinates sheltering, feeding, and first aid for disaster victims. Provides for temporary housing, food, clothing, and special human needs in situations that do not warrant mass-care systems. Manages the receipt and distribution of donated goods and services. Assists in coordinating and managing volunteer resources. (Secondary Lead Agency - American Red Cross) (Secondary Lead Agency for Management of Donated Goods and Volunteer Relief Efforts - Colorado Voluntary Organizations Active in Disasters, COVOAD)
- (2) SEF 8 - Mental Health (Lead Role): Provides crisis-counseling services to individuals and groups impacted by the disaster situation. Mental health professionals will be mobilized to offer home- and community-based services. Crisis counseling is a time limited program designed to assist victims/survivors of a disaster in returning to their pre-disaster level of functioning. Coordinates and provides mental health services to victims and responders following a disaster.
- (3) SEF 12 - Public Information (Support Role): Provides for effective collection, control, and dissemination of public information to inform the general public adequately of emergency conditions and available assistance. Coordinates a system to minimize rumors and misinformation during an emergency.

B) County Plans

- i) In times of emergencies, local governments assume responsibility for activating local Emergency Operations Center(s), implementing local emergency plans, and coordinating multiple service operations and organizations that normally provide assistance to victims and emergency

response personnel. Disaster assistance provided by the state is a supplement to, and not a substitute for, relief, which can be provided by local governments. When local resources are not sufficient to cope with the situation, the Governor may declare a state disaster or emergency. When such a disaster or emergency is declared, state agencies will utilize those services available to cope with the situation.

- ii) Direct Care Facilities should become familiar with local emergency plans to ensure that facility plans are compatible with local plans (e.g., resources that the facilities are dependent on are not overly taxed) and request to participate in emergency exercises as deemed necessary.
- C) Federal Emergency Management Agency (FEMA)
- i) The federal government is responsible for coordinating federal aid for presidentially declared disasters and emergency. Upon declaration of a major disaster or emergency by the President, the Governor and FEMA, through the Region VIII office, will execute a federal–state assistance agreement. This agreement may include a pre-approved Memorandum of Understanding (MOU) to establish a FEMA–state partnership for the delivery of the FEMA–state cost-shared portion of the Assistance to Individuals and Households Program.
- D) Direct Care Facilities
- i) All Direct Care Facilities are required to develop, maintain, and implement emergency plans that assist response coordinators in the event of an emergency or disaster. Each plan will include the following elements:
    - (1) Identification of key agency personnel, their roles and responsibilities, and emergency contacts.
    - (2) Risk Assessment, including the evaluation and ranking of the following:
      - (a) Severe weather
      - (b) Earthquake
      - (c) Workplace violence
      - (d) Fire
      - (e) Hazardous material/chemical release
      - (f) Utility failures
      - (g) Bomb threat, riot, civil disturbance
      - (h) Man-made disasters
      - (i) Acts of terrorism
    - (3) Training/Drills
      - (a) Annual Emergency Response Drills



- (i) Drills may include tabletop exercises and/or actual drill scenarios.
    - (ii) Each drill will include a post-event evaluation and critique.
    - (iii) The post-event evaluation and critique.
    - (iv) Drills should include mutual-aid partners (city/county office of emergency management, police/fire departments, local hospitals, transportation service providers, etc.) when appropriate. (Note: A fire drill is no longer considered sufficient to qualify for the agency's annual emergency drill.)
  - (4) Disaster Recovery
  - (5) Incident Reporting
  - (6) Program Evaluation
- E) Mental Health
  - i) The Division of Mental Health serves as the lead agency for the coordination of mental health activities. The Division of Mental Health develops, maintains, and reviews a mental health plan that includes the following:
    - (1) Coordination of activities among state, local, public, and private response agencies.
    - (2) Coordination with agencies such as the American Red Cross (ARC) that deals with disaster issues on a full-time basis.
    - (3) Maintain listings of Critical Incident Stress Debriefing teams in the area to assist responders.
    - (4) Provide training to local mental health organizations to prepare them to recognize and treat disaster borne mental health problems.
    - (5) Provide assistance to local governments in the assessment of mental health needs.
    - (6) Provide information to be disseminated to the public on stress effects and techniques for managing stress and other pertinent information.
  - ii) Upon request from COEM, provide Emergency Response Coordinator(s) to the State Emergency Operations Center (SEOC) and as needed to the Disaster Field Office, if one is established.
- F) Individual and Family Grant Program (IFGP)
  - i) The IFGP provides grants to individuals and families to meet disaster related serious needs and necessary expenses that are not met by other sources of assistance or from any other means. The program is not

- intended to provide for the purchase of non-essential, luxury, or decorative items; the program does not provide assistance for verified pre-existing conditions. FEMA reviews and approves this plan annually.
- ii) To implement the IFGP, the Governor must include a statement of intent to implement the IFGP in the declaration request or within seven days of the declaration.
- G) Information Technology Disaster Recovery Plan
- i) The Information Technology Disaster Recovery Plan includes processes for planning, developing, testing, and executing procedures and tasks that maximize the ongoing and uninterrupted support of operational production systems, networks, and telecommunications in the event of a disaster. The plan also outlines requirements for the speed of recovery needed for each major application system.
- H) Food Distribution
- i) The Division of Food Assistance, Food Distribution Program is responsible for administrating the USDA commodity program in the State of Colorado. This program provides United States Department of Agriculture (USDA) commodities to several different agencies. These agencies in turn distribute food to households for use in preparing meals for home consumption, or to organizations that prepare and provide meals for mass feeding. Under the direction of the USDA Food and Nutrition Service, federal food assistance can be made available through two programs:
    - (1) USDA donated foods
    - (2) Disaster Food Stamp Program
  - ii) The Division of Food Assistance will develop, maintain, and review a Disaster Guide for Food Distribution every two years. The Guide will include:
    - (1) Congregate Meal Service for non-presidentially declared and presidentially declared disasters
    - (2) Household distribution for non-presidentially declared and presidentially declared disasters
    - (3) Reporting and record keeping requirements
- I) Administrative Offices
- i) All administrative offices that are not physically located at a direct care facility are required to develop, maintain, and implement emergency plans by March 31, 2002. Each office should coordinate planning efforts with leasing representatives as appropriate. The plans will include the following elements:

- (1) Identification of key agency personnel, their roles and responsibilities, and emergency contacts
  - (2) Evacuation
    - (a) Risk Assessments
  - (3) Training/Drills
    - (a) Annual Emergency Response Drills (Note: Drills may include tabletop exercises and/or actual drill scenarios.)
  - (4) Safety committees as appropriate
  - (5) Disaster recovery, including relocation, as appropriate
  - (6) Incident reporting
  - (7) Program evaluation
- 4) Notification/Reporting
- A) The notification and documentation process immediately begins once emergency plans are activated. In addition to contacting key personnel, timely notification is required for the CDHS Emergency Coordinator during emergency or disaster situations. Response coordinators must begin the documentation process to:
    - i) Record actual events
    - ii) Implement lessons learned
    - iii) Ensure that all key personnel are notified
    - iv) Identify required resources
    - v) Collect data for media releases, if necessary
- 5) Records
- A) Records will be kept in such a manner to separately identify disaster-related expenditures and obligations from general programs and activities, including personnel and equipment costs. A portion of disaster-related expenditures may be reimbursed under a number of federal programs.
    - i) Complete and accurate records are necessary:
      - (1) To document requests for assistance
      - (2) For reimbursement purposes
      - (3) For audit reports

## ***DEFINITIONS***

American Red Cross (ARC): A volunteer organization that works closely with government at all levels in planning for and providing assistance to disaster victims. The ARC operates under a Congressional charter. All of its disaster assistance is based on verified disaster-caused need, and is an outright grant from donations from the American people.

Casualty: A person injured, and needing treatment, or killed because of technological or natural disaster.

Continuity of Government (COG): All measures that may be taken to assure the continuity of essential functions of governments during or after an emergency or disaster.

Colorado Voluntary Organizations Active in Disaster (COVOAD): A group of organizations providing voluntary assistance following an emergency or disaster.

Disaster (State Definition): *The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property, or significant adverse impact on the environment, resulting from any natural or technological hazards, including but not limited to fire, flood, earthquake, wind, storm, hazardous substance incident, water contamination requiring emergency action to avert danger or damage, epidemic, air contamination, blight, drought, infestation, explosion, civil disturbance, or hostile military or paramilitary action.* For the purpose of state or federal disaster declarations, the term disaster generally falls into one of two categories relative to the level of severity and impact on local and state resources; they are: Major - likely to require immediate state assistance supplemented by limited federal resources, if necessary, to supplement intra-state efforts and resources; and, Catastrophic - will require immediate and massive state and federal assistance in both the response and recovery aspects. Local government's adaptation of the definition of a disaster denotes an event which threatens to or actually does inflict damage to people or property and is, or is likely to be, beyond the capability of the services, personnel, equipment, and facilities of a local jurisdiction, thereby, requiring the augmentation of resources through state-directed assistance.

Drill: A practice/simulated response to a natural or technological disaster involving planning, preparation, and execution. It is carried out for the purpose of training and/or evaluation. A drill is usually of a smaller scale than an exercise. (See exercise.)

Emergency (State Definition): *A suddenly occurring and often unforeseen situation which is determined by the Governor to require state response or mitigation actions to immediately supplement local government in protecting lives and property, to provide for public health and safety, or to avert or lessen the threat of a disaster.* Local government's adaptation of this definition connotes an event which threatens to or actually does inflict damage to people or property, exceeds the daily routine type of response, and still can be dealt with using local internal and mutual aid resources.

Emergency Operations Center (EOC): The protected site from which civil government officials (municipal, county, state, and federal) exercise direction and control in an emergency.

Emergency Operations Plan (EOP): A brief, clear, and concise document description of action to be taken, or instructions to all individual and local government services concerned, stating what will be done in the event of an emergency. The plan will state the method or scheme for taking coordinated action to meet the needs of the situation. It will state the action to be taken by whom, what, when, and where based on predetermined assumptions, objectives, and capabilities.

Emergency Public Information (EPI): Information which is disseminated primarily, but not unconditionally, at the actual time of an emergency, and in addition to providing information as such of an emergency, and in addition to providing information as such frequently directs actions, instructs, and transmits direct orders.

Essential Employee: Employees whose normal responsibilities are considered indispensable in carrying out the mission of the organization and whose job functions or duty assignments must be performed or whose posts must be manned by qualified personnel on a regular basis, regardless of external circumstances. In the absence of an individual employee who is classified as essential and is scheduled to work during a specific time period, another qualified person would be required to complete the same duties or man the necessary post during the same time period.

Evacuation: The organized, timed, and supervised dispersal of people from a hazardous area.

Exercise: A practice/simulated response to a natural or technological disaster involving planning, preparation, and execution. It is carried out for the purpose of training and/or evaluation.

Federal Emergency Management Agency (FEMA): The federal agency responsible for the U.S. government's portion of the comprehensive emergency management program. It consists of a national office in Washington, D.C., and 10 regional offices, one of which (Region VIII) is located in the Denver Federal Center in Lakewood, Colorado.

Individual Assistance: A division of a disaster response/recovery organization that directs or monitors assistance to families or individuals.

Local Emergency Operations Plan (LEOP): The local (jurisdictional) level plan for actions to be taken by government and citizens when disaster threatens or strikes. It consists of assignment of responsibilities to agencies, coordinating instructions, staffing, essential facilities, and general operations common to most major emergencies.

Memorandum of Agreement (MOU): An agreement document between two or more agencies proscribing reciprocal assistance to be provided upon request (and if available from the supplying agency) and laying out the guidelines under which this assistance will operate.

Mitigate: To lessen in force or intensity.

Non-Essential Employee: Employees who occupy positions which are not considered to be vital on a perpetual basis or which, in the temporary absence of the employee, do not create serious detrimental effects for the clients or customers of the organization.

Preparedness: Those activities, programs, and systems that exist prior to an emergency that are used to support and enhance response to an emergency or disaster.

Public Assistance: The federal financial assistance provided to state and local governments or to eligible private non-profit organizations for disaster-related requirements.

Public Information Officer (PIO): The single person responsible for disseminating information to the public.

Recovery: Those long-term activities and programs beyond the initial crisis period of an emergency or disaster designed to return all systems to normal status or to reconstitute those systems to a new state that is less vulnerable.

Response: Those activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster.

Standard Operating Procedures (SOP): A set of instructions having the force of a directive, covering those features of operations which lend themselves to a definite or standardized procedure without loss of effectiveness.

State Emergency Function (SEF): Common types of emergency assistance that are likely to be requested from the state. These common types of assistance have been grouped functionally into 14 areas. State Departments have been assigned responsibilities for implementing these functions. Assignments are made based upon the department's statutory, programmatic, or regulatory authorities and responsibilities.

State Emergency Operations Center (SEOC): The facility, located at Camp George West in Golden, from which state emergency/disaster operations are coordinated.

State Emergency Operations Plan (SEOP): The state level plan for actions to be taken by government and citizens when disaster threatens or strikes. It consists of assignment of responsibilities to state agencies, coordinating instructions, staffing, essential facilities, and general operations common to most major emergencies.

State Office of Emergency Management (COEM): The agency in the Division of Local Government, Department of Local Affairs responsible for emergency management programs in the State of Colorado. It is located at Camp George West in Golden, and is situated in the State Emergency Operations Center (SEOC), which COEM organizes and operates during emergencies or disasters.

Tabletop: This type of exercise is a process that brings out constructive discussions around simulated emergency situations. The format of a tabletop exercise leans more towards problem solving discussions rather than rapid, spontaneous decision making. Roles and responsibilities can be clarified, and participants have an opportunity to practice working as a team.

Volunteer: A person who, of his/her own free will, assumes responsibility for the performance of a task in the civil defense program for which s/he receives no salary.

## **Appendix J: Training Plan**

### **State of Colorado 2015-19 Child and Family Services Plan Training Plan**

## **Program Support**

Colorado's Child Welfare Training System (CWTS) is operated by a consortium of four providers under a contract with CDHS and under the direction of DCW. The consortium members are the Kempe Center Children's Center (Denver, Colorado), which services as the Central Management Organization, and three partners, all of which are established experts in the field of child welfare: the University of Denver, Graduate School of Social Work, Butler Institute for Families; the Colorado State Foster Parent Association; and Ridgewood and Associates. Each of the training partners contributes expertise and support in fulfilling the training needs of Colorado's child welfare staff.

The CWTS is structured with a Training Steering Committee, which is charged with the advisement, oversight, and approval of changes to the system. The CWTS has four Regional Training Centers that are each staffed with a Regional Training Center Manager and Coordinator. The regions are Garfield County (West), Fremont County (Southeast), Larimer County (Northeast) and Metro Denver. Each regional center recruits community stakeholders and county staff to provide feedback about the regional training needs. The regional model is well-suited for meeting Colorado's child welfare training needs. Colorado's 2015-19 Training Plan reflects the training that has been updated and approved by the Training Steering Committee and the training delivery via the regional sites.

All child welfare training is evaluated, as described in Section C, Systemic Factors. Evaluation ensures that training is current and relevant to the State's programs and initiatives. The Central Management Organization conducts an annual training needs assessment is to determine new and ongoing training needs.



<b><i>Initial Training for New or Reassigned Employees</i></b>							
<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>New Worker Pre-Service Training Adcademy</b>	This training consists of seven modules in which participants learn about the foundations of child welfare and receive an orientation to CDHS, its mission, and principles. The modules include: technical instruction relating to child abuse and neglect; caseworker safety; child interviewing; permanency; the legal aspects of child protection; attachment; the effects of trauma on child development; cultural responsiveness; family engagement and diligent search.	Combination of web-based and classroom	Butler Institute for Families	108 hours	20 Offerings in all training regions at least once a year, with multiple cohorts in the Metro region.	New child welfare caseworkers and supervisors	Preparation for and participation in judicial determinations, case management and supervision, development of case plan, case reviews, screening and assessments, permanency planning
<b>Estimated Total Cost of this Training Type</b>	<b>\$548,642.33</b>						

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>FY 2014-15 New Supervisor Pre-Service Training Academy</b>	<p>New supervisor training consists of four modules that focus on</p> <ol style="list-style-type: none"> <li>1. Administrative supervision; the supervisor as leader and manager.</li> <li>2. Educational supervision; the supervisor as a coach and educator.</li> <li>3. Clinical supervision; the supervisor as clinician and consultant.</li> <li>4. Supportive supervision; the supervisor as team leader, staff motivator.</li> </ol>	Classroom	Butler Institute for Families	55 hours	6 Offerings in the Metro and other regions	New child welfare supervisors	General Supervisory skills (50%)
<b>Estimated Total Cost of this Training Type</b>	<b>\$117,566.21</b>						
<b><i>Foster and Adoptive Parent Training</i></b>							
<b>Foster Parent Core Training</b>	<p>This training provides introductory level information needed to successfully become a foster/kinship/adoptive parent. Topics include: legal process; how families and children become involved with child welfare, and services provided to support families. Participants will gain an understanding of how to work alongside child welfare agencies and the family of origin, while providing a nurturing and therapeutic environment for children and youth.</p>	Classroom	Colorado State Foster Parent Association	2 days	36 Offerings in multiple Regions	Foster / kinship / adoptive parents	Recruitment and licensing of foster home and institutions

<b>Estimated Total Cost of this Training Type</b>	<b>\$154,944.00</b>						
<b>Cost Allocation Methodology:</b> Initial training activities for new or reassigned employees, and foster and adoptive parent training are allocated by applying Social Services Random Moment Surveys (SSRMS) to IV-E eligible training activities, weighted by the caseload penetration rate and are eligible for Federal matching at 75%.							
<b><i>In-Service Training Offerings</i></b>							
<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Adolescent Development: Assessment and Case Planning</b>	Training presents strategies for caseworkers' interactions with adolescent clients, assessment techniques and case planning.	Classroom	Metropolitan State University	2 days	2 Offerings Regions/dates TBD	Caseworkers and other child welfare and legal professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
<b>Adolescents who Commit Sex Offenses</b>	Training provides an overview of the assessment, management, and treatment of adolescents who commit sex offenses.	Classroom	Metropolitan State University	1 day	4 Offerings Regions/dates TBD	Caseworkers, case managers, direct service providers and other child welfare professionals	Case management and supervision
<b>Adolescents with Developmental Disabilities</b>	Presentation of an intervention model to decrease mild to moderate problem behaviors in adolescents with mild intellectual and developmental disabilities. Specific topics include the lack of healthy social development in the areas of identity, sexuality and positive peer relationships.	Classroom	Metropolitan State University	1 day	4 Offerings Regions/dates TBD	Caseworkers and other child welfare professionals	Case management and supervision, child development and well-being, cultural competence

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Advocating for the Educational Needs of Children and Youth in Out-of-Home Care for Caseworkers and Supervisors</b>	Training consists of the presentation of strategies for collaborating with the education system, on behalf of children and youth in foster care.	Classroom	CWTS	1.5 days	2 Offerings Regions/dates TBD	Caseworkers, supervisors, administrators, Child Placement Agency (CPA) staff	Referral to services, development of the case plan, case management and supervision
<b>Advocating for the Educational Needs of Children and Youth in Out-of-Home Care for Foster, Adoptive, and Kinship Parents</b>	Training provides an overview of the advocacy role of the caregiver in support of educational success of children and youth in the child welfare system.	Classroom	Colorado State Foster Parent Association	2 days	2 Offerings Regions/dates TBD	Foster/kinship/adoptive parents, group home/center parents and staff; CPAs	Recruitment and licensing of foster homes and institutions
<b>Attachment Implications for Multi-Disciplinary Professionals</b>	Presentation of attachment processes, dynamics and patterns. Experienced foster care parents and professionals will provide examples of past experiences with children in out-of-home placement.	Classroom	Child Welfare Training System (CWTS)	1 day	10 Offerings Multiple regions/dates	Foster parents, caseworkers, and supervisors	Referral to services, development of the case plan, case management
<b>Being a Resilient Worker</b>	Worker resiliency and its relationship to compassion fatigue, secondary trauma and burnout. Strategies for mitigating risks and increasing job satisfaction are included.	Classroom	Butler Institute for Families	1 day	10 Offerings Multiple regions/dates	Child welfare caseworkers and case aides	Case management and supervision, development of case plan, case review, worker retention (50%), stress management training (50%)

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Building Partnerships with Families: Practical Interventions for the Para-Professional</b>	Working with children and families, including cultural awareness, and the process and skills associated with helping relationships.	Classroom <b>Basic</b>	CWTS	2 days	4 Offerings  Regions/dates  TBD	Case aides	Case management and supervision, development of the case plan, referral to services, relational competence cultural competence
<b>Building Partnerships with Families: Practical Interventions for the Para-Professional</b>	Practical interventions with children and their families, using skills and processes associated with the helping relationship.	Classroom <b>Advanced</b>	CWTS	1 day	4 Offerings  Regions/dates  TBD	Case aides	Case management and supervision, development of the case plan, relational competence
<b>Building Safety When Parents Use Substances</b>	Training consists of an overview of parental substance abuse, its impacts on children, and safety assessment and planning.	Classroom	Colorado Alliance for Drug Endangered Children	1 day	5 Offerings  Multiple regions/dates	Case aides, caseworkers, supervisors and administrators	Case management and supervision, protective factors, general substance abuse
<b>Caring for Children Who Have Been Abused</b>	Training provides a presentation of the impact of sexual abuse on children, managing child victim behaviors, and the parenting of sexual abuse survivors.	Classroom	Colorado State Foster Parent Association	1.5 days	4 Offerings  Multiple regions/dates	Foster/ kinship/ adoptive parents	Recruitment and licensing of foster homes and institutions, trauma training

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Community and Culture</b>	Understanding a family's cultural story and appreciating how it influences their functioning and success. Training helps increase awareness, and cultivates insight.	Hybrid: web-based and classroom	CWTS	1 day	2 Offerings Regions/dates TBD	Caseworkers, supervisors, case aides, foster parents, and other child welfare professionals	Development of the case plan, cultural competence
<b>Confidentiality</b>	Training provides an overview of state and federal privacy laws, confidentiality rules and legal requirements in responding to information requests and the procurement of consent forms.	Hybrid: web-based and classroom	National Association of Counsel for Children	1 day	6 Offerings Multiple regions/dates	Caseworkers, supervisors, and legal professionals	Ethics Training, State agency personnel policies and procedures (50%)
<b>Continuous Quality Improvement (CQI)</b>	Training consists of a presentation of CQI in the context of child welfare practice, at all levels of the agency/system, including children, youth, families, and stakeholders.	Hybrid: web-based and classroom	CWTS	1 day	4 Offerings Regions/dates TBD	Caseworkers, supervisors, and other child welfare professionals	Case review, related to data collection and reporting, State agency personnel policies and procedures (50%)
<b>Data Informed Supervision</b>	Training provides instruction on the interpretation of child welfare data sources (e.g., Trails, ARD, C-Stat, CFSR, NCANDS); and provides strategies for data-informed decision making in supervision of staff.	Classroom	CWTS	1 day	4 Offerings Regions/dates TBD	Child welfare supervisors and administrators	Case management and supervision, related to data collection and reporting, state agency personnel policies and procedures (50%), job performance enhancement skills (50%)

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Digging Deeper than Deadlines: Strengthening Practice through Supervision</b>	Training provides an overview of supervisory skills development that will help workers improve their practice. Information is provided on the use of probing questions, assessment, reflective and discussion-oriented supervision and the use of group supervision as a clinical tool.	Classroom	Butler Institute for Families	2 days	4 Offerings Multiple regions/dates	Supervisors	Development of the case plan, case management and supervision, case review
<b>Disclosure and Information Sharing</b>	Training promotes an understanding of the implications of court involvement in dependency and neglect actions, juvenile offenses while providing effective services, and protecting the family's right to privacy.	Classroom	CWTS	1 day	4 Offerings Regions/dates TBD	Caseworkers, case aides, and supervisors	Preparation for and participation in judicial determinations, ethics training
<b>Domestic Violence</b>	Complex issues challenge families involved with child welfare. The Co-existence of domestic violence in these families requires effective intervention for domestic violence (DV), using current information and resources, and working with DV agencies.	Hybrid: web-based and classroom	CWTS	1 day	10 Offerings Regions/dates TBD	Caseworkers, case aides, and supervisors	Referral to services, screening and assessments

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Effective Matching Practices: Matching Practices that Promote Permanency</b>	Training covers information about matching practices for foster and adoptive children with special needs. An exploration of the personal beliefs and biases that may affect the matching processes is included, as is an overview of parental/family paradigms in relation to meeting the child's needs.	WBT	CWTS	3 hours	WBT	Child welfare supervisors, caseworkers, and foster/ kinship/ adoptive parents	Referral to services, placement of the child, recruitment and licensing of foster homes and institutions
<b>Engaging Families</b>	This training focuses on engaging families through assessing the family's story. The process helps with identifying strengths, and using tools and techniques to establish the balance between cultivating partnerships and achieving safety.	Classroom	CWTS	2 days	2 Offerings Regions/dates TBD	Caseworkers, and supervisors	Referral for service, development of the case plan, case management and supervision
<b>Effective Family Engagement with Kin: Maintaining Connections for Children and Youth</b>	Training focuses on increasing knowledge and application of effective family engagement with kin, and working collaboratively with extended families to maintain connections for children and youth.	Classroom	CWTS	1 ½ days	4 Offerings 2 Metro 2 Regions TBD	Caseworkers, CPAs, Guardians ad Litem and community agency staff who work with families	Referral for service, development of the case plan, case management
<b>Enhanced Screening and RED Team Development</b>	Training provides an overview of the framework for enhanced screening and the RED Team process.	Classroom	CWTS	1 day	Upon request	Caseworkers and supervisors	Referral to services, screening and assessments



<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Facilitation Training</b>	Training consists of facilitation skills building. Participants may apply these facilitation skills to the facilitation of RED Teams, family engagement meetings and group supervision.	Classroom	CWTS	2 days	5 Offerings Regions/dates TBD	Caseworkers, supervisors	Referral to services, development of case plan, case management and supervision, case review
<b>Family Reunification</b>	Training covers decision-making and planning skills involved in family reunification. Topics include a family readiness assessment, planning and monitoring family visiting and developing case plans for maintaining reunification.	Classroom	Butler Institute for Families	2 days	4 Offerings Multiple regions/dates	Caseworkers, case aides, legal professionals	Referral to services, development of the case plan, case review, case management and supervision
<b>Foster Parents Helping Youth Transition Successfully into Adulthood</b>	Training provides an overview of the critical role foster, kinship and adoptive families have in working with youth to develop permanent connections and the successful re-establishment of connections with the biological family.	Classroom	Colorado State Foster Parent Association	1 day	3 Offerings Multiple regions/dates	Foster/ kinship/ adoptive parents, CPA staff	Development of the case plan, case management and supervision, recruitment and licensing of foster homes and institutions, child development, resilience skills, relational competence,
<b>Group Supervision for Supervisors</b>	Training consists of presentation of the skills and techniques for the facilitation of group supervision.	Hybrid: web-based and classroom	CWTS	1 day	6 Offerings Multiple regions/dates	Supervisors	Case management and supervision

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Guided by the Law: ICWA, ADA, ASFA</b>	This training is an overview of child protection legal bases including the Adoption and Safe Families Act (ASFA), Indian Child Welfare Act (ICWA), Americans with Disabilities Act (ADA), and other federal laws that determine placement practice for foster care and adoption; issues of trans-racial and inter-jurisdictional placements.	Classroom	National Association of Counsel for Children	3 hours	4 Offerings Multiple regions/dates	Child welfare professionals, and foster, adoptive, and kinship parents	Referral for services, preparation for and participation in judicial determinations, placement of the child, negotiation and review of adoption assistance agreements
<b>Helping Children Cope: Reducing Trauma during Placement Moves</b>	Training addresses the trauma related to removal and placement, including multiple, emergency and planned moves. Tools and techniques are provided that will enable caseworkers to help children understand the placement process, reducing their fears and anxieties.	WBT	CWTS	WBT	WBT	Child welfare and foster/adoption caseworkers, supervisors administrators and CPA staff	Placement of the child, development of the case plan, case management and supervision, child development, resilience skills, effects of separation

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Hotline Certification Training for Workers and Supervisors</b>	Colorado is implementing a new statewide child abuse hotline that includes the certification standards for hotline workers, screeners and those who conduct assessments. This training will cover the information that is gathered, upon which informed decisions are made throughout the screening and assessment process. The presentation will include linking the information to the evaluation of child safety, to new reports of suspected abuse or neglect. Additional topics include protocols and decisions, including the role of RED Teams in determining whether the county will intervene, and if so, in what prescribed time-frame.	Hybrid: web-based and classroom	CWTS	13 hours classroom + 2 hours web-based	28 Offerings Regions/dates TBD	Hotline workers, caseworkers and supervisors	Screening and assessments, related to data collection and reporting, communication skills, child abuse and neglect issues, job performance enhancement skills (50%)
<b>Human Trafficking</b>	Training consists of the role of child welfare in human trafficking, including the Trafficking Victims Protection Act (TVPA) of 2000, children at risk of trafficking, and the CQI approach to responding to trafficking issues.	WBT	CWTS	WBT	4 Offerings Regions/dates TBD	Caseworkers, supervisors, case aides, legal and mental health professionals, and other child welfare professionals	Referral to services, child abuse and neglect issues, communication skills, ethics training
<b>Impact Becoming a Foster Family has on YOUR Family</b>	Training prepares participants for anticipating and understanding the impact of fostering/adopting on one's family, including exploration of issues, tools, and strategies for addressing dynamic familial relationships.	Classroom	Colorado State Foster Parent Association	1/2 day	4 Offerings Regions/dates TBD	Foster/ kinship/ adoptive parents	Recruitment and licensing of foster homes and institutions

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Integrating Child Welfare and Substance Abuse</b>	Cross-training for child welfare and substance abuse professionals to improve communication and collaborative case planning, confidentiality, common goals and values of family-based practice, sensitivity to cultural issues in risk assessment, and case planning processes.	Classroom	Colorado Alliance for Drug Endangered Children	2 day	5 Offerings Regions/dates TBD	Child welfare caseworkers, supervisors and substance abuse professionals	Referral to services, development of the case plan, case management and supervision, communication skills, cultural competence, ethics training
<b>Intensive Family Finding</b>	Instruction consists of an overview of family finding for children and youth in foster care. Topics include increasing awareness and motivation to find family connections using websites, search engines, and databases. Trainers will provide family engagement techniques to involve parents in the understanding of permanent connections and the location processes.	Classroom	CWTS	1 day	6 Offerings Regions/dates TBD	County family finder specialists, caseworkers, supervisors, administrators, and CPA staff	Placement of the child, case management and supervision, permanency planning, communication skills, activity to preserve, strengthen, and reunify families, relational competence
<b>Inter-disciplinary Case Conflict Management</b>	Training facilitates an understanding of interpersonal, inter-professional and interagency conflict resolution and its application to child protection.	Classroom	CWTS	1 day	2 Offerings Regions/dates Northeast	Caseworkers, supervisors, foster parents and case aides	Development of the case plan, case management and supervision, communication skills
<b>Intervention Skills for Case Aides</b>	Training consists of an overview of the responsibilities of paraprofessionals to provide child welfare intervention. A review of techniques includes establishment of client rapport, active listening and de-escalation of hostile/angry clients.	Classroom	CWTS	2 days	4 Offerings Regions/dates TBD	Case aides	Referral to services, development of the case plan, communication skills

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Intervention Strategies and Service Provision for Adolescents</b>	Training requires completion of the pre-requisite course, “Adolescent Development” and “Adolescent Assessment & Case Planning.” Treatment and intervention strategies for each of the behavioral problems identified in the prerequisite training are provided, using the criteria for implementation of therapeutic and placement interventions.	Classroom; advanced	Metropolitan State University	2 days	2 Offerings  Regions/dates  TBD	Caseworkers and other child welfare and legal professionals	Referral to services, placement of the child, development of the case plan, case management and supervision, screening and assessment
<b>Leading from Two Steps Behind: Solution-Focused Supervision</b>	Applying Solution-Supervisors will gain information about Focused Supervision and Motivational Interviewing to help caseworkers build problem solving and critical thinking skills.	Classroom	Butler Institute for Families	2 days	4 Offerings  Multiple regions/dates	Supervisors	General Supervisory (50%)
<b>Leading Positive Change in a Shifting Environment</b>	Training consists of an overview of the dynamics and stages of change, development of coping strategies for managing the unit, and individual reaction to change.	Classroom	Butler Institute for Families	1 day	4 Offerings  Multiple regions/dates	Supervisors	General Supervisory (50%), team building and stress management training (50%)
<b>Legal Preparation 2014: Expert Testimony</b>	Course prepares participants for developing skills in testifying, establishing and maintaining credibility, and understanding legal strategy.	Classroom	National Association of Counsel for Children	1 day	8 Offerings  Multiple regions/dates	Caseworkers, case aides, supervisors, directors, and county attorneys	Preparation for and participation in judicial determinations
<b>Legal Preparation for Caseworkers</b>	Course provides techniques and strategies for preparing for dependency and neglect court processes. Topics include information about the levels of evidence, qualifying as an expert witness, and direct and cross-examination.	Classroom	National Association of Counsel for Children	2 days	7 Offerings  Multiple regions/dates	Caseworkers, case aides, supervisors, directors, and county attorneys.	Preparation for and participation in judicial determinations

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Legal Preparation for Foster Parents</b>	Survey course reviews the laws that impact foster parents, including the substance and scope of a foster parent's rights, tips for participating in court proceedings, and strategies for navigating the child welfare system.	Classroom	National Association of Counsel for Children	1 day	8 Offerings Multiple regions/dates	Foster Parents	Preparation for and participation in judicial determinations
<b>Life Books</b>	Course provides information about creating and maintaining life books for children in foster care that help them preserve their past and understand their current situation.	WBT	CWTS	WBT	WBT	Caseworkers, foster/kinship/ adoptive parents	Child social and emotional development and well-being
<b>Medical Aspects of Child Maltreatment</b>	Course reviews of the more common medical aspects of each form of child maltreatment (physical abuse, neglect, and sexual abuse. Additional topics include the inclusion of medical information in the Family Services Plan and effective communication with medical practitioners.	Classroom	CWTS	2 days	8 Offerings Multiple regions/dates	Caseworkers, supervisors, foster parents	Referral to services, development of case plan, case management and supervision, related to data collection and reporting, communication skills, evidence-based practice

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Maternal Substance Abuse</b>	Training reviews the medical and legal issues associated with substance abuse pre-natal effects, prevention and treatment. Also provided is the multidisciplinary approach to maternal substance abuse.	Classroom	CWTS	1 day	4 Offerings Multiple regions/dates	Caseworkers, supervisors and foster parents	Development of case plan, case management and supervision, general substance abuse
<b>Meeting the Mental Health Needs of Children</b>	Course reviews identifying and meeting the mental health needs of children in foster care. Additional topics include medications and therapeutic interventions, such as body awareness and calming techniques.	Classroom	Colorado State Foster Parent Association	2 days	5 Offerings Multiple regions/dates	Foster parents, caseworkers and supervisors	Referral to services, development of the case, case management and supervision, communication skills, facility security training (50%)
<b>Navigation Effectively Throughout the Child Welfare System</b>	Training explores defining one's role in the child welfare system, in the context of the system's structure, complexities, roles and perspectives.	Classroom	Colorado State Foster Parent Association	1 day	4 Offerings Multiple regions/dates	Foster parents, caseworkers, supervisors and other child welfare professionals	Worker retention and worker safety (50%), team building and stress management training,

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<b>Nuts and Bolts: Family Foster Care Home Certification, Recertification Recruitment and Retention</b>	This is a specialized training for new foster care coordinators and resource caseworkers. It consists of an overview of agency certification requirements, the SAFE home study and Trails documentation.	Classroom	CWTS	1 day	4 Offerings Regions/dates TBD	Foster care resource, kinship and child welfare caseworkers, supervisors, administrators and CPA staff	Recruitment and licensing of foster homes and institutions, home studies, state agency personnel policies and procedures (50%), job performance enhancement skills (50%), general supervisory (50%)
<b>Outcome-Focused Supervision</b>	Supervisors will gain an understanding of underperforming staff, including the identification of performance issues. Techniques are provided for eliciting positive change that improves outcomes for families.	Classroom	Butler Institute for Families	1 day	4 Offerings Multiple regions/dates	Supervisors	General supervisory (50%), team building and stress management training (50%)
<b>Parents with Mild Cognitive Impairments</b>	Training participants will receive an overview of mild cognitive disabilities, and Americans with Disabilities Act requirements for agencies providing services. Course material includes the accommodation of parental learning styles and cognitive/behavioral strategies that support goal attainment.	Classroom	Metropolitan State University	1 day	4 Offerings Regions/dates TBD	Caseworkers, supervisors, case aides, and other child welfare professionals	Development of the case plan, case reviews, case management and supervision, communication skills
<b>Parenting Children with Challenging Behaviors</b>	Course instruction addresses some of the difficult behaviors of foster/adopted children. Training topics include the effects of maltreatment and prenatal substance exposure on brain development and techniques for managing challenging behaviors.	Classroom	Colorado State Foster Parent Association	2 days	8 Offerings Multiple regions/dates	Foster/ kinship/ adoptive parents	Development of the case plan, case management, recruitment and licensing of foster homes and institutions



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<b>Placement Stability, Compatibility, Support: Making the Best Decisions</b>	Course content provides relevant strategies and considerations for child welfare and CPA professionals when making placement decisions for children and youth that include trauma-informed assessments and the selection of caregivers.	WBT	CWTS	WBT	WBT	Foster parents, caseworkers, supervisors,  CPA staff	Development of the case plan, recruitment and licensing of foster homes and institutions
<b>Promoting Health and Stability</b>	Course content reviews the effects of abuse, neglect and trauma on child development. Techniques are provided for promoting child emotional health and stability.	WBT	CWTS	WBT	WBT	Foster/ kinship/ adoptive parents	Case review, case management and supervision, child abuse and neglect issues, trauma training,

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<b>Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption</b>	Course content explores the use of effective post-placement supportive and treatment services with the resource family to prevent placement disruptions.	WBT	CWTS	WBT	WBT	Foster care/adoptive caseworkers, supervisors and CPA staff	Development of the case plan, case review, case management and supervision, recruitment and licensing of foster homes and institutions
<b>Colorado Safety and Risk Assessment</b>	Course consists of an overview of the foundational knowledge necessary to comprehend the complexities of safety and risk.	Hybrid: web-based and classroom	CWTS	13 hours classroom + 2 hours web-based	46 Offerings Multiple regions/dates	Caseworkers, supervisors	Development of the case plan, case review, case management and supervision, first aid, CPR, or facility security training (50%)
<b>Specialized Interviewing Skills for Latency Aged Children</b>	Course instruction consists of information for interviewing latency-age children. Participants use a protocol with a step-by-step framework, are provided with techniques for gathering evidence and attending to the child's state of anxiety regarding child abuse and neglect allegations.	Classroom	Butler Institute for Families	3 Days	10 Offerings Multiple regions/dates	Caseworkers, supervisors, law enforcement	Referral to services, child abuse and neglect issues, communication skills, screening and assessment
<b>Solution Focused Practices to Enhance Engagement</b>	Training participants will gain recognition of solution-focused thinking, as differentiated from problem-focused models. Training features six solution-focused interventions and five concrete tools.	Classroom	Contractor	1 day	4 Offerings Multiple regions/dates	Caseworkers, supervisors	Communication skills, evidence-based practices, worker retention (50%)

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<b>Supervising for Permanency</b>	Course instruction provides supervising staff with models and strategies for permanency planning	Classroom	CWTS	1 day	4 Offerings Regions/dates TBD	Supervisors	Development of case plan, permanency planning, general supervisory skills (50%)
<b>Supporting Gay, Lesbian, Bisexual, Transgender, and Questioning (LGBTQ) Youth While They are in Foster Care</b>	Training participants will learn about the ways to ensure that LGBTQ youth have appropriate and supportive services while they are involved with the child welfare system. Topics include development of “safe spaces”; unique challenges faced in the home, school, and community, including caregiver rejection.	Classroom	Contractor	1 day	16 Offerings Multiple regions/dates	Caseworkers, supervisors, and foster/ kinship/ adoptive parents	Development of case plan, case review, case management and supervision, ethics training, cultural competence
<b>Trainer Skills Institute 101</b>	This specialized training reviews techniques for facilitating a room full of learners in an engaging, energized and purposeful way.	Classroom	CWTS	1 day	4 Offerings Multiple regions Dates	All professional training facilitators who currently train or wish to train on behalf of CWTS, its Partner Trainers, and Training Pool Trainers have first priority seating in this training. Other child welfare professionals are welcome to attend on a “space available” basis.	

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<b>Trainer Skills Institute 201</b>	Course instruction aids participants in building the skills with which they will effectively facilitate participative learning experiences utilizing Action-Based Learning methods such as Problem-Based Learning.	Classroom	CWTS	1 day	8 Offerings Regions/dates TBD	All professional training facilitators who currently train or wish to train on behalf of CWTS, its Partner Trainers, and Training Pool Trainers have first priority seating in this training. Other child welfare professionals are welcome to attend on a “space available” basis.	
<b>Trauma Informed Practices</b>	Training topics include the nature of acute chronic trauma of children, traumatic environments, the mitigating influence of consistent and supportive caregivers, and effective trauma interventions.	Hybrid: web-based and classroom	CWTS	1 day	2 Offerings Regions/dates TBD	Caseworkers, supervisors, and foster/ kinship/ adoptive parents	Case management and supervision, recruitment and licensing of foster homes and institutions, communication skills, trauma training
<b>Transitioning Through Adoption: From Foster to Adoptive Parenting</b>	Course provides information about the transition from temporary care to permanency via adoption. Training topics include the impacts on family dynamics, grief and loss issues, the use of supports, and preservation of family connections.	Classroom	Colorado State Foster Parent Association	1/2 day	4 Offerings Multiple regions/dates	Foster/ kinship/ adoptive parents	Placement of the child, case management, recruitment and licensing of foster homes and institutions, recruitment of adoptive homes, permanency planning, effects of separation, grief and loss

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<b>Treatment Planning for Abused and Neglected Children and their Families</b>	Course participants will receive and overview of treatment planning from a developmental and ecological perspective. Training covers types of therapy, role of visitation, reunification and termination.	Classroom	CWTS	1 day	4 Offerings Multiple Regions/dates	Caseworkers and supervisors	Development of case plan, case management and supervision, child development, visitations, resilience strategies
<b>Understanding and responding to the impacts of Marijuana: How does it affect the safety, permanency and well-being of children, youth and families?</b>	This one-day course will equip caseworkers and supervisors with the knowledge and skills necessary to understand marijuana, its medical uses, abuses, and its impacts on parenting and child safety.	Classroom	Colorado Alliance for Drug Endangered Children	1 day	5 Offerings Multiple regions/dates	Caseworkers and supervisors	Case review, case management and supervision, general substance abuse
<b>Understanding Systems of Support for Children with Special Healthcare Needs</b>	Course instruction covers how to create and sustain a support system for children with special health care needs. Training topics include children who are medically fragile or developmentally delayed, obtaining services and developing collaborative relationships with service providers.	Classroom	Colorado State Foster Parent Association	1 day	4 Offerings Multiple regions/dates	Foster/ kinship/ adoptive parents	Referral to services, development of case plan, case management and supervision, recruitment and licensing of foster homes and institutions, child development

*Updates at Noon Webinar Series*

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Responding to Children’s Sexual Behaviors</b>	Training content provides methods for distinguishing between normal, problematic, and abusive sexual behaviors of children. Additional content includes a presentation of the development of goal-oriented responses to children.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers, supervisors, legal professionals and other child welfare professionals	Development of case plan, case review, case management and supervision, child abuse issues, child development
<b>Domestic Violence and Child Abuse Co-Occurrence: How Can We Effectively Intervene?</b>	Training covers intervening in situations where there are both allegations of domestic violence and harm to the children. Content includes assessment guidelines to child exposure.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers, supervisors, domestic violence providers, other child welfare professionals	Referral to services, screening and assessments, development of case plan, case management and supervision, general domestic violence issues
<b>Overcoming the Odds: Discovering/Building Resilience in Vulnerable Children and Families</b>	Participants learn how to develop strengths and build resilience in children and families who have experienced domestic violence and identify protective factors within the child, family and community.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers, supervisors, DV providers and other child welfare professionals	Development of the case plan, case management and supervision, general domestic violence issues, resilience skills
<b>Failure to Thrive Identification and Treatment</b>	Training participants learn how to differentiate between non-organic and organic failure to thrive cases. Topics include the types of parent-child dynamics, healthy and unhealthy interactions and providing structure and safety for infants with this condition.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers	Referral to services, development of the case plan, case management and supervision, child development, communication skills

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<b>Preparation for Termination Hearings</b>	Course reviews the Colorado Statutory and Case Law criteria for terminating the parent-child legal relationship. Specific topics include preparing a case for termination based that is on an understanding of the psychological basis for Colorado's law on freeing children for adoption after having been adjudicated as dependent and/or neglected. Appeal information is also provided: avoiding refusal by the court to uphold a termination and the overturning, on appeal, of a trial court termination.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers, supervisors, county attorneys	Development of the case plan, case management and supervision, preparation for and participation in judicial determinations
<b>Attachment Theory in Child Welfare Practice</b>	Training participants learn to recognize the four attachment styles via observation of parent-child relationships. Techniques are provided for designing treatment goals to rehabilitate disturbed parent-child relationships.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers	Development of the case plan, case management and supervision, protective factors, screening and assessment skills
<b>Treatment Needs for Physically Abused Children Under Six Years of Age</b>	Course information includes the treatability of parents and the identification of identifying risk for fatal or serious physical injury among infants and preschoolers.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers	Development of the case plan, case management and supervision, child abuse issues, domestic violence issues
<b>Therapeutic Relationships with Involuntary Clients</b>	Participants learn about building effective working relationships with clients involved in child protection services by identifying the client's avoidance and resistance and implement strategies.	Updates at Noon Video Conference	CWTS	1.5 hours	Upon request	Caseworkers	Development of the case plan, case management and supervision, communication skills

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<b>Using Psychological Assessment Information in Child Welfare Case Planning</b>	Course content provides an overview of psychological testing at key case decision points, and the distinction between objective and subjective approaches, and specific tests and assessments used with children and youth.	WBT	CWTS	WBT	WBT	Intake and ongoing caseworkers; case aides; mental health and legal professionals	Development of the case plan, case management
<b>What Makes Them Tick</b>	Training informs participants about the factors contributing to the underperformance of child welfare staff and the effects on the supervisor, unit, and families. Supervisory techniques for improved performance are included.	Classroom	Butler Institute for Families	1 day	4 Offerings Regions/dates TBD	Supervisors	General supervisory skills (50%), State agency personnel policies and procedure (50%), team building and stress management (50%)
<b>Working with Families with Children/Parents with Developmental Disabilities</b>	Course provides information about the strengths and strains of families with children with developmental disabilities. Trainers review disabling conditions, cultural response; statewide resources, safety and risk and intervening with parents with developmental disabilities.	Classroom	Metropolitan State University	1 day	4 Offerings Regions/dates TBD	Caseworkers, case aides, supervisors, legal, early intervention, public health and community centered board professionals	Case management and supervision, screening and assessment



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<b>Working with Families of Origin</b>	Course reviews the complexities associated with forming partnerships with biological families that impact children/youth. Strategies and tools provided.	Classroom	Colorado State Foster Parent Association	1/2 day	4 Offerings Regions/dates TBD	Foster/ kinship/ adoptive parents	Development of case plan, case management and supervision, recruitment and licensing of foster homes and institutions
<b>Estimated Total Cost of this Training Type</b>	<b>\$584,767.20</b>						
<b>Cost Allocation Methodology:</b> In-Service training activities are allocated by applying Social Services Random Moment Surveys (SSRMS) to IV-E eligible training activities, weighted by the caseload penetration rate and are eligible for Federal matching at 75%.							

***Trainings Provided by DCW***

<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>IV-E Training</b>	Training enables eligibility staff to utilize Trails, IV-E module and income verification screens from other systems. Annual training includes updates to module and to policy and procedure.	Classroom	DCW	1 day annual  2 ½ days New Worker training	Annual: 8 statewide sessions  Metro region	County, NYC and Tribal staff	Eligibility determinations and re-determinations, Title IV-E policies and procedures, related to data collection and reporting
<b>Children’s Habilitation Residential Program (CHRP) Waiver Training</b>	Training provides caseworkers with knowledge of assessments, BUS system and Trails documentation that is needed to effectively serve children and youth with developmental disabilities.	Class room  Teleconference	DCW in partnership with DIDD and HCPF	1 day	4 Quarterly meetings— Metro Region and additional meetings in each region once a year	Caseworkers, supervisors, providers, community centered board staff	Development of the case plan, case management and supervision, related to data collection and reporting, screening and assessments
<b>Indian Child Welfare Act (ICWA) Training</b>	Course content includes the cultural and statutory foundations of the Indian Child Welfare Act and culturally relevant parenting techniques and foster care recruitment and retention.	Classroom	Contract trainers	1 day	Three trainings per year	Caseworkers, community members, family members	Recruitment and licensing of foster homes and institutions, cultural competence

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<b>Permanency Roundtable Training</b>	Training provides an overview of permanency, Permanency Roundtable Skills and Youth-Centered Permanency Roundtables.	Classroom	DCW	1 day	Each region/twice a year	Caseworkers, CASAs, Guardians ad Litem, community partners and external consultants	Development of the case plan, case review, screening and assessments
<b>Understanding Human Trafficking</b>	Course consists of an overview of the definitions, dynamics and laws of human trafficking and strategies to assist children and youth victims.	Classroom	Contracted trainers	1 day	Annual	Caseworkers; all 24-Hour Licensing and Monitoring staff and supervisors	Development of the case plan, screening and assessments, effects of abuse
<b>Colorado Practice Model</b>	Course is available to provide training and ongoing support of county cohorts implementing and sustaining the Colorado Practice Model.	County on-site training, over the shoulder coaching, webinars, printed materials	DCW and other contracted trainers	1 day	Upon request	County directors, local judicial district court staff, community partners and stakeholders	Case management and supervision, related to data collection and reporting
<b>Intensive Family Finding</b>	Training builds on the initial Intensive Family Finding entry-level training. Topics include the use of family engagement during family meetings, permanency roundtables, case mining and other activities.	Classroom	Contracted	1 day	5 trainings Multiple regions	County and CPA staff, family finders, family engagement meeting facilitators	Development of the case plan, case review, case management, permanency planning, communication skills
<b>Credit Record Retention</b>	Training provides volunteers with skills to assist youth to resolve inaccuracies in their credit records before exiting foster care.	Classroom	Contracted	1 day	2 Trainings 2 Regions	Caseworkers, community organizations and partners	Development of the case plan, case management and supervision, permanency planning, child development

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<b>CANS and Treatment Foster Care</b>	Child and Adolescents Needs and Strengths Assessment training for counties planning to implement a six-month Treatment Foster Care pilot.	Classroom	Contracted expert	4 days	3 Trainings	County, CPA and mental health staff	Development of the case plan, screening and assessments
<b>Differential Response</b>	Training provides an overview of Differential Response and changes to the agency's organizational process with dual-track response	Classroom	DCW	1 day	Upon request	Administrators, supervisors, caseworkers	
<b>Social Security Administration (SSA) and Child Welfare Funding</b>	Course content includes an overview of SSA policy and procedures and Colorado's rules and regulations governing the application for and maintenance of SSI and RSDI trust accounts.	Classroom	DCW	4 hours	Multiple regions	County staff, Social Security Liaisons, financial management supervisors/clerks	Referral to services, case management and supervision
<b>Pathways Guide</b>	Training provides information about the development of the Navigation Modules that align with Federal priorities, House Bill 13-1239, Statewide Youth Plan, youth development goals	Classroom	DCW	1 day	Multiple regions	Youth caseworkers	Related to data collection and reporting
<b>Community Collaboration Across the Child Welfare and Early Intervention systems</b>	This training brings child welfare and early intervention professionals together for learning and discussion about the intersection of their systems.	Classroom	DCW	1 day	8 Offerings  All regions	Child welfare and early intervention professionals	Development of the case plan, screening and assessments

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<b>Secondary Trauma Workshop for Child Welfare Supervisors: Building Resiliency and Responding to Secondary Trauma in Workers</b>	Training enhances supervisory understanding of primary, secondary and vicarious trauma. Additional techniques are provided to help supervisors with the challenges of meeting administrative responsibilities while promoting staff autonomy and providing emotional support.	Classroom	DCW	1 day	4 Offerings  All regions	Child welfare supervisors	General supervisory skills (50%), State agency personnel policies and procedures (50%), team building and stress management (50%)
<b>Estimated Total Cost of this Training Type</b>	<b>\$183,689</b>						
<b>Cost Allocation Methodology:</b> State-provided training activities are allocated by applying Social Services Random Moment Surveys (SSRMS) to IV-E eligible training activities, weighted by the caseload penetration rate and are eligible for Federal matching at 75%.							

<b><i>Trails (SACWIS) Training</i></b>							
<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>Child Welfare 2-Day Navigation Prerequisite: Trails Child Welfare 2-Day Navigation class or Training Academy Modules 3 and 5.</b>	Guides the user to a general understanding of Trails functions, including: comprehensive searching and general casework processes troubleshooting.	Classroom	Trails staff	2 days	Monthly	Caseworkers, supervisors, CPA staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Academy Module 3/5</b>	Trails instruction for new caseworkers, provided during New Worker training.	Classroom	Trails staff	3 days each module	CWTS schedules	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Supervisor Trails Instruction</b>	Trails instruction for new supervisors	Classroom	Trails staff	3 hours	CWTS schedules	Supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>DYC Basic Navigation</b>	Mandatory basic course designed to acquaint the user with general Trails training. Includes practice, individual and group activities as well as self-paced exercises.	Classroom	Trails staff	1 day	Monthly	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>SB-94 Navigation</b>	Specialized training for Senate Bill-94 workers in their job specific area. Course content covers Senate Bill 94 screening, case management, service authorization, and DYC admissions for those who perform that job function. This class is a SB94 staff member's basic Trails training.	Classroom  On-line option available	Trails staff	4 hours	Monthly	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Understanding Child Welfare Resource</b>	Class instruction covers the basic and intermediate concepts in the Resource area of Trails. This training is appropriate for beginning provider (or generalist) workers and has value for more experienced workers desiring a review of basic Resource procedures.	Classroom  On-line option available	Trails staff	4 hours	Bi-monthly	Child welfare staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Service Provision Refresher Training</b>	Training participants are guided through different types of Removals, including required entries. Service authorizations are reviewed, including Runaway Service.	Classroom	Trails staff	3 hours	Upon request	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>CPA Provider</b>	Specialized training for CPA workers who are new to Trails. Topics include an overview of basic design and use of Trails and the tasks that may be required, such as recording a new foster home service, and critical incident entry.	Classroom  Including online option	Trails staff	4 hours	Upon request	Caseworkers, CPA staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>CW Core Enhancements and Functionality</b>	Training participants will gain a general understanding of Trials Enhancements and Functionality for Core Services. Topic areas include Trails enhancements, services authorizations, general processes and contract management. Additional topics include Medicaid eligibility screens, Yes Pay/No Pay functionality; substance abuse screens helpful hints and troubleshooting.	Classroom	Trails staff	4 hours	Upon request	Caseworkers, supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>ICPC</b>	Trails ICPC is a specialty class designed to describe the changes to Trails ICPC functionality with the 2012 build. The new functionality records sending and receiving information.	Classroom	Trails staff	4 hours	Upon request	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)



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<b>Child Welfare Adoption</b>	Course content consists of an overview of the adoption process from beginning to end, the important and mandatory fields required for AFCARS, and a clean, complete adoption.	Classroom	Trails staff	4 hours	Upon request	Caseworkers, adoption caseworkers	Negotiation and review of adoption assistance agreements, home studies, related to data collection and reporting, contract negotiation, job performance and enhancement skills (50%)
<b>National youth in Transition Database (NYTD) 101</b>	Colorado is required to assist youth in care (age 17) to complete NYTD baseline surveys on the services they are receiving. This information is used nationally and locally to evaluate and improve services to youth.	Classroom	Trails staff	4 hours	Upon request	Chafee caseworkers, Adolescent caseworkers and supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>CW Merge Training (by request)</b>	Training instructs child welfare workers in the process of merging duplicate client IDs in Trails. A discussion of the Trails windows that affect client merges are covered in detail.	Classroom	Trails staff	4 hours	Upon request	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>CW supervisor</b>	This is specialized training for Child Welfare supervisors that review the tasks that they will complete in Trails. It provides a demonstration of common problem areas and walk through of common supervisor tasks including Assign/Transfer and Supervisor approvals.	Classroom	Trails staff	4 hours	Upon request	Supervisors	Related to data collection and reporting, job performance and enhancement skills (50%), general supervisory skills (50%)
<b>DYC Client Manager</b>	Training assists DYC Client Managers in learning all the locations and procedures for documenting their casework in Trails. It includes Commitment, DCP, Service Provision, and other Client Manager tasks.	Classroom	Trails staff	4 hours	Upon request	Supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>CDHS – Client ID and State ID Research</b>	Training covers issues regarding client ID duplication across different systems.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>CIR – DYC</b>	Course content covers all aspects of Critical Incident recording in DYC.	WBT	WBT	<4 hours	WBT	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>Court</b>	Course content covers the Court area in Trails, specific to child welfare (CW).	WBT	WBT	<4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Colorado Address Confidentiality Program</b>	Course instructs participants in the steps for recording information correctly when address confidentiality is required.	WBT	WBT	<4 hours	WBT	Caseworkers, DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Critical Incident – CW</b>	Course content covers Critical Incident recording (CW).	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>CW Security/Org</b>	Walkthrough of tasks in the Security/Organization area of Trails (CW).	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>Early Intervention: Developmental Screening</b>	Course content covers Developmental Screening steps.	WBT	WBT	< 4 hours	WBT	Caseworkers	Development of the case plan, case management and supervision, screening and assessments, job performance and enhancement skills (50%)
<b>IV-E Adoption Eligibility Determination</b>	IV-E module training on adoption eligibility.	WBT	WBT	< 4 hours	WBT	Caseworkers, eligibility staff	Development of the case plan, case management and supervision, screening and assessments, job performance and enhancement skills (50%)
<b>IV-E Redetermination</b>	IV-E module training on redeterminations.	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors, eligibility staff	Eligibility determinations and re-determinations, Title IV-E policies and procedures, job performance and enhancement skills (50%)
<b>National Youth in Transition Database – Independent living</b>	Instruction on the steps required for NYTD compliance in Trails.	WBT	WBT	< 4 hours	WBT	Chafee, youth workers	Eligibility determinations and re-determinations, Title IV-E policies and procedures, job performance and enhancement skills (50%)

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<b>Relative Guardian Assistance Program</b>	Instruction of the steps required for Relative Guardian Assistance.	WBT	WBT	< 4 hours	WBT	Caseworkers	Eligibility determinations and re-determinations, Title IV-E policies and procedures, job performance and enhancement skills (50%)
<b>Trails – Alerts WBT</b>	Instruction on working with Alerts in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors	Eligibility determination and re-determination, development of the case plan, Title IV-E policies and procedures, permanency planning, guardianship assistance, job performance and enhancement skills (50%)
<b>Trails – Beginning Colorado Trails</b>	Course content covers introduction to Trails for child welfare caseworkers.	WBT	WBT	<4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Beginning Colorado Trails – DYC</b>	Introduction to Trails for DYC case managers.	WBT	WBT	< 4 hours	WBT	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails – Cognos (CFSR)</b>	Instruction on the steps involved in using the Cognos interface to retrieve CFSR data.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>Trails – Core Contracts</b>	Instruction on completing a Core Services contract in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails – DYC Breakouts</b>	Specialty training for DYC facility staff.	WBT	WBT	< 4 hours	WBT	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails Child Welfare ICPC</b>	Instruction on completing ICPC documentation in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails Family Service Plan</b>	Review of all Family Services Plan windows in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails ILP/ETP</b>	Instruction on the Trails ILP/ETP window.	WBT	WBT	< 4 hours	WBT	Caseworkers, Chafee workers	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails IV-E Initial Determination</b>	IV-E module training on initial determination.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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<b>Trails MOE Determination</b>	Instruction on the MOE documentation steps in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers, eligibility staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails – Beginning Colorado Trails for CPA workers</b>	Introduction to Trails for CPA workers.	WBT	WBT	< 4 hours	WBT	CPA staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Trails - Fiscal</b>	Instruction on the Fiscal processes in Trails, including recoveries.	WBT	WBT	< 4 hours	WBT	Administrators, casework staff, fiscal staff	Related to data collection and reporting, job performance and enhancement skills (50%)
<b>Estimated Total Cost of this Training Type</b>	<b>Trails training costs are contained in the SACWIS costs for Colorado.</b>						
<b>Cost Allocation Methodology:</b> SACWIS training activities are allocated by applying the weighted caseload penetration rate and are eligible for Federal matching at 50%.							

<b>Conferences and Summits</b>							
<b>Course Title</b>	<b>Course Description</b>	<b>Setting/Venue</b>	<b>Proposed Provider</b>	<b>Approximate Number of Hours/Days</b>	<b>Frequency/Duration</b>	<b>Audience</b>	<b>Title IV-E Administrative Functions</b>
<b>2014 Colorado Convening on Children, Youth and Families</b>	Statewide conference for Best Practice Court Teams, representing human services and judicial staff working collaboratively on judicial district permanency goals.	Keystone Conference Center	State Judicial	April 27-30, 2014	Yearly	Caseworkers, supervisors, administrators, judges, attorneys, guardians ad litem, CASA	Fair hearings and appeals, referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision, permanency planning, communication skills, state agency personnel policies and procedures (50%), job performance (50%)
<b>Estimated cost of this Training Type</b>	<b>\$30,000</b>						
<b>Training Under Development</b>							
<b>Program Area 3 (PA3)/ Promoting Safe and Stable Families (PSSF) Training</b>	Training provides overview of PA 3 prevention services and PSSF.	WBT	WBT	WBT	WBT	Caseworkers, supervisors	Referral to services, placement of the child, development of the case, case reviews, case management and supervision, permanency planning, activities designed to preserve, strengthen,



								and reunify and family, job performance (50%)
<b>Training cost estimation and cost methodology to be established.</b>								

### **Technical Assistance and Other Program Support**

All requests for technical assistance, training and other program support start with DCW. The Division has established a process, in collaboration with ACF Region VIII, for the processing of approval and selection of training and technical assistance (T/TA). All requests for federal T/TA are reviewed by DCW, to determine that the requests are aligned with the current CFSP goals and objectives, and state initiatives. County requests are to include a plan for dissemination and/or statewide participation. Upon DCW approval, the requests are forwarded for OCYF approval and then to the ACF Region VIII office for approval and/or modification. DCW and county representatives coordinating T/TA projects participate in the Training and Technical Assistance Coordination Center at JBS International, Inc. quarterly technical assistance telephone conferences to provide progress updates.

The State has benefitted from several sources of T/TA in SFY 2014:

- Mountains and Plains Child Welfare Implementation Center—CPM implementation and sustainability
- The National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids—Foster Care Recruitment and Retention Market Segmentation Project and project assistance to Denver County with foster care recruitment
- Casey Family Programs—“Communities of Hope” \$300,000 grant to help foster youth find a loving caring family; Permanency by Design; No Time to Lose projects
- Annie E. Casey Foundation—Increasing the use of Kinship and Family Foster Care resources and appropriate use of congregate care
- National Resource Center for Child Protective Services for assistance for the implementation of Colorado’s central reporting hotline. This referral was closed out due to the rapid progress of the project, but may be reopened if needed.
- National Resource Center for Adoption, June 2013. County trainings, focused on providing adequate information to prospective adoptive families, to help inform their adoption decisions and, preparing children for the transition to adoption. Counties were offered a choice of training sessions in November 2013 and January 2014.

### **Research Activities**

Research is a vital part of the State’s child welfare system. The Applied Research in Child Welfare (ARCH) Project is a ten-year collaboration between the Social Work Research Center in the School of Social Work at Colorado State University, CDHS and its county partners. All ARCH research topics evolve from the state and counties. Colorado has also been online with Chapin Hall, University of Chicago, since 2010, contributing OOH placement and client data. The State and counties use Chapin Hall data for both cohort and longitudinal analyses. A collaboration of the State and 11 counties, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo and Weld counties financially support the collaboration with ARCH and Chapin Hall.

At the request of the ARCH steering committee, CSU is initiating a Youth Services Study. The study's purpose is to develop a better understanding of the Program Area 4—Youth-in-Conflict population by analyzing the demographics, population distribution, services patterns and profiles and average service cost. The research will aid the State's reform and alignment of youth services.

### **Colorado's Child Welfare Stipend Program**

The purpose of Colorado's Child Welfare Stipend Program, University of Denver Graduate School of Social Work, is the education of professional social workers to effectively serve families who use public child welfare services. Title IV-E federal funds are matched with state dollars. Applicants may apply for Rural, Urban, Distance Learning and Western Colorado Stipends. Stipends are awarded to students based on available funding, and their MSW standing. Selected candidates are interviewed by representatives of CDHS, county departments of human/social services, and the Butler Institute for Families at the University of Denver. Payback requirements are one year of employment in a public child welfare agency for every year a stipend is received. The same process exist for the Metropolitan State University of Denver has the same system and process in place for their bachelor's level social work stipend program.