



COLORADO
Department of Human Services

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

October 1, 2018

Dear Governor Hickenlooper:

This letter is sent as a cover to the Core Services Program Evaluation Report submitted pursuant to C.R.S. 26-5.5-104 (6):

"On or after July 1, 1994, the Executive Director of the State Department shall annually evaluate the statewide Family Preservation Program and shall determine the overall effectiveness and cost-efficiency of the Program. On or before the first day of October of each year, the Executive Director of the State Department shall report such findings and shall make recommended changes, including budgetary changes, to the Program to the General Assembly, the Chief Justice of the Supreme Court, and the Governor. In evaluating the Program, the Executive Director of the State Department shall consider any recommendations made by the interagency Family Preservation Commission in accordance with section 26-5.5-106. To the extent changes to the Program may be made without requiring statutory amendment, the Executive Director may implement such changes, including the changes recommended by the commission acting in accordance with subsection (7) of this section."

Sincerely,

A handwritten signature in black ink that reads "Reggie Bicha".

Reggie Bicha
Executive Director

Enclosures

Cc: Patrick Meyer, Chief of Staff



COLORADO

Office of Children,
Youth & Families

Division of Child Welfare

Core Services Program Annual Evaluation Report

January 1, 2017 - December 31, 2017



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Core Services Program Annual Evaluation Report Calendar Year 2017

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Table of Contents

Acknowledgements.....	i
Executive Summary	ii
1. Background and Introduction.....	1
1.1. Overview of the Core Services Program	1
1.2. Description of the Core Services Program	2
1.3. Goals of the Core Services Program.....	3
1.4. Context of the Core Services Program.....	3
1.5. Enhancements to the Core Services Program.....	4
1.6. Outline of the Current Report.....	5
2. Implementation of the Core Services Program.....	6
2.1. Children, Youth, and Families Served in Calendar Year 2017	6
2.2. Services Provided in Calendar Year 2017.....	8
3. Outcomes of the Core Services Program.....	11
3.1. Service Effectiveness.....	11
3.2. Service Goal Attainment.....	15
3.3. Follow-up Outcomes.....	21
4. Costs of the Core Services Program	29
4.1. Cost per Service Episode.....	29
4.2. Cost per Client	32
4.3. Cost per Child/Youth	34
4.4. Cost Offset.....	35
5. Family Preservation Commission Report Findings	37
5.1. Service Availability, Capacity, and Accessibility	38
5.2. Service Delivery	39
5.3. Service Collaboration.....	41
5.4. Service Funding	42
6. Conclusions and Implications.....	43
6.1. Evaluation Conclusions	43
6.2. Evaluation Enhancements.....	44
6.3. Evaluation Limitations.....	44
6.4. Evaluation Implications	44
Appendix A - Core Services Program Evaluation Methods	45
Appendix B - Core Services County Designed Programs by County	50

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Core Services Program Annual Evaluation Report Calendar Year 2017

Executive Summary

Background and Introduction

The Core Services Program was established within the Colorado Department of Human Services (CDHS) in 1994 and is statutorily required to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

The statewide Core Services Program is built to address four clinical emphases:

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 the child/youth in placement to their own home, or unite the child/youth with their permanent families
4. Provide services that protect the child/youth

Each of the 64 counties and one Colorado Tribe (the Southern Ute Indian Tribe) annually develop plans to address these four goals through locally tailored strategies and services. Each jurisdiction designs a unique mix of required and county designed services, resulting in a multifaceted array of services and opportunities along with accompanying implementation challenges.

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services were 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 goals of the Core Services Program are to safely maintain children/youth in the home, return children/youth home, promote the least restrictive setting for children/youth, and/or provide services for families at-risk of further involvement in the child welfare system. These goals are achieved in two ways. The first is the provision of services directly to the child/youth. These services promote well-being and may work to address mental or physical health issues that act as family stressors. The second is the provision of services directly to adult caregivers on behalf of the child/youth.

In most cases, the primary goal is for children/youth to remain in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services work to return that child/youth home in a safe and timely manner. In cases where safety requires the child/youth to be permanently placed out of the home, services focus on stabilizing and maintaining the least restrictive out-of-home placements (including adoptive and

foster homes). These priorities are reflected in the service goals created for each child/youth, which must be entered each time a new Core Service is authorized.

During the 2011 Legislative Session, House Bill 11-1196, Flexible Funding for Families, was passed into law. The language allowed counties to provide prevention and intervention services with existing funding sources, such as the State Child Welfare Block, Core Services Program allocation, and the Colorado IV-E Waiver funding. This is referenced as Program Area Three (PA3), which is a mechanism to: (1) provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare; (2) close cases with no safety concerns and continue providing services with a support plan; and (3) help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting. Colorado county departments of human/social services are able to use state and federal funds to provide, and account for, prevention services to children, youth, and families prior to a referral to child welfare, or to screened out referrals. If county departments choose to provide preventative services to children, youth, and families, they are able to directly provide services through qualified staff, or contract with available service providers in their community. PA3 is optional, based on county by county available funding and ability to provide preventative services. Prevention services are offered as 100% voluntary to a family.

In 2012, Governor Hickenlooper announced a new child welfare plan, “Keeping Kids Safe and Families Healthy 2.0”. The Master Plan detailed a common practice approach for Colorado’s 64 counties and two Tribes designed to strengthen the state’s child welfare system. Keeping Kids Safe and Families Healthy 2.0 identified five core strategies: (1) common practice approach, (2) performance management, (3) workforce development, (4) funding alignment, and (5) transparency and public engagement. In 2013, the second phase of the plan built upon the five core strategies by revamping the front end of Colorado’s child protection system through enhanced screening of calls reporting possible child abuse or neglect; new prevention strategies to assist families before they become part of the system; and training for mandatory reporters so at-risk children come to the attention of the child protection system sooner.

The Core Services Program Evaluation Calendar Year (CY) 2017 report, produced by the Social Work Research Center in the School of Social Work at Colorado State University, is designed to describe the outcomes and costs of the Core Services Program across Colorado to provide meaningful data to support decisions made by the Office of Children, Youth, and Families, Division of Child Welfare, and county Core Services Programs. Significant progress has been made in consistently documenting services in Colorado Trails (Trails), which is the Statewide Automated Child Welfare Information System (SACWIS), and the County Financial Management System (CFMS), which allows for more accurate tracking of service provision, service outcomes, payment, and costs.

Implementation of the Core Services Program

The Core Services Program is structured as a state-supervised, county-administered system with the Colorado Department of Human Services overseeing funding allocations and working with county staff to set policies and procedures. The legislative authorization requires access to specific services statewide, while maintaining flexibility at the local level as each county operates the Core Services Program to meet the unique needs of families and communities. Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

Children and Families Served during CY 2017. In CY 2017, 29,578 distinct clients (unduplicated individuals) were served by the Core Services Program. This represents an increase of 0.1% in distinct clients served from CY 2016. Overall, 55% of the distinct clients were children/youth directly receiving services and 45% were adults receiving services on behalf of the child/youth. Overall, 18,029 distinct children/youth from 10,816 cases/involvements received or benefitted from Core Services in CY 2017. This represents a 2.3% increase in distinct children/youth receiving or benefitting from Core Services from CY 2016.

Services Provided in CY 2017. There were 33,332 service episodes open at any time in CY 2017. This represents a 0.2% decrease in service episodes from CY 2016. County designed services represent the most

common type of service provided, with 32% of all episodes statewide. This is unsurprising given that this general category encompasses an array of specific services that are identified by each individual county as necessary to meet unique needs in the community. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state.

Outcomes of the Core Services Program

The evaluation report presents short-term service effectiveness outcome measures being tracked by caseworkers in Trails, service goal attainment outcomes, and follow-up child welfare involvement outcomes for children with a closed case in CY 2016. In addition, sub-analyses are reported for service goal (remain home, return home, or least restrictive setting), program area, provider type (purchased or county provided), service type, and county.

Service Effectiveness. Eighty percent of service episodes for CY 2017 were closed with a “successful” or “partially successful” service effectiveness outcome. This represents the same percentage of service episodes closed with a successful or partially successful outcome from CY 2016. Service episodes for children/youth with a remain home service goal or a prevention or PA3 designation, as well as sexual abuse treatment had the highest rates of successful or partially successful service effectiveness.

Service Goal Attainment. The service goal attainment rate was 89% for remain home, 75% for least restrictive setting, and 69% for return home. Consistent with previous years’ findings, the remain home service goal attainment rate was 93% based on whether a child/youth had an open removal on the day the service ended.

The remain home service goal was attained in 99% of all PA3 service episodes.

Follow-up Outcomes. Based on a distinct count of 5,683 children/youth with closed cases in CY 2016, 47% had a subsequent referral, 32% had a subsequent assessment, 6% had a subsequent founded assessment, 12% had a subsequent case, 5% had a subsequent placement, 12% had a subsequent Division of Youth Services (DYS) involvement (detention or commitment), and 1% had a subsequent DHS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2016.

Costs of the Core Services Program

The evaluation report presents average cost per service episode, average cost per client, and average cost per child/youth receiving or benefitting from services. In addition, a cost offset measure estimates the additional out-of-home placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in out-of-home care.

Cost per Service Episode. The cost per service episode measure is intended to provide an overall average cost for each paid service intervention. This analysis only includes the costs for paid services (costs for no-pay services cannot be calculated from Trails) and does not include the cost of county-provided services. Per-episode costs for county provided services cannot be accurately obtained from Trails data because there is no designation in the available data systems for how each county designates its Core Services allocations into specific types of services. The average cost per service episode for all therapeutic Core Service episodes closed in CY 2017 was \$2,267 with an average service duration of 136 days. For therapeutic assessments/evaluations, the average cost per service episode was \$630 with an average service duration of 32 days, which represents an increase of 10.1% or \$58 in average cost per service episode from CY 2016, and an increase of 33.3% or 8 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,518 with an average service duration of 152 days, which represents an increase of 4.4% or \$106 in average cost per service episode from CY 2016, and an increase of 7.8% or 11 days in average duration per service episode.

Cost per Client and Cost per Child/Youth. The average cost per client statewide for CY 2017 was \$1,820 based on total expenditures of \$54,173,555 and 29,760 clients served. This represents a decrease of 4.0% or \$76 in average cost per client from CY 2016. The average cost per child/youth statewide for CY 2017 was \$2,981 based on total expenditures of \$54,173,555 and 18,172 children/youth receiving or benefitting from Core Services. This represents a decrease of 6.1% or \$192 in average cost per child/youth receiving or benefitting from Core Services from CY 2016.

Cost Offset. Overall cost offset was calculated using a methodology that assumes that all children/youth would have been placed in out-of-home care in the absence of Core Services. Based on actual Core Services and OOH expenditures of \$131,162,816 and an estimated OOH cost of \$170,563,746, an additional **\$39,400,930** would have been spent by county agencies statewide in CY 2017 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional \$10 per child/youth per involved day.

Over the past five calendar years, an additional \$241 million would have been spent by county agencies statewide if out-of-home placements had been provided exclusively instead of a combination of Core Services and out-of-home placements.

Conclusions

The following conclusions illustrate the high level of overall program success in regard to service effectiveness, service goal attainment, subsequent child welfare involvement, and cost offset.

Core Services Program is Working as Designed. The findings from this report support the Core Services Program as an effective approach to strengthening Colorado families by keeping or returning children/youth home or in the least restrictive setting while maintaining safety. For example, 99% of children/youth who received prevention services remained home, which also indicates that the Core Services Program is serving the population targeted by the legislation. Furthermore, the Core Services Program is clearly providing the appropriate levels of support, as evidenced by the findings that 5% of children/youth had a subsequent placement after receiving or benefitting from Core Services.

“Our county’s high level of collaboration consistently impacts Core Services to children, youth and families involved in our system continuum from prevention to very high levels of intervention.”

Core Services Prevention Programming is Growing and Maintaining Consistently Positive Outcomes. There was an increase of 16% in children/youth receiving or benefitting from services with a PA3 designation, and an 8% increase in PA3 service episodes from CY 2016. Even with this substantial increase in volume, the Core Services prevention programs recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes.

Core Services are Effective in Achieving Treatment Success. Eighty percent of all service episodes in CY 2017 were determined to be successful or partially successful with 88% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers, intensive in-home therapeutic services, enhanced substance abuse treatment and mental health services, and innovative county designed services positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 78% of children/youth with an involvement closed in CY 2017. Similar to past evaluations, the remain home service goal was attained in 93% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$39 million in CY 2017 on out-of-home placements for children/youth. Over the past five calendar years, an additional \$241 million would have been spent by county agencies statewide if OOH placements had been provided exclusively instead of a combination of Core Services and

OOH placements. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. Core Services Coordinators noted that practice changes including intensive home-based treatment models, mentoring, and county designed services are used as alternatives to OOH placements.

Enhancements

The enhancements to the evaluation of the Core Services Program continued during CY 2017. First, county-specific reports were again produced and disseminated to counties through webinars, workshops and presentations. These ongoing training and consultation opportunities allow counties to make full use of available data for quality improvement purposes. As stated by one coordinator, “We use outcome data and caseworker satisfaction data to determine which providers are meeting contractual expectations and achieving permanency outcomes. We continuously provide training to staff and stakeholders about service availability and outcomes.” Second, additional questions were added to the Family Preservation Commission report to better understand how counties are implementing the multi-generational approach in their Core Services Program, and how they are identifying, outreaching, and serving Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning (LGBTQ+) children/youth. Third, outcomes and costs for prevention and intervention services were further analyzed and compared. Lastly, a new analysis of Core Services outcomes and costs was conducted on a subsample of children/youth receiving an adoption subsidy. These enhancements should be considered in light of several limitations that challenge the Core Services Program in regard to better understanding its impact on child welfare outcomes and costs in Colorado.

Implications

Based on the outcome and cost evaluation findings, the key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. Core Services are especially effective for county provided services, prevention services, and for children/youth with a service goal of remain home or a PA5 (child protection) designation. As a result, increased efforts to improve outcomes for purchased services and for children/youth with a service goal of return home or a PA4 (youth in conflict) designation are warranted.

The positive findings for service effectiveness and service goal attainment indicate that current Core Services prevention efforts should be enhanced and offered widely to families at risk for child welfare involvement to maximize the opportunity for lowering case numbers and stepping down children/youth to lower levels of care. Future evaluation efforts should look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote safety, permanency, and well-being.

“Our county is not only able to utilize expertise to adequately identify the needs of the family, but also ensure the family is connected to sustainable community-based supports, all of which increase the probability of success.”

Colorado remains a national leader by investing heavily in therapeutic systems and by tracking the associated services, outcomes, and costs in SACWIS so that policy and program decisions can be informed by timely and consistent data. To facilitate the cutting-edge use of administrative data to support practice innovations, a Trails modernization process is currently underway to allow for more efficient collection, entering, and accessing of data regarding service delivery, costs, and outcomes. Finally, counties are consulting with one another to identify promising practices, evidence-based services, and areas of collaboration for enhancing their Core Services.

Core Services Program Annual Evaluation Report

Calendar Year 2017

1. Background and Introduction

The Core Services Program was established within the Colorado Department of Human Services (CDHS) in 1994 and is statutorily required to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

Colorado Revised Statute (C.R.S.) 26-5.5-104(6) 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.” This report, produced by the Social Work Research Center in the School of Social Work at Colorado State University, responds to this mandate and is designed to describe the outcomes and costs of the program across the state in order to provide meaningful data to support decisions made by the Office of Children, Youth, and Families, Division of Child Welfare, and county Core Services programs.

1.1. Overview of the Core Services Program

The statewide Core Services Program is built to address four clinical emphases:

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 the child/youth in placement to their own home, or unite the child/youth with their permanent families
4. Provide services that protect the child/youth

Each of the 64 counties and one Colorado Tribe (the Southern Ute Indian Tribe) annually develop plans to address these four goals through locally tailored strategies and services. Each jurisdiction designs a unique mix of required and county designed services, resulting in a multifaceted array of services and opportunities along with accompanying implementation challenges. In addition, policies guiding documentation and tracking of services and expenditures differ from county to county, adding challenge to the evaluation effort. 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.

Each county and the Southern Ute Indian Tribe have a Core Services Coordinator that oversees the program locally. However, the range of responsibilities of each coordinator varies considerably. Typically, the 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 to match families with services

- Ensuring that data is being entered consistently
- Monitoring expenditures vs. allocations throughout the year
- Writing, monitoring, and accurately entering the service contracts
- Completing the annual Core Services Plan and Family Preservation 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 service goals)

In medium-sized counties, other duties may include the supervision of caseworkers and direct involvement with other family service programs in the county (including House Bill 1451 - Collaborative Management Program). In smaller counties, coordinators are often also responsible for direct delivery of providing Core Services. Counties where the Colorado Practice Model and/or Differential Response (DR) are being implemented have direct involvement from either the Core Services Coordinator or other representatives from the program (caseworker, supervisor, etc.).

The coordinators meet quarterly with the state's Program Administrator to discuss issues (such as funding, legislation, and Department policies and rules) that affect implementation at the county level. Additionally, a subgroup of coordinators serve 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.

1.2. Description of the Core Services Program

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services were 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.

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

Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

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 encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state.

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

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.

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

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.

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.

1.3. Goals of the Core Services Program

The goals of the Core Services Program are to safely maintain children/youth in the home, return children/youth home, promote the least restrictive setting for children/youth, and/or provide services for families at-risk of further involvement in the child welfare system. These goals are achieved in two ways. The first is the provision of services directly to the child/youth. These services promote well-being and may work to address mental or physical health issues that act as family stressors. The second is the provision of services directly to adult caregivers on behalf of the child/youth.

In most cases, the primary goal is for children/youth to remain in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services work to return that child/youth home in a safe and timely manner. In cases where safety requires the child/youth to be permanently placed out of the home, services focus on stabilizing and maintaining the least restrictive out-of-home placements (including adoptive and foster homes). These priorities are reflected in the service goals created for each child/youth, which must be entered each time a new Core Service is authorized.

1.4. Context of the Core Services Program

In 2012, Governor Hickenlooper announced a new child welfare plan, “Keeping Kids Safe and Families Healthy 2.0”. The Master Plan detailed a common practice approach for Colorado’s 64 counties and two Tribes designed to strengthen the state’s child welfare system. Keeping Kids Safe and Families Healthy 2.0 identified five core strategies:

- Common practice approach
- Performance management
- Workforce development

- Funding alignment
- Transparency and public engagement

In 2013, the second phase of the plan built upon five core strategies by revamping the front end of Colorado's child protection system through enhanced screening of calls reporting possible child abuse or neglect; new prevention strategies to assist families before they become part of the system; and training for mandatory reporters so at-risk children come to the attention of the child protection system sooner. As defined in the new child welfare plan, the common practice approach includes the following components:

- Ensure that every child in Colorado is safe and healthy, as that is paramount to everything we do every day.
- Implement one practice approach and philosophy for the entire state to ensure the collaboration of best practices in caring for kids.
- Expand the Colorado DR model - which allows workers to use more than one method of response to reports of child abuse and neglect, and allows them to better engage family and community members - to additional counties throughout the state.
- Develop new pathways for adolescents with behavioral health needs.
- Create a new statewide hotline providing one number to report child abuse or neglect across Colorado, and a corresponding public awareness and prevention campaign.
- Provide additional funding for counties that have previously overspent in their Core Services allocations. The increased funding allows counties to provide more resources to keep kids safely in their own homes. For example, an increase of 1.4% in funding was provided to counties in 2017.
- Standardize use of RED (Review, Evaluate, Direct) Teams across the state to ensure consistent screening practice and that each and that each referral is properly assessed and assigned.
- Increase prevention services for referrals that do not meet the criteria to open an investigation, but for which the family is in need of additional supports to ensure they remain stable and do not become part of the child protection system. These prevention programs include:
 - Colorado Community Response offers comprehensive voluntary family-focused services which include family engagement, case management, direct services, resource referral, home visits, collaborative goal-setting, financial decision-making assistance and coaching, and group-based parent education.
 - SafeCare Colorado is a nationally recognized, evidence-based, in-home parent education program that provides direct skills training to caregivers in the areas of parenting, home safety, and child health. The parenting model was developed in 1979, and home visitors have been trained in at least 17 states and several countries. In Colorado, SafeCare is being implemented as a voluntary service for families in an effort to prevent entry or re-entry to the child welfare system.
 - Nurse Family Partnership introduces first time parents to maternal and child health to ensure access to assistance programs. The program also promotes awareness of child abuse and neglect by providing targeted training and collaboration between Nurse Family Partnership nurses and county child welfare staff.

1.5. Enhancements to the Core Services Program

During the 2011 Legislative Session, House Bill 11-1196, Flexible Funding for Families, was passed into law. The language allowed counties to provide prevention and intervention services with existing funding sources, such as the State Child Welfare Block, Core Services Program allocation, and the Colorado IV-E Waiver funding. This is referenced as Program Area 3 (PA3), which is a mechanism to: (1) provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare; (2) close cases with no safety concerns and continue providing services with a support plan; and (3) help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting.

Historically, county departments may have provided prevention services with other funding sources. Through the summer of 2013, rule was crafted by the PA3 Policy Subgroup, which is comprised of county and state child welfare staff. The prevention, intervention, and PA3 rules were presented to the State Board of Human Services for final reading October 4, 2013, and promulgated into Volume 7 Rule, effective January 1, 2014. The impact of the statute and rule is that Colorado county departments of human/social services are able to use state and federal funds to provide and account for prevention services to children, youth, and families prior to a referral to child welfare, or to screened out referrals. If county departments choose to provide preventative services to children, youth, and families, they are able to directly provide services through qualified staff, or contract with available service providers in their community. PA3 is optional, based on county by county available funding and ability to provide preventative services. Prevention services are offered as 100% voluntary to a family.

This enhancement requires documentation of activity in Colorado Trails (Trails), which is the Statewide Automated Child Welfare Information System (SACWIS). As such, a PA3 Trails Subgroup was tasked with designing a Trails build to support the PA3 policy, as it was being determined. By reporting and tracking in one automated system, the Division of Child Welfare and county departments are able to collect and analyze outcome data for services delivered, as well as track funding used for prevention and intervention service delivery. These data elements also provide information on those families served who never enter the child welfare system. To maintain the integrity of the voluntary prevention mechanism, only client names and date of birth are required in Trails to provide services for these families. Counties who choose to provide services under PA3 are accountable to report those preventative services in Trails. The Trails build went live on January 12, 2014.

In 2017, 60 counties were approved to use Core Services funding for prevention and/or intervention services. Many counties are determining what their process for offering volunteer services will be, and how they will track this type of service provision, without the mandatory monthly contacts and all other child welfare related requirements. A few counties are exploring and developing prevention/intervention service delivery policies and procedures. Colorado is excited to be able to offer prevention/intervention services with their Child Welfare Block and Core Services Program funding, and is confident this practice will evolve as counties recognize the possibilities.

1.6. Outline of the Current Report

This Core Services Program Annual Evaluation Report is based on a Calendar Year (CY) rather than a State Fiscal Year (SFY). This allows for the timely and efficient documentation and collection of Core Services outcome and cost information, so that the data can be more fully analyzed and reported to meet the statutory requirement.

The CY 2017 report features descriptive and comparative analyses of children, youth, and families served, services provided, service effectiveness, service goal attainment, subsequent child welfare involvement, cost per service episode, cost per client, cost per child, and cost offset. Initially a quasi-experimental design was proposed with a comparison of children who received Core Services while in OOH care with children who were in placement but never received Core Services. However, there are so few children in OOH placement who do not receive Core Services that such a design was not feasible. To facilitate group comparisons of outcomes and costs, subgroup analyses are employed based on service goal, program area, provider type, service type, and county. These new analyses allow for the tracking of future trends regarding the outcomes and costs of the Core Services Program.

Following this **Background and Introduction** section is a description of the **Implementation of the Core Services Program**. This section describes the numbers and demographics of clients and children/youth served and the numbers and types of services authorized through the Core Services allocation. This section provides a general overview of the types of services offered across the state and at the county level.

The **Outcomes of the Core Services Program** section is presented in the following three ways: (1) short-term service effectiveness outcome measures for service episodes closed in CY 2017 being tracked by designated county staff in Trails; (2) service goal attainment outcomes based on closed involvements in CY 2017; and (3) longer-term 12-month child welfare involvement outcomes for children with a closed case in CY 2016. In addition, sub-analyses are presented for all outcome measures for service goal, program area, provider type, service type, and county.

The **Costs of the Core Services Program** section is presented in the following four ways: (1) average cost per service episode reported by county, service goal, and program area for purchased services; (2) average costs per client reported overall and by service type, service goal, county, program area, and provider type; (3) average cost per child/youth reported overall and by service type, service goal, county, program area, and provider type, and (4) cost offset reported by comparing estimated out-of-home placement costs in lieu of Core Service provision with actual service and out-of-home placement costs for children who received Core Services in CY 2017.

The **Family Preservation Commission Report Findings** section includes a qualitative narrative of successes and challenges facing the Core Services Program from a county/tribe perspective. The findings are derived from the Family Preservation Commission Reports, which are submitted electronically, and span 12 months from January 2017 through December 2017 for the CY 2017 report.

The **Conclusions and Implications** section of the report discusses conclusions, evaluation enhancements, limitations, and implications based on the outcome and cost analyses presented in this year's report.

The **Core Services Program Evaluation Methods** (see Appendix A) provides the design, methods, data collection procedures, and data analysis techniques used in the outcome and cost evaluations. The **Core Services County Designed Programs by County** (see Appendix B) details the county designed service array for each county.

2. Implementation of the Core Services Program

The Core Services Program is structured as a state-supervised, county-administered system with CDHS overseeing funding allocations and working with county staff to set policies and procedures. The legislative authorization requires access to specific services statewide, while maintaining flexibility at the local level, as each county administers the Core Services Program to meet the unique needs of families and communities. Significant progress has been made in consistently documenting services in Trails and the County Financial Management System (CFMS) databases, which allows for more accurate tracking of service provision, service outcomes, and payment.

2.1. Children, Youth, and Families Served in CY 2017

The following definitions guided the analysis of children, youth, and families served during CY 2017.

Clients served - based on clients specified in the Trails service authorization as 'Clients Receiving Services' and includes both adults and children/youth.

Children/youth receiving or benefitting from Core Services - based on the following criteria:

- Program Area 3 (prevention) - services provided in these involvements are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the involvement at the time the service is initiated are counted as a child/youth benefitting from the service.
- Program Area 4 (youth in conflict) and Program Area 6 (adoption and emancipation) - services provided in these cases only count children/youth for whom the service authorization was entered since these services are directed toward a specific child/youth.
- Program Area 5 (child protection) - services provided in these cases are typically connected to a parent but recorded on behalf of a child/youth in Trails. Thus, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the case at the time the service is initiated are counted as a child/youth benefitting from the service.

Although a child/youth could receive one Core Service and benefit from another Core Service, they would only be included once in the distinct count of children/youth receiving or benefitting from Core Services.

Service episodes - created by merging individual service authorizations open any time during the calendar year within the same case, for the same provider and service type, and for the same set of clients receiving the service (as long as there was not a gap in service dates of more than 30 consecutive days).

As displayed in Table 1, **29,578 distinct clients (unduplicated individuals)** were served by the Core Services Program in CY 2017. This represents an increase of 0.1% in distinct clients served from CY 2016. Overall, 55% of the distinct clients were children/youth directly receiving services and 45% were adults receiving services on behalf of the child/youth. Services provided primarily to adults include substance abuse treatment. While these services are delivered to adults, they benefit children/youth by allowing them to remain in or return to their homes.

A total of 29,578 unduplicated individuals were served by the Core Services Program in CY 2017.

Table 1: Total Number of Distinct Clients Served by the Core Services Program in CY 2017

Distinct Count	Children/Youth		Adults		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Clients	16,328	55.2	13,250	44.8	29,578	100.0

Table 2 shows that the largest groups served by the Core Services Program were White, non-Hispanic (47%) and Hispanic (31%). The average age of children served by Core Services was 8.3 years, while the average age of adults served by Core Services was 35.8 years.

Table 2: Race/Ethnicity of Distinct Clients Served by Core Services Program in CY 2017

Race/Ethnicity	Frequency	Percent
White, Non-Hispanic	13,862	46.9
Hispanic	9,022	30.5
Black or African American	2,202	7.4
Multiple Races	911	3.1
Asian	140	0.5
American Indian or Alaskan Native	127	0.4
Native Hawaiian or Other Pacific Islander	31	0.1
Did not Indicate	3,283	11.1
Total	29,578	100.0

As previously defined, **18,029 distinct children/youth from 10,816 cases/involvements received or benefitted** from Core Services in CY 2017. This represents a 2.3% increase in distinct children/youth receiving or benefitting from Core Services from CY 2016. Table 3 shows that 73% of all children/youth receiving or benefitting from services were designated as Program Area 5 (PA5), 15% were designated as PA3, 11% were designated as Program Area 4 (PA4), and 2% were designated as Program Area 6 (PA6).

Table 3: Total Number of Children/Youth Receiving or Benefitting from Core Services Program by Program Area in CY 2017

Program Area	Frequency*	Percent
PA3 Services	2,645	14.4
PA4 Cases	1,969	10.7
PA5 Cases	13,361	72.9
PA6 Cases	347	1.9
Total	18,322	100.0

*The total does not match the overall sample size of distinct children benefitting because children with multiple involvements during the year can have more than one program area designation.

There was an increase of 16.2% in children/youth receiving or benefitting from services with a PA3 designation from CY 2016. Of the 2,645 children/youth designated as PA3, 794 had a prior child welfare case (30%) with 96 designated as PA4 and 708 as PA5. This illustrates the use of PA3 as a mechanism to close cases with no safety concerns but continue services, and to step down children/youth into the least restrictive placement setting.

2.2. Services Provided in CY 2017

As previously defined, there were **33,332 service episodes** open at any time in CY 2017. This represents a 0.2% decrease in service episodes from CY 2016. Table 4 shows that 77% of service episodes were associated with children with a PA5 designation while 14% were associated with PA4, 8% were associated with PA3, and 2% were associated with PA6. As for provider type, 67% of service episodes were purchased from external providers by counties while 33% were internally provided by counties. Overall, 73% of all service episodes were for new services provided in CY 2017, while 70% of all service episodes were closed in CY 2017.

Table 4: *Characteristics of Service Episodes in CY 2017 (N = 33,332)*

Characteristic	Frequency	Percent
Program Area		
PA3 Services	2,532	7.6
PA4 Cases	4,682	14.0
PA5 Cases	25,514	76.5
PA6 Cases	601	1.8
Provider Type		
Purchased	22,431	67.3
County Provided	10,901	32.7
Service Status		
New Service in CY 2017	24,324	73.0
Closed Service in CY 2017	23,209	69.6

The authorizing legislation for the Core Services Program requires that each service type be made available in each county and/or region. In addition, counties have the flexibility to create county designed service types to fit the needs of their unique communities. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state. As displayed in Table 5, the most frequent Core Service type in CY 2017 was county designed services at 32%, followed by life skills at 14%, and substance abuse treatment, home-based interventions, and mental health services at 12% each.

Table 5: *Service Episodes in CY 2017 by Service Type*

Service Type	Frequency	Percent
County Designed Services	10,705	32.1
Life Skills*	4,639	13.9
Substance Abuse Treatment	4,129	12.4
Home-Based Interventions	4,058	12.2
Mental Health Services	3,828	11.5
Intensive Family Therapy	2,365	7.1
Special Economic Assistance	2,326	7.0
Sexual Abuse Treatment**	841	2.5
Day Treatment***	441	1.3
Total	33,332	100.0

*Life Skills includes Life Skills Apprenticeship for all analyses.
 **Core Services cannot pay for sexual abuse treatment for court-ordered offender treatment.
 ***Day Treatment includes Day Treatment Alternative for all analyses.

On the following page, Table 6 shows the number of service episodes for each of the county designed service types. The most common county designed service type is family group decision making, followed by supervised

visitation, domestic violence intervention services, family empowerment, and child mentoring and family support. These five service types comprise 65% of all county designed service episodes in CY 2017.

Table 6: *Service Episodes by County Designed Service Type for CY 2017*

Service Type	Frequency	Percent
Family Group Decision Making	2,900	27.1
Supervised Visitation	2,312	21.6
Domestic Violence Intervention Services	636	5.9
Family Empowerment	569	5.3
Child Mentoring and Family Support	530	5.0
CET/TDM	503	4.7
Community Based Family Support Services	447	4.2
Mediation	361	3.4
Mentoring	339	3.2
Structured Parenting Time	294	2.7
Multi Systemic Therapy	242	2.3
Trauma Informed Care/Services	212	2.0
Child/Family Service Therapist	198	1.8
Nurturing Program	190	1.8
Family Strengths	152	1.4
Mobile Intervention Team	136	1.3
Parenting Skills	126	1.2
Functional Family Therapy	116	1.1
Direct Link	110	1.0
Youth Intervention Program	62	0.6
Family Engagement Meeting Services	49	0.5
Reconnecting Youth	43	0.4
Play Therapy	40	0.4
Youth Outreach	39	0.4
Adolescent Support Group	36	0.3
Family Outreach	26	0.2
Foster Care/Adoption Support	16	0.1
Permanency Roundtables	10	0.1
Other	11	0.1
Total	10,705	100.0

Substance abuse treatment is the most frequent service type other than county designed services. As displayed in Table 7, the most frequent substance types, for the 2,711 closed substance abuse treatment service episodes from CY 2017, were methamphetamines and alcohol at 26% and 23%, respectively, followed by marijuana at 18%.

Table 7: *Substance Types for Substance Abuse Treatment Service Episodes in CY 2017*

Substance Type	Frequency	Percent
Methamphetamines	746	26.4
Alcohol	658	23.3
Marijuana	494	17.5
Unknown/Other	416	14.7
Heroin	186	6.6
Cocaine/Crack	171	6.1
Other Opiates	139	4.9
Depressants	10	0.4
Stimulants	5	0.2
Total*	2,825	100.0
*The total does not match the sample size of closed substance abuse treatment service episodes because more than one substance type can be reported for a service episode.		

Table 8 shows the count of clients served, the count of children/youth receiving or benefitting from Core Services, and total service episodes for CY 2017 by county.

Table 8: *Count of Clients Served, Children/Youth Receiving or Benefitting, and Service Episodes for CY 2017 by County*

County*	Clients Served**	Percent of State Total	Children/Youth Receiving/ Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Statewide	29,760	100.0	18,172	100.0	33,332	100.0
Adams	2,880	9.7	1,719	9.5	3,762	11.3
Alamosa	235	0.8	170	0.9	264	0.8
Arapahoe	3,058	10.3	2,341	12.9	2,996	9.0
Archuleta	183	0.6	77	0.4	136	0.4
Baca	5	0.0	3	0.0	4	0.0
Bent	28	0.1	16	0.1	24	0.1
Boulder	986	3.3	490	2.7	775	2.3
Broomfield	129	0.4	107	0.6	213	0.6
Chaffee	117	0.4	64	0.4	81	0.2
Cheyenne	16	0.1	12	0.1	9	0.0
Clear Creek	41	0.1	21	0.1	29	0.1
Conejos	62	0.2	60	0.3	63	0.2
Costilla	96	0.3	65	0.4	129	0.4
Crowley	58	0.2	39	0.2	46	0.1
Custer	10	0.0	5	0.0	5	0.0
Delta	208	0.7	132	0.7	254	0.8
Denver	2,838	9.5	1,685	9.3	2,659	8.0
Douglas	739	2.5	425	2.3	650	2.0
Eagle	148	0.5	78	0.4	117	0.4
El Paso	4,167	14.0	2,331	12.8	6,605	19.8
Elbert	152	0.5	85	0.5	118	0.4
Fremont	491	1.6	322	1.8	760	2.3
Garfield	401	1.3	272	1.5	362	1.1
Gilpin	13	0.0	13	0.1	10	0.0
Grand	45	0.2	40	0.2	70	0.2
Gunnison/ Hinsdale	81	0.3	45	0.2	58	0.2
Huerfano	35	0.1	28	0.2	24	0.1
Jefferson	2,088	7.0	1,539	8.5	2,607	7.8
Kiowa	42	0.1	27	0.1	22	0.1
Kit Carson	39	0.1	22	0.1	25	0.1
La Plata/ San Juan	270	0.9	189	1.0	493	1.5
Lake	57	0.2	38	0.2	49	0.1
Larimer	3,287	11.0	1,794	9.9	2,947	8.8
Las Animas	45	0.2	31	0.2	34	0.1
Lincoln	71	0.2	40	0.2	31	0.1
Logan	234	0.8	133	0.7	175	0.5
Mesa	1,036	3.5	519	2.9	1,076	3.2
Moffat	175	0.6	98	0.5	175	0.5
Montezuma	36	0.1	37	0.2	54	0.2
Montrose	386	1.3	223	1.2	235	0.7
Morgan	245	0.8	121	0.7	245	0.7
Otero	98	0.3	75	0.4	72	0.2
Ouray/ San Miguel	20	0.1	17	0.1	19	0.1
Park	82	0.3	40	0.2	68	0.2
Phillips	15	0.1	9	0.0	9	0.0
Pitkin	54	0.2	29	0.2	40	0.1
Prowers	59	0.2	34	0.2	51	0.2

Table 8 (continued)

County*	Clients Served**	Percent of State Total	Children/Youth Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Pueblo	1,120	3.8	712	3.9	1,764	5.3
Rio Blanco	58	0.2	31	0.2	46	0.1
Rio Grande/ Mineral	74	0.2	44	0.2	56	0.2
Routt	76	0.3	63	0.3	69	0.2
Saguache	33	0.1	24	0.1	24	0.1
Sedgwick	6	0.0	5	0.0	5	0.0
Summit	64	0.2	30	0.2	65	0.2
Teller	166	0.6	76	0.4	179	0.5
Washington	76	0.3	43	0.2	36	0.1
Weld	2,362	7.9	1,378	7.6	2,309	6.9
Yuma	164	0.6	106	0.6	129	0.4

*Dolores and Jackson had no clients served, children/youth receiving or benefitting, or service episodes for CY 2017.
**The total does not match the overall sample size of distinct clients because a client could have had multiple involvements during the year with more than one county.
***The total does not match the overall sample size of distinct children/youth receiving or benefitting from services because a child/youth could have had multiple involvements during the year with more than one county.

3. Outcomes of the Core Services Program

The Core Services Program provides direct services to children, youth, and families to:

- Safely maintain children/youth at home
- Support a successful transition back into the home after removal
- Stabilize and maintain out-of-home placements, including foster and adoptive homes
- Support transitions to and maintenance of out-of-home placements in the least restrictive setting
- Prevent children, youth, and families from becoming involved with child welfare (Volume 7.000.1A)

Trails data support the analysis of Core Services Program outcomes in numerous ways. When a service authorization is closed, the designated county staff records the residence of the child/youth, a clinical judgment regarding the degree of treatment completion, and whether specified treatment goals were met. These indicators are not definitive evidence of program success, but are short-term measures of service effectiveness and service goal attainment which also allows for follow-up outcomes to be assessed.

3.1. Service Effectiveness

The service effectiveness outcome indicates how effective each service was at achieving the intended treatment objective(s) and is derived from the 'Outcome Code' selection in Trails that is entered by the designated county staff at the closure of Core Service episodes. The available selections for service outcomes in Trails are:

- **Successful** - the service achieved the Core Service goal and treatment objective
- **Partially Successful** - the client made progress in treatment but Core Service goal was not achieved
- **Not Successful, Did not Engage** - the client did not engage in treatment
- **Not Successful, No Progress** - the client engaged in treatment, but treatment objective and Core Service goal were not met
- **Evaluation/Single-Service only** - evaluation or single-service only, no treatment provided
- **Service Not Completed/Service Completed** - for special economic assistance only

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. While this outcome is subjective in nature, it does provide a clinical judgment of the success of each specific treatment. This, in turn, allows for a comparison of short-term outcomes across different types of services and different providers.

The “service not completed” and “service completed” outcomes are used exclusively for special economic assistance. Service episodes closed with either of these reasons were not included because they do not provide an indication of the effectiveness of the service. In addition, service episodes closed with the outcome of “evaluation/single-service only” were removed from the service effectiveness analysis because they do not represent an actual service intervention, but rather an evaluation for the need for services (e.g., psychological evaluation), and the outcome code selection does not provide an indication of the actual effectiveness of the service. Outcome code selections also are not recorded in Trails when service episodes are closed due to the following service closure/leave reasons: (1) contract funds expended (when system generated not caseworker selected); (2) moved out of county; (3) case transferred to another county; (4) opened in error; (5) change in funding source; or (6) payee wrong code.

During the 2017 calendar year, 23,209 total service episodes were closed in Trails. The final service effectiveness sample size was 13,122 closed service episodes after service episodes closed with one of the exclusionary outcomes (service completed, service not completed, or evaluation/single-service only) or one of the closure/leave reasons with a missing outcome code were removed.

Table 9 shows the overall service effectiveness outcomes for CY 2017 across all service types, service goals, and program areas. Overall, 80% of service episodes were closed with a “successful” (62%) or “partially successful” (18%) outcome designation while 20% of service episodes were closed with a “not successful, did not engage” (11%) or “not successful, no progress” (9%) outcome designation. This represents the same percentage of service episodes closed with a successful or partially successful outcome as in CY 2016.

Overall, 80% of all service episodes were determined to be successful or partially successful.

Table 9: *Service Effectiveness Outcomes for Closed Service Episodes in CY 2017*

Service Outcome	Frequency	Percent
Successful	8,191	62.4
Partially Successful	2,315	17.6
Not Successful, Did Not Engage	1,449	11.0
Not Successful, No Progress	1,167	8.9
Total	13,122	100.0

To further explore service effectiveness outcomes, sub-analyses were conducted for service goal, provider type, program area, service type, and county. The “successful” and “partially successful” outcomes were combined into a single outcome category, while the “not successful” outcome category is comprised of service episodes with an outcome of either “not successful, did not engage” or “not successful, no progress”.

As displayed in Table 10, 87% of service episodes for children/youth with a remain home service goal at time of service initiation were closed with a “successful” or “partially successful” outcome designation, followed by service episodes with a least restrictive setting service goal at 81%, and service episodes with a return home service goal at 74%.

Table 10: *Service Effectiveness Outcomes by Service Goal for Service Episodes Closed in CY 2017 (N = 13,122)*

Service Goal	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Least Restrictive Setting	183	81.3	42	18.7
Remain Home	5,495	86.5	861	13.5
Return Home	4,828	73.8	1,713	26.2
Total	10,506	80.1	2,616	19.9

As displayed in Table 11, 84% of county provided service episodes were closed with a “successful” or “partially successful” outcome designation, while 78% of purchased service episodes were closed with a “successful” or “partially successful” outcome designation.

Table 11: Service Effectiveness Outcomes by Provider Type for Service Episodes Closed in CY 2017 (N = 13,122)

Provider Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Purchased	7,276	78.3	2,014	21.7
County Provided	3,230	84.3	602	15.7
Total	10,506	80.1	2,616	19.9

As displayed in Table 12, 88% of service episodes for children/youth with a PA3 designation at time of service initiation were closed with a “successful” or “partially successful” outcome designation, followed by service episodes for children/youth with a PA6 designation at 87%, episodes for children/youth with a PA5 designation at 80%, and service episodes for children/youth with a PA4 designation at 78%. For a subsample of children/youth receiving an adoption subsidy (n = 286), 81% of service episodes (provided after the adoption finalization) were closed with a “successful” or “partially successful” outcome designation.

Table 12: Service Effectiveness Outcomes by Program Area for Service Episodes Closed in CY 2017 (N = 13,122)

Program Area	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
PA3 Services	917	87.9	126	12.1
PA4 Cases	1,615	78.3	448	21.7
PA5 Cases	7,794	79.5	2,015	20.5
PA6 Cases	180	87.0	27	13.0
Total	10,506	80.1	2,616	19.9

Table 13 shows that 90% of service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services were closed with a “successful” or “partially successful” outcome designation; 89% of service episodes for children/youth who had a screen-out referral within 60 days prior to receiving PA3 services were closed with a “successful” or “partially successful” outcome designation; and 85% of service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services were closed with a “successful” or “partially successful” outcome designation.

Table 13: Service Effectiveness Outcomes by Program Area 3 Type for Service Episodes Closed in CY 2017 (N = 1,043)

PA3 Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Intervention	138	89.6	16	10.4
Prevention - Closed Assessment	242	85.2	42	14.8
Prevention - Screen-out	537	88.8	68	11.2
Total	917	87.9	126	10.7

On the following page, Table 14 shows that sexual abuse treatment (86%) and intensive family therapy (83%) had the highest percentage of episodes closed in CY 2017 with either a “successful” or “partially successful” designation. Substance abuse treatment (69%) and life skills (76%) had the lowest rates of “successful” or “partially successful” outcome designations in CY 2017.

Table 14: Service Effectiveness Outcomes by Service Type for Service Episodes Closed in CY 2017 (N = 13,122)

Service Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Sexual Abuse Treatment	256	87.7	36	12.3
Intensive Family Therapy	876	85.5	149	14.5
Home-Based Interventions	1,614	84.9	286	15.1
County Designed Services	3,811	82.0	834	18.0
Day Treatment	173	80.8	41	19.2
Mental Health Services	1,122	80.1	278	19.9
Life Skills	1,465	76.3	455	23.7
Substance Abuse Treatment	1,189	68.9	537	31.1
Total	10,506	80.1	2,616	19.9

Table 15 shows the service effectiveness outcomes for service episodes closed in CY 2017 by county.

Table 15: Service Effectiveness Outcomes by County for Service Episodes Closed in CY 2017 (N = 13,122)

County*	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Statewide	10,506	80.1	2,616	19.9
Adams	732	72.1	283	27.9
Alamosa	72	75.8	23	24.2
Arapahoe	885	85.1	155	14.9
Archuleta	49	77.8	14	22.2
Baca	1	50.0	1	50.0
Bent	6	46.2	7	53.8
Boulder	228	77.6	66	22.4
Broomfield	90	81.1	21	18.9
Chaffee	22	75.9	7	24.1
Cheyenne	5	100.0	0	0.0
Clear Creek	2	66.7	1	33.3
Conejos	18	69.2	8	30.8
Costilla	14	100.0	0	0.0
Crowley	10	83.3	2	16.7
Custer	1	50.0	1	50.0
Delta	98	89.1	12	10.9
Denver	550	65.2	293	34.8
Douglas	239	72.9	89	27.1
Eagle	24	92.3	2	7.7
El Paso	1,431	84.9	255	15.1
Elbert	56	84.8	10	15.2
Fremont	408	77.3	120	22.7
Garfield	105	81.4	24	18.6
Gilpin	3	50.0	3	50.0
Grand	23	74.2	8	25.8
Gunnison/Hinsdale	32	94.1	2	5.9
Huerfano	1	100.0	0	0.0
Jefferson	1,202	79.1	317	20.9
Kiowa	11	91.7	1	8.3
Kit Carson	5	71.4	2	28.6
La Plata/San Juan	212	87.2	31	12.8
Lake	23	85.2	4	14.8
Larimer	1,770	91.1	172	8.9
Las Animas	2	16.7	10	83.3
Lincoln	15	100.0	0	0.0
Logan	48	88.9	6	11.1
Mesa	357	70.3	151	29.7
Moffat	42	80.8	10	19.2
Montezuma	17	89.5	2	10.5

Table 15 (continued)

County	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Montrose	87	83.7	17	16.3
Morgan	79	83.2	16	16.8
Otero	25	71.4	10	28.6
Ouray/San Miguel	8	100.0	0	0.0
Park	29	96.7	1	3.3
Phillips	5	83.3	1	16.7
Pitkin	23	82.1	5	17.9
Prowers	26	92.9	2	7.1
Pueblo	516	76.0	163	24.0
Rio Blanco	19	79.2	5	20.8
Rio Grande/Mineral	10	47.6	11	52.4
Routt	21	80.8	5	19.2
Saguache	9	81.8	2	18.2
Sedgwick	1	100.0	0	0.0
Summit	23	85.2	4	14.8
Teller	67	67.0	33	33.0
Washington	6	66.7	3	33.3
Weld	692	75.6	223	24.4
Yuma	51	96.2	2	3.8

* Dolores and Jackson counties had no eligible service episodes for this analysis.

3.2. Service Goal Attainment

The Core Services Program aims to keep children and their families together or, in cases where a child must be removed due to safety concerns, to return them home as quickly as possible, or maintain them in the least restrictive setting possible. The service goal attainment outcome is intended to determine whether each specific service intervention resulted in the child/youth achieving the intended service goal of either remain home, return home, or least restrictive setting. The unit of analysis for the service goal attainment outcome is per-child/youth and per-service. This means that each service episode within an involvement span for a distinct child/youth has a service goal attainment outcome associated with that service. The service goal is based on the overall Core Services goal defined at the start of the service. The following logic was used to determine whether the service goal was met for each goal type:

1. **Remain home** - service goal was achieved if child/youth did not have a removal from home during service episode or after service episode closed while case (or involvement for PA3) remained open.
2. **Return home and/or placement with kin** - service goal was achieved if child/youth either returned home to parents or permanent Allocation of Parental Rights (APR)/Guardianship was granted to relatives based on removal end reason and/or living arrangement.
3. **Least restrictive setting** - service goal was achieved if: (1) permanency was achieved; (2) lower-level placement change occurred during or after the service episode; (3) same-level placement change occurred during or after the service episode; or (4) no change in placement during or after the service episode. Service goal was not achieved if there was a higher-level placement change during or after the service episode.

Children/youth may have multiple service episodes within the same service goal in addition to multiple service goals within the involvement span. There were 8,936 unduplicated children/youth with a closed case (or closed involvement for PA3) in CY 2017. There were 37,600 service episodes for these children/youth, which averages to just over four service episodes per child/youth. It should be noted that these service episodes were not exclusively from CY 2017 but were provided during closed involvement spans in CY 2017.

3.2.1. Overall Service Goal Attainment Results

Table 16 shows the proportion of service episodes within closed involvement spans in CY 2017 by service goal type with 52% having a goal of return home, 47% having a goal of remain home, and 1% having a goal of the least restrictive setting.

Table 16: Service Goal Frequencies for Service Episodes from Involvements Closed in CY 2017

Service Goal	Frequency	Percent
Return Home	19,594	52.1
Remain Home	17,633	46.9
Less Restrictive	373	1.0
Total	37,600	100.0

As displayed in Table 17, the service type with the highest percentage of return home service goals was life skills at 55%, the service type with the highest percentage of remain home service goals was home-based interventions at 64%, and the service type with the highest percentage of least restrictive setting service goals was day treatment at 6%.

Table 17: Service Type Frequencies by Service Goal for Service Episodes from Involvements Closed in CY 2017 (N = 37,600)

Service Type	Return Home		Remain Home		Least Restrictive Setting	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
County Designed Services	6,364	50.2	6,204	49.0	101	0.8
Day Treatment	96	48.7	89	45.2	12	6.1
Home-Based Interventions	2,248	46.6	2,532	64.0	47	1.0
Intensive Family Therapy	1,392	51.2	1,304	47.9	25	0.9
Life Skills	2,058	55.1	1,623	43.5	51	1.4
Mental Health Services	1,933	54.8	1,547	43.9	47	1.3
Sexual Abuse Treatment	325	47.0	347	50.1	20	2.9
Special Economic Assistance	2,176	52.4	1,914	46.1	60	1.4
Substance Abuse Treatment	3,002	83.2	2,073	40.8	10	0.2
Total	19,594	52.1	17,633	46.9	373	1.0

Table 18 shows that the service goal was attained in 78% of all service episodes in CY 2017. The service goal attainment rate was 89% for remain home, 75% for least restrictive setting, and 69% for return home. In past reports, service goal attainment was measured at the time of service closure. To maintain consistency for this year’s report, the remain home service goal attainment rate also was calculated based on if the child/youth had an open removal on the day the service ended. Similar to last year’s findings, the remain home service goal was attained in 93% of service episodes. A third metric for this outcome is service goal attainment based on distinct children/youth. To calculate this rate, any child/youth with a service episode that did not attain the service goal was considered to not have achieved service goal attainment. Based on this definition, 87% of distinct children/youth with an involvement closed in CY 2017 attained their service goal, which is a 6% increase from CY 2016.

Table 18: Service Goal Attainment by Service Goal Type for Service Episodes from Involvements Closed in CY 2017 (N = 37,600)

Service Goal	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Return Home	13,446	68.6	6,148	31.4
Remain Home	15,678	88.9	1,955	11.1
Least Restrictive Setting	279	74.8	94	25.2
Overall	29,403	78.2	8,197	21.8

To further explore service goal attainment outcomes, sub-analyses were conducted for provider type, program area, service type, and county for the remain home and return home groups. The least restrictive setting service goal was not included because of the small sample size.

3.2.2. Remain Home Service Goal Attainment Results

As displayed in Table 19, county provided service episodes had a 91% remain home service goal attainment rate, while purchased service episodes had an 88% remain home service goal attainment rate.

Table 19: *Remain Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2017 (N = 17,633)*

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	5,485	90.8	558	9.2
Purchased	10,193	87.9	1,397	12.1
Overall	15,678	88.9	1,955	11.1

As displayed in Table 20, service episodes for children/youth with a PA3 designation had a 99% remain home service goal attainment rate; service episodes for children/youth with a PA5 designation had a 90% remain home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 73% remain home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 72% remain home service goal attainment rate. It should be noted that service goals are not identified when a prevention service is provided, but it is assumed that prevention is intended to keep children/youth in the home. For a subsample of children/youth receiving an adoption subsidy (*n* = 293), service episodes (provided after the adoption finalization) had a 69% remain home service goal attainment rate.

The remain home service goal was attained in 99% of all PA3 service episodes.

Table 20: *Remain Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2017 (N = 17,633)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,752	99.7	5	0.3
PA4 Cases	1,462	73.4	529	26.6
PA5 Cases	12,430	89.8	1,408	10.2
PA6 Cases	34	72.3	13	27.7
Overall	15,678	88.9	1,955	11.1

Table 21 shows that service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate; service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services had a 100% remain home service goal attainment rate; and service episodes for children/youth who had a screened-out referral within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate.

Table 21: *Remain Home Service Goal Attainment Outcomes by PA3 Type for Service Episodes Closed in CY 2017 (N = 1,752)*

PA3 Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intervention	203	99.0	2	1.0
Prevention - Closed Assessment	509	100.0	0	0.40
Prevention - Screen-out	1,040	99.7	3	0.3
Total	1,752	99.7	5	0.3

Table 22 shows that service episodes for county designed services (93%) and sexual abuse treatment (91%) had the highest remain home service goal attainment rates, while day treatment (82%) had the lowest remain home service goal attainment rate.

Table 22: *Remain Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2017 (N = 17,633)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Designed Services	5,610	92.5	455	7.5
Sexual Abuse Treatment	315	90.8	32	9.2
Intensive Family Therapy	1,170	89.7	134	10.3
Special Economic Assistance	1,713	89.5	201	10.5
Mental Health Services	1,362	88.0	185	12.0
Home-Based Interventions	2,200	86.9	332	13.1
Life Skills	1,442	86.6	224	13.4
Substance Abuse Treatment	1,714	82.7	359	17.3
Day Treatment	152	82.2	33	17.8
Total	15,678	88.9	1,955	11.1

Table 23 shows the service goal attainment rates for services episodes with a remain home goal by county.

Table 23: *Remain Home Service Goal Attainment by County for Service Episodes from Involvements Closed in CY 2017 (N = 17,633)*

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Statewide	15,678	88.9	1,955	11.1
Adams	2,034	93.8	135	6.2
Alamosa	121	97.6	3	2.4
Arapahoe	804	90.2	87	9.8
Archuleta	63	100.0	0	0.0
Bent	17	100.0	0	0.0
Boulder	333	87.2	49	12.8
Broomfield	113	77.9	32	22.1
Chaffee	55	74.3	19	25.7
Cheyenne	9	60.0	6	40.0
Clear Creek	6	100.0	0	0.0
Conejos	13	34.2	25	65.8
Costilla	24	96.0	1	4.0
Crowley	25	100.0	0	0.0
Delta	34	100.0	0	0.0
Denver	946	81.5	215	18.5
Douglas	366	87.8	51	12.2
Eagle	125	99.2	1	0.8
El Paso	3,355	86.0	544	14.0
Elbert	92	93.9	6	6.1
Fremont	331	83.6	65	16.4
Garfield	330	94.8	18	5.2
Grand	41	100.0	0	0.0
Gunnison/Hinsdale	25	100.0	0	0.0
Huerfano	1	100.0	0	0.0
Jefferson	900	82.5	191	17.5
Kiowa	17	81.0	4	19.0
Kit Carson	14	100.0	0	0.0
La Plata/San Juan	292	89.3	35	10.7
Lake	37	100.0	0	0.0
Larimer	2,246	93.3	160	6.7
Las Animas	2	100.0	0	0.0

Table 23 (continued)

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Lincoln	20	100.0	0	0.0
Logan	60	96.8	2	3.2
Mesa	271	91.6	25	8.4
Moffat	112	99.1	1	0.9
Montezuma	19	90.5	2	9.5
Montrose	99	73.3	36	26.7
Morgan	148	97.4	4	2.6
Otero	29	100.0	0	0.0
Ouray/San Miguel	34	100.0	0	0.0
Park	76	95.0	4	5.0
Phillips	15	50.0	15	50.0
Pitkin	47	97.9	1	2.1
Prowers	34	87.2	5	12.8
Pueblo	569	83.7	111	16.3
Rio Blanco	12	85.7	2	14.3
Rio Grande/Mineral	42	95.5	2	4.5
Routt	22	95.7	1	4.3
Saguache	43	100.0	0	0.0
Sedgwick	12	100.0	0	0.0
Summit	47	100.0	0	0.0
Teller	61	85.9	10	14.1
Washington	29	100.0	0	0.0
Weld	1,041	92.3	87	7.7
Yuma	65	100.0	0	0.0

* Baca, Custer, Dolores, Gilpin, and Jackson counties had no eligible service episodes for this analysis.

3.2.3. Return Home Service Goal Attainment Results

As displayed in Table 24, purchased service episodes had a 70% return home service goal attainment rate, while county provided service episodes had a 66% return home service goal attainment rate.

Table 24: Return Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2017 (N = 19,594)

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	4,447	66.1	2,281	33.9
Purchased	8,999	69.9	3,8167	30.1
Overall	13,446	68.6	6,148	31.4

As displayed in Table 25 on the following page, service episodes for children/youth with a PA5 designation had a 70% return home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 57% return home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 29% return home service goal attainment rate. For a subsample of children/youth receiving an adoption subsidy (n = 245), service episodes (provided after the adoption finalization) had a 55% return home service goal attainment rate.

Table 25: Return Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2017 (N = 19,594)

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA4 Cases	645	56.7	493	43.3
PA5 Cases	12,759	69.7	5,550	30.3
PA6 Cases	42	28.6	105	71.4
Overall	13,446	68.6	6,148	31.4

Table 26 shows that service episodes for substance abuse treatment (75%) and sexual abuse treatment (72%) had the highest return home service goal attainment rates, while county designed services (65%) and mental health services (65%) had the lowest return home service goal attainment rates.

Table 26: Return Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2017 (N = 19,594)

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Substance Abuse Treatment	2,237	74.5	765	25.5
Sexual Abuse Treatment	234	72.0	91	28.0
Life Skills	1,530	71.2	620	28.8
Home-Based Interventions	1,579	70.2	669	29.8
Special Economic Assistance	1,520	69.9	656	30.1
Intensive Family Therapy	952	68.4	440	31.6
Day Treatment	104	66.2	53	33.8
Mental Health Services	1,263	65.3	670	34.7
County Designed Services	4,027	64.8	2,184	35.2
Overall	13,446	68.6	6,148	31.4

Table 27 shows the service goal attainment rates for services episodes with a return home goal by county.

Table 27: Return Home Service Goal Attainment by County for Service Episodes from Involvements Closed in CY 2017 (N = 19,594)

County*	Attained		Not Attained	
	Count	%	Count	%
Statewide	13,446	68.6	6,148	31.4
Adams	1,420	56.4	1,099	43.6
Alamosa	72	57.6	53	42.4
Arapahoe	704	74.0	247	26.0
Archuleta	35	81.4	8	18.6
Baca	0	0.0	2	100.0
Bent	3	100.0	0	0.0
Boulder	311	65.3	165	34.7
Broomfield	102	76.1	32	23.9
Chaffee	25	43.9	32	56.1
Cheyenne	16	100.0	0	0.0
Clear Creek	3	42.9	4	57.1
Conejos	70	93.3	5	6.7
Costilla	51	100.0	0	0.0
Crowley	24	100.0	0	0.0
Delta	159	94.1	10	5.9
Denver	1,239	63.8	702	36.2
Douglas	267	85.0	47	15.0
Eagle	38	92.7	3	7.3
El Paso	3,195	75.4	1,042	24.6
Elbert	9	90.0	1	10.0
Fremont	595	78.5	163	21.5

Table 27 (continued)

County*	Attained		Not Attained	
	Count	%	Count	%
Garfield	69	57.5	51	42.5
Gilpin	8	27.6	21	72.4
Grand	4	40.0	6	60.0
Gunnison/Hinsdale	32	82.1	7	17.9
Huerfano	2	100.0	0	0.0
Jefferson	1,417	74.9	475	25.1
Kiowa	19	100.0	0	0.0
La Plata/San Juan	68	74.7	23	25.3
Lake	8	88.9	1	11.1
Larimer	772	68.5	355	31.5
Las Animas	21	45.7	25	54.3
Lincoln	10	66.7	5	33.3
Logan	64	90.1	7	9.9
Mesa	487	49.3	501	50.7
Moffat	12	80.0	3	20.0
Montezuma	22	91.7	2	8.3
Montrose	74	63.8	42	36.2
Morgan	110	90.9	11	9.1
Otero	24	85.7	4	14.3
Park	6	100.0	0	0.0
Phillips	28	100.0	0	0.0
Pitkin	4	100.0	0	0.0
Prowers	18	85.7	3	14.3
Pueblo	807	54.8	665	45.2
Rio Blanco	13	100.0	0	0.0
Rio Grande/Mineral	43	64.2	24	35.8
Routt	9	81.8	2	18.2
Saguache	6	100.0	0	0.0
Sedgwick	3	100.0	0	0.0
Summit	7	53.8	6	46.2
Teller	95	66.4	48	33.6
Washington	5	71.4	2	28.6
Weld	824	77.3	242	22.7
Yuma	17	89.5	2	10.2

* Custer, Dolores, Jackson, Kit Carson, and Ouray/San Miguel counties had no eligible service episodes for this analysis.

3.3. Follow-up Outcomes

This outcome analysis is intended to provide one-year follow-up outcomes for children/youth receiving or benefitting from Core Services whose case was closed in CY 2016 with the child/youth living with their parents (remain home or return home), and with a service episode that ended less than two years before the case end date. This analysis is on a per-child/youth, per-service basis and requires the case to be closed at least one year to provide the required follow-up time to measure child welfare re-involvement. To further explore follow-up outcomes, sub-analyses were conducted for provider type, service type, and county for the program area groups.

Children/youth that did not have an ending residence of living with parents (i.e., adoption, permanent custody/guardianship to relatives, emancipation, committed to DYS, transferred to Developmental Disabilities Services, moved out of State, walkaway) were not included in this analysis because, generally, they are not likely to experience follow-up events; or, if a follow-up event occurred, it would not involve the parents who were the original recipient of the Core Service. Service episodes with a service close reason of “assessment/evaluation only” were excluded unless for special economic assistance or for one of the following service types: (1) family group decision making; (2) mediation; (3) CET/TDM; (4) family empowerment. The service authorizations closed with an “assessment/evaluation only” reason that are not family meetings do not represent actual therapeutic interventions.

3.3.1. Overall Follow-Up Outcome Results

Table 28 shows the overall follow-up outcomes for a distinct count of 5,683 children/youth with closed cases in CY 2016. Overall, 47% of children/youth had a subsequent referral, 32% had a subsequent assessment, 6% had a subsequent founded assessment, 12% had a subsequent case, 5% had a subsequent placement, 12% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2015.

Five percent of children/youth had an out-of-home placement within one year of case closure.

Table 28: *Frequency of Follow-up Events for Distinct Children/Youth from Closed Cases in CY 2016*

Outcome	Frequency	Percent
Subsequent Referral (N = 5,683)		
Yes	2,681	47.2
No	3,002	52.8
Subsequent Assessment (N = 5,683)		
Yes	1,817	32.0
No	3,866	68.0
Subsequent Founded Assessment (N = 5,683)		
Yes	362	6.4
No	5,321	93.6
Subsequent Case (N = 5,683)		
Yes	673	11.8
No	5,010	88.2
Subsequent Placement (N = 5,683)		
Yes	285	5.0
No	5,398	95.0
Subsequent DYS Involvement (N = 2,447)*		
Yes	284	11.6
No	2,163	88.4
Subsequent DYS Commitment (N = 2,447)*		
Yes	29	1.2
No	2,418	98.8

*The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

3.3.2. Service Goal Follow-Up Outcome Results

Table 29 shows the proportion of service episodes within involvement spans for children/youth with closed cases in CY 2016 by service goal type. Of the 19,724 service episodes, 65% were associated with a goal of remain home, 35% with a goal of return home, and less than 1% with a goal of least restrictive setting.

Table 29: *Service Goal Frequencies for Service Episodes from Cases Closed in CY 2016*

Service Goal	Frequency	Percent
Remain Home	12,828	65.0
Return Home	6,879	34.9
Least Restrictive Setting	17	0.1
Total	19,724	100.0

On the following page, Table 30 shows the results of a service episode analysis for follow-up outcomes by service goal group.

- Children/youth with a remain home service goal had a 48% subsequent referral rate, while children/youth with a return home service goal had a 52% subsequent assessment rate.

- Children/youth with a remain home service goal and children/youth with a return home service goal had the same subsequent assessment rate at 34% each.
- Children/youth with a remain home service goal had a 7% subsequent founded assessment rate, while children/youth with a return home service goal had a 9% subsequent founded assessment rate.
- Children/youth with a remain home service goal had a 13% subsequent case rate, while children/youth with a return home service goal had a 101% subsequent case rate.
- Children/youth with a remain home service goal had a 5% subsequent placement rate, while children/youth with a return home service goal had a 6% subsequent placement rate.
- Children/youth with a remain home service goal and children/youth with a return home service goal had the same subsequent DYS involvement rate at 10% each.
- Children/youth with a remain home service goal and children/youth with a return home service goal had the same subsequent DYS commitment rate at 1% each.

Table 30: Frequency of Follow-up Events by Service Goal Group for Service Episodes from Closed Cases in CY 2016

Outcome	Frequency	Percent
Subsequent Referral		
Remain Home (N = 12,828)	6,200	48.3
Return Home (N = 6,879)	3,603	52.4
Subsequent Assessment		
Remain Home (N = 12,828)	4,357	34.0
Return Home (N = 6,879)	2,336	34.0
Subsequent Founded Assessment		
Remain Home (N = 12,828)	829	6.5
Return Home (N = 6,879)	613	8.9
Subsequent Case		
Remain Home (N = 12,828)	1,675	13.1
Return Home (N = 6,879)	724	10.5
Subsequent Placement		
Remain Home (N = 12,828)	633	4.9
Return Home (N = 6,879)	419	6.1
Subsequent DYS Involvement*		
Remain Home (N = 5,331)	537	10.1
Return Home (N = 2,232)	221	9.9
Subsequent DYS Commitment*		
Remain Home (N = 5,331)	55	1.0
Return Home (N = 2,232)	23	1.0

*The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

As displayed in Table 31 on the following page, the follow-up outcomes by program area are based on service episodes from all cases closed in CY 2016. Service episodes for children/youth with a PA6 designation were not included in the analysis because of the low sample size ($n = 10$).

- Service episodes for children with a PA3 designation had a 40% subsequent referral rate, a 25% subsequent assessment rate, a 2% subsequent founded assessment rate, a 7% subsequent case rate, a 3% subsequent placement rate, a 14% subsequent DYS involvement (any DYS) rate, and less than a 1% subsequent DYS commitment rate.
- Service episodes for children with a PA4 designation had a 45% subsequent referral rate, a 33% subsequent assessment rate, a 2% subsequent founded assessment rate, a 18% subsequent case rate, a 8% subsequent

placement rate, a 32% subsequent DYS involvement (any DYS) rate, and a 5% subsequent DYS commitment rate.

- Service episodes for children with a PA5 designation had a 51% subsequent referral rate, a 35% subsequent assessment rate, a 8% subsequent founded assessment rate, a 12% subsequent case rate, a 5% subsequent placement rate, a 4% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate.

Table 31: Percent of Service Episodes with Follow-up Events by Program Area from Cases Closed in CY 2016

Program Area	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	19,719	49.7	34.0	7.3	12.2	5.3	10.0	1.0
PA3 Services	1,078	40.1	24.6	2.3	6.6	3.0	14.4	0.3
PA4 Cases	1,467	45.2	33.4	1.6	18.3	8.0	31.8	5.3
PA5 Cases	17,174	50.7	34.6	8.1	12.0	5.3	3.8	0.0

*Sample size of 680 for PA3, 1,430 for PA4, 5,451 for PA5, and 7,561 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

3.3.3. Program Area 4 Follow-Up Outcome Results

Table 32 shows the follow-up outcomes by provider type based on service episodes with a PA4 designation from all cases closed in CY 2016. County provided service episodes had a 44% subsequent referral rate, a 29% subsequent assessment rate, a 2% subsequent founded assessment rate, a 18% subsequent case rate, a 8% subsequent placement rate, a 31% subsequent DYS involvement (any DYS) rate, and a 7% subsequent DYS commitment rate. Purchased service episodes had a 46% subsequent referral rate, a 36% subsequent assessment rate, a 2% subsequent founded assessment rate, a 19% subsequent case rate, a 8% subsequent placement rate, a 32% subsequent DYS involvement (any DYS) rate, and a 5% subsequent DYS commitment rate.

Table 32: Percent of PA4 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2016

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,467	45.2	33.4	1.6	18.3	8.0	31.8	5.3
County Provided	464	43.8	28.9	1.7	17.7	8.4	31.1	7.1
Purchased	1,003	45.9	35.5	1.5	18.5	7.9	32.1	4.5

*Sample size of 453 for county provided, 977 for purchased, and 1,460 for statewide.

On the following page, Table 33 shows the follow-up outcomes by service type based on service episodes with a PA4 designation from all cases closed in CY 2016.

- Sexual abuse treatment had the lowest subsequent referral, subsequent assessment, subsequent case, subsequent DYS involvement, and subsequent DYS commitment rates.
- Day treatment had the lowest subsequent case and subsequent placement rates, and the highest subsequent DYS commitment rates.
- Home-based interventions had the highest subsequent referral, subsequent assessment, and subsequent case rates.
- Substance abuse treatment had the highest subsequent founded assessment and subsequent DYS involvement rates.
- Special economic assistance had the highest subsequent placement rate.

Table 33: Percent of PA4 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2016

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,467	45.2	33.4	1.6	18.3	8.0	31.8	5.3
County Designed	523	45.7	32.3	0.8	18.5	9.0	36.4	6.8
Day Treatment	65	43.1	30.8	4.6	12.3	4.6	32.3	9.7
Home-Based Interventions	230	49.6	42.2	1.7	24.8	8.3	33.0	4.0
Intensive Family Therapy	108	39.8	30.6	0.9	21.3	7.4	22.2	1.9
Life Skills	135	42.2	29.6	0.7	14.8	8.1	23.3	1.5
Mental Health	128	46.9	37.5	1.6	14.1	6.3	26.2	2.5
Sexual Abuse Treatment	48	31.3	10.4	0.0	16.7	6.3	6.7	0.0
Special Economic Assistance	148	47.3	33.1	2.7	14.9	9.5	32.4	9.0
Substance Abuse Treatment	82	45.1	35.4	4.9	18.3	6.1	48.1	7.8

*Sample size of 511 for county designed services, 62 for day treatment, 227 for home-based services, 108 for intensive family therapy, 133 for life skills, 122 for mental health services, 45 for sexual abuse treatment, 145 for special economic assistance, 77 for substance abuse treatment, and 1,430 for statewide.

Table 34 shows that, statewide, 45% of service episodes associated with a PA4 designation had a subsequent referral, 33% had a subsequent assessment, 2% had a subsequent founded assessment, 18% had a subsequent case, 8% had a subsequent placement, 32% had a subsequent DYS involvement, and 5% had a subsequent DYS commitment.

Table 34: Percent of PA4 Service Episodes with Follow-up Events by County from Cases Closed in CY 2016

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Statewide	1,467	45.2	33.4	1.6	18.3	8.0	31.8	5.3
Adams	112	58.0	27.7	0.0	8.9	6.3	33.0	2.7
Alamosa	7	0.0	0.0	0.0	0.0	0.0	14.3	0.0
Arapahoe	96	37.5	22.9	0.0	10.4	7.3	29.8	0.0
Archuleta	16	37.5	25.0	12.5	37.5	12.5	25.0	0.0
Boulder	63	69.8	63.5	0.0	15.9	12.7	24.2	8.1
Cheyenne	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Conejos	3	0.0	0.0	0.0	0.0	0.0	33.3	0.0
Costilla	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Delta	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Denver	133	48.9	39.8	0.0	15.8	9.0	21.8	1.7
Douglas	56	58.9	46.4	7.1	32.1	25.0	34.5	3.6
Eagle	12	8.3	0.0	0.0	0.0	0.0	0.0	0.0
El Paso	282	45.4	37.9	1.8	22.3	4.3	37.2	1.4
Fremont	24	33.3	25.0	0.0	0.0	0.0	22.7	0.0
Garfield	2	100.0	50.0	0.0	50.0	50.0	50.0	0.0
Grand	3	100.0	0.0	0.0	0.0	0.0	0.0	0.0
Gunnison/Hinsdale	7	42.9	42.9	0.0	42.9	42.9	85.7	42.9
Jefferson	48	27.1	12.5	0.0	4.2	0.0	41.3	2.2

Table 34 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
La Plata/San Juan	93	19.4	2.2	0.0	7.5	2.2	4.3	0.0
Larimer	218	42.2	35.8	0.9	32.1	11.0	42.4	12.0
Lincoln	4	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Logan	5	60.0	60.0	0.0	60.0	0.0	0.0	0.0
Mesa	26	80.8	73.1	0.0	19.2	19.2	21.7	0.0
Moffat	7	71.4	71.4	0.0	0.0	0.0	0.0	0.0
Montezuma	12	41.7	25.0	0.0	0.0	16.7	20.0	0.0
Montrose	9	55.6	44.4	0.0	22.2	0.0	11.1	0.0
Morgan	16	81.3	62.5	37.5	25.0	25.0	43.8	0.0
Otero	5	80.0	80.0	0.0	0.0	0.0	20.0	0.0
Ouray/San Miguel	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pitkin	2	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Pueblo	133	37.6	24.1	0.0	12.8	6.0	30.3	9.8
Rio Grande/ Mineral	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Routt	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saguache	2	100.0	100.0	0.0	100.0	100.0	100.0	0.0
Teller	9	11.1	11.1	0.0	77.8	0.0	77.8	77.8
Washington	2	100.0	100.0	100.0	100.0	100.0	100.0	0.0
Weld	45	62.2	44.4	4.4	11.1	6.7	60.5	23.3
Yuma	1	100.0	0.0	0.0	0.0	0.0	0.0	0.0

* Baca, Bent, Broomfield, Chaffee, Clear Creek, Crowley, Custer, Delta, Elbert, Gilpin, Huerfano, Jackson, Kiowa, Kit Carson, Lake, Las Animas, Park, Phillips, Prowers, Rio Blanco, Sedgwick, and Summit counties had no eligible service episodes for this analysis.

3.3.4. Program Area 5 Follow-Up Outcome Results

Table 35 shows the follow-up outcomes by provider type based on service episodes with a PA5 designation from all cases closed in CY 2016. County provided service episodes had a 52% subsequent referral rate, a 35% subsequent assessment rate, a 8% subsequent founded assessment rate, a 14% subsequent case rate, a 6% subsequent placement rate, a 4% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate. Purchased service episodes had a 50% subsequent referral rate, a 34% subsequent assessment rate, a 8% subsequent founded assessment rate, a 11% subsequent case rate, a 5% subsequent placement rate, a 4% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate.

Table 35: Percent of PA5 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2016

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	17,174	50.7	34.6	8.1	12.0	5.3	3.8	0.0
County Provided	6,933	51.7	34.9	7.8	14.1	6.0	3.9	0.0
Purchased	10,241	50.1	34.4	8.3	10.6	4.8	3.7	0.0

*Sample size of 2,127 for county, 3,324 for purchased, and 5,451 for statewide.

On the following page, Table 36 shows the follow-up outcomes by service type based on service episodes with a PA5 designation from all cases closed in CY 2016.

- Sexual abuse treatment had the lowest subsequent referral, subsequent assessment, subsequent founded assessment, subsequent placement, and subsequent DYS involvement rates.
- Day treatment had the lowest subsequent case rates and the highest subsequent DYS involvement rates.

- Special economic assistance had the highest subsequent referral and subsequent assessment rates.
- Substance abuse treatment had the highest subsequent founded assessment rate.
- Life skills had the highest subsequent case and subsequent placement rates.

Table 36: Percent of PA5 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2016

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	17,174	50.7	34.6	8.1	12.0	5.3	3.8	0.0
County Designed	5,483	48.9	32.1	7.1	12.9	5.4	4.0	0.0
Day Treatment	64	32.8	23.4	6.3	3.1	3.1	7.9	0.0
Home-Based Interventions	2,390	52.7	38.7	8.4	11.4	4.6	4.7	0.0
Intensive Family Therapy	1,453	44.5	30.1	7.2	9.2	4.0	4.2	0.0
Life Skills	1,500	55.7	39.3	10.1	14.6	6.5	3.1	0.0
Mental Health	1,221	46.8	28.0	6.1	8.4	3.3	3.0	0.0
Sexual Abuse Treatment	372	30.6	14.2	2.4	3.2	0.8	1.3	0.0
Special Economic Assistance	2,257	57.1	41.3	9.3	14.2	6.3	5.3	0.0
Substance Abuse Treatment	2,434	53.2	36.5	10.3	11.8	6.3	1.6	0.0

*Sample size of 1,786 for county designed services, 38 for day treatment, 789 for home-based services, 502 for intensive family therapy, 485 for life skills, 433 for mental health services, 235 for sexual abuse treatment, 606 for special economic assistance, 577 for substance abuse treatment, and 5,451 for statewide.

Table 37 shows that, statewide, 51% of services episodes associated with PA5 designation had a subsequent referral, 35% had a subsequent assessment, 8% had a subsequent founded assessment, 12% had a subsequent case, 5% had a subsequent placement, 4% had a subsequent DYS involvement, and 0% had a subsequent DYS commitment.

Table 37: Percent of PA5 Service Episodes with Follow-up Events by County from Cases Closed in CY 2016

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Statewide	17,174	50.7	34.6	8.1	12.0	5.3	3.8	0.0
Adams	2,734	47.8	26.9	6.1	8.3	2.6	4.0	0.0
Alamosa	109	56.0	28.4	4.6	4.6	3.7	0.0	0.0
Arapahoe	975	48.6	34.5	5.5	13.6	2.6	2.6	0.0
Archuleta	47	66.0	51.1	8.5	12.8	8.5	0.0	0.0
Bent	35	31.4	0.0	0.0	0.0	0.0	0.0	0.0
Boulder	377	51.7	37.9	3.4	8.8	2.4	14.8	0.0
Broomfield	97	44.3	38.1	6.2	2.1	2.1	0.0	0.0
Chaffee	75	50.7	49.3	6.7	41.3	6.7	0.0	0.0
Cheyenne	4	100.0	100.0	100.0	0.0	0.0	N/A	N/A
Clear Creek	25	52.0	28.0	4.0	12.0	0.0	0.0	0.0
Conejos	35	65.7	57.1	0.0	57.1	0.0	0.0	0.0
Costilla	56	66.1	66.1	0.0	0.0	0.0	6.7	0.0
Crowley	17	76.5	70.6	11.8	70.6	0.0	0.0	0.0

Table 37 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Delta	72	51.4	12.5	0.0	0.0	0.0	0.0	0.0
Denver	1,529	50.8	35.1	7.6	11.6	4.1	4.2	0.0
Douglas	195	29.7	26.7	4.1	0.0	0.0	0.0	0.0
Eagle	60	51.7	6.7	0.0	0.0	0.0	0.0	0.0
El Paso	3,949	48.1	37.2	11.9	8.2	4.2	4.3	0.0
Elbert	26	15.4	3.8	0.0	3.8	0.0	0.0	0.0
Fremont	354	44.6	24.3	2.8	18.1	8.8	0.0	0.0
Garfield	83	77.1	44.6	13.3	31.3	14.5	0.0	0.0
Gilpin	1	0.0	0.0	0.0	0.0	0.0	N/A	N/A
Grand	14	50.0	0.0	0.0	0.0	0.0	0.0	0.0
Gunnison/ Hinsdale	2	100.0	100.0	0.0	100.0	0.0	N/A	N/A
Huerfano	8	87.5	87.5	25.0	0.0	0.0	0.0	0.0
Jefferson	1,363	56.9	34.1	7.5	12.5	7.6	3.7	0.0
Kiowa	4	100.0	50.0	25.0	25.0	25.0	0.0	0.0
Kit Carson	12	100.0	100.0	0.0	0.0	0.0	0.0	0.0
La Plata/ San Juan	140	69.3	31.4	3.6	3.6	3.6	0.0	0.0
Lake	6	50.0	0.0	0.0	0.0	0.0	0.0	0.0
Larimer	1,901	52.7	40.1	8.3	28.8	12.6	2.0	0.0
Las Animas	40	37.5	37.5	10.0	15.0	10.0	25.0	0.0
Lincoln	57	54.4	52.6	0.0	10.5	0.0	0.0	0.0
Logan	135	47.4	37.0	23.7	26.7	0.0	3.8	0.0
Mesa	460	61.3	47.0	12.2	6.7	6.3	9.1	0.0
Moffat	63	73.0	66.7	1.6	0.0	0.0	0.0	0.0
Montezuma	14	57.1	35.7	14.3	14.3	14.3	0.0	0.0
Montrose	228	57.5	46.1	21.5	27.2	20.6	4.8	0.0
Morgan	191	39.8	6.8	2.6	2.6	0.0	0.0	0.0
Otero	39	23.1	23.1	23.1	17.9	17.9	0.0	0.0
Ouray/ San Miguel	16	62.5	37.5	25.0	12.5	0.0	0.0	0.0
Park	10	30.0	0.0	0.0	0.0	0.0	0.0	0.0
Pitkin	12	83.3	33.3	0.0	0.0	0.0	0.0	0.0
Prowers	54	59.3	18.5	5.6	11.1	3.7	0.0	0.0
Pueblo	729	48.1	32.2	2.2	5.5	5.2	0.0	0.0
Rio Blanco	55	69.1	32.7	9.1	5.5	3.6	0.0	0.0
Rio Grande/ Mineral	62	80.6	24.2	8.1	0.0	0.0	0.0	0.0
Routt	14	85.7	85.7	0.0	0.0	0.0	0.0	0.0
Saguache	3	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Summit	18	66.7	66.7	0.0	0.0	0.0	N/A	N/A
Teller	128	25.0	23.4	9.4	0.0	0.0	0.0	0.0
Washington	6	0.0	0.0	0.0	0.0	0.0	N/A	N/A
Weld	464	54.5	30.8	6.2	10.8	5.8	9.6	0.0
Yuma	71	81.7	78.9	32.4	16.9	2.8	0.0	0.0

* Baca, Custer, Dolores, Jackson, Phillips, and Sedgwick counties had no eligible service episodes for this analysis.

4. Costs of the Core Services Program

All Core Services costs were collected based on service dates within the calendar year regardless of date of payment; therefore these become costs for services provided in CY 2017. Pulling cost data based on date of payment rather than date of service will overstate costs, as sometimes counties pay for several months of service in a single payment month (based on timing of bill submissions). In cases where services are provided directly by the county, there is not a direct link between costs and service episodes, meaning that per episode costs can only be calculated for purchased services. Specifically, county provided Core Service dollars are not evenly allocated across the Core Service types, there is no designation in the available data systems for how each county designates its county provided Core Service allocations into specific types of services, and not all service authorizations for county provided services are entered into Trails. However, cost per client and cost per child can be calculated for both purchased and county provided services. Furthermore, overall cost offset of the Core Services Program is calculated using cost data from both purchased and county provided services.

For counties that have shared Core Services contracts (fiscal agent counties in Trails), the expenditures were applied to the county that was responsible for the child/youth (based on Trails service authorization), not the fiscal agent county. For guaranteed payments issued without any authorized children/youth, the authorization county was set to the county that issued the payment.

As displayed in Table 38, the total Core Service expenditures were \$54,173,555 in CY 2017, which represents a 3.9% decrease in from CY 2016. Fee-for-service contract costs were \$27,677,402, which comprised 51% of total expenditures. Fixed-rate contract costs were \$8,222,429, which comprised 15% of total expenditures. County provided services costs were \$18,273,724, which comprised 34% of total expenditures (this number does not account for county salaried staff who directly provide Core Services and for whom service authorizations are not entered). The CY 2017 allocation was \$53,981,543 based on averaging SFY 2018 (\$54,360,054) and SFY 2017 (\$53,603,031) allocations. As such, total Core Services expenditures slightly outpaced the Core Services allocation, which was mitigated by counties also using funding from their child welfare block to pay for Core Services.

Table 38: Total Core Services Expenditures by Contract Type in CY 2017

Contract Type	Total	Percent
Fee-for-Service Contracts	\$27,677,402	51.1
Fixed-Rate Contracts	\$8,222,429	15.1
County Provided Services	\$18,273,724	33.8
Total Core Expenditures	\$54,173,555	100.0

4.1. Cost per Service Episode

The cost per service episode measure is intended to provide an overall average cost for each paid service intervention. This analysis only includes the costs for paid services (costs for no-pay services cannot be calculated from Trails) and does not include the cost of county-provided services. As special economic assistance is a one-time service with a capped expenditure limit, it was not included in the cost per service episode analyses.

Based on service closure reasons, some Core Services are identified as service assessment/evaluation. To differentiate between therapeutic assessments and evaluations and actual therapeutic interventions, cost per service episode is calculated and reported separately for each. This information could be useful to counties in Core Services budgeting and planning given the difference in the duration, cost, and intent of assessments and evaluations as compared to service interventions.

On the following page, Table 39 shows that the average cost per service episode for all therapeutic Core Service episodes closed in CY 2017 was \$2,267 with an average service duration of 136 days. The average cost for all therapeutic service episodes (provided after adoption finalization) for a subsample of children/youth receiving an adoption subsidy (n = 321) was \$3,188 with an average service duration of 173 days.

For therapeutic assessments/evaluations, the average cost per service episode was \$630 with an average service duration of 32 days, which represents an increase of 10.1% or \$58 in average cost per service episode from CY 2016, and an increase of 33.3% or 8 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,518 with an average service duration of 152 days, which represents an increase of 4.4% or \$106 in average cost per service episode from CY 2016, and an increase of 7.8% or 11 days in average duration per service episode.

Table 39: Average Cost per Service Episode and Average Service Duration (in days) for Service Episodes Closed in CY 2017

Service Category	Sample Size	Average Cost per Episode	Average Service Duration
Therapeutic Assessments/Evaluations	1,709	\$630	32
Therapeutic Interventions	11,110	\$2,518	152
All Therapeutic Services	12,819	\$2,267	136

The next set of tables display the descriptive results for cost per service episode and cost duration by service goal, program area, service type, and county. As displayed in Table 40, service episodes with a remain home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$461 and an average cost per service episode for therapeutic interventions of \$2,595. Service episodes with a return home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$722 and an average cost per service episode for therapeutic interventions of \$2,354.

Table 40: Average Cost per Service Episode and Average Cost Duration (in days) by Service Goal for Service Episodes Closed in CY 2017

Service Goal	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,709	\$630	32	11,110	\$2,518	152
Least Restrictive Setting	23	\$777	15	200	\$5,354	191
Remain Home	606	\$461	21	5,077	\$2,595	141
Return Home	1,080	\$722	39	5,833	\$2,354	161

As displayed in Table 41, service episodes with a PA3 designation had an average cost per service episode for therapeutic assessments/evaluations of \$237, and an average cost per service episode for therapeutic interventions of \$1,644. Because prevention services are 100% voluntary, the cost per service episode for PA3 are not directly comparable with the other program areas.

Service episodes with a PA4 designation had an average cost per service episode for therapeutic assessments/evaluations of \$964, and an average cost per service episode for therapeutic interventions of \$3,700. Service episodes with a PA5 designation had an average cost per service episode for therapeutic assessments/evaluations of \$632, and an average cost per service episode for therapeutic interventions of \$2,277. Service episodes with a PA6 designation had an average cost per service episode for therapeutic assessments/evaluations of \$630, and an average cost per service episode for therapeutic interventions of \$4,784.

Table 41: Average Cost per Service Episode and Average Cost Duration (in days) by Program Area for Service Episodes Closed in CY 2017

Program Area	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,709	\$630	32	11,110	\$2,518	152
PA3 Services	139	\$237	12	834	\$1,644	129
PA4 Cases	142	\$964	39	1,934	\$3,700	161
PA5 Cases	1,390	\$632	34	8,161	\$2,277	151
PA6 Cases	38	\$630	32	181	\$4,784	222

Table 42 shows that substance abuse treatment had the lowest average cost per service episode for therapeutic assessments/evaluations at \$185 followed by county designed at \$266. Home-based interventions had the highest average cost per service episode at \$1,132 for therapeutic assessments/evaluations followed by mental health at \$1,128. For therapeutic interventions, intensive family therapy had the lowest average cost per episode at \$1,538 followed by mental health services at \$1,760. Day treatment had the highest average cost per episode for therapeutic interventions at \$7,042 followed by sexual abuse treatment at \$4,662. It should be noted that Medicaid covers many of these services, which drives the cost for Core Services Program funding down for services like substance abuse and therapeutic assessments/evaluations. Home-based interventions have higher per service episode costs because, for the most part, Medicaid does not cover in-home therapeutic care.

Table 42: Average Cost per Service Episode and Average Cost Duration (in days) by Service Type for Service Episodes Closed in CY 2017

Service Type	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,709	\$630	32	11,110	\$2,518	152
County Designed	727	\$266	9	2,743	\$2,889	144
Day Treatment	--	--	--	168	\$7,042	196
Home-Based Interventions	214	\$1,132	43	2,231	\$3,719	137
Intensive Family Therapy	84	\$301	14	674	\$1,538	200
Life Skills	13	\$921	100	1,676	\$2,272	142
Mental Health	410	\$1,128	63	1,500	\$1,760	140
Sexual Abuse Treatment	101	\$1,079	36	327	\$4,662	238
Substance Abuse Treatment	159	\$185	45	1,791	\$876*	168

* The Office of Behavioral Health allocates approximately \$2.5 million in Additional Family Services (AFS) directly to Core Services substance abuse. These expenditures are tracked by the substance abuse Managed Service Organization (MSO). These funds are not reflected in the cost per service episode analysis for the substance abuse service type.

Table 43 shows the average cost per service episode and average service duration by county for all therapeutic services closed in CY 2017. Because of the small sample size for many counties, the average cost per service episode was not reported separately for therapeutic assessments/evaluations and therapeutic interventions.

Table 43: Average Cost per Service Episode and Average Service Duration (in Days) for Service Episodes Closed in CY 2017 by County

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Statewide	\$2,267	136	12,819
Adams	\$2,242	75	1,338
Alamosa	\$3,011	159	80
Arapahoe	\$2,336	122	510
Archuleta	\$4,572	202	32
Baca	\$1,275	0	2
Bent	\$3,095	67	7
Boulder	\$3,537	230	304
Broomfield	\$2,713	157	93
Chaffee	\$1,333	140	33
Cheyenne	\$5,586	211	7
Clear Creek	\$5,851	251	6
Conejos	\$4,723	178	23
Costilla	\$3,941	135	15
Crowley	\$3,944	169	14
Custer	\$270	156	3
Delta	\$1,796	204	91
Denver	\$3,615	143	1,112

Table 43 (continued)

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Douglas	\$3,752	139	386
Eagle	\$1,079	119	53
El Paso	\$1,329	121	3,791
Elbert	\$3,560	172	98
Fremont	\$2,650	228	112
Garfield	\$1,215	97	90
Gilpin	\$4,638	180	7
Grand	\$2,282	134	46
Gunnison/Hinsdale	\$698	108	2
Jefferson	\$2,173	159	1,651
Kiowa	\$2,738	241	13
Kit Carson	\$1,819	136	8
La Plata/San Juan	\$5,162	202	89
Lake	\$1,575	153	4
Larimer	\$2,124	143	859
Las Animas	\$3,274	301	4
Lincoln	\$4,670	226	14
Logan	\$2,867	240	36
Mesa	\$2,140	159	562
Moffat	\$1,968	161	81
Montezuma	\$3,324	191	16
Montrose	\$2,467	228	54
Morgan	\$4,376	270	39
Otero	\$2,983	166	45
Ouray/San Miguel	\$878	83	4
Park	\$1,781	198	16
Phillips	\$2,025	144	6
Pitkin	\$1,686	155	32
Prowers	\$1,557	0	7
Pueblo	\$2,538	107	254
Rio Blanco	\$3,169	210	25
Rio Grande/Mineral	\$5,247	200	17
Routt	\$1,211	217	11
Saguache	\$825	69	4
Sedgwick	\$106	0	2
Summit	\$2,387	213	28
Teller	\$1,980	140	94
Washington	\$2,423	145	10
Weld	\$3,455	153	523
Yuma	\$972	112	56

* Dolores, Huerfano, and Jackson counties had no eligible service episodes for this analysis.

4.2. Cost per Client

The cost per client receiving services measure is intended to determine the overall average cost per client served using the overall number of clients who received Core Services at some point during the year (both adults and children/youth) and overall Core Service expenditures (both purchased and county provided). As displayed in Table 44 on the following page, the average cost per client statewide for CY 2017 was \$1,820 based on total expenditures of \$54,173,555 and 29,760 clients served. This represents a decrease of 4.0% or \$76 in average cost per client from CY 2016.

Table 44: Average Cost per Client by County in CY 2017

County*	Expenditures	Clients Served**	Average Cost per Client
Statewide	\$54,173,555	29,760	\$1,820
Adams	\$5,989,992	2,880	\$2,080
Alamosa	\$410,929	235	\$1,749
Arapahoe	\$5,682,585	3,058	\$1,858
Archuleta	\$280,279	183	\$1,532
Baca	\$44,460	5	\$8,892
Bent	\$73,199	28	\$2,614
Boulder	\$1,632,295	986	\$1,655
Broomfield	\$271,259	129	\$2,103
Chaffee	\$303,579	117	\$2,595
Cheyenne	\$22,652	16	\$1,416
Clear Creek	\$121,847	41	\$2,972
Conejos	\$105,637	62	\$1,704
Costilla	\$160,047	96	\$1,667
Crowley	\$135,504	58	\$2,336
Custer	\$1,980	10	\$198
Delta	\$316,835	208	\$1,523
Denver	\$7,174,786	2,838	\$2,528
Douglas	\$1,684,554	739	\$2,280
Eagle	\$343,849	148	\$2,323
El Paso	\$6,151,705	4,167	\$1,476
Elbert	\$268,823	152	\$1,769
Fremont	\$1,004,871	491	\$2,047
Garfield	\$463,912	401	\$1,157
Gilpin	\$30,494	13	\$2,346
Grand	\$185,579	45	\$4,124
Gunnison/Hinsdale	\$128,380	81	\$1,585
Huerfano	\$59,162	35	\$1,690
Jefferson	\$4,334,744	2,088	\$2,076
Kiowa	\$68,211	42	\$1,624
Kit Carson	\$43,254	39	\$1,109
La Plata/San Juan	\$953,586	270	\$3,532
Lake	\$89,258	57	\$1,566
Larimer	\$2,985,821	3,287	\$908
Las Animas	\$170,110	45	\$3,780
Lincoln	\$207,215	71	\$2,919
Logan	\$450,077	234	\$1,923
Mesa	\$1,992,646	1,036	\$1,923
Moffat	\$259,736	175	\$1,484
Montezuma	\$267,525	36	\$7,431
Montrose	\$790,558	386	\$2,048
Morgan	\$526,042	245	\$2,147
Otero	\$246,990	98	\$2,520
Ouray/San Miguel	\$138,089	20	\$6,904
Park	\$130,153	82	\$1,587
Phillips	\$37,775	15	\$2,518
Pitkin	\$83,700	54	\$1,550
Prowers	\$282,557	59	\$4,789
Pueblo	\$2,136,789	1,120	\$1,908
Rio Blanco	\$95,703	58	\$1,650
Rio Grande/Mineral	\$147,761	74	\$1,997
Routt	\$173,284	76	\$2,280
Saguache	\$88,760	33	\$2,690
Sedgwick	\$608	6	\$101
Summit	\$150,701	64	\$2,355
Teller	\$337,378	166	\$2,032
Washington	\$65,246	76	\$859

Table 44 (continued)

County*	Expenditures	Clients Served**	Average Cost per Client
Weld	\$3,716,286	2,362	\$1,573
Yuma	\$153,801	164	\$938

*Dolores and Jackson counties had no eligible clients for this analysis.
**The total does not match the overall sample size of distinct clients because clients could have had multiple involvements during the year with more than one county.

4.3. Cost per Child/Youth

The cost per child/youth receiving or benefitting from services is intended to determine the overall average cost per child/youth that received or benefitted from Core Services during the year. The measure includes all children/youth who directly received a Core Service as well as children/youth benefitting from a Core Service. As displayed in Table 45, the average cost per child/youth statewide for CY 2017 was \$2,981 based on total expenditures of \$54,173,555 and 18,172 children/youth receiving or benefitting from Core Services. This represents a decrease of 6.1% or \$192 in average cost per child/youth receiving or benefitting from Core Services from CY 2016.

Table 45: Average Cost per Child/Youth by County in CY 2017

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Statewide	\$54,173,555	18,172	\$2,981
Adams	\$5,989,992	1,719	\$3,485
Alamosa	\$410,929	170	\$2,417
Arapahoe	\$5,682,585	2,341	\$2,427
Archuleta	\$280,279	77	\$3,640
Baca	\$44,460	3	\$14,820
Bent	\$73,199	16	\$4,575
Boulder	\$1,632,295	490	\$3,331
Broomfield	\$271,259	107	\$2,535
Chaffee	\$303,579	64	\$4,743
Cheyenne	\$22,652	12	\$1,888
Clear Creek	\$121,847	21	\$5,802
Conejos	\$105,637	60	\$1,761
Costilla	\$160,047	65	\$2,462
Crowley	\$135,504	39	\$3,474
Custer	\$1,980	5	\$396
Delta	\$316,835	132	\$2,400
Denver	\$7,174,786	1,685	\$4,258
Douglas	\$1,684,554	425	\$3,964
Eagle	\$343,849	78	\$4,408
El Paso	\$6,151,705	2,331	\$2,639
Elbert	\$268,823	85	\$3,163
Fremont	\$1,004,871	322	\$3,121
Garfield	\$463,912	272	\$1,706
Gilpin	\$30,494	13	\$2,346
Grand	\$185,579	40	\$4,639
Gunnison/Hinsdale	\$128,380	45	\$2,853
Huerfano	\$59,162	28	\$2,113
Jefferson	\$4,334,744	1,539	\$2,817
Kiowa	\$68,211	27	\$2,526
Kit Carson	\$43,254	22	\$1,966
La Plata/San Juan	\$953,586	189	\$5,045
Lake	\$89,258	38	\$2,349
Larimer	\$2,985,821	1,794	\$1,664
Las Animas	\$170,110	31	\$5,487

Table 45 (continued)

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Lincoln	\$207,215	40	\$5,180
Logan	\$450,077	133	\$3,384
Mesa	\$1,992,646	519	\$3,839
Moffat	\$259,736	98	\$2,650
Montezuma	\$267,525	37	\$7,230
Montrose	\$790,558	223	\$3,545
Morgan	\$526,042	121	\$4,347
Otero	\$246,990	75	\$3,293
Ouray/San Miguel	\$138,089	17	\$8,123
Park	\$130,153	40	\$3,254
Phillips	\$37,775	9	\$4,197
Pitkin	\$83,700	29	\$2,886
Prowers	\$282,557	34	\$8,310
Pueblo	\$2,136,789	712	\$3,001
Rio Blanco	\$95,703	31	\$3,087
Rio Grande/Mineral	\$147,761	44	\$3,358
Routt	\$173,284	63	\$2,751
Saguache	\$88,760	24	\$3,698
Sedgwick	\$608	5	\$122
Summit	\$150,701	30	\$5,023
Teller	\$337,378	76	\$4,439
Washington	\$65,246	43	\$1,517
Weld	\$3,716,286	1,378	\$2,697
Yuma	\$153,801	106	\$1,451

*Dolores and Jackson counties had no eligible children/youth receiving or benefitting for this analysis.
**The total does not match the overall sample size of distinct children/youth benefitting/receiving services because a child/youth could have had multiple involvements during the year with more than one county.

4.4. Cost Offset

The cost offset measure is intended to estimate the additional out-of-home placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in OOH care. Overall cost offset was calculated using a methodology that assumes that all children/youth would have been placed in OOH care in the absence of Core Services. This analysis takes into account children/youth that were able to entirely avoid out-of-home placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. The analysis also accounts for the expenditures for OOH days for children/youth that were not able to remain home. The cost offset methodology was as follows:

1. Determine the number of “involved days” for all children/youth receiving or benefitting from Core Services during calendar year (service was open at some point in year). This number represents days in which a child/youth was involved in an open case in which Core Services were received. On average, a child/youth receiving or benefitting from Core Services had 214 involved days in CY 2017.
2. For all children/youth receiving or benefitting from Core Services, add all Core Services expenditures (including county provided) during year with all OOH placement expenditures incurred during year for these children/youth.
3. Divide total Core Services and OOH expenditures for children receiving or benefitting from Core Services from step 2 by total involved days from step 1 to get average actual cost per child/youth per involved day.

4. Derive an average OOH cost per day from all OOH expenditures (including “no-pay” kinship placements) during year divided by the total number of OOH days for all children/youth in the year - this is the overall average cost per OOH day.
5. Compare the average daily OOH cost from step 4 to the total average Core Services and OOH costs per child/youth per involved day to get an average cost difference per involved day.
6. Multiply the total number of involved days (from step 1) by the average cost difference per involved day (from step 5) to get overall cost offset.
7. Divide the average cost difference per involved day by average actual cost per involved day to get a cost offset ratio, with higher ratios indicating greater cost offset. For example, a ratio of 1.0 indicates that for every dollar spent on Core Services and OOH placements, one dollar was not spent on additional OOH care.

Without the Core Services Program, it is estimated that counties would have spent an additional \$39 million on out-of-home placements in CY 2017.

Based on actual Core Services and OOH expenditures of \$131,162,816 and an estimated OOH cost of \$170,563,746, an additional **\$39,400,930** would have been spent by county agencies statewide in CY 2017 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional \$10 per child/youth per involved day and represents a cost offset ratio of .30 statewide. Table 46 shows the average cost difference per involved day, the overall cost offset, and the cost offset ratio by county for CY 2017.

Table 46: *Estimated Core Services Cost Offset by County for CY 2017*

County*	Number of Involved Days	Average Cost per OOH Day	Average Cost per Involved Day	Average Cost Difference per Involved Day	Overall Cost Offset	Cost Offset Ratio
Adams	400,955	\$46.92	\$37.43	\$9.49	\$3,806,520	.25
Alamosa	40,486	\$53.69	\$26.46	\$27.23	\$1,102,403	1.03
Arapahoe	409,365	\$38.73	\$31.91	\$6.82	\$2,791,103	.21
Archuleta	13,858	\$22.14	\$24.67	-\$2.53	-\$35,087	-.10
Baca	1,061	\$59.63	\$110.36	-\$50.73	-\$53,822	-.46
Bent	3,151	\$53.90	\$24.12	\$29.77	\$93,815	1.23
Boulder	122,684	\$48.35	\$30.12	\$18.23	\$2,236,053	.61
Broomfield	23,356	\$47.03	\$31.43	\$15.59	\$364,171	.50
Chaffee	13,949	\$44.54	\$36.50	\$8.03	\$112,067	.22
Cheyenne	1,245	\$2.89	\$19.53	-\$16.64	-\$20,711	-.85
Clear Creek	4,901	\$48.22	\$67.66	-\$19.45	-\$95,316	-.29
Conejos	10,960	\$39.60	\$26.48	\$13.12	\$143,827	.50
Costilla	19,665	\$58.46	\$35.80	\$22.66	\$445,674	.63
Crowley	7,317	\$36.00	\$38.33	-\$2.33	-\$17,021	-.06
Custer	1,310	\$49.77	\$37.30	\$12.47	\$16,334	.33
Delta	31,551	\$58.80	\$44.34	\$14.46	\$456,121	.33
Denver	422,985	\$46.59	\$46.90	-\$0.31	-\$131,777	-.01
Douglas	103,531	\$54.61	\$35.69	\$18.92	\$1,959,079	.53
Eagle	20,020	\$68.35	\$25.20	\$43.16	\$864,024	1.71
El Paso	524,349	\$47.93	\$34.90	\$13.03	\$6,830,785	.37
Elbert	20,721	\$102.19	\$25.82	\$76.36	\$1,582,280	2.96
Fremont	72,281	\$40.44	\$31.99	\$8.45	\$610,896	.26
Garfield	51,904	\$39.82	\$21.55	\$18.27	\$948,077	.85
Gilpin	2,365	\$38.40	\$26.84	\$11.56	\$27,337	.43
Grand	7,821	\$22.25	\$25.51	-\$3.26	-\$25,481	-.13
Gunnison/ Hinsdale	7,485	\$46.64	\$25.17	\$21.47	\$160,712	.85
Huerfano	4,715	\$54.94	\$21.26	\$33.69	\$158,838	1.58
Jefferson	308,315	\$47.39	\$36.04	\$11.34	\$3,497,454	.31

Table 46 (continued)

County*	Number of Involved Days	Average Cost per OOH Day	Average Cost per Involved Day	Average Cost Difference per Involved Day	Overall Cost Offset	Cost Offset Ratio
Kiowa	6,034	\$33.23	\$30.67	\$2.56	\$15,427	.08
Kit Carson	4,812	\$53.78	\$53.72	\$0.06	\$310	.00
La Plata/ San Juan	35,900	\$28.31	\$33.32	-\$5.01	-\$179,808	-.15
Lake	6,796	\$54.75	\$17.89	\$36.86	\$250,525	2.06
Larimer	333,137	\$18.17	\$13.74	\$4.44	\$1,477,659	.32
Las Animas	7,862	\$52.59	\$54.54	-\$1.94	-\$15,287	-.04
Lincoln	8,865	\$41.18	\$42.16	-\$0.98	-\$8,672	-.02
Logan	34,090	\$37.26	\$27.10	\$10.15	\$346,083	.37
Mesa	124,059	\$56.45	\$53.46	\$2.99	\$370,819	.06
Moffat	20,925	\$106.87	\$35.65	\$71.23	\$1,490,424	2.00
Montezuma	10,618	\$55.80	\$45.42	\$10.38	\$110,190	.23
Montrose	47,939	\$63.69	\$39.31	\$24.38	\$1,168,647	.62
Morgan	29,588	\$55.36	\$31.07	\$24.28	\$718,493	.78
Otero	17,730	\$39.70	\$34.88	\$4.82	\$85,387	.14
Ouray/ San Miguel	4,805	\$56.89	\$31.61	\$25.28	\$121,449	.80
Park	6,754	\$27.18	\$28.77	-\$1.59	-\$10,750	-.06
Phillips	1,959	\$66.72	\$58.30	\$8.42	\$16,503	.14
Pitkin	4,357	\$83.76	\$23.96	\$59.80	\$260,535	2.50
Prowers	9,582	\$19.24	\$30.26	-\$11.02	-\$105,581	-.36
Pueblo	146,287	\$29.42	\$32.11	-\$2.69	-\$393,894	-.08
Rio Blanco	8,310	\$38.39	\$35.52	\$2.87	\$23,844	.08
Rio Grande/ Mineral	9,267	\$202.85	\$55.05	\$147.80	\$1,369,627	2.68
Routt	15,163	\$46.69	\$17.89	\$28.81	\$436,817	1.61
Saguache	4,358	\$17.51	\$21.37	-\$3.86	-\$16,820	-.18
Sedgwick	736	\$58.67	\$0.83	\$57.85	\$42,577	70.06
Summit	5,688	\$131.22	\$53.97	\$77.25	\$439,374	1.43
Teller	16,479	\$33.68	\$41.00	-\$7.32	-\$120,676	-.18
Washington	5,964	\$17.21	\$12.86	\$4.36	\$25,976	.34
Weld	271,725	\$40.04	\$29.29	\$10.76	\$2,923,050	.37
Yuma	20,192	\$56.61	\$20.44	\$36.17	\$730,348	1.77

* Dolores and Jackson had no eligible service episodes for this analysis.

5. Family Preservation Commission Report Findings

As mandated by C.R.S. 19.1.116, Core Services Coordinators from each county were asked to complete a web-based version of the Family Preservation Commission (FPC) Report in coordination with their Family Preservation Commission or Placement Alternative Commission (PAC). The purpose of the FPC report is to provide context to the descriptive, outcome, and cost results for the Core Services evaluation. Coordinators were asked to respond to the availability, capacity, accessibility, and delivery of Core Services, multi-generational approach, identification, outreach and services for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning (LGBTQ+) clients, collaboration with service providers and community stakeholders, alignment with and barriers to accessing Medicaid, funding of Core Services, as well as successes, challenges, and recommendations for the enhancement of the Core Services Program.

5.1. Service Availability, Capacity, and Accessibility

Overall, 63% of counties agreed or strongly agreed that the **availability** of Core Services in their community is adequate to address the needs of children, youth, and families. However, 60% agreed or strongly agreed that there are specific services needed in their county that are not currently available. These services include: day treatment (22%), sexual abuse treatment (14%), trauma-informed services (13%), substance abuse treatment (11%), intensive family therapy (10%), home-based interventions (8%), life skills (8%), county designed services (7%) including mobile crisis response, parental capacity assessments, and supervised visitation, and mental health services (5%). In addition to availability issues, there is a need for evidence-based interventions in the Core Services Program. One coordinator stated, “Without more funding, and with the cost of evidence-based programs, we cannot afford to bring these services to our clients and are forced to come up with alternatives.”

Similarly, 60% of counties agreed or strongly agreed that the **capacity** of Core Services in their community is adequate to address the needs of children, youth, and families. However, 50% reported that not all services were available at an adequate capacity. These services include: substance abuse treatment (19%), mental health services (16%), trauma-informed services (13%), sexual abuse treatment (10%), home-based services (10%), day treatment (9%), intensive family therapy (9%), special economic assistance (7%), life skills (5%), and county designed services (3%) including mentoring and bilingual services. It should be noted that there is a small negative trend in the perceived availability and capacity of Core Services from CY 2016 to CY 2017, which should be watched carefully at the state and county levels.

“Family engagement meetings assist the Department in engaging families, understanding the issues that are barriers to their participation in services, what they are and are not willing to participate in, and what would be most helpful to their family.”

The capacity issues for substance abuse treatment, mental health services, and trauma-informed services are particularly acute. As stated by one coordinator “We are limited to only one organization that provides these services.” Another coordinator noted that, “When we do have treatment most of it must be outsourced to another county. Experienced clinicians are so scarce we are not able to find enough to serve the entire area.”

Counties are actively addressing service capacity issues in creative ways. Coordinators shared the following steps being taken to improve service capacity in their counties:

1. Recruiting new providers and working with existing providers to offer expanded services to fill the gaps in reaching eligible populations
2. Hiring bilingual caseworkers, interpreters, and Spanish-speaking clinicians to assist in service delivery
3. Brainstorming with community stakeholders to improve collaboration and enhance efficiency
4. Engaging Behavioral Health Organizations (BHOs), private providers, and mental health agencies to address issues related to timeliness, scheduling, frequency, quality, and accessibility of services
5. Contracting with private providers to meet unique needs of families
6. Advocating for additional funding, leveraging other funding sources (e.g., Colorado IV-E Waiver), and identifying other community resources to assist families
7. Reaching out to other communities for expertise and service options

When asked about service accessibility, 52% of counties reported that there are barriers to accessing services that are available and have adequate capacity. Specifically, coordinators indicated that there are barriers to accessing substance abuse treatment (23%), mental health services (20%), sexual abuse treatment (11%), day treatment (11%), trauma-informed services (10%), intensive family therapy (8%), home-based interventions (6%), life skills (5%), special economic assistance (4%), and county designed services (3%) including mentoring and mental health services specific to LGBTQ+ youth.

Overall, almost two-thirds of counties agreed or strongly agreed that the availability and capacity of their Core Services program is adequate to address the needs of children, youth, and families.

The most frequently indicated barriers were transportation at 31%, clinician/therapist turnover at 23%, lack of bilingual providers at 16%, Medicaid coverage at 13%, family engagement at 9%, other barriers at 5% including timely scheduling of appointments and the intake process, and high service costs at 3%. The following quotes illustrate the challenge presented by these barriers. According to one coordinator, “There is no public transportation system in our community and it is difficult for people to get to the metro area for treatment.” In rural communities, “Clients often cite concerns related to quality of services due to clinician/therapist turnover.” Another coordinator noted that “The issue of medical necessity remains a barrier to children and families receiving services at the level needed to provide and maintain stability and impacts the ability for children to remain safely at home.”

“These approaches have led to our community creating policy and effectively finding ways to blend and braid funding streams to serve families more efficiently. This has helped equip local organizations to help move families towards more opportunities and resources.”

Again, counties are actively trying to resolve service barriers. Coordinators offered the following strategies to address barriers to service accessibility in their counties:

1. Implementing creative solutions to enhance transportation options (e.g., bus passes, Uber rides, gas vouchers)
2. Recruiting and training internal therapists to provide in-house treatment
3. Contracting with bilingual therapists and translators
4. Utilizing county designed services to build a system of care
5. Communicating with Behavioral Health Organizations (BHOs) to ensure that services are appropriately covered by Medicaid
6. Collaborating with community partners on family engagement programs

5.2. Service Delivery

The next section of the report asked coordinators to reflect on the delivery of Core Services in their county including the implementation of a multi-generational approach, services for LGBTQ+ youth, and strengths, challenges, and recommendations for the Core Services Program.

Coordinators were asked how their county was implementing a multi-generational (2Gen) approach in serving children, youth, and families in their Core Services Program. Coordinators offered numerous examples of how this approach is integrated with their family systems practice philosophy and service array. One coordinator commented, “We believe our approaches with our continuum of care (prevention to intervention), utilization of our Collaborative Management Program, and use of Family Engagement meetings supports the 2Gen approach in our Core Service delivery.” Specifically, family engagement meetings, home-based interventions, supervised visitation, Permanency Roundtables, and Family Therapy (e.g., IFT, MST, FFT) were identified as the most common services utilized in a multi-generational context. Other services include mentoring, day treatment, play therapy, Parent-Child Interaction Therapy, trauma-informed services, and prevention services.

Counties are applying the multi-generational approach through: (1) holistic assessments designed to identify and address service needs for the entire family; (2) family engagement to include all generations and supports to assist in identifying resources and services that will support the family; (3) decision-making processes utilizing communication and information sharing with children/youth; (4) kinship placements to keep children and youth with family; and (5) family support networks that provide input and promote active involvement.

Counties also report building a multi-generational continuum of care, working with family-based providers who incorporate the 2Gen approach in their interventions for better outcomes, while integrating with other family serving systems to ensure families have a full range of services and resources. One coordinator recommended that a synergy between Core Services and a multi-generational approach can be created “by working with community

partners to decrease silos that have existed for some time, increase awareness of 2Gen, and develop procedures which include a 2Gen perspective.”

Coordinators were asked about their county processes for identifying, outreaching, and serving LGBTQ+ children/youth. Almost one-third of coordinators reported that their county has no formal process for identifying this population, or their county has no currently identified LGBTQ+ children/youth. Over half of the coordinators indicated that their county’s process is to engage families at the time of assessment in a discussion about sexual orientation, and to build rapport with children/youth so they feel comfortable to self-disclose their sexual identity. One coordinator commented, “Our department has strived to create a comfortable, inviting environment for the youth in order for them to feel comfortable ‘coming out’ or being honest with us. It is difficult as there is a stigma in our community.” The remaining counties rely on service providers, community partners, and trainings to facilitate the identification of children/youth from this population.

“All staff are trained in regards to LGBTQ+ matters and are sensitive about asking children/youth about their orientation, have children/youth tell them how they would like to be addressed, and encourage them to identify their preference in order to better serve them.”

Almost half of coordinators reported that no inclusive outreach efforts are made on behalf of this population or that outreach efforts are not differentiated for LGBTQ+ children/youth. The other half of counties make outreach efforts to community partners, Interagency Oversight Groups (IOGs) or Family Preservation Commissions, and LGBTQ+ serving agencies. Other counties employ internal outreach options such as a Youth Advisory Council, Disparities Action Committee, and Health Equity and Inclusivity Group. Counties also rely on training opportunities specific to LGBTQ+ children/youth for caseworkers, providers, and foster parents to enhance outreach efforts. According to a coordinator,

“As a community we will need to take some time on how best to conduct outreach to and create meaningful partnerships with youth who may not always identify themselves in the ways that adults and systems identify them.”

Lastly, coordinators were asked whether inclusive services are available for LGBTQ+ children/youth in their county. Although 20% of counties do not offer differentiated services, the general sentiment is that counties provide appropriate services for all children/youth regardless of sexual orientation and/or identity. Over half of the coordinators report either contracting with or identifying providers who offer specialized services for this population. For example, one coordinator stated, “We rely on culturally competent providers to assess and then identify service gaps as well as other inclusive providers and practices available in our area.” Other strategies for providing inclusive services include meeting with families to develop inclusive case plans, and designing and delivering county specific inclusive services, which allow counties to be “flexible and individualize the service to meet the unique needs of the youth and their families.” Overall, great strides are being made in better serving LGBTQ+ children/youth, but it remains an area for growth and continued development.

When asked what is working well for Core Services delivery, coordinators expressed general satisfaction and mentioned the following specific components that were working especially well:

- Strong collaboration and relationships with community partners and providers
- Success of prevention services
- Intensive in-home therapeutic services
- Enhanced substance abuse treatment and mental health services
- Innovative county designed services
- Improved effectiveness of providers in meeting client needs
- Increase in co-located and centrally located therapists
- Expanded number of external and private providers
- Creative funding and service efforts
- Timely service provision
- Using data and evaluation to measure service outcomes

- Better utilization of Medicaid funding
- Expanded menu of evidence-based services

When asked what is not working well with service delivery, the following challenges were mentioned in order of frequency: (1) better accessibility and results from substance abuse treatment, (2) insufficient number of Medicaid providers, (3) inconsistency of service provision due to high clinician/staff turnover, (4) struggles in appropriate utilization of Medicaid, (5) unnecessary delays in service initiation and completion, (6) barriers to transportation for accessing services, (7) limited number of providers and therapeutic services, (8) fewer treatment options for Program Area 4 youth, (9) reluctance of providers to deliver in-home services, (10) need for bilingual providers, (11) not enough trained trauma-informed therapists, (12) high cost of evidence-based programs, and (13) inadequate funding for emergency/basic needs. These challenges continue to be especially pressing in rural communities. As stated by one coordinator, “We continue to see a gap in local and statewide substance abuse treatment that provides a robust continuum of services. This deficit has resulted in more terminations of parental rights over the past year or so, and grave issues with the opioid crisis.”

Finally, coordinators were asked what one change they would make to the Core Services Program. Although one-quarter of coordinators wouldn’t change anything, the remaining 75% offered numerous suggestions. The most frequent recommendation was more flexibility in spending Core Services dollars. As stated by one coordinator, “The primary change would be to decrease the complexity of the Core Service Program and allow more flexibility to better meet the needs of families and children by providing non-traditional, innovative services that best address the impact of trauma.” Relatedly, the next most frequent change is to increase (or not decrease) the Core Services allocation to allow for sufficient funding to meet the growing demand for services. Furthermore, coordinators requested more funding and flexibility for transportation and special economic assistance. Another suggestion is to enhance the utilization of Medicaid by decreasing waiting lists and approval times and increasing the number of certified providers. Additionally, coordinators would like more flexibility in selecting providers, especially for mental health services.

5.3. Service Collaboration

Coordinators were asked to describe how collaborative efforts help their county to better serve children, youth, and families in the Core Services Program. The most frequently reported impact was the ability to focus on and align with individual needs of the family. As stated by one coordinator, “Collaboration is a necessity for our small rural county and so we are in regular dialogue with our schools, medical providers, mental health providers and law enforcement to make sure we are meeting the needs of the children and families in our community.” Relatedly, collaboration helps counties to identify available services and increase the overall knowledge base in areas such as multi-generational approach and trauma informed care. One coordinator remarked, “Our county is not only able to utilize expertise to adequately identify the needs of the family, but also ensure the family is connected to sustainable community-based supports, all of which increase the probability of success.”

Another impact of collaboration is that it decreases duplication and fragmentation of services and increases seamless service coordination for youth involved in multiple systems. For example, “High risk youth or youth with chronic truancy issues have family engagement meetings with community partners to strengthen long-term support and stability for youth and their families.” Collaborations also have helped to increase the continuum of services available to families with particular emphasis on prevention programs.

As an essential collaboration component, the ability to leverage Core Service dollars allows for resources to be maximized to meet the needs of children, youth, and families. As stated by one coordinator, “Collaboration helps us to provide intensive services to families and not have to bare the entire burden to make the services available.” Lastly, providing integrated service delivery, expanding the reach of populations served by Core Services (e.g., high risk families), incorporating evidence-based services and best practices, and facilitating expedited services have “led to an increase of coordinated services and has impacted the number and amount of out-of-home and congregate care placements.”

5.4. Service Funding

The next section of the FPC Report explored Medicaid and Core Services funding in each county. Overall 58% of coordinators reported that their county was not considering aligning Core Services program rates with Medicaid rates. The primary reason offered was that providers would not want to serve clients at the Medicaid rate. Given the limited choices faced by many counties, the coordinators fear a loss of availability, capacity, accessibility, and quality if Core Services rates were lowered in this way. Of the 42% of counties that are considering such an alignment, some are still in the deliberation phase as they weigh the benefits and challenges and seek feedback from other counties. Several counties indicated that they encourage the use of Medicaid providers as the primary source of payment whenever possible, which promotes greater collaboration and flexibility.

“There have been an increase of Core Services private providers over the past several years. Many of these providers have become Medicaid approved providers and have been able to provide consistent treatment with positive outcomes for the clients they serve.”

Coordinators were also asked to describe the biggest barriers to families accessing Medicaid covered services. Similar to the question on barriers to Core Services in general, the most frequently mentioned were limited transportation, lack of providers, clinician turnover, and timeliness of service provision. Barriers specific to Medicaid covered services include: (1) providers that will not accept Medicaid; (2) low Medicaid reimbursement rates for documentation and other service activities; (3) limited options for specialized care including substance abuse treatment, residential services, trauma informed practices, and psychiatric care; (4) challenges in the certification process to become a Medicaid provider; (5) aligning Medicaid services to level of service need; (6) families not being eligible for Medicaid; (7) confusion regarding medical necessity criteria; and (8) logistics such as case coordination, appeal process, structural changes with BHOs, information sharing, and billing issues.

“Our partnerships at all levels of prevention to high-risk involvement come to tables to discuss appropriate, effective plans...linking services being delivered to a client/family so that all programs working with that family can work in tandem with transparency, not in silos.”

Overall, the majority of counties expressed satisfaction with how Core Services are funded. However, there are concerns with the current allocation formula in regard to the level of funding for specific Core Services, the disparity in funding for rural and urban counties, and the flexibility with which counties can spend Core Services dollars. Several coordinators would like to see more funding for special economic assistance, emergency funding for basic needs, specialized therapy, substance abuse treatment and monitoring, and prevention programming. Although some coordinators believe the Core Services allocation formula is equitable, others suggest that it can be refined to better reflect

the unique needs and challenges of smaller counties in relation to the larger or metro area counties. As described by a coordinator from a rural county, “The lack of providers and services combined with significant transportation issues result in increased cost and work time for caseworkers. Increased funding is needed on each client due to these challenges.”

Approximately 25% of coordinators recommend more flexible funding in the areas of substance abuse treatment, case management, experiential activities, client incentives, non-traditional services recommended from trauma assessments, and billable services (e.g., report writing, attending family meetings).

Coordinators also provided the following recommendations for the funding of the Core Services Program.

1. Allocate dollars in one total amount rather than having to divide into separate categories
2. Refine allocation model to more heavily weight workload, caseload, child population, and open involvements
3. Customize funding to better meet the needs of individual families
4. Provide more guidance on how to align reimbursable rates for Medicaid and private insurance

6. Discussion

The discussion section of the Core Services Program Evaluation CY 2017 Report summarizes the key findings from the outcome and cost evaluations and the Family Preservation Commission Report. Implications for county and state policy and practice for the Core Services Program are discussed in the context of the enhancements to and limitations of the evaluation design and methodology.

6.1. Evaluation Conclusions

Similar to the previous four calendar year reports, the following conclusions illustrate the high level of overall program success in regard to service effectiveness, service goal attainment, subsequent child welfare involvement, and cost offset.

Core Services Program is Working as Designed. The findings from this report support the Core Services Program as an effective approach to strengthening Colorado families by keeping or returning children/youth home or in the least restrictive setting while maintaining safety. For example, 99% of children/youth who received prevention services remained home, which also indicates that the Core Services Program is serving the population targeted by the legislation. Furthermore, the Core Services Program is clearly providing the appropriate levels of support, as evidenced by the findings that 5% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Growing and Maintaining Consistently Positive Outcomes. There was an increase of 16% in children/youth receiving or benefitting from services with a PA3 designation, and an 8% increase in PA3 service episodes from CY 2016. Even with this substantial increase in volume, the Core Services prevention programs recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes.

Core Services are Effective in Achieving Treatment Success. Eighty percent of all service episodes in CY 2016 were determined to be successful or partially successful with 88% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers, intensive in-home therapeutic services, enhanced substance abuse treatment and mental health services, and innovative county designed services positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 78% of children/youth with an involvement closed in CY 2017. Similar to past evaluations, the remain home service goal was attained in 93% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,683 distinct children/youth with a closed case in CY 2016, 47% had a subsequent referral, 32% had a subsequent assessment, 6% had a subsequent founded assessment, 12% had a subsequent case, 5% had a subsequent placement, 12% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2015.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$39 million in CY 2017 on out-of-home placements for children/youth. Over the past five calendar years, an additional \$241 million would have been spent by county agencies statewide if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. Core Services Coordinators noted that practice changes including intensive home-based treatment models, mentoring, and county designed services are used as alternatives to OOH placements.

6.2. Evaluation Enhancements

The enhancements to the evaluation of the Core Services Program continued during CY 2017. First, county-specific reports were again produced and disseminated to counties through webinars, workshops and presentations. These ongoing training and consultation opportunities allow counties to make full use of available data for quality improvement purposes. As stated by one coordinator, “We use outcome data and caseworker satisfaction data to determine which providers are meeting contractual expectations and achieving permanency outcomes. We continuously provide training to staff and stakeholders about service availability and outcomes.” Second, additional questions were added to the Family Preservation Commission report to better understand how counties are implementing the multi-generational approach in their Core Services Program, and how they are identifying, outreaching, and serving LGBTQ+ children/youth. Third, outcomes and costs for prevention and intervention services were further analyzed and compared. Lastly, a new analysis of Core Services outcomes and costs was conducted on a subsample of children/youth receiving an adoption subsidy. These enhancements should be considered in light of several limitations that challenge the Core Services Program in regard to better understanding its impact on child welfare outcomes and costs in Colorado.

6.3. Evaluation Limitations

The primary limitation of the Core Services Program evaluation is that there are competing interventions, service population differences, and county-specific contexts that are not accounted for in the analyses. These potentially confounding factors may be related to overall outcomes or outcome differences and are hard to control without a rigorous experimental research design. Given the breadth, scope, and complexity of the Core Services Program, it is not practical to attempt a randomized controlled trial, for example, which would allow for causal statements to be made about the *effect* of the Core Services Program on child outcomes and system costs. Stated another way, while the positive and consistent outcomes from this year and previous years’ reports support conclusions that the program is effective, it is not clear whether these positive outcomes are solely due to the Core Services Program. Other limitations include variations in data entry procedures and service delivery across counties. Even with these limitations, this report presents the best available data with the most appropriate analyses to evaluate the impact of the Core Services Program.

6.4. Evaluation Implications

Based on the outcome and cost evaluation findings, the key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. Core Services are especially effective for county provided services, prevention services, and for children/youth with a service goal of remain home and/or a PA5 designation. As a result, increased efforts to improve outcomes for purchased services and for children/youth with a service goal of return home or a PA4 designation continue to be warranted.

The positive findings for service effectiveness and service goal attainment indicate that current Core Services prevention efforts should be enhanced and offered widely to families at risk for child welfare involvement to maximize the opportunity for lowering case numbers and stepping down children/youth to lower levels of care. The Core Services Program also aligns well with other child welfare prevention efforts recently implemented in the state. As such, future evaluation efforts should look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote the safety, permanency, and well-being.

Colorado remains a national leader by investing heavily in therapeutic systems and by tracking the associated services, outcomes, and costs in SACWIS so that policy and program decisions can be informed by timely and consistent data. To facilitate the cutting-edge use of administrative data to support practice innovations, a Trails modernization process is currently underway to allow for more efficient collection, entering, and accessing of data regarding service delivery, costs, and outcomes. Finally, counties are consulting with one another to identify promising practices, evidence-based services, and areas of collaboration for enhancing their Core Services Program.

Appendix A

Core Services Program Evaluation Methods

Outcome Datasets - General Considerations

In the Colorado Trails data system, Core Services are entered as “service authorizations.” The service authorization records dates of service, the goal of the service (e.g., remain home, return home, less restrictive setting), the client(s) receiving the service, the county responsible for the child/youth, the agency or individual providing the service (provider), the type of service, and whether the service is being paid for from Trails. Service authorizations must be recorded on behalf of a child/youth but, when entering Core Services in Trails, caseworkers must also specify the client(s) who are actually receiving the service which may be parents/guardians or children. In addition, when the service authorization is closed, outcome information is entered to track the degree to which the service was successful in achieving the Core Service goal.

Service Authorization Adjustments

To provide consistent, accurate, and comparable Core Service descriptive and outcome information statewide, the following adjustments were made to the Trails service authorization data:

- Individual Trails service authorization records were merged into “service episodes”
 - Some counties have a practice of closing and re-opening service authorizations each month or opening separate service authorizations for the periods in which services are authorized. Therefore, multiple service authorizations in Trails would exist for a single uninterrupted episode of service/treatment. If this data entry practice is not accounted for, then both the per-service costs and service-level outcomes will be inaccurate. To account for this, service authorizations were merged when needed to create an adjusted service episode. The service episode was created by merging individual service authorizations open any time during the calendar year within the same case, for the same provider and service type, and for the same set of clients receiving the service, as long as there was not a gap in service dates of more than 30 consecutive days. This adjusted service episode provides a more accurate representation of the duration, cost, and outcome of core service interventions.
- Service authorizations that did not represent actual service interventions were excluded according to the following criteria:
 - Service authorizations closed with an ‘Opened in Error’ or ‘Payee Wrong Code’ reason and for which no services were paid were removed.
 - ‘Yes-Pay’ service authorizations without payment details were excluded unless service was provided by the county department.
 - ‘No-Pay’ service authorizations for services not performed by the county department were included, as these are typically used to document blended funding services such as TANF.
- Program Area was determined based on the goal that was in place at the time service was initiated based on the child/youth for whom the service authorization is entered.
 - For Core Services provided to children with a finalized adoption, program area was determined using the referral type of the assessment that led to the subsequent involvement.
- Children/youth receiving or benefitting from service was based on the following criteria:
 - Program Area 3 (prevention) - services provided in these involvements are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the involvement at the time the service is initiated are counted as a child/youth benefitting from the service.

- Program Area 4 (youth in conflict) and Program Area 6 (adoption and emancipation) - services provided in these cases only count children/youth for whom the service authorization was entered since these services are directed toward a specific child/youth.
- Program Area 5 (child protection) - services provided in these cases are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the case at the time the service is initiated are counted as a child/youth benefitting from the service.
- Clients receiving services - To determine the actual clients receiving services, the individuals specified as 'Client Receiving Service(s)' in the Trails service authorization were used, as this multi-selection list allows both adults and children/youth to be selected.

Service Goal Adjustments

Trails changes went into effect in 2010 that allow for the permanency goal at time of service initiation to be tracked and stored for each Core Service authorization. Data entry lags in service goal information occasionally leads to inaccurate service goals on Core Service authorizations. To account for this, the following adjustments were made to the service goal specified for service authorizations:

- If the specified service goal was 'Remain Home,' but the child had an out-of-home placement open at the time the service was open and that placement remained open for the first 30 days of the service, the goal was adjusted to 'Return Home.'
- If the specified service goal was 'Remain Home,' but the child has a removal within the first 30 days of the service, the goal was adjusted to 'Return Home.'
- If the specified service goal was 'Return Home,' but the child did not have an out-of-home placement within the first 30 days of the core service, the goal was adjusted to 'Remain Home.'
- No adjustments were made for the Least Restrictive Setting group, so the service goal indicated at time of service was used in the analyses.

Outcome Dataset Descriptions

The following datasets were used for the children and families served, services provided, service effectiveness, service goal attainment, and follow-up outcome analyses.

Clients Receiving Services Dataset

This summary dataset was used to determine the overall number of clients directly receiving services. This dataset used the clients specified in the Trails service authorization as 'Clients Receiving Services' and includes both adults and children.

- Used merged episodes (as defined above)
- Used service episodes open at any time during CY 2017

Children/Youth Receiving or Benefitting from Services Dataset

This summary dataset was used to determine the overall number of children either directly receiving or benefitting from services.

- Used merged episodes (as defined above)
- Children were identified as benefitting from or receiving a service as defined above
- Used service episodes open at any time during CY 2017

Services Received Dataset

This summary dataset was used to determine the overall number and type of services received.

- Used merged service episodes (as defined above)
- Used services received at any point in time during CY 2017

Service Effectiveness Dataset

This outcome dataset was used to analyze how effective each service was at achieving the intended Core Service goal using the outcome codes entered at time of service closure. The unit of analysis is per service episode (not per child/youth or per client).

- Used merged episodes (as defined above) closed in CY 2017
- The following service closure reasons were excluded because there is no service effectiveness outcome recorded in Trails: (1) Contract funds expended (only when system closed the service; include when caseworker selects); (2) Moved out of county; (3) Case transferred to another county; (4) Opened in error; (5) Change in funding source, and (6) Payee wrong code.

The PA3 program area type was further categorized into prevention and intervention based on the following criteria: Prevention group is for children/youth who had a screen-out referral or a closed assessment within 60 days prior to receiving PA3 services. The intervention group is for children/youth who had an open case within 60 days prior to receiving PA3 services.

Service Goal Attainment Dataset

This outcome dataset was used to determine whether the service helped the child/youth achieve the overall service goal and is analyzed on a per-child/youth, per service basis.

- Children/youth were identified as benefitting from or receiving a service as defined above.
- Children/youth with involvements closed during CY 2017 with a service episode that ended less than four years before the involvement end date (four years allows for Termination of Parental Rights (TPR)/Adoption cases to close).
 - Children/youth receiving Core Services in adoption cases were pulled into this dataset at the time the adoption case closed (i.e., end of subsidy). This is a limitation of Trails because the 'services' case is merged into the adoption subsidy case rather than being a separate involvement episode.
- Service goal attainment (Yes or No) was calculated as follows:
 - Remain home - service goal was attained if child/youth did not have a removal from home during service episode or after service episode closed while the involvement remained open. This also was calculated based on if the child/youth had an open removal on the day the service ended to provide consistency with past Core Services evaluations.
 - Return home and/or placement with kin - service goal was attained if child/youth either returned home to parents or permanent Allocation of Parental Rights (APR)/Guardianship was granted to relatives based on removal end reason and/or living arrangement.
 - Least Restrictive Setting - service goal was attained if: (1) permanency was achieved; (2) lower-level placement change occurred during or after the service episode; (3) same-level placement change occurred during or after the service episode; or (4) no change in placement during or after the service episode. Service goal was not attained if higher level placement change occurred during or after the service episode (based on the following hierarchy: DYS - Walkaway - Residential - Group Home - Foster Care -Independent Living - Kinship Care)
- Service episodes with a service close reason of 'Death' were excluded.
- Service episodes with a service close reason of 'Assessment Evaluation Only' were excluded unless for Special Economic Assistance or for one of the following service types: (1) Family Group Decision Making; (2) Mediation; (3) CET/TDM; or (4) Family Empowerment. The service authorizations closed with an 'Assessment Evaluation Only' reason (that are not family meetings) do not represent actual therapeutic interventions.

Follow-up Outcomes Dataset

This outcome dataset was used to compare one-year follow-up outcomes for children/youth who received or benefitted from Core Services and whose case was closed with the child living with their parents. This dataset is analyzed on a per-child/youth, per-service basis.

- Children/youth were identified as benefitting from or receiving a service as defined above.
- Cases closed during CY 2016 with child/youth living with parents as ending residence and with a service episode that ended less than two years before the case end date.
 - Children that did not have an ending residence of living with parents were not included in this dataset because, generally, they do not have an opportunity for follow-up events. These ending residence reasons include cases closed with: (1) emancipation from OOH; (2) TPR/Adoption; (3) permanent custody/APR/Guardianship to kin; (4) youth committed to DYS; (5) transfer to Developmental Disabilities Services; (6) moved out of State; or (7) walkaway.
- Service episodes with a child age 18 or older time of case closure were excluded.
- Service episodes with a service close reason of 'Assessment Evaluation Only' were excluded unless for Special Economic Assistance (SEA) or for one of the following service types: (1) Family Group Decision Making, (2) Mediation, (3) CET/TDM, and (4) Family Empowerment. The service authorizations closed with an 'Assessment Evaluation Only' reason that are not family meetings do not represent actual therapeutic interventions.
- Follow-up outcomes include:
 - Subsequent referral/assessment/case/placement within one year
 - Subsequent DYS involvement (any)/DYS commitment within one year (for children ages 10 and older at time of closure)

Cost Datasets - General Considerations

All Core Services costs were pulled if the date of service fell within the calendar year regardless of date of payment. Pulling records based on date of payment rather than date of service will over-state costs as sometimes counties pay for several months of service in a single payment month (based on timing of bill submissions). As the report will be used for evaluation purposes and is not meant to be a financial accounting tool, pulling costs based on date of service is the most appropriate method of analyzing services provided in the calendar year.

Per-episode costs for county provided core services cannot be accurately obtained from Trails data because of the following limitations:

- County provided core service dollars are NOT evenly allocated across the Core Service types (e.g., a caseworker may spend 50% of time on home-based interventions and 50% of time on life skills). There is no designation in the available data systems (Trails or CFMS) for how each county designates its Core Services allocations into specific types of services.
- Not all service authorizations for county provided services are entered into Trails.

For counties that have shared Core Services contracts (fiscal agent counties in Trails), the expenditures were applied to the county that was responsible for the child (based on Trails service authorization), not the fiscal agent county. For guaranteed payments issued without any authorized children, the authorization county was set to the county that issued the payment.

Costs per Service Episode Dataset

This cost dataset was used to calculate the average cost per episode of service. As described above, per episode costs can only be obtained for purchased Core Services.

- Use expenditures for service episodes completed during CY 2017.
 - This ensures that services authorized at or near the end of the year do not get counted as they have not had sufficient time to incur expenditures.
 - Uses merged episodes (as defined above)

- Only paid Core Services from fee-for-service contracts and from fixed-rate contracts (if documented in Trails as a service authorization) were included (costs for no-pay services cannot be calculated).
- Special Economic Assistance was not included in the cost per service episode calculations because it is a one-time service with a capped expenditure limit (\$400 per family) unless a waiver to increase the limit was approved (up to a maximum of \$800 per family per year).
- Actual service closure reason was used to conduct separate analysis for therapeutic services and therapeutic assessments/evaluations.

Costs per Child/Youth and Costs per Client Dataset

This cost dataset was used to calculate the average cost per child/youth receiving or benefitting from a service and average cost per client receiving a service. This dataset provides summaries for both county provided and purchased Core Services. This dataset pulls actual expenditures for service episodes open at any time in CY 2017.

- Uses merged episodes (as defined above)
- Children/youth were identified as receiving or benefitting from a service as defined above.
- This analysis did not break cost per child/youth and cost per client data out by service type.
- The total of all children/youth that received or benefitted from a Core Service during CY 2017 was divided by the total expenditures.
- The total of all clients who received a Core Service during CY 2017 was divided by the total expenditures.

Cost Offset Dataset

This cost dataset was used to calculate overall cost offset of the Core Services program as measured by the estimated additional annual costs that would be incurred in the absence of core services. Because Core Services are provided to children/youth at “imminent” risk of removal or for children/youth who have already been removed from the home and placed into out-of-home care; the basis of the overall cost offset calculation is the assumption that, in the absence of Core Services, all children/youth would have been placed in out-of-home care. This methodology for the cost offset calculation is as follows:

1. Determine the number of 'involved days' for all children/youth receiving or benefitting from Core Services during the calendar year (service was open at some point in the year). This number represents days in which a child/youth was involved in an open case in which Core Services were received.
2. Add all Core Services expenditures (including county provided) during year with all OOH placement expenditures incurred during year for all children/youth receiving or benefitting from Core Services,
3. Divide total Core Services and OOH expenditures for children receiving or benefitting from Core Services from step 2 by total involved days from step 1 to get the average actual cost per child/youth per involved day. This takes into account children/youth that were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. This also accounts for the expenditures for OOH days for children/youth that received Core Services and were not able to remain home.
4. Derive an average OOH cost per day by dividing all OOH expenditures (including “no-pay” kinship placements) during year by the total number of OOH days for all children/youth in the year - this is the overall average daily cost of placement.
5. Compare average daily OOH cost from step 4 to total average Core Services and OOH costs per child/youth per involved day to get an average cost difference per involved day.
6. Multiply total number of involved days (from step 1) by average cost difference per involved day (from step 5) to get overall cost offset.
7. Divide average cost difference per involved day by average actual cost per involved day to get cost offset ratio. This measure is based on the ratio between what was spent on Core Services and OOH placements and what would have been spent on OOH placement along, with higher ratios indicating greater cost offset.

Appendix B

Core Services County Designed Programs by County for CY 2017

The Core Services County Designed Programs **bolded** are Evidenced Based Services to Adolescents Awards \$4,006,949 State Wide - Senate Bill 17-254 Family and Children's line, Footnote #40 (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
	Mobile Intervention Team - Removal Protection Program	Family Empowerment
	Early Crisis Intervention (ECI)	Crisis Intervention
Alamosa	Family Decision Making/Conference	Family Group Decision Making
	Intensive Mentoring Program (Ex)	Mentoring
	Nurturing Parenting	Nurturing Parenting
Arapahoe	Multi-Systemic Therapy (Ex) - Savio	Multi Systemic Therapy
	Savio Direct Link Program (Ex)	Direct Link
	Family Group Conferencing	Family Group Decision Making
	Family Connections/Connect Chiropractic	Trauma Informed Care/Services
Archuleta	None	
Baca	None	
Bent	None	
Boulder	Play Therapy	Play Therapy
	Family Group Decision Making	Family Group Decision Making
	Supervised Visitation - Therapeutic	Supervised Visitation - Provided by Staff
	Multi-Systemic Therapy (Ex)	Multi-Systemic Therapy
	Community Infant Therapy Services Program	Child and Family Therapist
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
Broomfield	Day Treatment Alternative	Day Treatment Alternative
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Community Based and Family Support	Community Based and Family Support
	Nurse Visiting Program	Nurturing Program
Chaffee	Chaffee County Mentoring (Ex)	Mentoring
	Youth at Crossroads	Youth Intervention Program
	Nurturing Parent Program	Nurturing Program
Cheyenne	None	
Clear Creek	Community Based and Family Support	Community Based and Family Support
Conejos	Intensive Mentoring (Ex)	Mentoring
	Nurturing Parent Program	Nurturing Program
	School and Community Based Mentoring Services	Community Based and Family Support
	Facilitated Family Engagement Meetings	Family Engagement
Costilla	Intensive Mentoring Project (Ex)	Mentoring
Crowley	None	
Custer	None	
Delta	Mentoring	Mentoring
	Day Treatment Alternative	Day Treatment Alternative
	Substance Abuse Intervention Team/Family Drug Court	Family Empowerment
	Structured Parenting Time	Structured Parenting Time

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Denver	Functional Family Therapy	Functional Family Therapy
	Family Advocate Program (PREPT)	Supervised Visitation
	Multi-Systemic Therapy (MST) (Ex)	Multi Systemic Therapy
	Savio Direct Link Program	Direct Link
	Domestic Violence Intervention	Domestic Violence Services
	Team Decision Making (VOICES)	CET/TDM
	Mental Health System Navigator	Mental Health - County No Pay
	Substance Abuse Navigator	Substance Abuse - County No Pay
	Dolores	Mentoring
Douglas	Multi-Systemic Therapy (MST)	Multi Systemic Therapy
	Functional Family Therapy	Functional Family Therapy
	Collaborative Family Services	Community Based Family Services & Support
	Domestic Violence Intervention	Domestic Violence Services
	Therapeutic Supervised Visitation	Supervised Visitation
	Mentoring	Mentoring
Eagle	Trauma Informed Therapy/Services	Trauma Informed Services
	Therapeutic Supervised Visitation	
	Family Engagement Meetings	Family Engagement Meetings/Services
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
	Equine Therapy	Intensive Mentoring
	Brain Mapping and Neuro-Therapy	Family Coaching
El Paso	Mediation Services	Mediation
	Nurturing Programs	Nurturing Program
	Day Treatment Alternative	Day Treatment Alternative
	Therapeutic Supervised Visitation	Supervised Visitation
	Mission Possible	Community Based Family Services & Support
	Domestic Violence	Domestic Violence Intervention Services
	Functional Family Therapy (Ex)	Functional Family Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Reconnecting Youth/Vocational	Reconnecting Youth
	Team Decision Making	Team Decision Making
	Youth Advocate Program	Community Based Family Services & Support
Behavioral Health Navigators	Family Empowerment	
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 - High
	Fremont Fatherhood Program	Family Outreach
	EPP/Family Treatment Court	Family Empowerment/Treatment Package High
	Collaborative Family Services	Community Based Family Services & Support
	High Conflict Parenting Skills	Family Empowerment - Low
Trauma Informed Treatment	Trauma Informed Care/Services	
Boys and Girls Club - Mentoring	Mentoring	
Garfield	Adolescent Mediation (Ex)	Mediation
	Collaborative Family Services	Community Based Family Services & Support

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Garfield (continued)	Family Visitation Program	Family Outreach
	High Fidelity Wraparound Program	Family Empowerment
	Therapeutic Supervised Visitation	Supervised Visitation
Gilpin	None	
Grand	Parenting Time/Supervision	Supervised Visitation
	Day Treatment Alternative	Day Treatment Alternative
	Family to Family Team Decision Making	CET/TDM/Family Engagement
Gunnison/ Hinsdale	Therapeutic Mentoring (Ex)	Mentoring
Huerfano	Reconnecting Youth (Ex)	Reconnecting Youth
Jackson	Parent Focus Collaborative Family Services	Community Based Family Services & Support
	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
	Domestic Violence Consultation/Intervention	Domestic Violence Services
Kiowa	None	
Kit Carson	Functional Family Therapy (Ex)	Functional Family Therapy
Lake	High Fidelity Wraparound Program	Community Based Family Services & Support
La Plata	Play Therapy	Play Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Ad. Dialectical Behavioral (Ex)	Youth Intervention Program
	Facilitated Family Engagement Meetings	Family Engagement
Larimer	Child Mentoring/Family Support	Child Mentoring/Family Support
	Therapeutic Supervised Visitation	Supervised Visitation
	Nat'l Youth Program Using Mini-Bikes (NYPUM) (Ex)	Reconnecting Youth
	PCC Mediation (Ex)	Mediation
	Family Options 1	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
	Functional Family Therapy (Ex)	Functional Family Therapy
	Family Partnership	Mentoring
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
	Family Advocate Program	Family Outreach
	Parent Education & Skills	Parenting Skills
	Family 2 Family Strengths	Family Strengths
Las Animas	None	
Lincoln	Foster Adopt Parents Support Services	Foster Care/Adoption Support
Logan	Play Therapy	Play Therapy
	Circle of Parents Substance Abuse Recovery	Community Based Family Services & Support
	Home Visitation Baby Bear Hugs	Early Intervention
Mesa	Structured/Supervised Parenting Time	Structured Parenting Time
	Rapid Response (Ex)	Youth Intervention Program
	Day Treatment to Adolescents (Ex)	Adolescent Support Group
	Day Treatment Alternative	Day Treatment Alternative
	Domestic Violence Intervention Services	Domestic Violence Intervention Services
	Child/Family Service Therapist	Child/Family Therapist
County	Service Type on Core Plan	Existing Service Type in Trails to

		be Used
Mesa (continued)	Community Based Family Services and Support	Community Based Family Services & Support
	Mediation Program	Mediation
	Family Empowerment	Family Empowerment
	Therapeutic Mentoring for Youth	Mentoring
	Collaborative Child/Family Substance Abuse Therapist	Child/Family Therapist
	Facilitated Permanency Meetings	Permanency Roundtables
	Therapeutic Mentoring for Youth	Mentoring
Moffat	Day Treatment Alternative	Day Treatment Alternative
	Parenting with Love and Logic	Parenting Skills
	Facilitated Family Engagement	Family Engagement
	Equine Therapy	Mentoring
Montezuma	Day Treatment Alternative	Day Treatment Alternative
Montrose	Promoting Healthy Adolescents Trends (Ex)	Adolescent Support Group
	High Fidelity Wrap Around	Community Based and Family Support
	Youth/Adolescent Mentoring	Mentoring
	Nurturing Parent Program	Nurturing
Morgan	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
	Parenting with Love and Logic Way	Parenting Skills
Park	None	
Phillips	None	
Pitkin	Trauma Informed Services	Trauma Informed Services
	Family Engagement	Family Engagement
Prowers	None	
Pueblo	Visitation Center	Supervised Visitation
	For Keeps Program (Ex)	Youth Outreach
	Functional Family Therapy	Functional Family Therapy
	Multi-Systemic Therapy	Multi Systemic Therapy
	Trauma Informed Behavioral Health	Trauma Informed/Care Services
Rio Blanco	None	
Rio Grande/ Mineral	Nurturing Parenting Program	Nurturing Parenting
Routt	Day Treatment Alternative	Day Treatment Alternative
Saguache	Nurturing Parenting	Nurturing Parenting
San Juan	Multi-Systemic Therapy	Multi Systemic Therapy
Sedgwick	None	
Summit	Play Therapy	Play Therapy
	Day Treatment Alternative	Day Treatment Alternative
	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
	Family Group Decision Making	Family Group Decision Making
	Permanency Roundtables	Permanency Roundtables
County	Service Type on Core Plan	Existing Service Type in Trails to be Used

Teller (continued)	Nurturing Program	Nurturing Program
	Therapeutic Kinship Supports	Therapeutic Kinship Supports
	Therapeutic Parent/Child Visitation	Supervised Visitation
Washington	Play Therapy	Play Therapy
	Behavior Specialist	Child/Family Services Therapist
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
	Mobile Crisis Intervention and Stabilization Services	Crisis Intervention
	Family and Parent Mediation	Mediation
	Compass Program	Community Based Family Services & Support
	Role Model Mentoring	Child Mentoring/Family Support
	RMM Mentoring	Mentoring
	Day Treatment Alternative	Day Treatment Alternative
	Kinship Therapeutic Consultation	Therapeutic Kinship Supports
Yuma	Mentoring to Adolescents	Mentoring
	Community Based Family Services - Baby Bear Hugs	Community Based Family Services & Support
	Foster Parent Therapeutic Consultation	Foster Care/Adoption Supports