
Core Services Program Evaluation Annual Report

**State Fiscal Year 2011-2012
July 1, 2011 - June 30, 2012**



Colorado Department of Human Services

people who help people

**Office of Children, Youth and Families
Division of Child Welfare Services**

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Core Services Program Evaluation Annual Report

Submitted to:

Colorado Department of Human Services
Office of Children, Youth and Families
Division of Child Welfare Services

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September 2012



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STATE OF COLORADO



Colorado Department of Human Services

people who help people

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John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

October 1, 2012

The Honorable John W. Hickenlooper
Governor of Colorado
136 State Capitol
Denver, Colorado 80203

Dear Governor Hickenlooper:

This letter is sent as a cover to the Core Services Program Evaluation Annual Report being submitted according to the requirements of C.R.S. 26-5.5-104 (6), which mandates that the Department annually provide “. . . an evaluation of the overall effectiveness and cost-efficiency of the program and any recommended changes to such program.” The following are the background and findings of program effectiveness, cost efficiencies, and recommended changes for the State Fiscal Year 2011-2012 (SFY 2012) Core Services Program evaluation:

Core Services Allocations. The total allocation for all counties for SFY 2011-2012 is \$44,576,053. This is the same as the amount allocated last year. This total allocation is inclusive of \$4,006,949 for evidence-based services awards to counties.

Children/Youth and Families Served During SFY 2012. A total of 27,070 individuals receiving services were recorded in Trails for SFY 2012, an increase of 12 percent over the last fiscal year.

Service Outcomes. During SFY 2012, 50,576 service authorizations were closed in Trails. This represents 19,917 unique individuals that received services. Two-thirds of all service authorizations were closed with a caseworker designation of “successful” (54%) or “partially successful” (17%) outcome.

Maintaining children/youth in their home (or least restrictive setting) is an important outcome for Core Services. 92% of children/youth whose goal was to remain home were maintained at home.

Child Safety. While close to half of all of the children served had a substantiated report of child abuse or neglect in the 12 months prior to engagement with Core Services (45%), only 3.4% had a substantiated report in the 12 months directly following.

Costs of the Core Services Program. On average, individuals received 219 days of services authorized during this fiscal year. This average does not represent a continual length of service, but rather a sum of the days for each separate service authorized for an individual. The overall average cost per authorized day was \$8.48, for a total average cost of \$1,818 per person for the fiscal year. Costs for out-of-home placement are much higher (an average cost of \$72.42 per day in SFY 2012), so whenever Core Services

The Honorable John W. Hickenlooper
October 1, 2012
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can be leveraged to keep a child/youth in the home or more quickly return that child/youth to the home, the potential cost savings is significant.

Integration with the Child Welfare Master Plan. The Core Services Program fits perfectly with “Keeping Kids Safe and Families Healthy,” the new CDHS strategic plan for improving the safety and well-being of children and families across the state. “Keeping Kids Safe and Families Healthy” is comprised of five key strategies. The Core Services Program and the associated outcomes and recommendations contained in the attached report actively support these strategies.

CDHS C-Stat Process. Colorado Department of Human Services (CDHS) has implemented C-Stat, 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. Performance tied to the Core Services Program is routinely analyzed for potential process improvements that would improve overall outcomes for the families and children serviced by the program.

Recommendations

Recommendations were presented to CDHS by the independent evaluator in the following areas: Family Involvement, Expand Access to Evidence-Based Services, Enhanced Utilization of Medicaid to Support Services, Collaboration between Child Welfare and Judicial Systems, Maximize Enhanced Trails Functionality, Data Entry Practices, and Integrated Risk Assessment and Case Planning. CDHS accepts the recommendations presented in the attached report and will be actively working to address the recommendations over the next state fiscal year.

In closing, the Department recognizes the staff of each county department for their willingness to continue to provide valuable input to data enhancements for the Child Welfare Core Services Program in Trails. Without their time and patience, the Core Services Program would not be able to extrapolate accurate reporting data, monitor contract spending, measure program success and outcomes, nor ensure a high level of program accountability.

If you need more information, please contact Melinda S. Cox, Core Services Program Administrator, at 303-866-5962.

Sincerely,



Reggie Bicha
Executive Director

Enclosures

cc: Roxane White, Chief of Staff

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Acknowledgements

This report reflects the effort of many people. TriWest Group, the independent research firm commissioned to prepare this report, worked closely with the Division of Child Welfare Services and received input and data from all counties and the Southern Ute Indian Tribe. We would like to thank the following County Directors, Core Services Coordinators and Trails Team for their contributions to this report. Special thanks to those who have participated in the Core Services Evaluation Advisory Group. They are noted with an asterisk (*) after their names.

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Executive Summary

The Colorado Revised Statute (C.R.S) section authorizing the Core Services Program mandates that the Department annually provide “. . . an evaluation of the overall effectiveness and cost-efficiency of the program and any recommended changes to such program.” **The Division of Child Welfare has commissioned TriWest Group, an independent research firm, to conduct this evaluation of the Core Services Program and submit this Annual Report.**

Core Services Overview and Outcomes

Core Services Allocations. The total allocation for all counties for SFY 2011-2012 is \$44,576,053. This is the same as the amount allocated last year. This total allocation is inclusive of \$4,006,949 for evidence-based services awards to counties. Allocations by county, along with an explanation of the evidence-based services awards, can be found beginning on page 13 of the full report.

Children/Youth and Families Served During SFY 2012. A total of 27,070 individuals receiving services were recorded in Trails for SFY 2012, an increase of 12 percent over the last fiscal year. These individuals were served through 34,012 service authorizations in Trails. Just under half of the individuals served (12,994) were children directly participating in services. The remaining half served (14,076) represents adult caregivers receiving services on behalf of the child/youth.

Service Outcomes. During SFY 2012, 50,576 service authorizations were closed in Trails. This represents 19,917 unique individuals that received services. Two-thirds of all service authorizations were closed with a designation of “successful” (54%) or “partially successful” (17%) outcome.

Maintaining children/youth in their home (or least restrictive setting) is an important outcome for Core Services. Of the 14,154 discharges tracked in SFY 2012, 85% of children/youth remained or were placed with a family member at the end of Core Services. Looking at this from another perspective, 92% of children/youth whose goal was to remain home were maintained at home.

Child Safety. It is not enough to keep children at home or with their families; they must be kept safe. While close to half of all of the children served had a substantiated report of child abuse or neglect in the 12 months prior to engagement with Core Services (45%), only 3.4% had a substantiated report in the 12 months directly following. This could represent either a repeat maltreatment episode or first time maltreatment episode.

Costs of the Core Services Program. On average, individuals received 219 days of services authorized during this fiscal year. This average does not represent a continual length of service, but rather a sum of the days for each separate service authorized for an individual. For example, if a person had an authorization for 10 days of Intensive Family Therapy and 10 days of Substance Abuse Treatment Services, the total count of days for that person would be 20 days. The overall average cost per authorized day was \$8.48, for a total average cost of \$1,818 per person for the fiscal year. However, this average is of limited utility as costs for out-of-home placement are much higher (an average cost of \$72.42 per day in SFY 2012), so whenever Core Services can be leveraged to keep a child/youth in the home or more quickly return that child/youth to the home, the potential cost savings is significant.

Evaluation of Overall Effectiveness and Cost Efficiency

Based on analysis of available data, TriWest Group offers the following observations and recommendations for the Core Services Program and this evaluation.

The Core Services Program Appears to be Functioning as Intended – Data analyzed and presented in this report supports the Core Services Program model as an effective approach to strengthening Colorado families and keeping children and youth with their families and in their communities, while also maintaining child/youth safety. Based on the range of information available to this evaluation, the Core Services Program appears to be functioning as intended, serving the children/youth and families targeted by the authorizing legislation and providing appropriate services and support.

Core Services Cost Less - Overall costs per day for out-of-home placements are significantly higher than costs per day for children/youth being served in Core Services. Safely maintaining children/youth in their homes not only costs the state less than an out-of-home placement, but local and national experience tells us that, most often, this course of action also represents what is in the best interest of the child/youth and the family.

Core Services Appear to Demonstrate Positive Outcomes – While drawing conclusions from the data available to this evaluation regarding the effectiveness of Core Services warrants caution due to the limitations of the data and analytical methods available for this report, analyses are encouraging and support the Core Services Program as an important component of Colorado’s child welfare system. Moreover, the approaches and services of the Core Services Program are in keeping with the research base pointing to the effectiveness of family-driven, home-based services in maintaining child/youth safety and permanency.

Core Services are Effective in Maintaining Children/Youth at Home – The Core Services Program aims to keep children/youth and their families together or, in cases where children/youth must be removed due to safety concerns, to return them home as quickly as possible or place them in the least restrictive setting possible. Of all children/youth receiving Core Services in SFY 2012, 85% remained or were placed with a family member at the end of Core Services. Further, 92% of children/youth who began Core Services with the goal to remain home were maintained at home.

The Core Services Program is Integral to the Colorado Practice Model (CPM) – The CPM initiative is working to promote child/youth safety, permanency and well-being by ensuring that consistent, high quality child welfare services are available across the state. These efforts, currently involving 17 counties and the Southern Ute Indian Tribe, seek to identify effective practices that can be disseminated across the state. The Core Services Program emphasizes on evidence-based models, County Designed Services, attention to outcomes, matching services to needs, and supporting children/youth and families at home whenever possible are a perfect fit with CPM efforts. Cohort 2 will begin implementation during SFY 2013, increasing the number of participating agencies to 35.

Family Engagement is Critical in Setting the Stage for Successful Case Resolution – This year’s pilot Case Study to explore important themes in the Core Services Program yielded qualitative information to augment quantitative data available to the evaluation. In the cases reviewed, a clear theme emerged regarding the critical nature of early engagement in predicting ultimate case resolution. Not surprisingly, families with a more positive initial engagement with Core Services showed more positive outcomes.

Further, these cases highlight the critical role of families in driving effective care and support Colorado's Practice Model and the positive impacts on family involvement that may arise through this initiative.

Collaboration and Coordination between Caseworkers and Service Providers Matters – This year's pilot Case Study highlights the importance of coordination between caseworker and provider. Caseworkers interviewed for the case studies agreed that one of the most important factors in successful case closure was the relationship between the caseworker and the treatment provider.

Integration of Risk and Needs Assessment with Case Planning – The Core Services Program serves children/youth who have complex and often multiple risk factors for out-of-home placement. The Core Services Program emphasizes matching services to child/youth and family risks and needs. Efforts are underway to explore the most efficacious approach to risk and needs assessment as a support to case planning. Continued and expanded emphasis on the consistent use of a comprehensive, empirically validated risk and needs assessment tool to guide placement and case planning decisions for all children/youth will strengthen the case planning process and make it more consistent across the state.

Enhanced Trails Functionality – New functionality in Trails continues to support improvements in accuracy and consistency in which Core Services are recorded and outcomes tracked. Continued enhancements to the Trails system support a richer understanding of who is participating in services related to a given child/youth, as well as better tracking of goals, outcomes, and placements associated with each authorization.

HB 11-1196, Colorado's Practice Model and Differential Response – Lessons being learned from the Differential Response project and Colorado's Practice Model regarding prevention and early intervention with at-risk families represent important resources to the Core Services Program. It is important to continue to examine and enhance the current menu of practices relative to experiences across the state as well as research on evidence-based practices.

Recommendations

The TriWest Group evaluation team offers the following recommendations based on results of this evaluation.

Family Involvement – The critical role of families in driving effective care is clear and represents a central component of the Colorado Practice Model as well as Differential Response initiatives. Information available to this evaluation continues to support efforts to prioritize the inclusion of child/youth and family voice and choice across the system.

State and Local Partnership – The evaluators recommend continued attention and promotion of coordination and collaborative efforts between the state and counties to promote consistency in practice across the state. Similarly, state leadership and technical assistance is important to sustain quality of services and commitment among local and state leadership. Colorado's Practice Model will facilitate and strengthen state and local partnership while enhancing practice.

Expand Access to Evidence-Based Services – In the context of case planning that is informed by assessment and matched to child, youth and family needs, evidence-based services represent the most likely avenue to successful child, youth and family outcomes. TriWest recommends continued attention

and efforts to expanding the service array to support improved access to the highest quality, proven set of services possible.

Enhanced Utilization of Medicaid to Support Services – The evaluation team recommends continued collaboration between the Core Services program and the Department of Health Care Policy and Financing (HCPF, the administrator of Colorado’s Medicaid program), along with enhanced communication and collaboration at the local level between Core Services, Medicaid managed care organizations, local Medicaid providers and potential Medicaid providers are critical elements in maximizing the service array for children, youth and families.

Collaboration between the Child Welfare and Judicial Systems – Continued efforts to expand collaboration between child welfare and judicial systems is important to support enhanced communication and understanding of the mandate, functions and restrictions on each system. These efforts will help ensure appropriate use of placement, support family preservation, and avoid use of placements as sanctions.

Maximize Enhanced Trails Functionality – Enhancements to the Trails data system afford new opportunities for quality improvement and evaluation. TriWest recommends that local and state leaders make the most of this opportunity through concerted attention to training and technical assistance around data entry as well as data tracking, analysis and reporting.

Data Entry Practices – The evaluators continue to recommend continued effort to standardize data entry policies to assure complete data is available to adequately assess program effectiveness and understand costs and savings of the Core Services Program. Significant efforts have gone into enhancing the Trails data system but these efforts will yield actionable information only to the extent that data is being entered consistently and fully across the state. Similarly, we recommend continued collaboration with Trails data experts to investigate potential data system and data entry improvements to increase consistency of data entry without increasing workload of county staff.

Integrated Risk Assessment and Case Planning – Intervention is most effective when targeted to appropriate children/youth and families and tailored to their specific needs, challenges and strengths. TriWest carries forward our recommendation that the Core Services Program continues to expand the integration of empirically validated risk and needs assessment in case planning decisions. Tools like the Child and Adolescent Needs and Strengths assessment (CANS; now being used in 28 states across the country) support responsive case planning that matches service intensity and restrictiveness to child/youth and family risk levels while also matching specific service types to the identified needs of children/youth and their families. In addition, comprehensive and consistent application of risk and needs assessment can provide actionable data for program monitoring and improvement as well as evaluation and reporting.

Integrating Evaluation and Research Efforts – To the extent possible, the evaluators recommend enhancing interaction between independent evaluation efforts, like the current annual report, with other research and evaluation activities being conducted by, and on behalf of, the Division of Child Welfare Services. This would leverage existing resources to promote meaningful, high-quality data to support system-wide efforts to use data to support decision making, reporting and quality improvement.

Background and Introduction

The Core Services Program was established within the Department of Human Services in 1994 and is statutorily mandated to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement and/or in need of services to maintain a placement in the least restrictive setting possible.

The Colorado Revised Statute (C.R.S) section authorizing the Core Services Program also mandates that the Department annually provide “. . . an evaluation of the overall effectiveness and cost-efficiency of the program and any recommended changes to such program.” This report, produced by the independent research firm TriWest Group, responds to this mandate and is designed to provide meaningful decision support for the Division of Child Welfare Services and county Core Services Programs.

For nearly twenty years, the Core Services Program has provided strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement and/or in need of services to maintain a placement in the least restrictive setting possible. Since its establishment in statute, the program has met its mandate by combining the consistency of statewide administration with the flexibility to allow local counties to tailor services to meet the needs of diverse Colorado communities.

In addition, the Core Services Program has adapted to significant federal, state and local changes. Federal health care reform, new state laws and Child Welfare programs, along with a greater capacity to track data related to Core Service delivery and outcomes, bring important changes to the existing program structure.

This year’s evaluation report continues to take advantage of enhancements in data collection in Core Services and incorporates a qualitative, descriptive analysis of issues facing the program in the form of the Family Preservation Commission Reports and last year’s Case Study pilot project, along with the quantitative analysis of individuals served, outcomes and costs. As in past evaluation reports, trends are compared across years to the degree possible, with the evolution of the Trails data system and programmatic changes contributing to some limitations in making comparisons.

Program Overview: Strong Core Foundation with Local Flexibility

The statewide Core Services Program is built upon four main goals:

1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth;
2. Prevent out-of-home placement;
3. Return children/youth in placement to their own home, or unite children/youth with their permanent families;
4. Provide services that protect the child/youth.

From this foundation, each of the 64 counties and one Colorado tribal nation (the Southern Ute Indian Tribe) annually develop locally meaningful guiding principles and service opportunities. Each jurisdiction

designs a unique set of required and tailored services, resulting in a multifaceted array of services, opportunities and implementation challenges across the state. In addition, policies guiding documentation and tracking of services and expenditures differ from county to county. However, each county and tribe share a common mission to support the children/youth and families of their communities, and have the common desire and obligation to deliver services that are meaningful to the families that receive them while remaining accountable to all citizens in the community. To support accountability and ultimately enhance the Core Services Program, TriWest Group designed this evaluation to reflect the diversity of Core Services implementation across the state. This diversity presents opportunities to assess effective strategies, share information about successes and how cost efficiencies can be achieved, and use local experiences to strengthen the overall state program.

Core Services Coordinators – Each county has a Core Services Coordinator that oversees the program locally. However, specific program implementation (including the nature of the each coordinator’s role) varies considerably across counties. Typically, the Core Services Coordinator role in larger counties is more specialized and specific to the Core Services Program, compared with coordinators in smaller counties, who must fill multiple responsibilities. In the cases of larger counties, the coordinator is likely responsible for a range of duties, including:

- Engaging service providers in the community, including program development (identifying programs that meet the needs of the local community), reviewing invoices and holding regular meetings with providers.
- Consulting with caseworkers specifically around Core Services (matching families with services).
- Ensuring that data is being entered consistently.
- Monitoring expenditures vs. allocations throughout the year.
- Writing and monitoring service contracts.
- Completing the annual Core Plan and Family Services Commission Report, and chairing the Family Preservation Commission.
- Periodically reviewing Core Services Program cases (e.g., identifying cases where a service has been open for a long time and identifying strategies to achieve Core Case Goals).

Core Services Coordinators fulfill a wide range of functions and are critical to the success of Colorado’s Core Services Program.

In medium-sized counties, other duties might include the supervision of caseworkers and direct involvement with other family service programs in the county (including HB 1451 – the Collaborative Management Program). In small counties, coordinators are often also responsible for direct delivery of Core Services.

Counties where the Colorado Practice Model (CPM) and/or Differential Response (DR)¹ are being implemented have direct involvement from either the Core Services Coordinator or other representative from the program (caseworker, supervisor, etc.). For example, in Logan County, a Cohort 2 CPM county, the Core Services Coordinator co-chairs the CPM committee and is working to identify specific programming strengths and challenges as they begin to implement the model. In Adams County, a Cohort 1 CPM county, the Core Services Coordinator is part of the Quality Practice Team that has developed a removal prevention program that will launch this fall.

¹These are discussed in detail later in this report.

The Core Services Coordinators meet quarterly with the state Program Administrator to discuss statewide issues (such as funding, legislation and Department policies and rules) that affect implementation at the county level. Also, a subgroup of Core Services Coordinators serves as an Evaluation Advisory Board to this evaluation. They provide valuable insight and guidance in terms of data interpretation and isolating the key county issues that help to provide context to the quantitative results presented here.

Focus on Outcomes

The Division of Child Welfare Services conducts this evaluation in order to examine and report the effectiveness of the Core Services Program, with a primary focus on outcomes for Colorado's children/youth. This year's report continues to build on the new capabilities of the Trails Automated Case Management System, discussed further on page eight of this report. While there remain some differences across counties in use of the new functionality, Core Services Coordinators, the Office of Information Technology (OIT) Training Team, and program staff appear to be working to better understand the new functions and to more consistently enter details and service data. As counties move toward greater consistency in the use of these new features, the evaluation will continue to improve and evolve in its ability to compare outcomes and cost efficiencies.

Context of the Current Report

Commissions and County Commission Reports

Family Preservation Commissions, also known as Core Services Commissions, are mandated oversight groups in each county. These commissions are local interdisciplinary, multi-agency committees responsible for evaluating the family preservation (Core Services) program and making recommendations for change at local and state levels through an annual report. These commissions were established in statute during the 1993-1994 legislative session. C.R.S. 26-5.5-106 sets forth the composition and duties of the commissions, as follows:

Enhanced Trails functionality has supported greater consistency in data entry across the state and, in turn, improved capacity for analysis and reporting.

1. "The governing body of each county or city and county shall establish a family preservation commission for the county or city and county to carry out the duties described in subsection (2) of this section. The commission shall be interdisciplinary and multi-agency in composition, except that such commission shall include at least two members from the public at-large. The governing body may designate an existing board or group to act as the commission. A group of counties may agree to designate a regional commission to act collectively as the commission for all such counties.
2. It shall be the duty of each commission established or designated pursuant to subsection (1) of this section to hold periodic meetings and evaluate the family preservation program within the county or city and county, and to identify any recommended changes to such program. On or after July 1, 1994, the commission shall submit an annual report to the executive director of the state department. The report shall consist of an evaluation of the overall effectiveness and cost-efficiency of the program and any recommended changes to such program. The report shall be submitted on or before the first day of September of each year."

All 64 counties and the Southern Ute Indian Tribe submitted annual reports directly to TriWest Group (the contracted program evaluator). Data from those reports is incorporated into analyses and narrative to provide a county-specific context to the quantitative findings. Copies of each county or tribal report are available by request from the Division of Child Welfare Services. The Family Preservation/Core Services Commission Report template is provided as Appendix A.

Family Preservation

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term, family-based services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services developed, in part, as a response to a federal requirement to demonstrate reasonable efforts to prevent removal of children from their homes. Family preservation services grew out of the recognition that children/youth need a safe and stable family and that separating children/youth from their families and communities removes them from natural supports and often causes trauma, leaving lasting negative effects.

The Core Services Program approach is consistent with the family preservation research base. Program leaders note that Core Services are anchored in the conviction that many children/youth can be safely protected and treated within their own homes when parents are provided with services and support and empowered to change their lives. Family preservation refers to a range of approaches that share an emphasis on family involvement and preventing out-of-home placement. Over the past few decades, descriptive reports and other non-experimental research have pointed to the effectiveness of family preservation models in keeping families together. However, experimental and quasi-experimental studies suggest that matching services to family needs and situations, as well as ensuring that families receive services for a long enough period to achieve desired results, are important factors in predicting outcomes (e.g., Bagdasaryan, 2005)². Generally, when services were matched to need, children/youth in families that participated in family preservation services are placed out-of-home less often than children/youth in matched control families.

In Colorado, a subsection of the legislation mandating the Family Preservation Commissions defines “family preservation services” as assistance that focuses on a family’s strengths and empowers a family by providing alternative problem-solving techniques and child-rearing practices, as well as promoting effective responses to stressful living situations for the family. This assistance includes resources that are available to supplement existing informal support systems for the family. There are ten designated types of “family preservation services” and this array of services constitutes the Core Services Program. A list of services with descriptions of each is provided as Appendix B.

² Bagdasaryan, S. (2005). Evaluating family preservation services: Reframing the question of effectiveness. *Children and youth services review*. Vol. 27, p. 615-635.

Core Services Program Goals

- 1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth;***
- 2. Prevent out-of-home placement;***
- 3. Return children/youth in placement to their own home, or unite children with their permanent families; and***
- 4. Provide services that protect the child/youth.***

Prior to contracting with TriWest Group, the annual report was submitted by the Division of Child Welfare Services, in compliance with the above statute, as a compilation of the individual county Core Services/Family Preservation Commission reports submitted each year to the Division. Since an external research firm has been commissioned to conduct the evaluation and produce the report, content has expanded with analysis of evidence-based services and promising practices within the state and child welfare services. These changes have been made possible by enhancements to Trails that have provided access to more systematic and detailed quantitative data regarding children/youth and families served by the Core Services Program.

Scope of the Current Report

This report marks the fifth year of a multi-phased evaluation approach developed by the contracted evaluation firm TriWest Group. It makes use of an expanded data set made possible through significant Trails enhancements in order to describe and evaluate program operations, services delivery and individuals served. These efforts continue to focus on providing the Division, the Governor, the General Assembly, and other important stakeholders with concrete and actionable knowledge regarding program implementation, costs and outcomes. This evaluation report seeks to identify trends and patterns where comparisons are appropriate, but changes in data availability, while greatly improving the accuracy of data reporting, make year to year comparisons somewhat difficult.

This year's report has five objectives:

1. To describe the implementation of the Core Services Program. This includes a description of the children, youth, and families served by the program, as well as a detailed account of the services provided.
2. To report on two years of outcome measures new to Trails beginning in SFY 2010-2011.
3. To summarize child/youth safety and permanency outcomes. These outcomes include: 1) maintaining child/youth safety (as measured by substantiated child abuse), 2) maintaining children/youth in the home whenever possible, and 3) minimizing re-engagement with Core Services or the need for Child Welfare involvement.
4. To describe county-specific implementation opportunities and challenges in order to 1) provide context for the quantitative descriptions of children/youth served and services provided, 2) highlight specific positive county experiences, and 3) suggest ways to address challenges experienced by local communities.
5. To discuss future changes in federal and state law, as well as other statewide programs and initiatives likely to impact the Core Services Program.

Structure of the Current Report

Following this **Background and Introduction** section, the **Evaluation Methods** section provides a brief discussion of the methods used in developing and presenting this report. Methods include data sources and dates of collection, as well as the general assumptions and parameters for analysis, organized by each subsequent section of the report.

The next section of the report is a **Program Overview** providing details about the structure of the program itself. Descriptions of specific types of services included in the Core Services Program, county allocations of Core Services funds, and additional Evidence-Based Services for Adolescent awards are included in this section.

The next section of the report is **Implementation of the Core Services Program**. This section describes the outputs and activities of the Core Services Program, including services used by counties and specific gaps and barriers to accessing services. The section provides a general overview of the distribution of services across the state. This description includes an overall view of the Core Services Program as well as county-level data. Also included in this section is a discussion of new functionality in Trails and its impact on data reporting.

The **Program Costs and Effectiveness** section follows. Program effectiveness is explored using new outcome measures being tracked by Trails, as well as 12-month outcomes for children/youth and families who concluded Core Services episodes last fiscal year. Total costs and average costs per person are presented based on type of service for fee-for-service contracts.

The next section of the report provides a summary of **Illustrations of Key Themes from Selected Case Studies**. Appendix D contains the methodology for collecting and analyzing the cases.

In the **Looking Ahead** section, the report briefly discusses five factors expected to influence the Core Services Program including: the CDHS C-Stat process, Colorado's Practice Model, implementation of the Differential Response model, House Bill 11-1196 (Flexible Funding for Families)/Program Area 3, and collaboration with Health Care Policy and Financing (HCPF).

The final section of the report discusses **observations and recommendations in the Evaluation of Overall Effectiveness and Cost Efficiency** in this year's report.

Case Illustration: The Importance of Coordination and Communication between Caseworker and Providers

A second grade student at an urban/suburban school was observed with serious bruising on his body. The child told teachers that his aunt had spanked him for getting into trouble at school, prompting administrators to contact the county human services department. Upon an investigation, the department opened a case based on a founded case of child abuse. The child and his two younger siblings lived with their great aunt and her husband due to a previous child welfare case where the children were removed from their home (with their biological mother) due to neglect.

The department put in place a quick-response team designed to assess needs and stabilize the situation, with the goal to keep the children in the aunt's home. When contacted by the team, the aunt took responsibility for making the marks, reporting that her nephew's problem behavior at school was escalating, including threatening his peers with physical violence. The aunt reported she was very concerned with these behaviors and spanked him. She said she "snapped," didn't know how to control the children's behavior and got carried away with the use of physical punishment. In particular, she was concerned that when the children visited their biological parents, their behavior worsened when they returned to her home. The team determined that the aunt was overwhelmed and resorted to excessive physical discipline because she lacked skills to find alternatives.

The team put services in place immediately to help the aunt with appropriate discipline methods and to ensure the children had supervised and appropriate contact with their biological parents to avoid further exposure to trauma. Family therapy sessions with the children were also put in place to address these issues.

The caseworker credits this county-based quick response team with the successful resolution of this case. They were able to intervene quickly due to an established internal referral process. The county-provided therapist was extremely flexible, delivering services in her office and in the home as needed, and included the entire family. Further, the therapist regularly consulted with the caseworker when any issues or concerns arose with the family. They worked together to identify treatment barriers and overcome them (including moving therapy sessions to the aunt's home when she responded poorly to sessions in the office). They identified individual problems with the aunt being overwhelmed with relatively new childcare duties and not taking care of herself. After three months of weekly individual family therapy with the aunt and frequent home visits, the case was successfully closed, with ongoing treatment put into place and the children safely maintained in the home.

Across most cases examined for this report, caseworkers and treatment providers described a collaborative working relationship in coordinating service delivery for families. Caseworkers emphasized the importance of good communication and coordination to successful outcomes, and described this coordination in several ways:

- Having a specific therapist within a provider who understands the needs of families and does a superior job of planning treatment and communicating with the caseworker.
- Ensuring that contracted providers have a complete understanding of the county's Core Services Program and its specific policies and procedures.
- Realizing how much difference a good therapist can make in engaging clients successfully, and that there was variation in therapist quality within individual providers.

These relationships were held out as one of the most important factors predicting successful case closure.

Evaluation Methods

Data Sources

Data for this report comes from three primary sources:

1. Colorado Trails Automated Case Management System³ (commonly referred to as Trails) – Extracts from Trails are the primary source of data for this report. These extracts include information regarding the children/youth and other family members served, the types and lengths of services provided, service outcomes, child/youth placement history, and reports of child abuse and neglect. Trails is a dynamic case management system in which users can update, add, and maintain records on an ongoing basis as new information becomes available or as errors are discovered and corrected. The SFY 2012 data for this report was extracted from the Trails system following the last main payroll in July 2012 in order to make sure all of the fiscal year data is up to date. Therefore, the data in this report reflects what was in the system on that date. This is done consistently each fiscal year. Historical data for this report is taken from previous years' extracts and/or evaluation reports, rather than new data extracts, in order to ensure consistency across the reporting period(s).

The Division of Child Welfare Services continues to enhance Trails and provide counties with training and support in order to produce the most accurate information possible. For example, the addition of a service outcome field during last fiscal year (SFY 2010-2011) allows users to capture more detail regarding the disposition of a child/youth's case at the time a specific treatment episode ends, as well as where that child/youth is placed at the end of the service. In addition, users can now add all family members (both children/youth and adults receiving services on behalf of the child/youth) to a single service authorization, rather than needing to enter multiple authorizations (also made available during SFY 2010-2011). This decreases the amount of time needed to enter data and facilitates more accurate data entry. These enhancements continue to make a much larger and more comprehensive data set available for analysis and reporting.

Trails enhancements are improving data entry practices to reduce the current under-counting of the number of children/youth served and services provided.

Colorado has a state-supervised, county-administered Child Welfare system. Statewide policy and training dictate that every child/youth receiving a Child Welfare service must be entered into Trails. Due to differences in county policies, counties have reported that not every child/youth who benefits from services is entered. The number of children/youth entered into Trails is lower than the actual number of children/youth served because of differences in data entry practices across counties. For example, when using a fixed-rate contract only one service authorization during the month needs to be entered into Trails in order to process payment (regardless of the number of children/youth served in that month). This results in consistently

³ Known nationally as the State Automated Child Welfare Information System (SACWIS).

under-counting the number of services provided and the number of individuals being served. Data entry practices are improving with the new Trails functionality and it is reasonable to anticipate continued improvement as counties learn to use the new features, with both in-person and web-based training modules being made available during SFY 2011-2012. However, the state of Trails data entry continues to evolve and there are some remaining undercounts of service that must be taken into account when interpreting data, including some fixed-rate contract and county-provided services not being entered into Trails. This is discussed later in this section and again in the Costs and Outcomes section of this report.

2. Family Preservation/Core Services Commission Reports – Each county is required by state statute to complete a Family Preservation/Core Services Commission Report. For the past three years, counties have sent these reports directly to TriWest Group (the contracted program evaluator) for analysis and inclusion in the annual program evaluation report (please see Appendix A for a template of the county report). Family Preservation/Core Services Commissions and Tribal leaders respond to specific questions regarding the services available in their communities, program successes and challenges, recommendations for changes to the Core Services Program, and additional funding sources. The Commission report allows counties to supplement data from Trails with qualitative information that helps tell the story behind the numbers. Individual county reports are available from the Division of Child Welfare Services. Responses to the Commission report were analyzed using qualitative analysis software designed to identify themes in text and roughly quantify the frequency with which a theme is described.
3. Colorado Financial Management System (CFMS) – The CFMS Closeout Summary provides the total actual expenditures for the Core Services Program, for the entire state and for individual counties. This system also provides specific expenditures for Mental Health and Substance Abuse services.

Describing Children/Youth Served and Types of Services

The Trails system is the primary source of data regarding children/youth served and the types and number of services delivered. The data is extracted based on all service authorizations that occur during the fiscal year (July 1, 2011 through June 30, 2012). This includes authorizations that began prior to July 1, 2011 and continued into at least part of the fiscal year, as well as new authorizations beginning prior to June 30, 2012, but were still open (ongoing) at the time of the data extraction.

Differences across counties in the use of the Trails system (in terms of non-mandatory data fields and the differences in how fixed-rate contract and county-provided services are entered) limit the generalizability of some data elements. Data must be interpreted with caution; reminders of specific limitations are discussed in the Program Costs and Effectiveness Section of this report.

Numbers of children/youth and families served and types of services provided by each county are derived from service authorizations entered into Trails and represent an unduplicated count of children, youth and adults (receiving services on behalf of the child/youth) served in each county; each individual is counted one time, regardless of how many different services were received. Every person receiving *any* core service in SFY 2011-2012 (July 1, 2011 through June 30, 2012) is included in this count.

Unduplicated counts of services are based on service authorizations entered into Trails. There remains some difference in whether counties enter each individual authorization for a fixed-rate contract or

county-provided service. The implications of this are discussed as data analyses are presented later in this report.

The use of authorizations to quantify the amount of services that are delivered, while not ideal, is the primary way that service delivery is tracked. In some cases, a service authorization can be opened then later closed without a client having received services. In some cases, the opening of the authorization was in error (making up 2% of all authorizations). In others, a client never engages in services and the authorization is eventually closed (in 3.8% of cases, the authorization was closed with the reason “client refused service”). This report uses all authorizations opened in a specific fiscal year (regardless of whether or not it was closed), so it is impossible to tell with certainty which of these might eventually be closed without a client having received any service (and therefore without payment being made). When interpreting amounts of service delivered using authorizations, it is important to keep this consideration in mind. In order to provide contextual detail, this report also looks at the number of days in which the authorization was open. This does not mean that a client received actual service every day. However, it does offer some context for the authorizations by telling us how long a client was engaged in a specific service.

Time Periods for Involvement

Children/youth are divided into three main cohorts/groups based on the time of their involvement in Core Services, as follows:

1. **Service Closures Cohort** – this is a duplicated count of children/youth and adults for whom any service authorization was closed during the SFY 2011-2012; this is the primary cohort analyzed in this report, and includes all services outcome measures that are available.
2. **SFY 2012 Individuals Served** – this includes all children, youth and adults (receiving services on behalf of the child/youth) who began their service episode prior to June 30, 2012 (end of SFY 2011-2012).
3. **SFY 2011 Discharge Cohort** – this includes children/youth who ended a distinct service episode during SFY 2010-2011 and who did not return to service within two months (62 days).

Discharge Cohorts

Each discharge cohort of children/youth from the previous state fiscal year is used in this report to examine 12-month outcomes for children/youth served by Core Services.

Describing Core Services Implementation

The number of service units delivered reflects a duplicated count of individuals. In other words, a single child/youth (or adult) may be counted multiple times, once for each service received. All services authorized in Trails in SFY 2011-2012 are included in this count. In addition, duplicated counts of services are included for this fiscal year. These counts represent the total number of authorizations, with a single child, youth or adult often receiving more than one authorization, and with a single authorization potentially capturing multiple individuals served. Frequency distributions and means (averages) are used to describe child/youth and adults served characteristics and service units. In addition to the duplicated number of authorizations presented, a sum of all days enrolled in a service helps quantify the services received.

Information from county and tribal Core Services Commission Reports is used throughout this report. For example, types of services used in each county are summarized in the Program Overview section and frequency of service availability is included in the Implementation of Core Services Program Section. These Commission Reports also provide context for the Outcomes Section and additional details regarding how counties acquire supplemental funds to meet the needs of their communities. In addition, information is collected on specific program accomplishments, county collaborative efforts, evidence-based practices, and recommendations for changes to the Core Services Program. Commission Reports comment on local factors driving higher costs of services and other factors that promote cost efficiencies or cost savings. Most of the data presented from counties is qualitative and summarized in narrative form. Where possible and appropriate, frequency distributions are used to describe county implementation efforts. Please see Appendix A for the template for this year’s Family Preservation/Core Services Commission Reports.

Describing Program Effectiveness: Core Services Outcomes

This year’s annual evaluation report concentrates heavily on the new outcome measures that are recorded in Trails for every service authorization. These include the Core Services case goal (remain or return home, adoption, etc.), the overall outcome of the service (successful, not engaged, etc.), and where the child/youth was placed at the time the service ended.

In addition, 12-month outcomes of children/youth receiving Core Services in past fiscal years is reported in the form of substantiated child abuse and neglect reports.

County Family Preservation/Core Services Commission Reports provide much of the information used to describe services to children, youth and families across the state.

Maintaining Children/Youth in the Home

For this report, maintaining children/youth in the home is defined as the avoidance of an out-of-home placement during the Core Services episode. Proportions of children/youth maintained in the home are derived from identifying children/youth who do not experience an out-of-home placement during the time between their Core Services start and end dates.

Describing Core Services Costs

Costs are discussed in this report in two different ways. The first is a basic cost-person ratio that simply shows the amount spent compared with the number of individuals served. This is used only to show the relationship in the existing data between expenditures, service authorizations, and unique individuals served. Costs per individual are estimated based on the number of days per service and the average cost per person per authorized day.

Program Overview

Purpose of the Core Services Program

The primary purpose of the Core Services Program is to protect the well-being of Colorado's children/youth by supporting stable families and preventing out-of-home placement. When an out-of-home placement is determined to be the best option for a child/youth, the Core Services Program supports efforts to return the child/youth home as quickly as possible or to facilitate a stable, least restrictive, long-term alternate placement.

The Core Services Program is administered by the Colorado Department of Human Services, Division of Child Welfare Services and is implemented at the county level. The Division of Child Welfare Services sets policies and rules and each of the 64 counties determine the details of program implementation for their communities. In addition to the 64 counties, two Indian tribes are eligible for Core Services funding.

Core Services Program Goals

- 1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth;**
- 2. Prevent out-of-home placement;**
- 3. Return children/youth in placement to their own home, or unite children/youth with their permanent families; and**
- 4. Provide services that protect the child/youth.**

Types of Core Services

There are ten designated Core Service types. A detailed description of each service type is included as Appendix B.

- | | |
|-----------------------------|---|
| 1. Home Based Intervention | 6. Mental Health Services |
| 2. Intensive Family Therapy | 7. Substance Abuse Treatment Services |
| 3. Life Skills | 8. Aftercare |
| 4. Day Treatment | 9. Special Economic Assistance |
| 5. Sexual Abuse Treatment | 10. County Designed Services (Optional) |

Counties are required by statute to provide access to all of the Core Service types except County Designed Services (which are optional). County Designed Services are unique to each county. Every three years, counties submit an Annual Core Plan detailing how they intend to utilize their Core Services funding (for the next three fiscal years). Counties have the opportunity to request the addition of County Designed Services in their Annual Plans. Counties must describe the additional service and define how the service will meet the needs of families and impact the goals of the Core Services Program. In addition, counties must track services, expenditures, and outcomes to allow the state to monitor each County Designed Service.

County Designed Services bring evidence-based services to Colorado communities where they might not be otherwise available.

The option of County Designed Services provides county departments with an important opportunity to meet the unique needs of families in their communities and to fill gaps in their service array. Further, many counties are able to implement well-established, evidence-based practices and programs through

the flexibility offered by the County Designed option. This brings state-of-the-art approaches in supporting child/youth safety and well-being to many Colorado communities where they might not otherwise be available. This year, 46 counties are providing approved County Designed Services.

Examples of evidence-based County Designed Services include Multisystemic Therapy, Functional Family Therapy, Family Team Decision Making, and Mentoring. A complete list of County Designed Services being offered this year is included in Appendix C.

Program Changes that Continue During SFY 2012

Last year marked the rollout of significant enhancements to the Trails data system. The most significant of these changes in terms of evaluating program effectiveness, described in more detail in the Implementation of the Core Services Program Implementation Section (page 18), allows for easier, more accurate tracking of the children/youth and adults receiving services. This change contributes to the way the Core Services implementation and outcomes are reported for SFY 2011 and SFY 2012 and can be described in future reports. The reports for this year and

Ongoing significant program developments for SFY 2012 include continued training and discussion around Trails enhancements and continued work on the development of a Program Area 3 (PA3) for prevention and intervention services.

last reflect the increasing degree to which the data entered into Trails paints a more complete picture of each individual receiving services and the impacts of those services. As the Division continues ongoing training efforts, it is reasonable to expect data quality to continue to improve.

Another important change to the Trails data system, implemented over the past two years, was the addition of improved outcome tracking. These changes are the result of a collaborative effort between the Core Services Coordinators program staff and Trails team. With this addition, each service authorization is required to have an associated case goal, outcome of the service (e.g. successful/unsuccessful), and the child/youth's placement at the time of discharge. This represents an improvement in the way service authorizations are documented in Trails. This change, combined with the ability to enter all children/youth and families receiving services within a single authorization, has enhanced the outcome data available for the evaluation of the Core Services Program for the past two years.

The second modification to the Core Services Program was a process of implementing the legislative language of HB 11-1196 (Flexible Funding for Families), allowing more flexible use of Core Services Program funds for prevention and intervention services. The Division is now working to create Department rules and add additional Trails functionality to track these services. This process is outlined more completely in the Looking Ahead section at the end of this report.

Core Services Allocations

Table 1 (page 14) shows Core Services allocations for SFY 2011-2012. The total allocation for all counties is \$44,576,053. This is the same as the amount allocated last year. This total allocation is inclusive of \$4,006,949 for evidence-based services awards to counties as explained on the next page.

Table 1: SFY 2012 Core Services Program Allocations			
County Name	Allocation	County	Allocation
Adams	\$4,519,343.86	Kiowa	\$52,999.35
Alamosa	\$660,471.78	Kit Carson	\$125,753.23
Arapahoe	\$4,172,081.23	Lake	\$135,968.59
Archuleta	\$176,265.58	La Plata/San Juan/Southern Ute ⁴	\$1,023,006.17
Baca	\$42,619.85	Larimer	\$1,652,500.34
Bent	\$29,100.67	Las Animas	\$280,303.46
Boulder	\$2,394,947.10	Lincoln	\$355,299.30
Broomfield	\$318,577.65	Logan	\$358,535.30
Chaffee	\$287,273.39	Mesa	\$1,192,671.94
Cheyenne	\$38,526.96	Moffat	\$465,480.64
Clear Creek	\$119,445.40	Montezuma	\$301,874.20
Conejos	\$124,348.90	Montrose	\$459,832.72
Costilla	\$79,179.04	Morgan	\$665,155.84
Crowley	\$85,101.38	Otero	\$446,457.64
Custer	\$26,135.66	Ouray/San Miguel	\$254,080.45
Delta	\$377,692.92	Park	\$167,631.23
Denver	\$7,310,552.72	Phillips	\$38,752.86
Dolores	\$29,599.07	Pitkin	\$33,908.48
Douglas	\$211,546.19	Prowers	\$323,644.28
Eagle	\$120,587.32	Pueblo	\$1,263,561.85
Elbert	\$298,845.24	Rio Blanco	\$116,290.90
El Paso	\$4,954,618.65	Rio Grande/Mineral	\$73,405.55
Fremont	\$764,203.30	Routt	\$308,861.32
Garfield	\$454,682.08	Saguache	\$90,952.68
Gilpin	\$84,627.45	Sedgwick	\$31,800.06
Grand	\$168,754.30	Summit	\$197,321.56
Gunnison/Hinsdale	\$81,770.76	Teller	\$511,205.82
Huerfano	\$134,920.71	Washington	\$102,759.78

⁴ The Southern Ute Indian Tribe receives \$25,000 of Core Services funding administered by La Plata and not included in these totals.

Table 1: SFY 2012 Core Services Program Allocations			
County Name	Allocation	County	Allocation
Jackson	\$26,442.17	Weld	\$1,393,579.93
Jefferson	\$3,818,811.76	Yuma	\$241,384.44
Statewide	\$44,576,053.00		

Evidence-Based Services for Adolescents Awards

Some counties receive additional Core Services funding specifically targeted to provide evidence-based services to adolescents in home and community-based settings. In SFY 2011-2012, there was no change to these awards. A total of \$4,006,949 was allocated for evidence-based services to adolescents and their families. Evidence-based services are programs that have been proven effective in reducing the need for higher cost residential services. These programs help counties avoid or reduce the length of costly out-of-home placement.

These funds are allocated to counties through a Request for Proposals (RFP) process and are reflected in the overall Total Core Services Allocations report (see Table 1, above). The services provided through these funds appear to enhance the Core Services Program, allowing Colorado families to receive evidence-based and promising practices, directly impacting adolescents that might not otherwise be available.

Each county receiving an evidence-based services award submits a complete program needs assessment, service description, and projected outcomes. They must also document historical outcomes demonstrating how the specific services reduce the need for higher cost, more restrictive settings or residential services.⁵ The Division of Child Welfare Services collaborates with each Core Services Coordinator to ensure outcome data is compiled and progress toward the goal of each program is monitored.

The SFY 2011-2012 Evidence-Based Services to Adolescents Awards are shown in Table 2 (page 16) organized by county, amount of approved award, and the approved evidence-based service program(s). Twenty-six counties received awards ranging from \$11,699 to \$559,918. As seen in the table on the next page, several counties have received more than one award. Available funds determine the number of counties receiving awards and the amount of each award. Funds are distributed through a competitive application process.

Evidence-based service awards represent a strong asset to the Core Services Program, providing Colorado families with proven approaches to sustaining efforts to support youth in the community.

⁵The additional evidence-based programs for adolescents are considered County Designed Core Services. All County Designed data pulled from Trails includes these evidence-based programs.

Table 2: Evidence-Based Services to Adolescents Awards

County Name	Award Amount	Evidence-Based Service Program
Adams	\$287,039	Youth Intervention Program
Alamosa	\$62,560	Intensive Mentoring Project
Arapahoe	\$559,918	Multisystemic Therapy – Synergy Direct Link/Multisystemic Therapy – Savio
Boulder	\$20,005	Multisystemic Therapy
Broomfield	\$55,573	Multisystemic Therapy
Chafee	\$96,184	Mentoring
Conejos	\$61,187	Intensive Mentoring
Costilla	\$38,724	Intensive Mentoring Project
Denver	\$221,649	Multisystemic Therapy
Eagle	\$10,860	Family Centered Meeting Coordination
Elbert	\$163,894	Multisystemic Therapy Family Coaching/Youth Mentoring Parenting with Love and Limits
El Paso	\$243,666	Functional Family Therapy Multisystemic Therapy
Fremont	\$91,131	Functional Family Therapy
Garfield	\$38,178	Adolescent Mediation Services Multisystemic Therapy
Gunnison/Hinsdale	\$38,402	Therapeutic Mentoring
Huerfano	\$11,699	Reconnecting Youth
Jefferson	\$416,305	Multisystemic Therapy Team Decision Making
Kit Carson	\$19,237	Functional Family Therapy
La Plata/San Juan/ Montezuma, Dolores/ Archuleta	\$307,949	Adolescent Dialectical Behavioral Therapy Multisystemic Therapy
Larimer	\$214,497	Parent-Child Conflict (PCC) Mediation Functional Family Therapy NYPUM National Youth Program Using Mini-Bikes
Mesa	\$284,712	Rapid Response Day Treatment to Adolescents
Montrose	\$63,695	Promoting Healthy Adolescent Trends (PHAT)

Table 2: Evidence-Based Services to Adolescents Awards		
County Name	Award Amount	Evidence-Based Service Program
Morgan	\$25,000	Parenting with Love and Limits
Pueblo	\$178,953	For Keeps Program
Teller	\$112,856	Multisystemic Therapy
Weld	\$383,076	Teamwork, Innovation, Growth, Hope and Training (TIGHT) Multisystemic Therapy
Statewide	\$4,006,949	

Case Illustration: The Importance of Flexibility in the Core Services Program

In a rural/mountain community, a baby boy tested positive for cocaine at birth, requiring a two-month hospitalization. His mother refused drug treatment and relinquished her custody rights four months after the case was opened. The child was placed in foster care. The county began searching for the father shortly after the child’s birth. It was discovered that the biological father was near completion of a prison sentence and had an extensive history of substance abuse and drug-related arrests.

The father was unaware that he had a child and, upon notification, agreed to work with the county human services department on a reunification plan following his release from prison. Once released, the father moved in with his parents (in another county) and, with their support, began participating in supervised therapeutic visits, both in his parents’ home and in the neighboring county’s department offices. In addition, the father participated in life-skills training, child development, and parent education services.

Despite the case spanning two counties, with a great deal of distance involved, both the father and caseworkers strove to ensure that the service plan was completed. Both sides of the case had to travel and services had to be coordinated across the counties – including making arrangements for supervised visits. However, the caseworker credited the father’s effort and engagement for the successful case outcome:

“From the moment he saw that baby he was in love with him. It was incredible. I’ve never seen anything like it. The child was the motivation that he needed to get clean and get his act together.”

The level of effort on the part of the caseworker, family and service providers to fully access and utilize the range of resources available through the Core Services Program appears to be an important factor predicting success.

Implementation of the Core Services Program

Colorado's Core Services Program intends to ensure fair and equitable access to services statewide, while maintaining flexibility at the local level. The state oversees funding allocations and sets policies and procedures for the program. However, each county operates their Core Services Program to meet the unique needs of families and communities. Because of this, documenting services consistently across the state is an ongoing challenge for the evaluation. It is also an area where significant progress has been made during the past two fiscal years.

Enhancements to the Trails system last year (SFY 2010-11) have continued to support more accurate tracking of services delivered, individuals served, and service outcomes. The new Trails functionality allows users to associate multiple family members with a single service authorization. Correspondingly, Trails more accurately captures both the services actually being purchased or delivered by the county, as well as the children/youth and adults benefitting from services. While this improvement does not eliminate problems stemming from disparate data entry practices⁶, it has made significant improvements to data quality.

Another improvement to the Trails data system allows the separation of data regarding children and youth served from data describing adult caregivers receiving services on behalf of a child/youth. Previously, all services needed to be associated with a specific child or youth, even if the person participating in services was a parent, both parents, or the entire family. In previous reports, the term "children/youth served" encompassed the designated child/youth, siblings also receiving services and adult caregivers receiving services on the child/youth's behalf. This report represents the second year in which more detailed data regarding the specific individual participating in services is available.

Prior to these enhancements, the workload related to data entry was described as a barrier that prohibited some counties from entering data for all family members receiving services, including both adults and those participating as a child/youth, because an additional service authorization had to be entered for each person. Core Services Coordinators report that these Trails enhancements have significantly reduced the time required to enter complete data. The Division continues to support individual counties and to promote consistent data entry practices through training, discussion and policy guidelines for best practice. The OIT Training Team has developed a comprehensive Core Services Trails training module which covers these enhancements. It will be made available to the counties through in-person training sessions in September 2012 and will be available as web-based training modules later in the fiscal year (SFY 2012-13).

⁶ Discussed in detail on page 16.

Variations in County Use of the Trails Data System

Over the past several years, the Core Services Annual Evaluation Report has emphasized challenges in using Trails data to accurately describe services provided and their impact on children/youth and families. These challenges stemmed from variations in data entry across counties, incomplete data entry and limitations in some Trails data fields. Last year's report utilized new functionality in Trails to more accurately report unduplicated counts of families and individuals served, as well as discrete service units purchased. This year's report continues to build on this new functionality and provides more detail on service profiles for families receiving services.

During the past fiscal year, variations remain across counties. Some have not fully implemented data entry practices that take full advantage of the new Trails functionality. In addition, counties have varied in how they define an individual benefitting from a specific service. However, this year's annual report represents the most detailed and accurate picture of the Core Services Program that has ever been available.

Data entry practices have improved with new Trails enhancements and will likely continue to do so.

During the coming fiscal year, the OIT Trails Training Team is planning to deliver a series of in-person and web-based training sessions designed to further enhance the consistency of data entry for the Core Services Program throughout the state.

Service Delivery in State Fiscal Year 2012

Table 3, on page 20, lists each county's Core Services allocation, actual expenditures and the number of individuals receiving services, as entered into Trails. In comparing counties, it is important to note that many factors, other than the previously mentioned differences in data entry practices, account for fairly significant differences in the cost-ratios reported in this section. For the purposes of this report, a cost-ratio is defined as the number of dollars expended compared with the number of individuals served (see the Evaluation Methods section of this report for a discussion of cost-ratio vs. cost per person served). The cost-ratio does not account for service duration and should not be confused with an actual cost per individual served.

When looking at these cost-ratios of expenditures to individuals served by county, it is important to consider the context in which services occur. Rural and frontier counties often experience a dearth of qualified service providers, meaning that clients must travel farther and have fewer choices among providers, both of which can increase costs. Similarly, differences in costs of living can dramatically affect the cost of specific services by county.

Table 3: SFY 2012 Core Services Allocations, Expenditures and Individuals Served by County

County Name	Allocation	Expenditures ⁷	Individual Family Members Served ⁸
Statewide	\$44,576,053.00	\$46,517,261.25	27,070
Adams	\$4,519,343.86	\$5,183,903.72	2,590
Alamosa	\$660,471.78	\$621,918.74	247
Arapahoe	\$4,172,081.23	\$3,998,554.22	2,030
Archuleta	\$176,265.58	\$139,207.94	105
Baca	\$42,619.85	\$31,010.44	4
Bent	\$29,100.67	\$33,209.26	66
Boulder	\$2,394,947.10	\$2,433,476.23	655
Broomfield	\$318,577.65	\$172,332.11	130
Chaffee	\$287,273.39	\$147,814.52	49
Cheyenne	\$38,526.96	\$24,587.86	35
Clear Creek	\$119,445.40	\$78,028.08	33
Conejos	\$124,348.90	\$99,170.86	79
Costilla	\$79,179.04	\$66,016.31	32
Crowley	\$85,101.38	\$92,104.09	18
Custer	\$26,135.66	\$3,360.00	6
Delta	\$377,692.92	\$375,886.14	216
Denver	\$7,310,552.72	\$7,368,140.26	3,527
Dolores	\$29,599.07	\$23,716.47	12
Douglas	\$211,546.19	\$695,194.33	432
Eagle	\$120,587.32	\$103,929.28	179
Elbert	\$298,845.24	\$300,231.22	147
El Paso	\$4,954,618.65	\$5,939,018.60	3,858

⁷ Expenditures are based on SFY 2012 Core Services Closeout.

⁸ The total individuals served does not equal to total of individuals served in all counties because some individuals received services in multiple counties.

Table 3: SFY 2012 Core Services Allocations, Expenditures and Individuals Served by County

County Name	Allocation	Expenditures ⁷	Individual Family Members Served ⁸
Fremont	\$764,203.30	\$731,026.38	563
Garfield	\$454,682.08	\$399,921.86	240
Gilpin	\$84,627.45	\$76,768.75	67
Grand	\$168,754.30	\$71,664.36	83
Gunnison/Hinsdale	\$81,770.76	\$81,719.47	87
Huerfano	\$134,920.71	\$129,293.67	44
Jackson	\$26,442.17	\$1,480.00	7
Jefferson	\$3,818,811.76	\$4,142,290.52	2,716
Kiowa	\$52,999.35	\$47,474.73	0 ⁹
Kit Carson	\$125,753.23	\$175,643.19	38
Lake	\$135,968.59	\$96,618.33	71
La Plata/San Juan	\$1,023,006.17	\$1,114,694.39	310
Larimer	\$1,652,500.34	\$1,943,512.01	3,422
Las Animas	\$280,303.46	\$281,100.83	77
Lincoln	\$355,299.30	\$325,671.68	57
Logan	\$358,535.30	\$495,012.87	224
Mesa	\$1,192,671.94	\$1,040,167.34	769
Moffat	\$465,480.64	\$347,009.59	129
Montezuma	\$301,874.20	\$336,225.43	134
Montrose	\$459,832.72	\$447,359.53	283
Morgan	\$665,155.84	\$660,559.17	327
Otero	\$446,457.64	\$377,072.82	96
Ouray/San Miguel	\$254,080.45	\$264,504.63	48
Park	\$167,631.23	\$121,628.27	78

⁹ No service data entered into Trails.

Table 3: SFY 2012 Core Services Allocations, Expenditures and Individuals Served by County

County Name	Allocation	Expenditures ⁷	Individual Family Members Served ⁸
Phillips	\$38,752.86	\$38,938.66	51
Pitkin	\$33,908.48	\$18,180.32	39
Prowers	\$323,644.28	\$289,414.48	89
Pueblo	\$1,263,561.85	\$1,316,604.20	1,071
Rio Blanco	\$116,290.90	\$57,090.84	94
Rio Grande/Mineral	\$73,405.55	\$107,979.67	86
Routt	\$308,861.32	\$256,628.77	59
Saguache	\$90,952.68	\$107,139.16	51
Sedgwick	\$31,800.06	\$26,461.90	6
Summit	\$197,321.56	\$202,778.70	78
Teller	\$511,205.82	\$488,770.54	165
Washington	\$102,759.78	\$94,127.81	113
Weld	\$1,393,579.93	\$1,726,378.82	938
Yuma	\$241,384.44	\$147,536.88	46

These counts of individuals served are an unduplicated count of children, youth and adults in each county. Individual county totals do not add to the statewide total because some individuals received services in more than one county. Those individuals are counted in each county in which services were received.

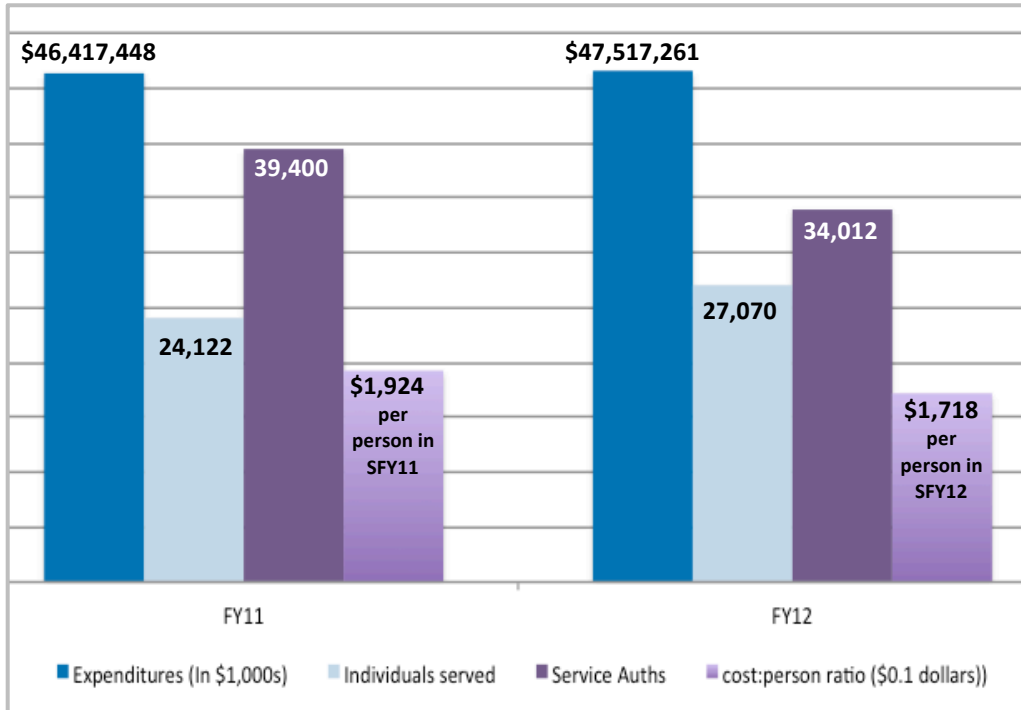
As shown in Table 3, some counties appear to under-spend their allocation while others appear to over-spend. At the end of the fiscal year, small and medium counties under-spending their Core allocation have their remaining allocation aggregated to create a surplus pool. That pool is then applied to deficits generated in other counties. If the surplus pool is insufficient to cover all deficits, the surplus distribution formula is applied to apportion the surplus funds. The formula determines the amount of surplus available to each deficit county based on the relative size of the county's allocation and the size of each county's deficit in relation to its allocation.

After all small and medium counties have been fully covered through surplus distribution, any remaining surplus allocation is included in the surplus distribution process for the ten large counties. Surplus distribution for the ten large counties is processed in the same manner as for the small and medium

counties. After the surplus pool has been fully allocated, any remaining county deficits are covered by approved funding source transfers, as appropriate, and are based on the percentage of over-expended money.

The chart below shows the relationship between expenditures, service authorizations and individuals served.

Figure 1: Comparison of Core Expenditures, Individuals Served, Services Authorized and Ratio of Allocation Dollars to Individuals Served in SFY 2011 and SFY 2012



While expenditures have changed little since the last fiscal year, there have been changes in service authorizations and individuals served. The chart above illustrates how Trails enhancements have resulted in Core Services caseworkers having to rely less on multiple service authorizations to show multiple individuals receiving the same service. This is seen in the increase in the number of individuals served and decreases in the number of service authorizations. This results in a lower cost-ratio of dollars to individuals for this fiscal year.

Trails enhancements have saved caseworkers time because they do not have to enter multiple service authorizations to show multiple individuals receiving the same service.

Children/Youth and Families Served During SFY 2012

The total count of children/youth and other family members served each year beginning in SFY 2006-2007 is depicted in Table 4, below. As stated previously, in past reports the term “total number of children/youth served” included caregivers receiving services on behalf of the child/youth. For the past two fiscal years, new Trails functionality allows for more accurate recording of children and youth

served, as well as other family members, resulting in a more accurate count than has been available in the past.

Table 4: Total Number of Individuals Served by the Core Services Program						
	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Total Unduplicated Count	19,152 ¹⁰	17,793	16,066	15,226	24,122	27,070

A total of 27,070 individuals receiving services were recorded in Trails for SFY 2012, an increase of 12 percent over last fiscal year. It is unclear the extent to which this is due to continuing improvements in data entry practices versus a true increase in the number of families being served by Core Services. However, over one third of the counties specifically described in their annual Family Preservation Commission Reports that the number of families in their communities that were in need of services had increased.

Over one-third of Colorado counties specifically described in their annual Family Preservation Commission Reports that the number of families in their communities that were in need of services had increased.

Just under half of the individuals served (12,994) were children directly participating in services. The remaining half served (14,076) represents adult caregivers receiving services on behalf of the child/youth. These services provided to adults include Intensive Family Therapy, Multisystemic Therapy and Home Based Intervention, where the entire family receives services. In addition, services to adults often specifically target parental challenges, such as evaluations of parental capacity to care for children and keep them safe, life skills, household management and parenting. While these services are delivered to adults, they benefit the children of Colorado by allowing them to not only remain in their homes, but to benefit from a sustainable and improved home environment.

¹⁰ This number is taken from the SFY 2007 County Commission Report.

Figure 2: Individuals Served SFY 2012

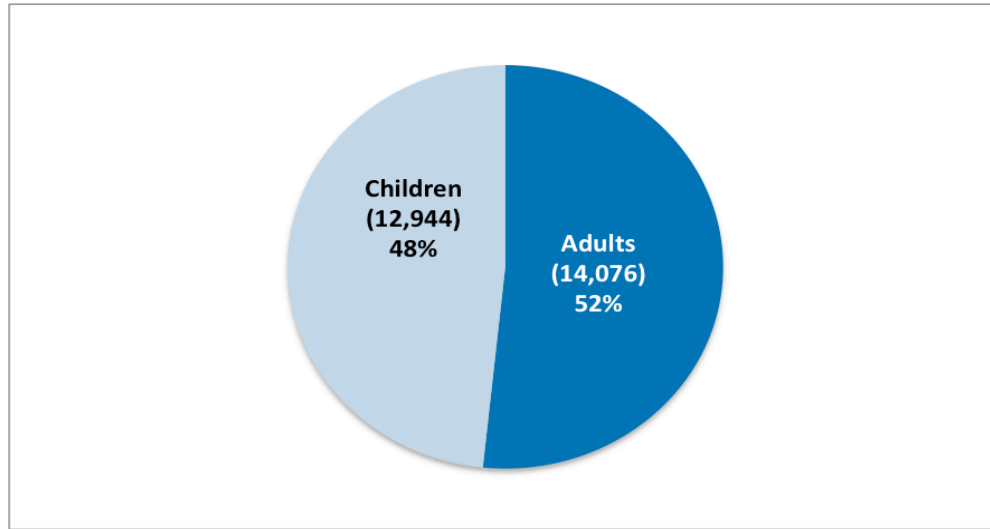


Table 5 shows the race/ethnicity¹¹ of children/youth and adult caregivers served. This is an unduplicated count of individuals. The Trails data system allows for individuals to be categorized into multiple racial and ethnic categories, so the data is recoded so that an unduplicated count can be given. The Hispanic ethnic category includes all individuals from any racial category who also identified themselves as Hispanic (almost entirely, this represents individuals who are Caucasian, racially, but ethnically identify themselves as Hispanic). The largest groups served by the Core Services Program were White, non-Hispanic (58%) or Hispanic (29%). The average age of children/youth served by Core Services was 8.5 years with a range from newborn to 17 years old.¹²

Table 5: Race/Ethnicity of Individuals Served		
Race / Ethnicity	Core Services Numbers Served	
American Indian or Alaskan Native	459	1.7%
Asian	234	<1%
Black or African American	2,858	10.5%
Hispanic	8,019	29.6%
Native Hawaiian or Other Pacific Islander	110	<1%
White (Caucasian)	13,916	51.4%
Multiple Races	948	3.5%
Missing Data or Unable to Determine	526	1.9%
TOTAL	27,070	100%

¹¹ Race/ethnicity categories are based on options included in the Trails data system.

¹²Core services may be provided until the child/youth turns 21. However, all children/youth began services before the age of 18.

Table 6 shows the unduplicated count of individuals¹³ served across counties.

Table 6: Unduplicated Individuals Served by County								
County Name	SFY 2009 Individuals Served		SFY 2010 Individuals Served		SFY 2011 Individuals Served		SFY 2012 Individuals Served	
	Number	Percent of State Total	Number	Percent of State Total	Number	Percent of State Total	Number	Percent of State Total
Adams	929	5.7%	1,181	5.7%	2,550	10.5%	2,590	9.57%
Alamosa	186	1.2%	198	1.2%	244	1.0%	247	0.9%
Arapahoe	1,397	8.6%	1,579	8.6%	2,010	8.3%	2,030	7.5%
Archuleta	85	0.5%	68	0.5%	58	0.2%	105	0.4%
Baca	1	0.0%	1	0.0%	2	0.0%	4	0.0%
Bent	29	0.2%	26	0.2%	45	0.2%	66	0.2%
Boulder	733	4.5%	554	4.5%	690	2.9%	655	2.4%
Broomfield	101	0.6%	83	0.6%	89	0.6%	130	0.5%
Chaffee	35	0.2%	33	0.2%	19	0.1%	49	0.2%
Cheyenne	4	0.0%	2	0.0%	2	0.0%	35	0.1%
Clear Creek	36	0.2%	44	0.3%	32	0.2%	33	0.1%
Conejos	59	0.3%	61	0.4%	58	0.4%	79	0.3%
Costilla	8	0.0%	9	0.1%	9	0.1%	32	0.1%
Crowley	13	0.1%	22	0.1%	23	0.2%	18	0.1%
Custer	6	0.0%	5	0.0%	6	0.0%	6	0.0%
Delta	156	0.9%	107	0.7%	119	0.8%	216	0.8%
Denver	3,299	18.5%	2,808	17.4%	2,195	14.4%	3,527	13.0%
Dolores	16	0.1%	10	0.1%	9	0.1%	12	0.0%
Douglas	97	0.5%	96	0.6%	97	0.6%	432	1.6%
Eagle	112	0.6%	62	0.4%	23	0.2%	179	0.7%
Elbert	80	0.4%	66	0.4%	51	0.3%	147	0.5%
El Paso	1,612	9.1%	1,654	10.2%	1,582	10.4%	3,858	14.3%

¹³Children are unduplicated *within* each county. However, some children were served by multiple counties. These children are counted multiple times, one time for each county. The number of children unduplicated by count for SFY 2011 adds to 24,407.

Table 6: Unduplicated Individuals Served by County

County Name	SFY 2009 Individuals Served		SFY 2010 Individuals Served		SFY 2011 Individuals Served		SFY 2012 Individuals Served	
	Number	Percent of State Total	Number	Percent of State Total	Number	Percent of State Total	Number	Percent of State Total
Fremont	294	1.7%	244	1.5%	272	1.8%	563	2.1%
Garfield	180	1.0%	145	0.9%	117	0.8%	240	0.9%
Gilpin	32	0.2%	28	0.2%	36	0.2%	67	0.2%
Grand	52	0.3%	42	0.3%	54	0.4%	83	0.3%
Gunnison/Hinsdale	46	0.3%	33	0.2%	31	0.2%	87	0.3%
Huerfano	91	0.5%	74	0.5%	36	0.5%	44	0.2%
Jackson	8	0.0%	7	0.0%	4	0.0%	7	0.0%
Jefferson	1,721	9.7%	1,558	9.6%	1,430	9.6%	2,716	10.0%
Kiowa	0	NA	0	NA	0	NA	0 ¹⁴	NA
Kit Carson	34	0.2%	26	0.2%	24	0.2%	38	0.1%
Lake	38	1.2%	53	0.3%	49	0.3%	71	0.3%
La Plata/San Juan	220	0.2%	211	1.3%	247	1.6%	310	1.1%
Larimer	1,868	10.5%	1,926	11.9%	1,865	12.2%	3,422	12.6%
Las Animas	51	0.3%	55	0.3%	60	0.4%	77	0.3%
Lincoln	41	0.2%	41	0.3%	40	0.3%	57	0.2%
Logan	93	0.5%	83	0.5%	131	0.9%	224	0.8%
Mesa	387	2.2%	386	2.4%	385	2.5%	769	2.8%
Moffat	157	0.9%	142	0.9%	124	0.8%	129	0.5%
Montezuma	112	0.6%	126	0.8%	107	0.7%	134	0.5%
Montrose	162	0.9%	150	0.9%	126	0.8%	283	1.0%
Morgan	213	1.2%	196	1.2%	169	1.1%	327	1.2%
Otero	64	0.4%	49	0.3%	77	0.5%	96	0.4%
Ouray/San Miguel	20	0.1%	23	0.1%	30	0.2%	48	0.2%
Park	63	0.4%	52	0.3%	31	0.2%	78	0.3%
Phillips	15	0.1%	12	0.1%	15	0.1%	51	0.2%
Pitkin	12	0.1%	17	0.1%	8	0.1%	39	0.1%

¹⁴ No service data entered into Trails.

Table 6: Unduplicated Individuals Served by County								
County Name	SFY 2009 Individuals Served		SFY 2010 Individuals Served		SFY 2011 Individuals Served		SFY 2012 Individuals Served	
	Number	Percent of State Total	Number	Percent of State Total	Number	Percent of State Total	Number	Percent of State Total
Prowers	87	0.5%	84	0.5%	66	0.4%	89	0.3%
Pueblo	835	4.7%	788	4.9%	704	4.6%	1,071	4.0%
Rio Blanco	47	0.3%	48	0.3%	34	0.2%	94	0.3%
Rio Grande/Mineral	64	0.4%	65	0.4%	43	0.3%	86	0.3%
Routt	54	0.3%	36	0.2%	28	0.2%	59	0.2%
Saguache	28	0.2%	38	0.2%	27	0.2%	51	0.2%
Sedgwick	7	0.0%	6	0.0%	4	0.0%	6	0.0%
Summit	52	0.3%	43	0.3%	29	0.2%	78	0.3%
Teller	123	0.7%	147	0.9%	120	0.8%	165	0.6%
Washington	11	0.1%	28	0.2%	33	0.2%	113	0.4%
Weld	664	3.7%	720	4.5%	743	4.9%	938	3.5%
Yuma	51	0.3%	36	0.2%	46	0.3%	46	0.3%
State Total	16,066	100%	15,226	16,066	100%	15,226	27,070	100%

Services Provided (Statewide and by County): All Children/Youth Served

Table 7, below, shows the number of service authorizations (as entered into Trails) for SFY 2012.

Table 7: Number of Service Authorizations Entered into Trails (duplicated count of services)			
	SFY 2010	SFY 2011	SFY 2012
Total Duplicated Count	46, 197	39,400	34,012

As discussed in last year’s report, the decreases in service authorizations reflect changes in the use of the Trails system to record services with multiple participants. While this remains the most likely explanation for continued decreases in the number of authorizations, Core Service Coordinators point to two additional factors in explaining this decrease. First, several Advisory Group members reported that counties have really changed their practice around delivering services, not just how they enter them into Trails.

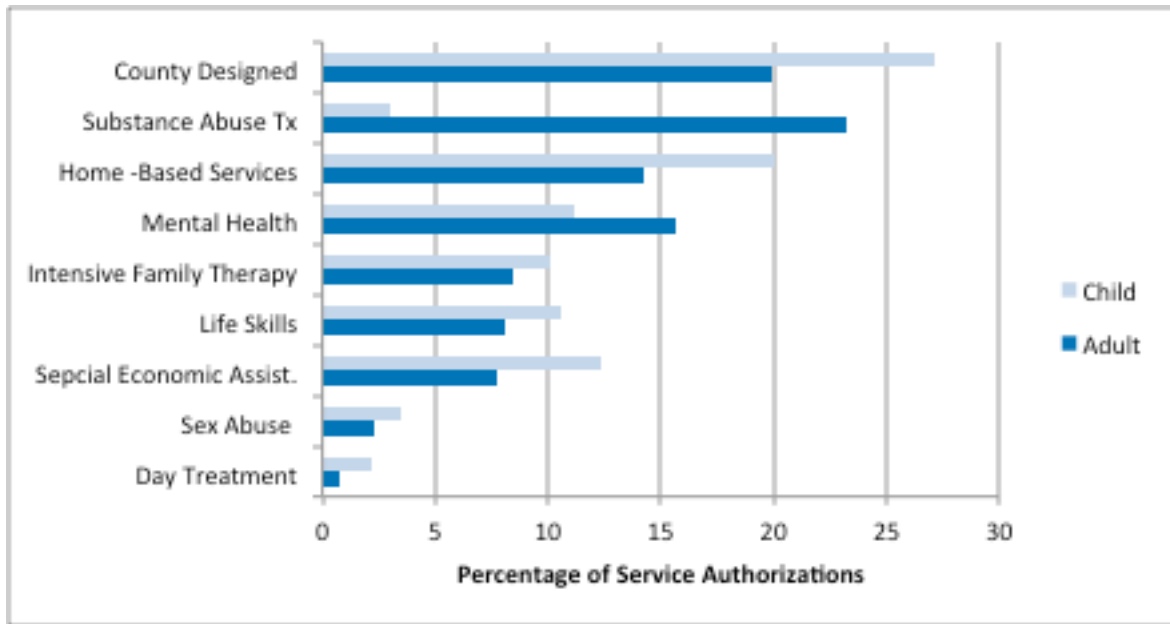
In addition to changes in data entry practices, Core Services Coordinators report that efforts to make service delivery more targeted and efficient could also have led to the decrease in service authorizations.

Second, in addition to discussions of the allocation model, Core Service Coordinators serving on the Evaluation Advisory Group felt that continued emphasis on being more family-focused and family-centered in service delivery has led to greater targeting of services and greater efficiencies that, in turn, has facilitated expansion of the number of families served while decreasing service authorizations.

Types of Core Services Provided

The figure below depicts the distribution of service authorizations for each service type.¹⁵

Figure 3: Distribution of Core Services: Children/Youth and Adults Served



Behavioral Health Services

The term “behavioral health services” is often used as shorthand for mental health services and substance abuse treatment together. When considered together, and including County Designed Services with a mental health component, these services make up half of all services provided to families. These services include diagnostic and/or therapeutic services to assist in the development of the family services plan; to assess and/or improve family communication, functioning and relationships; and to prevent further abuse of drugs or alcohol. As was the case last fiscal year, behavioral health service authorizations decreased along with the total decrease in service authorizations, yet they continue to be the most commonly accessed services for maintaining children/youth in a safe home environment. Factors that may contribute to the decrease in behavioral health services authorizations relative to previous years include the overall decrease in duplicative authorizations entered into Trails as a result of the new functionality (see page 12 in the Program Overview Section for details), and the county-reported increase in families who are eligible for and accessing Medicaid, and therefore receiving services through that more appropriate funding source.

¹⁵ Aftercare services, a designated Core Service type, are not recorded in Trails as discrete service authorizations and are therefore not included in service type analyses.

Beyond the designated Mental Health Services and Substance Abuse Treatment, other Core Service types incorporate significant mental health components. These include another standard Core Service, Intensive Family Therapy, as well as County Designed Services such as Multisystemic Therapy (MST) and Functional Family Therapy (FFT). When other services with a mental health component are considered, 51 percent of all service authorizations address the mental health and substance abuse treatment needs of children/youth and/or their adult caregivers.

The table below explores the range of service authorizations that include a mental health service or substance abuse treatment component.

Table 8: Behavioral Health Services (Mental Health and Substance Abuse Treatment)		
Service Type	Core Services Numbers Served	
	Number	Percentage of Total Service Authorizations
Mental Health Services	5,751	20.0%
Other Services with Mental Health Component		
Intensive Family Therapy	3,083	9.1%
Other Family Therapy (incl. FFT and MST)	622	1.8%
Individual and Group Therapy/Counseling	150	<1%
Total Mental Health	9,606	31.9%
Substance Abuse Treatment	7,659	22.5%
Total Behavioral Health (MH & SUD)	17,265	54.4%

Patterns of Service Delivery

A single individual or multiple family members may participate in a given service. Family therapy interventions, for example, are generally designed to involve both adult caregivers and children in the therapeutic process. One third of all service authorizations entered into Trails involved more than one service participant, with an average of two individuals per authorization. Nearly a quarter of all authorizations (24%) involved three or more participants.

Home- and family-centered interventions were significantly more likely to have multiple individual family members associated with service delivery. The majority of Home Based Intervention (71%) and Special Economic Assistance (60%) services, for example, included more than one individual receiving the service. However, just under half (47%) of Intensive Family Therapy authorizations during the fiscal year were associated with multiple individuals receiving services. This may indicate that not all counties are fully utilizing the new Trails functionality that allows multiple family members to be associated with a service, because it is likely that multiple family members would be participating in this service.

Substance Abuse Treatment Services (95%) were most often tied to a single individual, followed by Day Treatment (87%).

In addition to family participation within a single, discrete service, any individual family member may participate in multiple service authorizations over the course of the fiscal year, depending on specific needs. The use of multiple services for families is consistent with county reports of the complex challenges facing Colorado families, but can make it difficult to isolate individual service type effectiveness. During the fiscal year, 28 percent of family members received more than one discrete service during the fiscal year. Families with adult caregivers who were receiving Substance Abuse Treatment Services in order to help safely maintain children in the home were the most likely to receive other services, including Life Skills training, County Designed Services, and Home Based Intervention.

County Designed Services

County Designed Services account for 28 percent of all service authorizations, the most of any individual Core Service type. County Designed Services play an important role in local flexibility within the Core Services program. Most County Designed Services can be grouped into seven program types, with a small number falling outside these categories. The table below shows the number of service authorizations for each of these categories. A complete list of County Designed Services is included in Appendix C.

Table 9: County Designed Services		
Service Type	Core Services Numbers Served	
	Number	Percentage of All Core Service Authorizations
Family Team Decision Making and Family Empowerment	2,068	6%
Special Economic Assistance	2,477	7%
County Designed Services with Mental Health Component (Family/Individual/Group Therapy)	1,677	5%
Supervised Visitations/Structured Parenting	1,218	4%
Family or Foster Care Support Services	592	2%
Skill Building (including Parenting and Life Skills)	261	1%
All other County Designed	978	3%
Total County Designed	9,271	28%

County Reports of Service Availability and Access

Each of the counties completes an annual Family Preservation Commission Report, which details local issues facing the Core Services Program. While counties continue to struggle with challenges related to lack of transportation for some clients, large geographical distances between providers and families receiving services, and language barriers, these issues have been discussed in previous reports. One theme emerging in this year's report is that counties are reporting a greater number of families needing help from the Core Services Program and an increase in the complexity of those needs. The dual themes of increasing numbers of people needing assistance and more complex or serious needs were reported in some way in one third of the Commission reports.

Several rural counties reported that many families require multiple types of services, and that substance abuse continues to be a co-occurring need with other services (including parenting and life skills and mental health services). In one county in particular, a Core Services Coordinator stated that the economy has put a lot of stressors on families. Families that have not been in contact with social services previously are now presenting as needing services and that the families who were already experiencing problems are now facing more complex problems with multiple needs across all of the family members.

As the economy has increased stress on families, issues around funding for Core Services have led to many counties paying closer attention to how services are provided. One Core Services Coordinator pointed out that costs for services have gone up. Additionally, discussions around changes to the Core Services funding allocation model have provided an opportunity for counties to reflect upon how services are delivered.

Family-focused service delivery and family engagement in treatment planning are ways that counties have been working to make services more targeted and efficient. A very positive response to service access pressures involves county programs and caseworkers increasing their efforts to match services to needs (rather than trying multiple services and seeing what works). This leads to cost savings for counties and also prevents families from being overwhelmed with multiple treatment obligations.

This family focus coincides with new Flexible Funding for Families legislation that allows the Core Services Program to provide prevention and intervention services to families without opening a formal Child Welfare case. By being able to reach families sooner, and being able to engage them more fully (by not opening a formal case, which can cause families to be more distrustful), caseworkers can link families to services that will meet families' needs, reducing caseworkers' reliance on more expensive, intensive services, which can then be reserved for families with higher risk and need.

Addressing Challenges – Regional Solutions

Another way that counties are dealing with multiple challenges and barriers to accessing services involves innovative local collaboration efforts. This year, there were several examples of regional collaborations that appear to benefit participating Core Services Programs. For example, in the Northwest and North Central parts of the state, ten counties meet quarterly in a learning community to discuss business practices, share challenges, and develop solutions. In the metro area, two large counties have created a shared foster family program that has increased available resources

Counties are joining together to address barriers to access through collaboration.

and improved efficiencies for both. Similarly, two rural counties last year joined efforts in an attempt to increase availability and support for foster families in their region. The Southern Ute Indian Tribe collaborates with five neighboring counties to share one Multisystemic Therapy provider where no one entity could afford to maintain the position on their own. Six counties in the San Luis Valley meet regularly to discuss how to best meet the needs of their families given their limited resources.

Many examples of positive regional efforts were mentioned and likely many more exist that were not revealed in this year's Commission reports. Specific quantitative outcomes related to these collaborative efforts are not tracked, but when asked to comment on the impact of collaborative efforts (regional and local), a long list of benefits was cited. Among the most frequently cited benefits were expanded resources, increased ability to attract funding, improved services, resource and cost sharing, and more appropriate use of resources.

Case Illustration: The Importance of Flexibility in the Core Services Program

“The success came in [the family] being able to hang in there with her through her ups and downs. We were able to be flexible and provide continuity of support . . . There were so many little moments where we could be there [for the family]. Not having to close the case at a specific time, but being able to keep it open and respond to her needs helped. Instead of managed care, where we only have cases open for 3 months or 6 sessions, we can keep services in place for as long as they are needed. Over a longer period of time, the family begins to trust you and you can really make a change in their [home] environment. I really believe that this kept her from further hospitalizations and prevented other out-of-home placement.” [Caseworker]

Core Services allowed the county to provide Dialectic Behavior Therapy (DBT), an evidence-based practice. In addition to enhancing continuity by providing DBT in a day treatment environment for the youth, the therapist also conducted DBT treatment and training for family members so that they could apply those skills at home.

Program Costs and Effectiveness

The primary purpose of the Core Services Program is to protect the well-being of Colorado's children/youth by supporting stable families and preventing out-of-home placement for children/youth.

To achieve this purpose, the Core Services Program provides direct services to children/youth, their parents and caregivers to:

- Safely maintain children/youth at home,
- Support a successful transition back into the home after removal (reunification),
- Stabilize and maintain out-of-home placements, including foster and adoptive homes, and
- Support transitions to and maintenance of out-of-home placements in the least restrictive setting.

For the past two years, the Core Services Coordinators, program staff, and Trails team have worked together to more consistently link outcome indicators to services using new Trails functionality available in SFY 2011. With this addition, each service authorization is required to have an associated case goal, outcome of the service (e.g. successful/unsuccessful), and the child/youth's placement at the time of discharge. This represents a significant improvement in the way service authorizations are measured and documented in Trails. This change, combined with the ability to enter multiple people receiving services within a single authorization, has significantly enhanced the outcome data available to the Core Services Program.

This year represents the second full year of implementation of new data entry methods in Trails that allow for a more accurate record of children, youth and adults served, as well as the amount of services received.

New Trails functionality and the efforts of Core Services Coordinators to move to consistent data entry have significantly enhanced the outcome data available to the Core Services Program.

This year's report expands upon the opportunities that come from the new data enhancements and modifies previous methodology to improve the rigor of the evaluation effort. This makes comparisons between years difficult. As results are reported, methodological changes that affect year-to-year comparisons are noted.

Training is being offered to support the new functionality to address inconsistency in the use of the system. At this time, however, results must continue to be reported with caution. Fortunately, the consistency of data that is observed in this report as compared to the prior fiscal year indicates improvements in data entry practices and movement toward the collection of data that will continue to strengthen the evaluation of the Core Services Program.

Similarly, it is useful to understand that available data and analytical methods limit our ability to make definitive determinations of causality. That is, while the strong positive and consistent outcomes reported here support statements regarding the effectiveness of the Core Services Program, we are not able to be sure of the extent to which these positive outcomes are due to the Core Services Program without conducting a large-scale experimental design with greater controls on sampling and data

tracking. Of course, this approach is not feasible and the breadth of data, along with consistency across counties and across years, support positive statements regarding the Core Services Program.

Goals of the Core Services Program

Ultimately, the goal of the Core Services Program is to safely maintain children/youth in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services are aimed at returning that child/youth back home in a safe and timely manner. In cases where safety requires the child/youth to remain out of the home, services focus on stabilizing and maintaining least restrictive out-of-home placements (including adoptive and foster homes). These priorities are reflected in the core case goals created for each client, which must be entered each time a new service is authorized for the client.

For SFY 2012, there were 14,155 unique children/youth who had permanency goals associated with services authorized during the year.¹⁶ A small portion of these (1,870; 13%) did experience changes to their permanency goals during the course of their participation in services. For these individuals, the table below represents the first goal listed. Changes in permanency goals will be discussed later in this section

In the majority of cases, the case goal was for the child/youth to remain home, with almost all of the remaining cases having a goal to return home following a removal. The table below shows the distributions of initial case goals for children served in SFY 2012.

Case Goal	Unduplicated Count of Children/Youth	Percentage of Total
Remain Home	8,659	61.2%
Return Home	4,376	30.9%
Other	664	4.7%
Permanent Placement – Relative	456	3.2%
Total Individual Authorizations	14,155	100%

In cases where a child/youth was "participating as a child" (PAC) in services, there were a few statistically significant, but relatively minor differences in the types of services in which the child participated. The two tables below show that children/youth with goals of remaining or returning home were slightly more likely to participate in County Designed Services and Home Based Intervention services than youth with other placement goals. In cases where the goal was to return home, children/youth were slightly more likely to receive Life Skills services.

While the patterns of service for youth returning home compared to those remaining home did not vary considerably, the duration and intensity of services did change considerably. The average number of

¹⁶ Permanency goals were missing for 2,122 children whose authorizations began before it was added as a mandatory field in Trails.

authorized services days when a child/youth’s goal was to remain home was 190 days. The average number of authorized days climbed to 273 days in cases where the child/youth was removed from the home with the goal to return.

Table 11: Services Authorized – Children Participating as a Child/Youth Goal to Remain or Return Home		
Type of Service	Percentage of All Services Authorized	
	Goal: Return	Goal: Remain
County Designed Services	27.8%	27.6%
Home Based Intervention	19.4%	20.8%
Life Skills	12.8%	9.2%
Intensive Family Therapy	10.5%	10.1%
Mental Health Services	10.1%	10.2%
All others	19.3%	22.1%

For children/youth whose permanency goal did not involve either staying or returning to their homes, there was a higher instance of participating in Mental Health Services.

Table 12: Services Authorized – Children Participating as a Child/Youth Goal Other Placement vs. Remain/Return Home		
Type of Service	Percentage of All Services Authorized	
	Goal: Other Placement	Goal: Remain/Return
County Designed Services	21.1%	27.7%
Home Based Intervention	17.5%	20.3%
Life Skills	10.6%	10.1%
Intensive Family Therapy	8.7%	10.4%
Mental Health Services	20.6%	10.1%
All others	21.5%	21.6%

In addition to children receiving services, adults can also receive services on behalf of a child/youth, with the goal of having children/youth either remain in or return to the home or some other permanency/living arrangement. In cases where adults were receiving services, the goals primarily continued to be for the children/youth to either remain in the home or to return home.

Table 13: Case Goal – Unduplicated Adults Served		
Case Goal (for child/youth)	Unduplicated Count of Adults	Percentage of Total
Remain Home	7,067	56.4%
Return Home	4,597	36.7%
Other	873	7.0%
Total Individual Authorizations	12,537	100%

There were some small differences in the types of service(s) adults received, depending on if the Core Case goal was for the child(ren)/youth to remain in the home, vs. return to the home following a removal. Most notably, when a removal occurred and the goal was for the child(ren)/youth to return home, adults in the household were somewhat more likely to receive Mental Health and/or Substance Abuse Treatment than in cases where the Core Case goal was for the child(ren)/youth to remain in the home.

Table 14: Services Authorized – Adults Served on Behalf of Child(ren) Child/Youth Goal to Remain or Return Home		
Type of Service	Percentage of All Services Authorized	
	Goal: Return	Goal: Remain
Substance Abuse Treatment	27.4%	20.2%
Mental Health Services	17.8%	13.4%
County Designed Services	17.3%	22.5%
Home Based Intervention	12.4%	15.0%
Intensive Family Therapy	8.4%	8.5%
All others	16.7%	20.4%

As discussed previously, 13 percent of youth experienced a change in their Core Services case goal during their participation in services. For the vast majority of these children/youth (96%), the Core Services case goal only changed once throughout services that occurred during the year. Therefore, changes in goals are discussed only in terms of the first and last recorded core case goal.

Case Illustration: Defining Outcomes in terms of the Child and Family

A four-year-old child was removed from the custody of his single mother after multiple reports of poor supervision, including the child getting out of the house without the mother being aware, ongoing substance use issues and a history of erratic behavior.

The mother struggled with substance abuse throughout the case process and the boy was placed with his maternal grandparents. The mother never engaged in treatment, missed appointments, refused to work with one available provider and the other provider in the community had a long waiting list. The mother eventually moved to Texas and refused efforts to have her return to the state for visitations with her child.

The grandparents were provided with in-home therapy for several months, as well as an early childhood intervention specialist to assist with the child's speech and other development delays. In addition, the family was able to access much needed respite care.

As a result of the support offered, the grandparents, after being initially reluctant to take custody of the child, agreed to become the permanent legal guardians.

While the original case goal of returning home with the biological mother was not met, at the time of case closure, the caseworker was confident the child would permanently reside with his extended family.

Success does not always mean meeting the original Core Services case goal. One caseworker described this as “taking victories where we can.” Even in cases where children are removed from the home and it is not possible to reunite them with their biological parent(s), Core Services can work together to find suitable kinship care and to provide support to maintain family connections.

Service Outcomes

During SFY 2012, 50,576 service authorizations were closed in Trails. This represents 19,917 unique individuals that received services. Beginning last fiscal year under the new Trails functionality, an indicator for outcome at service closure was recorded for all service authorizations. Caseworkers determine the degree to which a case was successfully closed and core goals achieved. While this outcome is somewhat subjective in nature, it helps to better understand the effects of the Core Services Program, as well as promote consistent practice.

While this new outcome indicator is a required field for all services authorizations, the requirement only applies to those service authorizations beginning in SFY 2011 or later. If a service authorization was opened prior to SFY 2011 but closed this year, the outcome fields were available to the user but not required, leading to some potential for missing data. In addition, outcomes are not recorded when service authorizations are closed due to the end of a contract period or when a client changes providers. The outcome for each service is shown below. Beginning May 31, 2011 (the end of the Core Services contract year), all service authorizations were closed in Trails and then reopened as a new service authorization so that all enhanced data fields were mandatory beginning June 1, 2011.

Table 15: Outcomes at Service Closure (Duplicated by Client)				
Service Outcome	SFY 2011		SFY 2012	
	Count of Closures N=32,205	Percentage	Count of Closures N=35,418	Percentage
Successful	16,862	52.4%	18,975	53.6%
Service Complete (not all goals met)	6,169	19.2%	5,907	16.7%
Partially Successful	3,716	11.5%	4,342	12.3%
Not Engaged	3,120	9.7%	3,388	9.6%
No Treatment Progress	2,247	7.0%	2,728	7.7%
Service Not Completed	91	<1%	78	<1%

Table 15, above, shows that two thirds of the service authorizations were closed with a “successful” (54%) or “partially successful” (17%) outcome designation. The outcome designation is made by the caseworker at the time the service authorization is closed. While there is some variation across counties, “Successful” generally refers to a case where all (or nearly all) treatment goals are met. “Partially Successful” refers to services authorizations closed when the client made some progress in treatment, but not all treatment goals were met. The “Service Complete” designation is used for services that are not linked to a treatment goal or outcome (Special Economic Assistance, for example). Note that each individual can have multiple service authorizations, so this is not equivalent to the percentage of individuals who reached their service goal. The table below shows the proportion of cases closed with either a successful or partially successful designation by service type.

Table 16: Services Closed With Successful Or Partially Successful Outcome, by Service Type				
Type of Service	Total Services Closed	Partially Successful	Successful	Combined
County Designed Services	9,591	10.1%	77.0%	87.1%
Sexual Abuse Treatment	631	13.8%	72.7%	86.5%
Intensive Family Therapy	3,120	22.0%	59.8%	81.8%
Home Based Intervention	5,050	14.6%	67.0%	81.6%
Life Skills	3,326	18.9%	57.1%	76.0%
Day Treatment	489	27.8%	42.5%	70.3%
Mental Health Services	3,237	17.7%	51.7%	69.3%
Substance Abuse Treatment Services	3,945	13.2%	52.8%	66.0%

These percentages vary little from last fiscal year, with Sexual Abuse Treatment, Home Based Intervention, and Intensive Family Therapy having the highest proportion of authorizations closed with either a “successful” or “partially successful” designation. Also consistent with last year’s findings, Substance Abuse Treatment Services had lower rates of successful or partially successful outcomes than other service types. This finding is consistent with the case study illustrations completed early in the year. Achieving positive case outcomes proved particularly difficult for adults needing substance abuse disorder treatment. In many cases, these clients did not follow through with service referrals and appointments and generally proved to be the most difficult population to engage.

One significant departure from last year’s findings is the proportion of County Designed Services with successful outcomes. During SFY 2011, these services had the lowest percent of successful outcomes. However, during SFY 2012 County Designed Services had the highest rate of success, with 87 percent of all authorizations being closed with either a “successful” or “partially successful” designation. In considering this finding, it is useful to remember that these County Designed Services are varied. They involve a broad range of service interventions and treatment modalities. These are the services used by counties to address the specific needs of their unique population. Appendix C lists these services by county.

Table 17 lists the proportion of services closed with either a “partially successful” or “successful” designation, by county. These numbers are based on individual service authorization outcomes and may not reflect the overall success of the case.

Table 17: Services Closed With Successful Or Partially Successful Outcome, by County				
County	Total Services Closed	Partially Successful	Successful	Combined
Adams	2,886	19.0%	53.4%	72.5%
Alamosa	263	22.8%	49.8%	72.6%
Arapahoe	1,861	20.7%	53.4%	74.0%
Archuleta	77	33.8%	49.4%	83.1%
Baca	1	0.0%	100.0%	100.0%
Bent	45	11.1%	60.0%	71.1%
Boulder	313	19.2%	55.9%	75.1%
Broomfield	127	7.9%	64.6%	72.4%
Chaffee	15	40.0%	60.0%	100.0%
Cheyenne	51	0.0%	100.0%	100.0%
Clear Creek	14	0.0%	21.4%	21.4%
Conejos	105	25.7%	63.8%	89.5%
Costilla	20	25.7%	63.8%	89.5%
Crowley	8	37.5%	62.5%	100.0%

Table 17: Services Closed With Successful Or Partially Successful Outcome, by County

County	Total Services Closed	Partially Successful	Successful	Combined
Custer	1	0.0%	100.0%	100.0%
Delta	297	16.2%	57.6%	73.7%
Denver	2,953	17.7%	55.3%	73.0%
Dolores	5	40.0%	20.0%	60.0%
Douglas	305	27.9%	51.5%	79.3%
Eagle	337	13.1%	82.2%	95.3%
El Paso	3,267	14.4%	69.8%	84.2%
Elbert	107	8.4%	79.4%	87.9%
Fremont	637	11.5%	66.7%	78.2%
Garfield	228	39.5%	36.4%	75.9%
Gilpin	59	30.5%	61.0%	91.5%
Grand	142	20.4%	72.5%	93.0%
Gunnison	98	15.3%	61.2%	76.5%
Huerfano	34	14.7%	35.3%	50.0%
Jackson	9	0.0%	0.0%	0.0%
Jefferson	2,859	16.1%	53.7%	69.7%
Kit Carson	62	27.4%	71.0%	98.4%
La Plata	290	21.7%	62.1%	83.8%
Lake	50	28.0%	48.0%	76.0%
Larimer	6,146	4.3%	86.8%	91.1%
Las Animas	42	11.9%	50.0%	61.9%
Lincoln	77	0.0%	89.6%	89.6%
Logan	247	19.0%	73.7%	92.7%
Mesa	693	16.0%	61.9%	77.9%
Mineral	2	0.0%	100.0%	100.0%
Moffat	211	25.6%	15.6%	41.2%
Montezuma	49	18.4%	51.0%	69.4%
Montrose	225	8.4%	56.9%	65.3%
Morgan	555	19.5%	67.7%	87.2%
Otero	59	6.8%	59.3%	66.1%

Table 17: Services Closed With Successful Or Partially Successful Outcome, by County

County	Total Services Closed	Partially Successful	Successful	Combined
Ouray	29	20.7%	75.9%	96.6%
Park	58	27.8%	53.7%	81.5%
Phillips	42	2.4%	85.7%	88.1%
Pitkin	44	27.3%	70.5%	97.7%
Prowers	177	3.4%	80.8%	84.2%
Pueblo	1,837	20.2%	50.1%	70.3%
Rio Blanco	76	7.9%	88.2%	96.1%
Rio Grande	125	10.4%	80.8%	91.2%
Routt	38	21.1%	78.9%	100.0%
Saguache	37	21.6%	62.2%	83.8%
San Juan	2	100.0%	0.0%	100.0%
Sedgwick	5	0.0%	0.0%	0.0%
Summit	138	24.6%	63.8%	88.4%
Teller	90	16.7%	61.1%	77.8%
Washington	56	28.6%	53.6%	82.1%
Weld	763	9.2%	62.3%	71.4%
Yuma	81	64.2%	19.8%	84.0%

Maintaining Children/Youth in their Home or Least Restrictive Setting

Children/youth receiving services made up 14,154 discharges, representing 8,809 unique children/youth. The Core Services Program aims to keep these children/youth and their families together or, in cases where children/youth must be removed due to safety concerns, to return them home as quickly as possible or place them in the least restrictive setting possible. The following table (page 43) presents the children/youths’ placement at the time their last Core Services authorization ended, excluding authorizations ending due to a transition to another Core Service.¹⁷

85% of children/youth remained or were placed with a family member at the end of Core Services.

¹⁷ Past reports reported on placements at the end of each authorization. New Trails functionality increases our confidence in isolating outcomes to a specific individual so these numbers represent each unduplicated child. The number of children/youth ending participation in Core Services is lower in this year’s report than in previous years

Table 18: Placement at End of Core Services: Unduplicated Count of Children/Youth Ending Core Services

Placement	SFY 2011 Duplicated ¹⁸		SFY 2012 Unduplicated	
	Number of Children/ Youth	Percentage	Number of Children/ Youth	Percentage
Parents (Home)	13,544	65.8%	5,913	72.7%
Relative	3,110	15.1%	1,024	12.6%
Foster Care	1,452	7.1%	267	3.3%
Group Home	1,030	5.0%	297	3.7%
Residential Placement (non-DYC)	496	2.4%	130	2.0%
Adoption	421	2.0%	238	2.9%
Runaway	191	0.9%	93	1.1%
DYC (Detention or Commitment)	158	0.8%	101	1.2%
Emancipated	135	0.7%	25	0.3%
Hospitalization	43	0.2%	17	0.0%
Independent Living Arrangement	9	0.0%	21	0.0%
Deceased	3	0.0%	4	0.0%
Total	20,592	100%	8,130	100%

As shown in Table 18, 96 percent of youth were with a family member at the time their Core Service ended (92 percent with their parents and four (4) percent with another relative). For youth whose Core Services case goal at the time of service authorization was to remain home, nearly all were maintained in the home, as shown in Table 19 (page 44).

92% of children/youth whose goal was to remain home were maintained at home.

because numbers are no longer duplicated. Some data is missing for service authorizations beginning prior to the implementation of the new Trails functionality.

¹⁸ Due to Trails enhancements and more accurate data recording, we have moved from a duplicated to an unduplicated count of clients served regarding the placement outcome.

Table 19: Children/Youth with the Goal to Remain Home -- Placement at End of Core Service Authorization		
Placement	Number of Children/youth	Percentage
Parents (Home)	4,982	91.7%
Relative	208	3.8%
Other Placement	241	4.4%
Total	5,431	100%

For children/youth whose first Core Service case goal, at the time of the first service authorization, was to remain in the home, 92 percent of them were maintained in their homes.

For each type of service, the following table shows the proportion of children/youth, regardless of Core Services case goal, that were placed in their homes at the time the service was closed.

Table 20: Children Placed at Home at End of Core Service			
Service Type	All Services Closed (Number of Children)	Number of Children Placed at Home at Time Service Closed	Percentage of Children at Home at Time Service Closed
County Designed Services	10,481	7,507	71.6%
Home Based Services	2,762	1,820	65.9%
Sexual Abuse Treatment	705	458	65.0%
Intensive Family Therapy	1,822	1,164	63.9%
Substance Abuse Treatment	861	519	60.3%
Mental Health Services	1,933	1,086	56.2%
Day Treatment	275	142	51.6%
Life Skills	1,753	848	48.4%
Total	20,592	13,544	65.8%

It is important to use caution when comparing outcomes (either the status or placement when services end) across the different service types. It may not be accurate, for example, to simply associate a higher percentage of children/youth at home at the time of service closure with effectiveness. There are many complex, interrelated factors related to which children/youth receive specific services and the ultimate disposition of services, since children/youth and their families enter services with a wide range of risk

and protective factors before a case plan is even started. It is difficult to interpret whether some types of services are associated with greater risk for out-of-home placement than others, leading to lower rates of children/youth being able to remain in or return to the home.

For each county, the table below shows the proportion of children and youth, regardless of Core Services case goal, who were placed in their homes at the time each service authorization was closed..

Table 21: Children Placed at Home at End of Core Service, by County			
County	All Services Closed (Number of Children)	Number of Children Placed at Home at Time Service Closed	Percentage of Children at Home at Time Service Closed
Adams	1,707	922	54.0%
Alamosa	140	83	59.3%
Arapahoe	1,974	1,230	62.3%
Archuleta	35	26	74.3%
Bent	40	22	55.0%
Boulder	490	349	71.2%
Broomfield	48	30	62.5%
Chaffee	19	16	84.2%
Cheyenne	2	1	50.0%
Clear Creek	14	13	92.9%
Conejos	54	39	72.2%
Costilla	8	2	25.0%
Crowley	10	7	70.0%
Custer	1	0	0.0%
Delta	46	32	69.6%
Denver	2,594	1,707	65.8%
Dolores	6	3	50.0%
Douglas	71	42	59.2%
Eagle	108	99	91.7%
El Paso	2,283	1,751	76.7%

Table 21: Children Placed at Home at End of Core Service, by County

County	All Services Closed (Number of Children)	Number of Children Placed at Home at Time Service Closed	Percentage of Children at Home at Time Service Closed
Elbert	32	15	46.9%
Fremont	1,214	872	71.8%
Garfield	193	153	79.3%
Gilpin	44	37	84.1%
Grand	53	49	92.5%
Gunnison	18	18	100.0%
Huerfano	3	2	66.7%
Kiowa	0	0	--
Jackson	3	3	100.0%
Jefferson	1,521	809	53.2%
Kit Carson	23	23	100.0%
La Plata	236	183	77.5%
Lake	59	49	83.1%
Larimer	3,798	2,678	70.5%
Las Animas	14	7	50.0%
Lincoln	24	16	66.7%
Logan	64	35	54.7%
Mesa	394	214	54.3%
Moffat	287	63	22.0%
Montezuma	44	33	75.0%
Montrose	55	32	58.2%
Morgan	293	224	76.5%
Otero	29	18	62.1%
Ouray	14	14	100.0%
Park	58	54	93.1%

Table 21: Children Placed at Home at End of Core Service, by County

County	All Services Closed (Number of Children)	Number of Children Placed at Home at Time Service Closed	Percentage of Children at Home at Time Service Closed
Phillips	6	3	50.0%
Pitkin	36	35	97.2%
Prowers	98	93	94.9%
Pueblo	1,419	902	63.6%
Rio Blanco	49	45	91.8%
Rio Grande	21	9	42.9%
Routt	15	15	100.0%
Saguache	17	7	41.2%
Sedgwick	6	6	100.0%
Summit	15	14	93.3%
Teller	43	18	41.9%
Washington	52	39	75.0%
Weld	614	321	52.3%
Yuma	78	62	79.5%
Total	20,592	13,544	65.8%

Child Safety

An important goal of the Core Services Program is to not only keep families together, but to do so while protecting the child. As can be seen in the table below, while close to half of all of the children served had a substantiated report of child abuse or neglect in the 12 months prior to engagement with Core Services (45%), only 3.4 percent had a substantiated report in the 12 months directly following. This could represent either a repeat maltreatment episode or first time maltreatment episode.

Table 22: Substantiated Reports of Child Abuse and Neglect

County Name	Number of Children (Unduplicated)	Percentage with Substantiated Abuse Case Before (12 mo.)	Percentage with Substantiated Abuse Case During	Percentage with Substantiated Abuse Case After (12 mo.)
Adams	742	46.5%	3.0%	2.3%
Alamosa	143	28.7%	4.2%	2.1%
Arapahoe	963	49.9%	3.2%	3.3%
Archuleta	14	42.9%	0.0%	0.0%
Baca	0	0.0%	0.0%	0.0%
Bent	17	47.1%	11.8%	0.0%
Boulder	247	33.2%	4.0%	2.8%
Broomfield	51	47.1%	9.8%	0.0%
Chaffee	3	66.7%	0.0%	0.0%
Cheyenne	0	0.0%	0.0%	0.0%
Clear Creek	13	69.2%	0.0%	0.0%
Conejos	17	41.2%	23.5%	0.0%
Costilla	7	0.0%	0.0%	14.3%
Crowley	7	0.0%	0.0%	28.6%
Custer	0	0.0%	0.0%	0.0%
Delta	32	68.8%	3.1%	3.1%
Denver	1464	42.0%	3.5%	4.3%
Dolores	6	83.3%	0.0%	0.0%
Douglas	32	43.8%	3.1%	6.3%
Eagle	13	23.1%	15.4%	0.0%
El Paso	1166	58.6%	4.1%	3.5%
Elbert	40	40.0%	0.0%	2.5%
Fremont	170	40.6%	5.3%	5.3%
Garfield	171	36.8%	2.9%	10.5%
Gilpin	15	46.7%	0.0%	0.0%
Grand	4	75.0%	0.0%	0.0%

Table 22: Substantiated Reports of Child Abuse and Neglect

County Name	Number of Children (Unduplicated)	Percentage with Substantiated Abuse Case Before (12 mo.)	Percentage with Substantiated Abuse Case During	Percentage with Substantiated Abuse Case After (12 mo.)
Gunnison	2	100.0%	0.0%	0.0%
Hinsdale	0	0.0%	0.0%	0.0%
Huerfano	0	0.0%	0.0%	0.0%
Jackson	0	0.0%	0.0%	0.0%
Jefferson	545	42.2%	6.8%	3.1%
Kit Carson	1	0.0%	0.0%	0.0%
Lake	24	41.7%	8.3%	4.2%
La Plata	184	30.4%	2.7%	4.3%
Larimer	898	41.9%	3.3%	2.3%
Las Animas	5	60.0%	0.0%	0.0%
Lincoln	49	49.0%	2.0%	4.1%
Logan	61	32.8%	1.6%	0.0%
Mesa	386	51.8%	2.8%	3.6%
Moffat	35	25.7%	0.0%	8.6%
Montezuma	27	29.6%	3.7%	7.4%
Montrose	71	38.0%	0.0%	0.0%
Morgan	122	45.1%	6.6%	0.8%
Otero	21	42.9%	4.8%	4.8%
Ouray/San Miguel	0	0.0%	0.0%	0.0%
Park	14	35.7%	7.1%	0.0%
Phillips	1	100.0%	0.0%	0.0%
Pitkin	9	66.7%	0.0%	22.2%
Prowers	12	41.7%	16.7%	8.3%
Pueblo	141	39.0%	3.5%	3.5%
Rio Blanco	19	100.0%	0.0%	0.0%
Rio Grande/Mineral	9	22.2%	0.0%	0.0%
Routt	21	52.4%	0.0%	0.0%



Table 22: Substantiated Reports of Child Abuse and Neglect

County Name	Number of Children (Unduplicated)	Percentage with Substantiated Abuse Case Before (12 mo.)	Percentage with Substantiated Abuse Case During	Percentage with Substantiated Abuse Case After (12 mo.)
Saguache	8	87.5%	12.5%	0.0%
San Juan	0	0.0%	0.0%	0.0%
Sedgwick	7	57.1%	14.3%	14.3%
Summit	18	44.4%	0.0%	5.6%
Teller	32	71.9%	0.0%	3.1%
Washington	1	0.0%	0.0%	0.0%
Weld	242	34.7%	0.8%	2.1%
Yuma	10	40.0%	10.0%	0.0%
Statewide	8312	45.3%	3.7%	3.4%

Costs of the Core Services Program

Earlier in this report (please see figure on page 23), a chart was presented that showed the relationship between Core Services Program expenditures, service authorizations, individuals served, and the resulting cost-ratio of dollars to individuals served. This ratio, however, does not represent an accurate estimation of the cost of services per person served, particularly since it does not take into account the length of involvement with the program.

On average, an individual person had 219 days of service authorized during this fiscal year. This average **does not represent a continual length of stay**, but rather a sum of the days for each separate service authorized for an individual. For example, if a person had an authorization for 10 days of Intensive Family Therapy and 10 days of Substance Abuse Treatment Services, the total count of days for that person would be 20 days¹⁹. The overall average cost per authorized day was \$8.48, for a total average cost of \$1,818 per person for the fiscal year.

These figures represent an estimate. Core Services vary greatly in level, intensity, frequency of contact, etc. The degree to which an individual may need more intensive services can greatly increase costs. However, the costs for out-of-home placement are much higher (an average cost of \$72.42 per day in SFY 2012), so whenever Core Services can be leveraged to keep a child/youth in the home or more quickly return that child/youth to the home, the potential cost savings is significant.

The majority of families (61%) with service authorizations this year had the Core Services case goal to remain in the home, meaning, at the time of the authorization of services, the child(ren)/youth were in the home, with services designed to safely maintain this placement. Most of the remaining families had

¹⁹ This does not include services closed after being “Opened in error” or “Client did not engage” in services.

a Core Services case goal at the time of authorization for the children to return home (31%). As can be expected, the level of intensity of services (and the related costs) are different for these two populations, with the number of authorized days for families with a “return home” goal was 83 days higher than for families with a “remain home” goal.

Table 23: Average Authorized Days by Core Case Goal	
Core Case Goal at Time of First Authorization	Average Authorized Days
Remain in the Home	190 days
Return Home	273 days
All Core Case Goals	219 days

As stated in previous reports, the absence of complete service data regarding services provided under fixed-rate contracts and those provided directly by the county makes some analyses difficult to conduct. Particularly, calculating actual costs for these services is not possible. The table below shows the breakdown of expenditures based on contract type.

Table 24: Expenditures by Contract Type		
Contract Type	Total Expenditures	Percentage of all Core Services Expenditures
Fee-for-Service Contracts	\$23,920,560	51%
Fixed-Rate Contracts	\$6,518,488	14%
County-Provided Services	\$16,078,213	35%
Total Core Expenditures	\$46,517,261	100%

The Division has made an effort to reduce the use of fixed-rate contracts in order to increase accountability for service outcomes and to more efficiently manage funds. This year, fixed-rate contracts made up only 14 percent of Core Services Program expenditures.

Rather than trying to estimate costs for all services, this report outlines service costs for those services provided under a fee-for-service contract only. As data collection becomes more consistent throughout the state, future reports will include costs for all services.

Illustrations of Key Themes from Selected Case Studies

The families served by the Core Services program are as diverse as the population of Colorado. To capture some of these nuances, TriWest Group conducted a set of exploratory case studies. The purpose of these case studies is to highlight some of the commonalities and unique features of the program across the state and to begin to illustrate strengths and challenges anchored in the experiences of real people. The case study effort is intended to explore whether this kind of information is useful in helping stakeholders better understand the Core Services Program. Appendix D contains a discussion of the methodology used to conduct the studies.

Theme A. Initial Family Involvement and Engagement in Core Services

The Core Services Program supports children, youth and families where there is an imminent risk of out-of-home placement. Many families engaged in services have significant past experience with county human/social services departments and may be mandated by the court to participate. In some cases, parents may be under court supervision and/or the children may have already been removed from the home by the county. This may lead to families being less likely to participate or resistant and distrustful of “the system.”

The cases examined here suggest that the family’s initial perceptions and relationship with the county human/social services department can have a significant impact on the course of the case, regardless of other legal (criminal) issues, such as an existing probation sentence or pending criminal charges that can often complicate dependency and neglect cases. Caseworkers often reported that the family’s initial level of engagement predicted for them the degree to which a case was likely to have a successful outcome.

In some cases, families acknowledged a need for assistance and willingly began services without an open

Theme: Willingness to Engage in Services [Case #7]

An urban human services department received a hotline call regarding concerns for the young son of a single mother who was abusing drugs and alcohol. Because of her drug use, the mother was also under probation supervision. When contacted by human services, the mother admitted a substance abuse problem and was willing to commit to receiving help before a county court Dependency and Neglect (D&N) case needed to be established. The mother engaged in the process early on and expressed a willingness to commit to services and participate fully in treatment.

The Core Services caseworker used the Wraparound model to integrate the extended family in treatment planning. Services included family group conferencing, individual therapy and family therapy that involved the grandmother as a support.

Despite a number of specific conditions mandated by both human services and probation, the mother fulfilled all of her treatment conditions. Caseworkers worked to coordinate treatment services with the probation officer to minimize the treatment burden and assure a Wraparound model of care that included thorough aftercare planning and strong commitment on the part of the mother’s own parents, who were very supportive of their daughter in treatment. These factors, combined with the ability of the caseworker to put in place assistance for the family (including Medicaid and TANF), resulted in the case being successfully closed without the need for an official D&N court case and with the child continually maintained in his home.

Dependency and Neglect (D&N) case or other court mandate to participate in services. This represents about a quarter (n=4) of the cases reviewed. In each of these situations, the caseworker reported that cases were successfully closed, with children staying in the home in all four cases. The family's level of initial willingness to engage in services varied across both the 10 Large (more urban) and remaining (more rural) counties, and included families across the spectrum of income levels (low, moderate and high).

Family engagement may be the single most important factor in successfully meeting the needs of children and families, and setting the stage for successful case resolution.

While some families were initially receptive to Core Services, a similar number of families (about one third; n=5) experienced an adversarial relationship between the family (at least some family members) and the county department from the outset of the case. In these cases, families were less engaged in the process and participated due to court involvement.

Theme: Family Resistance to Core Services [Case #10]

A family of five (two biological parents and three children) was living in an urban hotel and was referred to human services due to their housing status and police response to a disturbance call. The police discovered that the mother was using IV drugs. The children (all under 8 years) were immediately removed from their parents' care.

The county department began Substance Abuse Treatment Services for the mother (and eventually for both parents), with the goal of helping the parents to be drug-free, helping the family to find a stable living environment and to return the children home.

While the mother was highly engaged during supervised child visits (the father did not attend), she repeatedly did not comply with Substance Abuse Treatment Services. She received a substance use evaluation and began receiving inpatient treatment with a contracted substance abuse treatment provider, but dropped out without completing the program. The father was referred but did not attend treatment and did not attend supervised visitations.

After a year of attempting service, the court ordered that the case be closed due to non-compliance by the parents. The caseworker reported that the service provider had the necessary treatment program and qualified service staff in place, but that the parents would not admit the need for treatment. Adoption cases are currently pending for all three children.

Four of these five cases were in rural areas. In all cases, young children were involved and a parental substance use disorder was the primary risk factor for out-of-home placement. Caseworkers in these cases pointed to parental denial of a substance use disorder and unwillingness to fully participate in substance abuse treatment and monitoring programs. Other themes in these cases which contributed to negative outcomes will be discussed later, but all shared the common factor of an initial start of the Core Services case where parents were mandated by the courts to participate and either failed to do so or participated in only a token way (e.g., would make appointments, then cancel them, would have negative drug tests, but then several positive tests, etc.).

Outcomes for all five of these families were unsuccessful. In four of these cases, the children had been removed from the custody of their biological parents at the time of the study, although in three of the cases, children were placed in Kinship

Foster Care. One case went to a formal adoption process, and the last case was closed by the department with a custody case pending. These cases, with extreme family reluctance from the start of the case, were much more homogenous than the successfully closed cases described above. Each

involved significant parental substance abuse issues. Four of the five cases were located in rural areas of the state (outside of the 10 Large counties) and all involved families that can be characterized as low income or living in poverty. In terms of race/ethnicity, the five families in this group were Hispanic (2), Native American(1) and Caucasian (2).

While about half of the families involved in this study appeared to have a clear positive or negative initial reaction to Core Services, the remaining half of the cases were less clear, with families showing at least some caution and/or initial concern with the process and for whom relationships with caseworkers and providers were strained.

Families with a more positive initial engagement with Core Services showed more positive outcomes (and generally were in earlier stages of involvement with the Child Welfare system). This is important in light of recent legislative changes relevant to the Core Services Program. During the 2011 legislative session, the Colorado State legislature passed House Bill 11-1196. One outcome of this bill is to give counties more flexibility in the use of Core Services funding. Currently, per statute (C.R.S 26-5.5), Core Services funding is limited to families at imminent risk of out-of-home placement. House Bill 11-1196 expands the definition of at-risk families to include those at risk of being involved or continuing involvement with Child Welfare. In effect, counties will be able to provide services earlier in the child welfare process, which is consistent with the prevention/intervention aspects of the Differential Response Model. It will be important to track whether reaching families at this earlier stage appears to support increased motivation and engagement and, in turn, better outcomes for children and families.

Link to the Core Services Evaluation

While the quantitative data available for analysis does not allow us to adequately measure the degree to which families are meaningfully involved in planning or engaged in treatment, these case studies offer some insight into reasons underlying whether cases are closed successfully and may suggest potential research questions that will help us to understand how family engagement impacts the Core Services process.

Family engagement is increasingly recognized as the foundation of good casework practice that promotes the safety, permanency, and well-being of children, youth and families. Family engagement is a family-centered and strength-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of communicating openly and honestly with families in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of every family and every child. Engagement goes beyond simple involvement by "motivating and empowering families to recognize their own needs, strengths, and resources and to take an active role in working toward change" (Steib, 2004).

These cases highlight the critical role of families in driving effective care and support Colorado's Practice Model and the positive impacts on family involvement that may arise through this initiative.

Theme B. Communication and Coordination between Caseworkers and Service Providers

Across most cases examined for this report (13 of the 17 cases), caseworkers and treatment providers described a collaborative working relationship in coordinating service delivery for families. There was only one case where the caseworker described significant problems working with a provider. In this case, a combination of delay in services related to a wait list, a belief that the treatment provider did not communicate often or well enough, and perceived lack of flexibility on the part of the provider contributed to caseworker frustration. In this case, the caseworker and the provider presented divergent opinions regarding the case, including whether or not the case was closed successfully. This case did represent a difficult situation – an adolescent ward of the court who had multiple residential placements followed by multiple foster homes. It did, however, illustrate how difficult it can be to accomplish success with children and families if the caseworker and provider have difficulty working together to coordinate services.

This point is supported by the number of cases in which the caseworker pointed to the importance of good communication and coordination to successful outcomes. Caseworkers typically described this coordination in several ways:

- Having a specific therapist within a provider who understands the needs of families and does a superior job of planning treatment and communicating with the caseworker.
- Ensuring that contracted providers have a complete understanding of the county's Core Services Program and its specific policies and procedures.
- Realizing how much difference a good therapist can make in engaging clients successfully, and that there was variation in therapist quality within individual providers.

In five cases (29%), the caseworker said that the most important contribution to successful case closure was the relationship between the caseworker and the treatment provider. In one example, this involved a small community where the caseworker and treatment provider were both employed by the county (and located in the same building), but in other cases, these relationships were cultivated with outside contracted private providers. This was true both in the 10 large counties as well as the balance of the state, and involved different kinds of cases where the specific risk for out-of-home placement included parental and adolescent drug use, other adolescent problem behaviors, substantiated reports of physical abuse, and emotional abuse and neglect. These cases were also diverse racially and socio-economically, as well as in the types of Core Services being delivered.

In two examples, caseworkers attributed success in very difficult cases to efforts by therapists to work closely with the family to make sure that families could access services and were included in the treatment planning processes. This included therapists being willing to travel to meet with families in their homes, or near places of work so that appointments were not missed due to other obligations.

The relationship between the caseworker and other service providers also appears to be an important element in successful disposition.

Another important issue to caseworkers was regular communication with a provider, including regular reports from the provider to the caseworker regarding process, and discussions around changes that were needed when families were struggling with issues around compliance with mandated services.

Link to the Core Services Evaluation

These case illustrations again point to the importance of adding qualitative data to the annual report. While the annual report examines differences in outcomes based on the types of services provided, the qualitative data is limited. Services can be categorized by broad service type, but we cannot capture the degree to which services that match the needs of the family are delivered with quality and fidelity.

These case illustrations point to the importance of continued attention to and promotion of various collaborative efforts. We believe that Colorado's Practice Model will facilitate and strengthen state and

Theme: Caseworker and Provider Communication [Case #1]

A second grade student at an urban/suburban school was observed with serious bruising on his body. The child told teachers that his aunt had spanked him for getting into trouble at school, prompting administrators to contact the county human services department. Upon an investigation, the department opened a case based on a founded case of child abuse. The child and his two younger siblings lived with their great aunt and her husband due to a previous child welfare case where the children were removed from their home (with their biological mother) due to neglect.

The department put in place a quick-response team designed to assess needs and stabilize the situation, with the goal to keep the children in the aunt's home. When contacted by the team, the aunt took responsibility for making the marks, reporting that her nephew's problem behavior at school was escalating, including threatening his peers with physical violence. The aunt reported she was very concerned with these behaviors and spanked him. She said she "snapped," didn't know how to control the children's behavior and got carried away with the use of physical punishment. In particular, she was concerned that when the children visited their biological parents, their behavior worsened when they returned to her home. The team determined that the aunt was overwhelmed and resorted to excessive physical discipline because she lacked skills to find alternatives.

The team put services in place immediately to help the aunt with appropriate discipline methods and to ensure the children had supervised and appropriate contact with their biological parents to avoid further exposure to trauma. Family therapy sessions with the children were also put in place to address these issues.

The caseworker credits this county-based quick response team with the successful resolution of this case. They were able to intervene quickly due to an established internal referral process. The county-provided therapist was extremely flexible, delivering services in her office and in the home as needed, and included the entire family. Further, the therapist regularly consulted with the caseworker when any issues or concerns arose with the family. They worked together to identify treatment barriers and overcome them (including moving therapy sessions to the aunt's home when she responded poorly to sessions in the office). They identified individual problems with the aunt being overwhelmed with relatively new childcare duties and not taking care of herself. After three months of weekly individual family therapy with the aunt and frequent home visits, the case was successfully closed, with ongoing treatment put into place and the children safely maintained in the home.

local partnerships while enhancing practice. After reviewing these case illustrations, we believe it is also important to begin discussions with Core Services Coordinators about the current state of relationships between caseworkers/county departments and service providers (including the positive features of county-provided services), along with an examination of ways to support, maintain, and improve those relationships.

Theme C. Caseworker and Family Commitment to Success: The Benefits of Core Flexibility

The importance of working with the family to support engagement is critical. Facilitating their full participation generally requires significant effort on the part of both the caseworker and the family on an ongoing basis. It is critical that families, caseworkers, and providers fully utilize the range of tools and resources available through the Core Services Program, particularly when circumstances initially might suggest that the case could close unsuccessfully. In cases that were closed unsuccessfully, caseworkers reported that “we made referrals and appointments and they just never went,” or “they told all of the providers what they wanted to hear, but never really made an effort.” Typically in these cases, there was an overall view that since the families weren’t making an effort, the case would not be successful, which then tended to become the ultimate disposition.

Yet in other cases, particularly where there were extremely challenging circumstances, caseworkers described significant effort on the part of all parties in order to ensure success. This included one case where parents fled with their children (who were about to be removed from the home) to another state, which required a great deal of coordination across state child welfare agencies. Eventually, the other state flew the children home (accompanied by a state caseworker), so they could be placed in kinship care in Colorado. After 14 months of effort by both the caseworker and a local private treatment provider to create an appropriate treatment plan and facilitate engagement, the parents returned to the state, completed necessary substance abuse treatment and parenting training, and the children were returned home. Their caseworker stated: “I really thought they didn’t have any chance of changing their lives, but it was really [the parents] caring about their children and really wanting to get them back that made all of the difference.”

The level of effort on the part of the caseworker, family and service providers to fully access and utilize the range of resources available through the Core Services Program appears to be an important factor predicting success.

In many cases, the flexibility that caseworkers have within the Core Services Program allows these kinds of successful outcomes to occur. Meeting the family “where they are” and creating an array of relevant services was a defining factor in successful cases. In addition, an extended family support system was often key.

“The success came in [the family] being able to hang in there with her through her ups and downs. We were able to be flexible and provide continuity of support . . . There were so many little moments where we could be there [for the family]. Not having to close the case at a specific time, but being able to keep it open and respond to her needs helped. Instead of managed care, where we only have cases open for 3 months or 6 sessions, we can keep services in place for as long as they are needed. Over a longer period of time, the family begins to trust you and you can really make a change in their [home] environment. I really believe that this kept her from further hospitalizations and prevented other out-of-home placement.” [Caseworker]

In this case, Core Services allowed the county to provide Dialectic Behavior Therapy (DBT), an evidence-based practice. In addition to providing continuity by providing DBT in a day treatment environment for the youth, the therapist also conducted DBT treatment and training for family members so that they could apply those skills at home.

Other important issues discussed included the importance of making services centrally located (all in one place, a central county office or a school setting) and making them easier to access.

Theme: Family Effort and Engagement [Case #17]

In a rural/mountain community, a baby boy tested positive for cocaine at birth, requiring a two-month hospitalization. His mother refused drug treatment and relinquished her custody rights four months after the case was opened. The child was placed in foster care. The county began searching for the father shortly after the child's birth. It was discovered that the biological father was near completion of a prison sentence and had an extensive history of substance abuse and drug-related arrests.

The father was unaware that he had a child and, upon notification, agreed to work with the county human services department on a reunification plan following his release from prison. Once released, the father moved in with his parents (in another county) and, with their support, began participating in supervised therapeutic visits, both in his parents' home and in the neighboring county's department offices. In addition, the father participated in life-skills training, child development, and parent education services.

Despite the case spanning two counties, with a great deal of distance involved, both the father and caseworkers strove to ensure that the service plan was completed. Both sides of the case had to travel and services had to be coordinated across the counties – including making arrangements for supervised visits. However, the caseworker credited the father's effort and engagement for the successful case outcome:

"From the moment he saw that baby he was in love with him. It was incredible. I've never seen anything like it. The child was the motivation that he needed to get clean and get his act together."

Link to the Core Services Evaluation

Again, while the quantitative data can show the general outcomes based on service types, it does not allow us to control for factors such as the degree to which the effort put forth by families, caseworkers and service providers affects the outcome of a case.

These cases highlight the importance of making services easier for families to access, leading to stronger engagement, and that can allow caseworkers and supervisors to be flexible and creative in making sure that families get the right services, at the right time and in the right setting. Expanding access to evidence-based services and promising practices is also important and will broaden the array of tools available to caseworkers and service providers. Beyond simple access to services, efforts need to continue towards better integration of risk and needs assessment with case planning. Up-front, multi-domain assessment helps to better understand the multiple factors that will be important to engagement and that must be addressed in order to reduce risk for children. Assessment, shared with partner providers, can address the fact that the Core Services Program serves children/youth who have complex and often multiple risk factors for out-of-home placement. Effective risk and needs assessment can ensure that youth and families are linked to services that address their types and levels of risks and needs. The earlier this happens in the overall process, the better the chances are of engagement and minimizing bumps and barriers along the way.

Theme D. Family Trust in the System and the Process

In these case studies, the degree to which the family seemed to trust the human/social services system affected the relationship between the caseworker, the family and the service providers. Overall, there were three cases in which the caseworker, family (or both) described a situation where families had very little trust in “the system.” One mother, in particular, described a system that was “against” her. She felt that the caseworker was relying on “rumors” about her to make decisions and that she was left out of the process, and left without recourse.

“They are just shady. You have to watch out. It’s a small town and it’s a wonderful tactic they have for getting referrals – angry friends, ex-spouses, these are the majority of the referral calls, it’s a threatening tactic.” [Client Interview]

All three cases where families were described as suspicious or distrustful of the system had unsuccessful outcomes. These families believed the system was working against them, did not have any motivation to engage in services and did not successfully complete treatment mandated by the courts. All three of these cases occurred in small communities and the feeling of “everyone knows everyone else’s business” was a significant issue.

In contrast, another parent mentioned that her initial willingness to trust in the system and to engage (even though she was intimidated at first) allowed her the opportunity to receive what, in her view, were extremely helpful services that ultimately kept her family together. She felt that by being willing to work with the system, she was involved in the planning and service delivery process and was kept informed of what was happening and why.

“Keep an open mind and don’t judge those that try to help, thinking that they think they know better than you. They are there to help, not to rub it in. These services are there for [a family’s] own benefit and they would be better off if they take the help that is offered. . . . It was good to know there is a program out there willing to help you have a chance to make a difference and not seeing you as a failure if you mess up. Being encouraged to not give up and keep trying, and knowing they would help.” [Client Interview]

Including the families in the planning process and ensuring a continual flow of information emerged as a feature in successful cases. In all four cases where case workers specified the use of a Wraparound (or similar) model, families had successful outcomes and children either stayed in or were returned to their homes. In the example above, the team put in place in-home therapy for the two adolescent males living in the home (who had been a significant challenge), providing mentoring for them as well as parenting classes for the mother. One child was temporarily removed from the home for his own inpatient treatment, but was successfully returned home prior to case closure.

Link to the Core Services Evaluation

The degree to which families trust the process seems to relate both to their initial engagement experience and to their ongoing experiences with the process. This suggests that it may be important to identify variables that can indicate the degree to which families are involved in the planning process, including a closer examination of County Designed Services specifically designed to include families, such as Wraparound treatment planning and Family Team Decision Making and Family Empowerment.

Emphasis should also be placed on helping families to understand that the purpose of Core Services is to safely maintain children in the home or the least restrictive environment possible. A consistent, cross-system, message about services supporting families rather than being punitive is critical to supporting engagement and follow-through.

Theme: Redefining Success [Case #4]

A four-year-old child was removed from the custody of his single mother after multiple reports of poor supervision, including the child getting out of the house without the mother being aware, ongoing substance use issues and a history of erratic behavior.

The mother struggled with substance abuse throughout the case process and the boy was placed with his maternal grandparents. The mother never engaged in treatment, missed appointments, refused to work with one available provider and the other provider in the community had a long waiting list. The mother eventually moved to Texas and refused efforts to have her return to the state for visitations with her child.

The grandparents were provided with in-home therapy for several months, as well as an early childhood intervention specialist to assist with the child's speech and other development delays. In addition, the family was able to access much needed respite care.

As a result of the support offered, the grandparents, after being initially reluctant to take custody of the child, agreed to become the permanent legal guardians.

While the original case goal of returning home with the biological mother was not met, at the time of case closure, the caseworker was confident the child would permanently reside with his extended family.

Theme E. Defining Case Success and Identifying Barriers

Success does not always mean meeting the original Core Services case goal. One caseworker described this as “taking victories where we can.” Even in cases where children were removed from the home and it was not possible to reunite them with their biological parent(s), (four out of the six cases where children were removed), caseworkers and providers were able to work together to find suitable kinship care and to provide support for an extended family member to gain permanent custody.

In talking about success, especially with difficult cases, caseworkers expressed appreciation for having flexibility around the things they could do, creatively, to make sure children were cared for, including helping to get government services, providing therapy for grandparents who were taking over caregiving duties long after raising their own children, or even spending time in the home with families to help to build trust and rapport.

Failure to address important risk factors, particularly related to substance abuse issues, as well as untreated mental health issues were the most serious barriers discussed. In some cases, there was an acknowledgment that an adolescent needed some kind of treatment (in one case her grandparents wanted her placed in a residential facility), but a lack of willingness to address deeper family concerns. In two examples, there were significant barriers involving the family dictating the course of the case (in one case demanding placement in a specific residential facility that was not contracted by the county; and in another, a demand for residential placement when the caseworker and provider believed the

adolescent could be maintained in the home). This issue came up in the only two cases studied that were characterized as high-income families.

In some cases, as well, caseworkers mentioned barriers related to access to specific types of services, including:

- A lack of inpatient mental health or substance abuse treatment opportunities,
- Wait lists for family therapy programs, and/or
- Not enough services for adolescents.

Not having access, or not having access close enough geographically to be feasible, meant that other, less appropriate services were attempted, contributing to struggles with engagement and achieving treatment success for families and providers.

Link to the Core Services Evaluation

The families and caseworkers we interviewed made it clear that it is critical that success be defined based on the needs and circumstances of individual children and their families. There are multiple pathways to safely maintaining children in their homes or least restrictive setting. The Core Services Program allows flexibility in achieving successful outcomes. In addition, efforts to expand access to effective, evidence-based services is critical to helping families with complex risk factors achieve success regardless of where they live across Colorado.

Looking Ahead: Factors Influencing the Future of the Core Services Program

In this section, TriWest Group explores contextual factors potentially influencing the Core Services Program. Governor John Hickenlooper’s announcements of two new strategies, “Keeping Kids Safe and Families Healthy”, Colorado’s Three-Year Child Welfare Master Plan, and the Office of Early Childhood, focus on improving Child and family outcomes statewide. The “Keeping Kids Safe and Families Healthy” is the new CDHS strategic plan for improving the safety and well-being of children and families across the state. The plan includes the practices and objectives in which the Department will engage over the next three years. “Keeping Kids Safe and Families Healthy” is comprised of five key strategies:

- Fully implementing a common practice approach for Colorado, through implementation of a child welfare practice model, expansion of Differential Response and creation of new pathways for adolescents with behavioral health needs.
- Managing performance through implementation of C-Stat, the State performance management strategy that collects and analyzes a variety of real-time data, and the County Scorecard, which summarizes data at the local level to drive practice improvement for children and families.
- Develop the workforce with updated current curriculum that utilizes technology to deliver new research and development statewide.
- Reform funding by utilizing resources more efficiently to ensure the right services are delivered to the right people in the most cost effective manner, and align funding sources with outcomes for the safety, permanency and well-being of children and families.

Engage the Public and Partners by future online communication of C-Stat information and outcomes, drafting legislation that would allow CDHS to publicly share information—good and bad—regarding child welfare investigations. The Child Welfare Leadership Committee, the new child welfare governance council, is comprised of the CDHS Executive Management Team and will also include other community partners. Its role is to seek leadership guidance and advice on important policy and systemic issues and to also move important leadership issues and initiatives out to the community.

CDHS C-Stat Process

Colorado Department of Human Services (CDHS) has implemented C-Stat, a management strategy that analyzes performance using the most currently available data. C-Stat intends to support Divisions within CDHS in identifying performance areas in need of improvement and then improving 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 will seek to determine which processes work and which processes need improvement. By measuring the impact of day-to-day efforts, CDHS reports that the Department will be more capable of making informed, collaborative decisions to align efforts and resources to affect positive change.

Beginning on January 25, 2012, CDHS has held weekly C-Stat meetings at the Department’s central office in downtown Denver. The directors of each of the four offices responsible for providing direct human

services, and their respective division directors, meet monthly with the C-Stat Leadership Team, which is comprised of executive level department staff, including the Executive Director and both Deputy Executive Directors. The Executive Director facilitates the C-Stat meetings, focusing on any of the performance measures and action items.

The C-Stat measures that may be impacted by Core Services are:

- Safety:
 - Absence of Maltreatment Recurrence
 - Children Remain Home Safely throughout the duration of the Case
- Permanency and Placement Stability:
 - Children Maintained in a Safe, Stable Environment
 - Legally Freed Children Discharged to a Permanent Home prior to their 18th Birthday
 - Children who do not Re-enter Care within 12 months of Discharge
- Reduce Time in Care:
 - Reunifications Occurring within 12 months
 - Children in Out of Home Care for more than 24 and 36 months

In the coming year, the Division intends to work with the Child Welfare Research, Evaluation and Data team to report on how the Core Services Program impacts key child welfare measures in the C-Stat process.

Colorado's Practice Model

The purpose of Colorado's Practice Model (CPM) in this effort, guided by the Division of Child Welfare Services, is to promote child/youth safety, permanency and well-being by ensuring that consistent, high quality child welfare services are available across the state. This work began with 17 counties²⁰ and the Southern Ute Indian Tribe during SFY 2011. Part of this effort includes working closely with the involved agencies to examine their current practices, identify practices that can be improved, and highlight exemplary models that can benefit other agencies as well. As the process moves forward, each of the initial 17 counties and one tribe will be paired with other agencies to provide peer support as new agencies begin to examine their current practices. The project aims to work individually with each agency over the next four years.

Colorado's Practice Model has examined the child welfare practice process, divided it into discrete phases, and defined key components for success in each phase. Promising practices from the initial 17 counties and one tribe participating in Cohort 1 have also been identified and described in detail, with the expectation that other counties may choose to duplicate the practice. With Core Services being a service-focused program, the benefits of Colorado's Practice Model could be significant. As each agency learns from others how to examine their practices and find promising practices that have worked in similar counties, the level of quality and consistency in the services being provided to children, youth and families should increase. Cohort 2 will begin implementation during SFY 2013, increasing the number of participating agencies to 35.

²⁰ The 17 Colorado's Practice Model counties include Adams, Arapahoe, Boulder, Chaffee, Denver, Elbert, El Paso, La Plata, Larimer, Lincoln, Mesa, Morgan, Otero, Pueblo, Routt and San Juan.

The outcomes expected in the coming years of CPM implementation are:

- Compendium of Promising Practices in Colorado
 - This product will enable all counties to access and adopt promising practices from other counties and incorporate them into their own practice framework.
- A Peer Built and Maintained Practice Culture
- A Child Welfare Community that Continuously Evaluates and Improves Services

Appendix (E) of this document contains a map showing Colorado counties implementing Colorado's Practice Model.

Differential Response

Another child welfare practice effort that could benefit Core Services in the near future is the Differential Response Model, currently beginning its fourth implementation year. For the first three years, five counties²¹ participated in this effort, which includes a formal research component. Under the Differential Response Model, families can be assigned to one of two tracks – investigation response (IR) or family assessment response (FAR). Services are offered to FAR families on a voluntary basis, meaning they can accept or refuse the offered services without consequence, unless safety is a concern; as long as the child/youth remains safe, the case worker can continue to provide services on a voluntary basis. Results from this project could be helpful in informing counties as they explore options for implementing practice changes allowed by the increased flexibility in funding (described below) and the resulting opportunity to provide services to families earlier in the child welfare process. Reports of initial reactions from case workers and families suggest improved family satisfaction and engagement in services for families in the FAR track.

Year three of implementation found the Colorado site of the National Quality Improvement Center on Differential Response maintaining and phasing out the randomized control trial on differential response (DR). Specifically, random assignment ended on March 1st, 2012, and each of the five counties took their practice to full scale, keeping all cases assigned during the experiment in their assigned group in order to follow experimental protocols for recurrent referrals. The project emphasis and resources have been expended on families, the evaluation, project management, and technical support and modifications to Colorado SACWIS (Trails) system. Year three will end with the dissemination of a second site visit report.

Year three evaluation also reported substantial changes in the movement toward DR for the rest of the State of Colorado. In March, legislation was signed by the governor to allow for counties selected by the executive director of DHS to begin practicing DR. Nineteen counties expressed interest in practicing DR, and the first new wave will be selected following the promulgation of rule (set to go before the state board by early 2013). With the institution of this legislation, the new state lead on DR, the Intake Administrator for the Division of Child Welfare Services, now works collaboratively with the DR Project Director (who is now the Child Abuse Prevention Treatment Act (CAPTA)/Children's Justice Act (CJA) administrator) to plan for the expansion.

²¹ The five Differential Response counties include Arapahoe, Fremont, Garfield, Jefferson and Larimer.

Year four is slated to focus on the fidelity and replication of practice, the production of a replication guide and coaching resources, finalizing the evaluation, and information sharing. The five pilot counties have agreed to expend resources to coach new counties in the expansion, and also to promote continuous quality improvement in their own agencies. Activities for the process, outcome, and cost evaluations will continue in year four. Finally, dissemination will be a primary focus of the coming year. Given these objectives, funds will provide for the continuation of evaluation, project management activities, technical assistance, dissemination of knowledge, and, if needed, final adjustments to the SACWIS (Trails) system.

Increased Flexibility in Funding Services for Families

During the 2011 legislative session, the Colorado General Assembly passed House Bill 11-1196, titled Increase Flexibility in Funding Services for Families, which was enacted in September, 2011. This bill redefines an “at-risk family” to include those who risk continued involvement with the child welfare system, expands the use of Family Preservation Services to families that are “at risk of being involved in the child welfare system,” allows counties to provide families with access to alternative services to prevent continued involvement with the child welfare system, and provides incentives for preventative family preservation services.

The Need for Flexible Funding: Currently, Colorado has no formal, consistent method or model by which to offer prevention services to families before they formally enter the child welfare system. Prevention services are becoming popular and increasingly effective strategies among counties hoping to take a proactive stance on family issues that are pre-cursors for child abuse and neglect and/or impact the permanency and well-being of children. Please see the chart below for a detailed outline of the current strategies and “workarounds” that counties may take in the delivery of these services.

As noted above, prevention strategies can impact all areas of the child welfare spectrum. Many counties have attempted to develop “workarounds” for gaps in programming for these populations. However, the strategies above do not represent the whole of the interventions and strategies used in this area. This makes it difficult, if not impossible, to successfully track data and funding streams related to these interventions. It is also difficult to successfully practice and document work with families within the Program Area 5 system.

The Solution: HB 11-1196 offered the beginning of relief and flexibility for this issue. It lessened the risk requirement for offering of Core services, and reinforced the ability to use the Child Welfare Block for prevention and intervention. It also allowed those funds spent on prevention and intervention to be considered as an incentive for the Child Welfare Block allocation methodology. Finally, HB 11-1196 allowed for the certification of public expenditures and increased the ability to leverage federal funding for prevention. Those working on the implementation of this legislation, however, noted that it was not the sole solution to prevention funding. Informants described it as a pathway, but most certainly not the vessel. What it did accomplish, however, was the ability to blend and braid available funding to provide prevention, intervention, and post-adoption services. Possible funding sources include, but are not limited to: Core Services Program funding, the Child Welfare Block, Promoting Safe and Stable Families, HB 1451 Collaborative Management Program (CMP), Temporary Assistance to Needy Families (TANF), and various fatherhood grants.

While puzzling over this difficulty, DCW staff found commonality among three DCW Program Teams: Child Protection, Permanency, and Specialized and Integrated Programs. Out of these issues, a solution

was born: Program Area 3 (PA3), prevention, intervention and post-adoption service delivery. PA3 is not a currently utilized program area, yet within it could be a uniform and central tracking and payment system for prevention and intervention services.

The Division reports that the creation of the new program area will enhance services for the following reasons:

- Strengthens the safety net to support basic life necessities by assisting those children, youth and families in need of prevention and intervention services.
- Involves clients and consumers in decisions impacting their lives through the expanded opportunity to receive needed services, inclusive of self-referral.
- Expands collaborative efforts with other state departments, counties, providers, consumers, non-profit agencies to promote appropriate service delivery, regardless of county.
- Streamlines and simplifies a process of service availability and ability to track funding via the proposed Trails modification proposal.
- Utilizes outcome-focused service delivery data and research to guide quality improvement efforts through Trails modifications.
- Enhances training opportunities through the Trails training and/or the creation of a web-based Trails training.

Rules and specific implementation guidelines for this initiative are currently being developed and it is not yet known what changes, if any, will be made to the Core Services Program.

Core Services and Medicaid

Many of the services currently provided through Core Services funding are similar to outpatient health services that can be covered under Medicaid and other types of insurance for children/youth and families that have such coverage. There has been an increased effort at the state level to develop a partnership between Core Services and the Department of Health Care Policy and Financing (HCPF, the administrator of Colorado's Medicaid program) in order to support optimal utilization of Medicaid funding. During SFY 2012 a HCPF representative has been included in the quarterly Core Services Coordinators meeting in order to answer counties' Medicaid questions and to gain a better understanding of the Core Services Program.

Core Services funding comes entirely from the state general fund and is considered a "payer of last resort," meaning all other funding sources (e.g. private insurance, Medicaid) should be exhausted before using Core Services funding. Medicaid funding, however, leverages federal dollars – approximately half of every state dollar spent can be drawn down as a federal match for most Medicaid services.²² The

²² Under the American Recovery and Reinvestment Act (ARRA), Colorado's 50% federal Medicaid match was increased to over 60%. However, with the expiration of ARRA funding in SFY 2011, the match rate returns to 50%. In addition, some specific types of Medicaid services can qualify for enhanced match, including services under specific provisions of the Patient Protection and Accountable Care Act (PPACA).

Core Services program and the State of Colorado would likely benefit financially from a closer look at local and state practices around both policy and actual decision making related to maximizing use of Medicaid services and other insurance prior to accessing Core Services funding. Mental Health and Substance Abuse Treatment services are among the service types most likely to qualify for Medicaid coverage, and specific efforts to enhance Medicaid utilization for these services could be promising. This is significant given that Substance Abuse Treatment is consistently one of the most frequently accessed types of Core Services.

State representatives from Core Services and HCPF are currently meeting to discuss program details, funding and overlap of services. A second step has also been accomplished through the participation of a representative from HCPF in the quarterly Core Services Coordinators' meetings for purposes of educating local Coordinators about the details of Medicaid benefits and how to access appropriate services.

These efforts face challenges. Core Services Coordinators have expressed concerns with agency-level Medicaid providers of substance abuse treatment services and Behavioral Health Organizations (BHOs)²³ that manage Medicaid mental health benefits. Concerns include limited availability and capacity of services, inconsistent quality of services and lack of providers among which to choose. In addition, in TriWest's experience in other states where efforts to better align Medicaid and child welfare services funding have been undertaken, there are also often barriers on the part of child welfare workers in accessing Medicaid benefits, as there is generally more hassle and time involved in accessing externally-funded medical services than services funded directly by the child welfare agency. There is additional work to be done in the coming months to address local Core Services Coordinators' concerns and needs for additional information, but efforts are underway and steady progress is expected over the coming months and years. Given the continuing fiscal challenges facing the state and all counties, efforts to better understand and make use of medical services funded by Medicaid and other sources will be critical.

²³ Behavioral Healthcare Organizations (BHO) are the state designated managed care organizations for Medicaid mental health services.

Evaluation of Overall Effectiveness and Cost Efficiency

Based on analysis of available data, the TriWest Group evaluation team offers the following observations and recommendations for the Core Services Program and this evaluation.

Observations

The Core Services Program Appears to be Functioning as Intended – Data analyzed and presented in this report supports the Core Services Program model as an effective approach to strengthening Colorado families and keeping children and youth with their families and in their communities, while also maintaining child/youth safety. Based on the range of information available to this evaluation, the Core Services Program appears to be functioning as intended, serving the children/youth and families targeted by the authorizing legislation and providing appropriate services and support.

Available data continue to support the Core Services Program's approach to safely maintaining children and youth in the home with services. The emphasis on serving children/youth in their homes is better for families and less costly than out-of-home placement.

Core Services Cost Less - Overall costs per day for out-of-home placements are significantly higher than costs per day for children/youth being served in Core Services. Safely maintaining children/youth in their homes not only costs the state less than an out-of-home placement, but local and national experience tells us that, most often, this course of action also represents what is in the best interest of the child/youth and the family.

Core Service Types Appear to Demonstrate Positive Outcomes – Drawing conclusions from the data available to this evaluation regarding the effectiveness of Core Services requires careful consideration due to the limitations of the data and analytical methods available to this report. However, results are encouraging and support the Core Services Program as an important component of Colorado's child welfare system. Moreover, the approaches and services of the Core Services Program are in keeping with the research base pointing to the effectiveness of family-driven, home-based services in maintaining child/youth safety and permanency.

Core Services are Effective in Maintaining Children/Youth at Home – The Core Services Program aims to keep children/youth and their families together or, in cases where children/youth must be removed due to safety concerns, to return them home as quickly as possible or place them in the least restrictive setting possible. Of all children/youth receiving Core Services in SFY 2012, 85% remained or were placed with a family member at the end of Core Services. Further, 96% of children/youth who began Core Services with the goal to remain home were maintained at home.

The Core Services Program is Integral to the Colorado Practice Model – The CPM initiative appears to promote child/youth safety, permanency and well-being by ensuring that consistent, high quality child welfare services are available across the state. These efforts, currently involving 14 Counties and the Southern Ute Indian Tribe, seek to identify effective practices that can be disseminated across the state.

The Core Services Program emphasizes on evidence-based models, County Designed Services, attention to outcomes, matching services to needs and supporting children/youth and families at home whenever possible are a perfect fit with CPM efforts.

Family Engagement is Critical in Setting the Stage for Successful Care Resolution – This year’s pilot Case Study to explore important themes in the Core Services Program yielded qualitative information to augment quantitative data available to the evaluation. In the cases reviewed, a clear theme regarding the critical nature of early engagement in predicting ultimate case resolution emerged. Not surprisingly, families with a more positive initial engagement with Core Services showed more positive outcomes. Further, these cases highlight the critical role of families in driving effective care and support Colorado’s Practice Model and the positive impacts on family involvement that may arise through this initiative.

Collaboration and Coordination between Caseworkers and Service Providers Matters – Another finding from this year’s pilot Case Study effort highlights the importance of coordination between caseworker and provider. While not surprising, conflicts or challenges in coordination predicted difficulties in successfully resolving cases. Caseworkers interviewed for the case studies agreed that one of the most important factor in successful case closure was the relationship between the caseworker and the treatment provider.

Integration of Risk and Needs Assessment with Case Planning - The Core Services Program serves children/youth who have complex and often multiple risk factors for out-of-home placement. The Core Services Program emphasizes matching services to child/youth and family risks and needs. Efforts are underway to explore the most efficacious approach to risk and needs assessment as a support to case planning. Continued and expanded emphasis on the consistent use of a comprehensive, empirically validated risk and needs assessment tool to guide placement and case planning decisions for all children/youth will strengthen the case planning process and make it more consistent across the state.

Children, youth and their families typically receive multiple types of Core Services during their service episode. The research base is clear that the effectiveness of a service is largely dependent on how well it meets the needs of the families. Anecdotal reports from Core Services Coordinators suggest that Counties are increasingly emphasizing matching children/youth and families with services that address their types and levels of risks and needs. Continued and expanded emphasis on the Program-wide use of a standardized, validated risk and needs assessment will support consistent matching of services to child/youth and family needs. Careful matching of services to identified needs help ensure that children, youth and families receive the most appropriate services possible. Further, this approach is consistent with Colorado’s Practice Model and Differential Response initiatives, suggesting a possible avenue for integration across these initiatives.

Enhanced Trails Functionality - New functionality in Trails continues to support improvements in accuracy and consistency in which Core Services are recorded and outcomes tracked. Continued enhancements to the Trails system support a richer understanding of who is participating in services related to a given child/youth, as well as better tracking of goals, outcomes, and placements associated with each authorization. In addition, Core Services staff report improved efficiency in data entry as a result of the changes.

This enhanced data set will support more detailed understanding of the processes and outcomes of the Core Services Program in coming years, as well as facilitate quality improvement efforts such as

improving the match between child, youth and family risks and needs with treatment and placement options.

HB 11-1196, Colorado’s Practice Model and Differential Response – Lessons being learned from the Differential Response project and Colorado’s Practice Model regarding prevention and early intervention with at-risk families represent important resources to the Core Services Program. As the Program moves toward implementation of HB 11-1196, the Core Services Program is working closely with other state initiatives to continue to examine and enhance the current menu practices relative to experiences across the state, as well as research on evidence-based practices for implementation of prevention and early intervention services.

Recommendations

The TriWest Group evaluation team offers the following recommendations based on results of this evaluation.

Family Involvement - The critical role of families in driving effective care is clear and represents a central component of the Colorado Practice Model as well as Differential Response initiatives. Information available to this evaluation continues to support prioritizing efforts to support the inclusion of child/youth and family voice and choice across the system.

State and Local Partnership - Based on our interactions with Core Services Coordinators, County Commissions and state leadership, and bolstered by our ability to gather more in-depth qualitative data through this year’s Case Studies, TriWest recommends continued attention and promotion of coordination and collaborative efforts. Similarly, state leadership and technical assistance is important to sustain quality of services and commitment among local and state leadership. Colorado’s Practice Model has the potential to facilitate and strengthen state and local partnership while enhancing practice.

Expand Access to Evidence-Based Services – In the context of case planning that is informed by assessment and matched to child, youth and family needs, evidence-based services represent the most likely avenue to successful child, youth and family outcomes. The evaluation team recommends continued attention and efforts to expanding the service array to support improved access to the highest quality, proven set of services possible.

Enhanced Utilization of Medicaid to Support Services – SFY 2012 saw continued efforts to develop a stronger partnership between Core Services and the Department of Health Care Policy and Financing (HCPF, the administrator of Colorado’s Medicaid program) in order to support optimal utilization of Medicaid funding. The evaluation team recommends continued collaboration between the Core Services Program and HCPF, along with enhanced communication and collaboration at the local level between Core Services, Medicaid managed care organizations, local Medicaid providers and potential Medicaid providers are critical elements in maximizing the service array for children, youth and families.

Collaboration between the Child Welfare and Judicial Systems – Continued efforts to expand collaboration between child welfare and judicial systems represents an important strategy to support enhanced communication and understanding of the mandate, functions and restrictions on each



system. These efforts will help ensure appropriate use of placement, support family preservation, and avoid use of placements as sanctions.

Maximize Enhanced Trails Functionality – Enhancements to the Trails data system afford new opportunities for quality improvement and evaluation. TriWest recommends that local and state leaders make the most of this opportunity through concerted attention to training and technical assistance around data entry as well as data tracking, analysis and reporting.

Data Entry Practices – The evaluators continue to recommend that the State Division of Child Welfare Services maintain efforts to standardize data entry policies to assure complete data is available to adequately assess program effectiveness and understand costs and savings of the Core Services Program. Significant efforts have gone into enhancing the Trails data system but these efforts will yield actionable information only to the extent that data is being entered consistently and fully across the state. Similarly, we recommend continued close collaboration with Trails data experts to investigate potential data system and data entry improvements to increase consistency of data entry without increasing workload of county staff. This ties into the Division’s ongoing efforts to investigate new ways to use technology to support caseworkers.

Integrated Risk Assessment and Case Planning - Family preservation services are an important component of an effective continuum of child welfare services. These services are most effective when they are targeted to appropriate children/youth and families and tailored to their specific needs, challenges and strengths. For this reason, TriWest carries forward our recommendation that Core Services Program Coordinators and leadership continue to build on current Core Services Program practice by expanding the integration of empirically validated risk and needs assessment in case planning decisions. Tools like the Child and Adolescent Needs and Strengths assessment (CANS; now being used in 28 states across the country) support responsive case planning that matches service intensity and restrictiveness to child/youth and family risk levels while also matching specific service types to the identified needs of children/youth and their families. This evidence-based, empirically anchored approach uses risk and needs assessment to support consistency in matching services to child/youth and family needs. In addition, comprehensive and consistent application of risk and needs assessment can provide actionable data for program monitoring and improvement as well as evaluation and reporting.

Integrating Evaluation and Research Efforts – To the extent possible, the TriWest evaluation team recommends enhancing interaction between independent evaluation efforts, like the current annual report, with other research and evaluation activities being conducted by, and on behalf of, the Division of Child Welfare Services. This would leverage existing resources to promote meaningful, high-quality data to support system wide efforts to use data to support decision making, reporting and quality improvement.

County Commission Report Template

Family Preservation/Core Services Commission Report Fiscal Year 2011-2012

Colorado County/Tribe name:

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Contact Person for Questions about the Commission Report:

Name:

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Phone:

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E-mail:

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TriWest Group is a Colorado-based evaluation company selected to work with The Colorado Department of Human Services to conduct the evaluation of the Family Preservation/Core Services Program and prepare the Department’s annual Family Preservation Commission Report.

Each year, local Family Preservation Commissions are required to complete a report on the status of Core Services and the programs available in each County or Tribe. The information you provide through the attached report template will be combined with other sources of information including the Colorado Trails database to form the content for the required annual report. Input from local Family Preservation Commissions provides a context for the quantitative data elements and represents an opportunity for your County or Tribe to tell the story behind the numbers.

INSTRUCTIONS

- Please return completed report by **July 2nd**.
- Please be sure to include complete contact information above in case we have any questions or there are problems with the transmission of the report to us.
- If possible, please complete the report electronically using MS Word and email completed reports to **Stephanie Schum** at sschum@triwestgroup.net
- A copy of the last page of this Report (containing space to list the Commission membership list and signature of the Commission Chair) is being sent to via US Post. Please mail the membership list and signature page in the envelope provided.

- If e-mail submission of the report is not convenient for you, please fax the report to 303-415-2500 or mail to 4450 Arapahoe Ave., Suite 100, Boulder, CO 80303-9102.
- Please call Stephanie at **303-544-0509, extension 9** with any questions about the report.

Capacity and Array of Services

The Trails data system tracks Core Services delivered by each county. Please complete the following questions about the availability of services (including those services that may not have been utilized during this fiscal year) in your county or tribe.

1. If County Designed Services were available, please describe the types of services:
2. Please place a check mark next to the phrase that best describes current service capacity and access. (Check all that apply)

The menu of Core Services available in our county (tribal area) is adequate to address the needs of children at imminent risk of placement.

There are services needed in our area that are not currently available.

Needed services are available, but not at adequate capacity (there are waiting lists).

Needed services are available, but there are significant barriers to families accessing services.

Other (please describe):

In the list below, please check any Core Services that are NOT available in your County.

Home Based Intervention

Mental Health Treatment

Intensive Family Therapy

Substance Abuse Treatment Services

Day Treatment

Aftercare Services

Life Skills

County Designed Services

Sexual Abuse Treatment

Other (please describe):

Please describe any services for which there are waiting lists and steps taken/being taken to resolve this:

Please describe the primary barriers to service access for the families you serve:

Overall Effectiveness of Core Services

3. Please describe your perspective regarding the overall effectiveness of Core Services:

(the following sub-questions are optional, to give you an opportunity to share more about the work in your county/tribe)

Are there any specific successes or challenges you would like to share?

Is your county (tribe) implementing any innovative services?

Are there observations regarding impacts on children, youth and families in your county (tribe) that you would like to share?

4. Please describe the policy and program issues in your county (tribe) that affect **out-of-home placements**? Are these issues driving increases or reductions in placements? (feel free to add more than three issues)

Issue #1: _____ is driving
_____ increases _____ reductions in placements?

Please describe:

Issue #2: _____ is driving
_____ increases _____ reductions in placements?

Please describe:

Issue #3: _____ is driving
_____ increases _____ reductions in placements?

Please describe:

5. Describe the policy and program issues in your county (tribe) that affect the length of stay for children placed out-of home. Are these issues driving increases or reductions in length of stay? (feel free to add more than three issues)

Issue #1: _____ is driving
_____ increases _____ reductions in placements?

Please describe:

Issue #2: _____ is driving
_____ increases _____ reductions in placements?

Please describe:

Issue #3: _____ is driving
_____ increases _____ reductions in placements?

Please describe:

6. Has the Core Services funding affected your county's Performance Improvement Plan (PIP) scores for stability in placement?

Yes ____ No ____ (If yes, please describe).

Collaboration

7. Please check the following collaborative efforts in which your county/tribe participates? (check all that apply)

___ Family to Family

___ Promoting Safe and Stable Families

___ HB1451

___ Collaborative efforts incorporating Family to Family principles (but not a formal site)

___ Other collaborative efforts (please describe):

8. Please describe how your collaboration efforts have impacted the overall effectiveness of your Core Services Program.

9. Please describe how your collaboration efforts have impacted the cost-efficiency (either cost-avoidance or cost-savings) of your Core Services delivery.

10. If your county (tribe) could change and/or modify the Core Services Program, what would you recommend?

11. Does your county’s (tribe’s) Family Preservation/Core Services Commission have any recommended changes to the annual Commission Report?

Yes ___ No ___ (If yes, please describe).

12. Are there services in your county (tribe) that are supplemented with funds from outside sources? _____ Yes _____ No

If yes, please indicate those services in the table below and the source of supplemental funds. If you are not sure of the actual dollar amount, please estimate the percentage of the Core Services that were funded from that source.

If no, please leave table blank.

Core Service Programs	Supplemented Services with Outside Funds?	Source of Funding and Amount
Home Based Intervention	Yes ___ No ___	
Intensive Family Therapy	Yes ___ No ___	
Life Skills	Yes ___ No ___	
Day Treatment	Yes ___ No ___	
Sexual Abuse Treatment	Yes ___ No ___	
Mental Health Services	Yes ___ No ___	
Substance Abuse Treatment Services	Yes ___ No ___	
Aftercare Services	Yes ___ No ___	
County Designed Services	Yes ___ No ___	

Membership List and Signature Page

Please mail this page only to Stephanie Schum in the envelope provided, (4450 Arapahoe Ave., Suite 100, Boulder, CO 80303-9102)

Also, please e-mail entire report to Stephanie Schum at sschum@triwestgroup.net

Please list all members of your local Family Preservation Commission. Add additional space as needed.

County Name: _____

Family Preservation Commission Members (add space as needed)

Name of Commission Chair

Signature of the Commission Chair

Core Services Types

Descriptions of Service Types

Each of the ten designated Core Service types are listed below with definitions from Child Welfare Services, Staff Manual Volume 7.

Home Based Intervention: services provided primarily in the home of the client and include a variety of services, which can include therapeutic services, concrete services, collateral services and crisis intervention directed to meet the needs of the child and family. See Section 7.303.14 for service elements of therapeutic, concrete, collateral, and crisis intervention.

Intensive Family Therapy: therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

Life Skills: services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.

Day Treatment: comprehensive, highly structured services that provide education to children and therapy to children and their families.

Sexual Abuse Treatment: therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization, sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.

Special Economic Assistance: emergency financial assistance of not more than \$400 per family per year in the form of cash and/or vendor payment to purchase hard services. See Section 7.303.14 for service elements of hard services.

Mental Health Services: diagnostic and/or therapeutic services to assist in the development of the family services plan, to assess and/or improve family communication, functioning, and relationships.

Substance Abuse Treatment Services: diagnostic and/or therapeutic services to assist in the development of the family service plan, to assess and/or improve family communication, functioning and relationships, and to prevent further abuse of drugs or alcohol.

Aftercare Services: any of the Core services provided to prepare a child for reunification with his/her family or other permanent placement and to prevent future out-of-home placement of the child.

County Designed Services: an optional service tailored by the specific county in meeting the needs of families and children in the community in order to prevent the out-of-home placement of children or facilitate reunification or another form of permanence.

County Designed Services

The Core Services County Designed Programs highlighted are Evidenced Based Services to Adolescents Awards \$4,006,949 State Wide – Senate Bill 11-209 Family and Children’s line, Footnote #23 (Long Bill)

County	Service type on Core Plan	Existing Service type in Trails to be used
Adams	Supervised Therapeutic Visitation Service	Supervised Visitation
	Youth Intervention Program (Expansion - Ex)	Youth Intervention Program
	Youth Advocate Program	Child Mentoring/Family Support
	Family Team Meeting/Conference	Family Group Decision Making
Alamosa	Discovery Group	Discovery Group
	Family Decision Making/Confer	Family Group Decision Making
	Intensive Mentoring Program (Ex)	Mentoring
Arapahoe	Multi-Systemic Therapy (Ex) - Synergy	Multi Systemic Therapy
	Savio Direct Link Program (Ex)	Direct Link
	Family Group Conferencing	Family Group Decision Making
Archuleta	Intermediate/Middle School Responsibility/Mentoring	Mentoring
Baca	None	
Bent	None	
Boulder	Community Evaluation Team (CET)	Community Evaluation Team
	Family Group Decision Making	Family Group Decision Making
	Foster Adoption Counseling and Support Services	Foster Care/Adoption Support
	Multi-Systemic Therapy (Ex)	Multi-Systemic Therapy
	Community Infant Therapy Services Program	Child and Family Therapist
Broomfield	Day Treatment Alternative	Day Treatment Alternative
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
Chaffee	Chaffee County Mentoring (Ex)	Mentoring
	Youth at Crossroads	Youth Intervention Program
Cheyenne	None	
Clear Creek	None	
Conejos	Intensive Mentoring (Ex)	Mentoring
Costilla	Intensive Mentoring Project (Ex)	Mentoring
Crowley	None	

Custer	None	
Delta	Mentoring	Mentoring
	Family Intervention Team (FIT)	Community Based Family Services & Support (CBFSS)
	Day Treatment Alternative	Day Treatment Alternative
	Substance Abuse Intervention Team/Family Drug Ct	Family Empowerment
Denver	Functional Family Therapy	Functional Family Therapy
	Multi-Systemic Therapy (MST) (Non-Expansion)	Multi Systemic Therapy
	Multi-Systemic Therapy (MST) (Ex)	Multi Systemic Therapy
	Savio Direct Link Program	Direct Link
	Domestic Violence Intervention	Domestic Violence Services
	Team Decision Making	CET/TDM
	Probation Day Reporting and Services	Youth Intervention
	Moyo Health Associates	Child and Family Therapist
	Therapeutic Supervised Visitation	Supervised Visitation
Dolores	Day Treatment Alternative	Day Treatment Alternative
Douglas	Multi-Systemic Therapy (MST)	Multi Systemic Therapy
	Functional Family Therapy	Functional Family Therapy
	Team Decision Making	CET/TDM
	Collaborative Family Services (CBFSS)	Community Based Family Services & Support (CBFSS)
	Domestic Violence Intervention	Domestic Violence Services
	Therapeutic Supervised Visitation	Supervised Visitation
Eagle	Family Centered Meeting Coordination (Ex)	Family Group Decision Making
Elbert	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Family Coaching/Youth Mentoring (Ex)	Family Strengths
	Youth Mentoring	Mentoring
	Parenting With Love and Limits (Ex)	Parenting Skills
El Paso	Mediation Services	Mediation
	Nurturing Programs	Nurturing Program
	Day Treatment Alternative	Day Treatment Alternative
	Supervised Visitation	Supervised Visitation
	Collaborative Family Services (CBFSS)	Community Based Family Services & Support (CBFSS)
	Domestic Violence	Domestic Violence Intervention Svcs
	Functional Family Therapy (Ex)	Functional Family Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Nat'l Youth Program Using Mini-Bikes (NYPUM)	Reconnecting Youth
Fremont	Day Treatment Alternative	Day Treatment Alternative
	Family Group Conferencing	Family Group Decision Making
	Adolescent Support Group	Adolescent Support Group

	Functional Family Therapy (Ex)	Functional Family Therapy
	Parenting with Love and Limits	Parenting Skills
	Supervised Visitation	Supervised Visitation
	Family Treatment Drug Court	Family Empowerment
	Fremont Fatherhood Program	Family Outreach
	EPP/Family Treatment Court	Family Empowerment/Treatment Package High
	Collaborative Family Services (CBFSS)	Community Based Family Services & Support (CBFSS)
Garfield	Adolescent Mediation (Ex)	Mediation
Gilpin	None	
Grand	Parenting Time/Supervision	Supervised Visitation
	Day Treatment Alternative	Day Treatment Alternative
	Family to Family Team Decision Making	CET/TDM
Gunnison/ Hinsdale	Therapeutic Mentoring (Ex)	Mentoring
Huerfano	Reconnecting Youth (Ex)	Reconnecting Youth
Jackson	Mentoring	Mentoring
	Parent Focus Collaborative Family Services (CBFSS)	Community Based Family Services & Support (CBFSS)
	Child Mentoring/Family Support	Child Mentoring/Family Support
Jefferson	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Team Decision Making Ex)	CET/TDM
	Day Treatment Alternative	Day Treatment Alternative
Kiowa	None	
Kit Carson	Functional Family Therapy (Ex)	Functional Family Therapy
Lake	IFT/School Partnership	Family Empowerment
	High Fidelity Wraparound Program	Community Based Family Services & Support (CBFSS)
La Plata	Play Therapy	Play Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Ad. Dialectical Behavioral (Ex)	Youth Intervention Program
Larimer	Child Mentoring/Family Support	Child Mentoring/Family Support
	Multi-systemic Therapy	Multi Systemic Therapy
	Nat'l Youth Program Using Mini-Bikes (NYPUM) (Ex)	Reconnecting Youth
	PCC Mediation (Ex)	Mediation
	Family Options1	CET/TDM
	Family Options 2 – Family Unity Meetings	Family Empowerment
	Family Options 3 – Family Group Conferencing	Family Group Decision Making

	Life Nurse Visiting Program	Nurturing Program
	Community Based Family Services and Support	Community Based Family Services & Support (CBFSS)
	Functional Family Therapy (Ex)	Functional Family Therapy
Las Animas	None	
Lincoln	Foster Adopt Parents Support Services	Foster Care/Adoption Support
	Family Group Conferencing	Family Group Decision Making
	Parenting with Love and Limits	Parenting Skills
Logan	Play Therapy	Play Therapy
	Parenting with Love and Limits	Parenting Skills
	Team Decision Making	TDM/CET
	Family Outreach Services	Family Outreach
Mesa	Structured/Supervised Parenting Time	Structured Parenting Time
	Rapid Response (Ex)	Youth Intervention Program
	Day Treatment to Adolescents (Ex)	Adolescent Support Group
Moffat	Day Treatment Alternative	Day Treatment Alternative
Montezuma	Day Treatment Alternative	Day Treatment Alternative
Montrose	Promoting Healthy Adolescents Trends PHAT (Ex)	Adolescent Support Group
Morgan	Structured Parenting Time	Structured Parenting Time
	Day Treatment Alternative	Day Treatment Alternative
	Family Group Decision Making	Family Group Decision Making
	Parenting With Love and Limits (Ex)	Parenting Skills
Otero	Play Therapy	Play Therapy
Ouray/ San Miguel	Day Treatment Alternative	Day Treatment Alternative
Park	Family to Family Mentoring	Mentoring
	Family Engagement/Empowerment	Family Empowerment
Phillips	Therapeutic Supervised Visitation	Supervised Visitation
Pitkin	None	
Prowers	None	
Pueblo	Visitation Center	Supervised Visitation
	For Keeps Program (Ex)	Youth Outreach
Rio Blanco	Day Treatment Alternative	Day Treatment Alternative
Rio Grande/ Mineral	None	
Routt	Day Treatment Alternative	Day Treatment Alternative
	Supervised Visitation Safe Exchange Program	Supervised Visitation
Saguache	None	
San Juan	Multi-Systemic Therapy	Multi Systemic Therapy
Sedgwick	None	

Summit	Team Decision Making	CET/TDM
	Day Treatment Alternative	Day Treatment Alternative
	Multi Systemic Therapy	Multi Systemic Therapy
	Community Infant and Child Program	Family Empowerment
	Therapeutic Supervised Visitation	Supervised Visitation
Teller	Multi Systemic Therapy (Ex)	Multi Systemic Therapy
	Day Treatment Alternative	Day Treatment Alternative
	1451 Wrap Around/FGDM	Community Based Family Services & Support (CBFSS)
Washington	Foster Care/Adoption Intervention	Foster Care/Adoption Support
Weld	Functional Family Therapy (Ex)	Functional Family Therapy
	TIGHT (Ex)	Reconnecting Youth
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Foster Parent Consultation	Foster care/Adoption Support
Yuma	None	None
Southern Ute	Multi-Systemic Therapy	Multi Systemic Therapy

Case Illustrations Methods & Case Descriptions

Case Selection

The case study report is an effort intended to explore whether this kind of information is useful in helping stakeholders better understand the Core Services Program. Cases were selected in such a way as to maximize the information they might offer, rather than to attempt to select a representative sample of families participating in the Core Services Program. The evaluation team worked with the Core Services Evaluation Advisory Group to identify central themes, questions and topic areas of specific interest to program staff. Then Core Services Coordinators were asked to provide specific cases they believed to be particularly salient to one of these themes.

Counties were selected for participation in an effort to create some geographic variability across the state, to highlight specific topics (e.g., counties utilizing a great deal of county-provided services vs. those who mainly contract for services), and based on the counties’ willingness to participate in the case study research.

Case Selection Plan

Case Study Theme	10 Largest Counties (2) = number of cases	Balance of Counties (10) (2) = number of cases
1 Successful and 1 Unsuccessful Case from same county	(2) Central/North Front Range (2) Southern Front Range	(2) Eastern area (2) Western area
County-delivered services vs. Contracted Services	(2) Central Front Range	(2) Southern area
Different types of services (e.g., Life-skills, Mental Health, etc.)	(2) Central Front Range Successful/Unsuccessful MH/SA (2) Western Slope (Compare any two service types.)	(2) Mountain and Western Slope (2) Southern (Includes the Ute Mountain Tribe.)

Core Services Coordinators from the selected counties were asked to provide anonymous information on specific types of cases (based on the table above). While most of the counties initially agreed to participate, some later declined, in which case alternates were chosen. Ultimately, 17 of the 20 planned case studies were conducted, with three not occurring due to difficulties in coordination with the county or caseworker and lack of time to find suitable alternatives during the targeted study window.

Colorado Counties

Small
Medium
Large

