



COLORADO
Department of Human Services

October 1, 2019

The Honorable Jared Polis
Governor of Colorado
136 State Capitol
Denver, CO 80203

Dear Governor Polis:

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,

Michelle Barnes
Executive Director

Enclosures

Cc: Lisa Kaufmann, Chief of Staff



Colorado Core Services Program Annual Evaluation

January 1, 2018- December 31, 2018



**Strength
Based**



**Individualized
Services**



**Family
Preservation**



Colorado Department of Human Services
Office of Children, Youth and Families
Division of Child Welfare
October 1, 2019



COLORADO
Office of Children,
Youth & Families
Division of Child Welfare

Core Services Program Annual Evaluation Report Calendar Year 2018

Submitted to:

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

Contact: Minna Castillo Cohen
minna.castillocohen@state.co.us
303.866.4544



COLORADO
Department of Human Services
Division of Child Welfare



Submitted by:

Marc Winokur, PhD
Social Work Research Center
School of Social Work

Colorado State University

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Stephanie Holsinger
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Core Services Program Annual Evaluation Report Calendar Year 2018

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.

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes historic reforms to help keep children and youth safely with their families and avoid the traumatic experience of entering foster care, and emphasizes the importance of children and youth growing up in families. In cases where foster care is needed, the FFPSA helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs. The FFPSA creates a new entitlement in the form of a 50% reimbursement stream using federal funds to provide services to keep children and youth safely with their families and out of foster care (without regards to income). When foster care is needed, the FFPSA allows federal reimbursement for care in family-based settings and certain residential treatment programs for children and youth with emotional and behavioral disturbance requiring special treatment.

The FFPSA prioritizes keeping families together and puts more money toward at-home parenting classes, mental health counseling, and substance abuse treatment, while limiting placements in congregate care settings. Although it has been characterized as the most significant child welfare legislation in over a decade, the impact of this landmark act will be felt far beyond county administered child welfare services. That is why the Division of Child Welfare at CDHS has been working so hard to engage a large number of professionals from within CDHS, other State Departments, behavioral health networks, providers, counties, and community partners to analyze the FFPSA and make recommendations for implementation in Colorado.

The Core Services Program Evaluation Calendar Year (CY) 2018 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 Comprehensive Child Welfare Information System (CCWIS), 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 2018. In CY 2018, the Core Services Program served 29,382 distinct clients (unduplicated individuals). This represents a 0.01% decrease in distinct clients served from CY 2017. Overall, 56% of the distinct clients were children/youth directly receiving services and 44% were adults receiving services on behalf of the child/youth. Overall, 18,051 distinct children/youth from 10,771 cases/involvements received or benefitted from Core Services in CY 2018. This represents a 0.01% increase in distinct children/youth receiving or benefitting from Core Services from CY 2017.

Services Provided in CY 2018. There were 34,321 service episodes open at any time in CY 2018. This represents a 3.0% increase in service episodes from CY 2017. County designed services represent the most common type of service provided, with 35% 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. 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. Seventy-eight percent of service episodes for CY 2018 were closed with a “successful” or “partially successful” service effectiveness outcome. This represents a slight decline in the percentage of service episodes closed with a successful or partially successful outcome from CY 2017. 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 overall service goal attainment rate was 80%, which represents a 2% increase from CY 2017. The service goal attainment rate was 91% for remain home service episodes, 81% for least restrictive setting service episodes, and 70% for return home service episodes.

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

Follow-up Outcomes. Based on a distinct count of 5,758 children/youth with closed cases in CY 2017, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% had a subsequent Division of Youth Services (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 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 2018 was \$2,354 with

an average service duration of 127 days. For therapeutic assessments/evaluations, the average cost per service episode was \$721 with an average service duration of 38 days, which represents an increase of 14% or \$91 in average cost per service episode from CY 2017, and an increase of 18.8% or 6 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,652 with an average service duration of 143 days, which represents an increase of 5.3% or \$134 in average cost per service episode from CY 2017, and a decrease of 5.9% or 9 days in average duration per service episode.

Cost per Client and Cost per Child/Youth. The average cost per client statewide for CY 2018 was \$1,916 based on total expenditures of \$56,653,852 and 29,567 clients served. This represents an increase of 5.3% or an additional \$96 in average cost per client from CY 2017. The average cost per child/youth statewide for CY 2018 was \$3,139 based on total expenditures of \$56,653,852 and 18,051 children/youth receiving or benefitting from Core Services. This represents an increase of 5.3% or an additional \$158 in average cost per child/youth receiving or benefitting from Core Services from CY 2017.

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 \$140,983,030 and an estimated OOH cost of \$187,130,567, an additional \$46,147,537 would have been spent by county agencies statewide in CY 2018 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.

Over the past six calendar years, an additional \$287 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 as measured by 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 less than 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 6% in children/youth receiving or benefitting from services with a PA3 designation, and a 2% increase in PA3 service episodes from CY 2017. 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. Seventy-eight percent of all service episodes in CY 2018 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 80% of children/youth with an involvement closed in CY 2018. Similar to past evaluations, the remain home service goal was attained in 92% 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 5,758 distinct children/youth with a closed case in CY 2017, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% 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 2016.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$46 million in CY 2018 on out-of-home placements for children/youth. Over the past six calendar years, an additional \$287 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. 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

Enhancements to the evaluation of the Core Services Program continued during CY 2018. First, county-specific reports were produced and knowledge translations efforts were conducted with 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. Second, additional questions were added to the Family Preservation Commission (FPC) report to better understand how counties are implementing strategies to create a welcoming environment for 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. Fourth, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Lastly, questions on county participation in FFPSA committees and county readiness to implement the requirements of the legislation were added to the FPC report to further contextualize the impact of further integrating evidence-based practices in the Core Services Program. Based on findings from the report, 52% of counties had participated in FFPSA committees, sub-committees, or task groups, while 48% of counties reported being somewhat or very prepared to implement FFPSA requirements.

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 CCWIS so that policy and program decisions can be informed by timely and consistent data. Counties continue to consult with one another to identify promising practices, evidence-based services, and areas of collaboration for enhancing their Core Services Program.

Core Services Program Annual Evaluation Report Calendar Year 2018

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/youth 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 \$2,000 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. Family First Prevention Services Act

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes historic reforms to help keep children and youth safely with their families and avoid the traumatic experience of entering foster care, and emphasizes the importance of children and youth growing up in families. In cases where foster care is needed, the FFPSA helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs. The FFPSA creates a new entitlement in the form of a 50% reimbursement stream using federal funds to provide services to keep children and youth safely with their families and out of foster care (without regards to income). When foster care is needed, the FFPSA allows federal reimbursement for care in family-based settings and certain residential treatment programs for children and youth

with emotional and behavioral disturbance requiring special treatment. The FFPSA includes the following components:

1. Federal investment in placement prevention for children/youth at risk of foster care through funds under Title IV-E of the Social Security Act, beginning in FY 2020, to support evidence-based prevention efforts for mental health and substance abuse prevention and treatment services, and in-home parent skill-based services. The services may be provided for not more than 12 months for children who are at imminent risk of entering foster care, their parents and relatives to assist the children, and pregnant or parenting teens.
2. Federal funds targeted for children/youth in foster family homes, or in qualified residential treatment programs, or other special settings. Federal funding is limited to children/youth in family foster homes, qualified residential treatment programs, and special treatment settings for pregnant or parenting teens, youth 18 and over preparing to transition from foster care to adulthood, and youth who have been found to be - or are at risk of becoming - sex trafficking victims. The act requires timely assessments and periodic reviews of children/youth with special needs who are placed in qualified residential treatment programs to ensure their continued need for such care.
3. Additional support for relative caregivers by providing federal funds for evidence-based “Kinship Navigator” programs which serve to link relative caregivers to a broad range of services and supports to help children remain safely with them.
4. Reauthorizing or extending a number of programs, including, but not limited to the Promoting Safe and Stable Families Program, Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B), funding set asides for monthly caseworker visits, Regional Partnership Grants, and the Court Improvement Programs grants.
5. Requiring states to create and maintain statewide plans to track and prevent child maltreatment fatalities.
6. Establishing a competitive grant program to support the recruitment and retention of high quality foster families to help place more children in these homes, with special attention to states and tribes with the highest percentage of children in non-family settings.
7. Reauthorizing the John H. Chafee Foster Care Independence Program’s independent living services to assist former foster youth up to age 23 (currently available to youth between ages 18-21) and extending eligibility for education and training vouchers for these youth to age 26 (currently only available to youth up to age 23).
8. Establishing an electronic, web based, interstate case-processing system to help states expedite the interstate placement of children in foster care, adoption or guardianship; and extending the Adoption and Legal Guardianship Incentive Payment program for five years, which allows states to receive incentive awards for increasing exits of children from foster care to adoption or guardianship.

1.5. Context of FFPSA as it Relates to the Core Services Program

The FFPSA prioritizes keeping families together and puts more money toward at-home parenting classes, mental health counseling, and substance abuse treatment, while limiting placements in congregate care settings. Although it has been characterized as the most significant child welfare legislation in over a decade, the impact of this landmark act will be felt far beyond county administered child welfare services. That is why the Division of Child Welfare at CDHS has been working so hard to engage a large number of professionals from within CDHS, other State Departments, behavioral health networks, providers, counties, and community partners to analyze the FFPSA and make recommendations for implementation in Colorado. The following represents Colorado’s FFPSA 2018 Call to Action:

- **Respond.** Dedicating resources to establish an inclusive, integrated structure to support an intentional review of the FFPSA that will result in a “roadmap” for Colorado’s initial implementation of the FFPSA. Additionally, Colorado has applied for the federal funds for evidence-based Kinship Navigator programs.
- **Vision.** Ensuring that the FFPSA work is grounded in the vision, mission and values of CDHS and articulates specific values to ground FFPSA planning, recommendations, and decisions.

- **Analyze.** Recruiting and mobilizing a diverse group of partners and stakeholders to analyze the FFPSA requirements, choices and timelines from fiscal, policy and program/services perspectives. A diverse collaboration will develop recommendations, rationale and short-term action considerations for implementation of the FFPSA.
- **Inform.** Establishing a Colorado FFPSA Advisory Committee and Subcommittee webpage to gather and disseminate national and local resources and provide information regarding Colorado's FFPSA people, process and products.
- **Maximize.** Identifying local and national partners and resources to support Colorado's efforts.
- **Equip.** Providing feedback opportunities, information and ideas to providers and stakeholders through convenings and meetings with local and national experts.
- **Contribute.** Taking advantage of the opportunity to inform national thinking and decisions by responding to opportunities for feedback to the Administration for Children, Youth and Families via federal registry requests and submitting thoughtful questions and recommendations for consideration in establishing federal guidance.
- **Engage.** Creating ongoing, inclusive opportunities for involvement through committee participation, constituent outreach, and engagement of county departments of human/social services, other state agencies, placement providers, and other key stakeholders.
- **Build.** Intentionally identifying successful strategies, approaches, partnerships and structures that have served Colorado well in the past and searching for opportunities to integrate FFPSA considerations into existing work and structures.
- **Create.** Exploring opportunities to transform Colorado's child welfare system through new and innovative partners and programs.

1.6. 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 Comprehensive Child Welfare Information System (CCWIS). 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 2018, 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.

1.7. 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 2018 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 2018 being tracked by designated county staff in Trails; (2) service goal attainment outcomes based on closed involvements in CY 2018; and (3) longer-term 12-month child welfare involvement outcomes for children with a closed case in CY 2017. 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 2018.

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 2018 through December 2018 for the CY 2018 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 2018

The following definitions guided the analysis of children, youth, and families served during CY 2018.

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, the Core Services Program served **29,382 distinct clients (unduplicated individuals)** in CY 2018. This represents a decrease of 0.01% in distinct clients served from CY 2017. Overall, 56% of the distinct clients were children/youth directly receiving services and 44% 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.

The Core Services Program served 29,382 unduplicated individuals in CY 2018.

Table 1: Total Number of Distinct Clients Served by the Core Services Program in CY 2018

Distinct Count	Children/Youth		Adults		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Clients	16,383	55.8	12,999	44.2	29,382	100.0

Table 2 shows that the largest race/ethnicity groups served by the Core Services Program were White, non-Hispanic (46%) and Hispanic (31%). The average age of children/youth served by Core Services was 8.3 years, while the average age of adults served by Core Services was 35.9 years.

Table 2: *Race/Ethnicity of Distinct Clients Served by Core Services Program in CY 2018*

Race/Ethnicity	Frequency	Percent
White, Non-Hispanic	13,576	46.2
Hispanic	8,972	30.5
Black or African American	2,166	7.4
Multiple Races	995	3.4
Asian	158	0.5
American Indian or Alaska Native	142	0.5
Native Hawaiian or Other Pacific Islander	37	0.1
Did not Indicate	3,336	11.4
Total	29,578	100.0

As previously defined, **18,051 distinct children/youth from 10,771 cases/involvements received or benefitted** from Core Services in CY 2018. This represents a 0.01% increase in distinct children/youth receiving or benefitting from Core Services from CY 2017. 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, 10% 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 2018*

Program Area	Frequency*	Percent
PA3 Services	2,814	15.3
PA4 Cases	1,826	9.9
PA5 Cases	13,345	72.7
PA6 Cases	371	2.0
Total	18,356	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 6.4% in children/youth receiving or benefitting from services with a PA3 designation from CY 2017. Of the 2,814 children/youth designated as PA3, 916 had a prior child welfare case (33%) with 117 designated as PA4 and 799 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 2018

As previously defined, there were **34,321 service episodes** open at any time in CY 2018. This represents a 3.0% increase in service episodes from CY 2017. On the following page, 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, 65% of service episodes were purchased from external providers by counties while 35% were internally provided by counties. Overall, 75% of all service episodes were for new services provided in CY 2018, while 70% of all service episodes were closed in CY 2018.

Table 4: Characteristics of Service Episodes in CY 2018 (N = 34,321)

Characteristic	Frequency	Percent
Program Area		
PA3 Services	2,589	7.5
PA4 Cases	4,620	13.5
PA5 Cases	26,490	77.2
PA6 Cases	622	1.8
Provider Type		
Purchased	22,388	65.2
County Provided	11,933	34.8
Service Status		
New Service in CY 2018	25,699	74.9
Closed Service in CY 2018	23,928	69.7

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 2018 was county designed services at 35%, followed by life skills at 13%, and substance abuse treatment and mental health services at 12% each.

Table 5: Service Episodes in CY 2018 by Service Type

Service Type	Frequency	Percent
County Designed Services	12,110	35.3
Life Skills*	4,504	13.1
Substance Abuse Treatment	4,151	12.1
Mental Health Services	4,007	11.7
Home-Based Interventions	3,324	9.7
Intensive Family Therapy	2,651	7.7
Special Economic Assistance	2,375	6.9
Sexual Abuse Treatment**	790	2.3
Day Treatment***	409	1.2
Total	34,321	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, and family engagement meeting services. These three service types comprise 50% of all county designed service episodes in CY 2018.

Table 6: Service Episodes by County Designed Service Type for CY 2018

Service Type	Frequency	Percent
Family Group Decision Making	2,581	21.3
Supervised Visitation	2,162	17.9
Family Engagement Meeting Services	1,448	12.0
Domestic Violence Intervention Services	827	6.8
Family Empowerment	684	5.6
Community Based Family Support Services	617	5.1
Child Mentoring and Family Support	575	4.7
CET/TDM	479	4.0
Mentoring	371	3.1
Family Outreach	347	2.9
Multi Systemic Therapy	273	2.3
Mediation	269	2.2
Nurturing Program	228	1.9
Family Strengths	205	1.7
Structured Parenting Time	187	1.5
Functional Family Therapy	127	1.0
Mobile Intervention Team	119	1.0
Direct Link	117	1.0
Parenting Skills	98	0.8
Child/Family Service Therapist	89	0.7
Trauma Informed Care/Services	64	0.5
Youth Intervention Program	56	0.5
Reconnecting Youth	37	0.3
Play Therapy	37	0.3
Foster Care/Adoption Support	31	0.3
Permanency Roundtables	25	0.2
Youth Outreach	23	0.2
Kinship Evaluation/Training	20	0.2
Adolescent Support Group	11	0.1
Other	3	0.0
Total	12,110	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 2,902 closed substance abuse treatment service episodes from CY 2018, were methamphetamines and marijuana at 26% and 20%, respectively, followed by alcohol at 18%.

Table 7: Substance Types for Substance Abuse Treatment Service Episodes in CY 2018

Substance Type	Frequency	Percent
Methamphetamines	764	26.3
Unknown/Other	617	21.3
Marijuana	586	20.2
Alcohol	532	18.3
Heroin	143	4.9
Cocaine/Crack	138	4.8
Other Opiates	107	3.7
Depressants	8	0.3
Stimulants	7	0.2
Total*	2,902	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.		

On the following page, 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 2018 by county.

Table 8: Count of Clients Served, Children/Youth Receiving or Benefitting, and Service Episodes for CY 2018 by County

County*	Clients Served**	Percent of State Total	Children/Youth Receiving/Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Statewide	29,567	100.0	18,051	100.0	34,321	100.0
Adams	2,744	9.3	1,697	9.3	3,478	10.1
Alamosa	259	0.9	197	1.1	258	0.8
Arapahoe	3,404	11.5	2,538	13.9	3,090	9.0
Archuleta	135	0.5	60	0.3	102	0.3
Baca	3	0.0	1	0.0	1	0.0
Bent	42	0.1	26	0.1	36	0.1
Boulder	924	3.1	500	2.7	807	2.4
Broomfield	115	0.4	75	0.4	177	0.5
Chaffee	85	0.3	51	0.3	57	0.2
Cheyenne	4	0.0	3	0.0	1	0.0
Clear Creek	56	0.2	31	0.2	53	0.2
Conejos	77	0.3	68	0.4	87	0.3
Costilla	86	0.3	62	0.3	140	0.4
Crowley	56	0.2	46	0.3	63	0.2
Custer	5	0.0	3	0.0	2	0.0
Delta	257	0.9	162	0.9	344	1.0
Denver	2,198	7.4	1,398	7.7	2,056	6.0
Douglas	749	2.5	465	2.6	650	1.9
Eagle	133	0.4	75	0.4	127	0.4
El Paso	4,306	14.6	2,424	13.3	8,590	25.0
Elbert	171	0.6	98	0.5	90	0.3
Fremont	606	2.0	301	1.7	1,013	3.0
Garfield	412	1.4	260	1.4	335	1.0
Gilpin	18	0.1	22	0.1	27	0.1
Grand	33	0.1	27	0.1	35	0.1
Gunnison/ Hinsdale	61	0.2	33	0.2	50	0.1
Huerfano	29	0.1	17	0.1	27	0.1
Jackson	2	0.0	2	0.0	1	0.0
Jefferson	1,880	6.4	1,376	7.6	2,191	6.4
Kiowa	29	0.1	22	0.1	14	0.0
Kit Carson	77	0.3	45	0.2	73	0.2
La Plata/ San Juan	289	1.0	180	1.0	451	1.3
Lake	32	0.1	24	0.1	36	0.1
Larimer	3,450	11.7	1,924	10.6	2,832	8.3
Las Animas	48	0.2	38	0.2	33	0.1
Lincoln	85	0.3	49	0.3	38	0.1
Logan	238	0.8	140	0.8	214	0.6
Mesa	1,088	3.7	527	2.9	1,145	3.3
Moffat	140	0.5	77	0.4	104	0.3
Montezuma	37	0.1	31	0.2	53	0.2
Montrose	479	1.6	243	1.3	330	1.0
Morgan	319	1.1	172	0.9	297	0.9
Otero	100	0.3	80	0.4	86	0.3
Ouray/ San Miguel	15	0.1	16	0.1	15	0.0
Park	69	0.2	34	0.2	56	0.2
Phillips	2	0.0	1	0.0	3	0.0
Pitkin	56	0.2	34	0.2	41	0.1

Table 8 (continued)

County*	Clients Served**	Percent of State Total	Children/Youth Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Prowers	55	0.2	32	0.2	36	0.1
Pueblo	1,012	3.4	635	3.5	1,509	4.4
Rio Blanco	44	0.1	25	0.1	37	0.1
Rio Grande/ Mineral	98	0.3	59	0.3	72	0.2
Routt	69	0.2	60	0.3	73	0.2
Saguache	23	0.1	21	0.1	24	0.1
Sedgwick	5	0.0	8	0.0	5	0.0
Summit	59	0.2	27	0.1	65	0.2
Teller	161	0.5	71	0.4	138	0.4
Washington	65	0.2	40	0.2	27	0.1
Weld	2,413	8.2	1,465	8.0	2,502	7.3
Yuma	160	0.5	104	0.6	124	0.4

*Dolores County had no clients served, children/youth receiving or benefitting, or service episodes for CY 2018.
**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 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. Although 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 2018 calendar year, 23,928 total service episodes were closed in Trails. The final service effectiveness sample size was 15,035 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 2018 across all service types, service goals, and program areas. Overall, 78% of service episodes were closed with a “successful” (60%) or “partially successful” (18%) outcome designation, while 22% of service episodes were closed with a “not successful, did not engage” (13%) or “not successful, no progress” (9%) outcome designation. This represents a two percent decrease in service episodes closed with a successful or partially successful outcome from CY 2017.

Table 9: Service Effectiveness Outcomes for Closed Service Episodes in CY 2018

Service Outcome	Frequency	Percent
Successful	8,955	59.6
Partially Successful	2,735	18.2
Not Successful, Did Not Engage	1,941	12.9
Not Successful, No Progress	1,404	9.3
Total	15,035	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, 84% 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 79%, and service episodes with a return home service goal at 72%.

Table 10: Service Effectiveness Outcomes by Service Goal for Service Episodes Closed in CY 2018 (N = 15,035)

Service Goal	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Least Restrictive Setting	230	78.8	62	21.2
Remain Home	6,050	84.1	1,138	15.9
Return Home	5,410	71.6	2,145	28.4
Total	11,690	77.8	3,345	22.2

As displayed in Table 11, 84% of county provided service episodes were closed with a “successful” or “partially successful” outcome designation, while 75% 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 2018 (N = 15,035)*

Provider Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Purchased	7,424	74.7	2,523	25.3
County Provided	4,266	83.9	822	16.1
Total	11,690	77.8	3,345	22.2

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 85%, episodes for children/youth with a PA5 designation at 77%, and service episodes for children/youth with a PA4 designation also at 77%. For a subsample of children/youth receiving an adoption subsidy 76% of service episodes (provided after the adoption finalization) were closed with a “successful” or “partially successful” outcome designation (n = 339).

Table 12: *Service Effectiveness Outcomes by Program Area for Service Episodes Closed in CY 2018 (N = 15,035)*

Program Area	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,002	87.5	143	12.5
PA4 Cases	1,719	77.3	505	22.7
PA5 Cases	8,770	76.7	2,662	23.3
PA6 Cases	199	85.0	35	15.0
Total	11,690	77.8	3,345	22.2

Table 13 shows that 91% 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 PA3 Type for Service Episodes Closed in CY 2018 (N = 1,145)*

PA3 Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Intervention	118	90.8	12	9.2
Prevention - Closed Assessment	323	84.8	58	15.2
Prevention - Screen-out	561	88.5	73	11.5
Total	1,002	87.5	143	12.5

On the following page, Table 14 shows that sexual abuse treatment (85%) and day treatment (83%) had the highest percentage of episodes closed in CY 2018 with either a “successful” or “partially successful” designation. Substance abuse treatment (66%) and life skills (71%) and had the lowest rates of “successful” or “partially successful” outcome designations in CY 2018.

Table 14: Service Effectiveness Outcomes by Service Type for Service Episodes Closed in CY 2018 (N = 15,035)

Service Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Sexual Abuse Treatment	292	84.6	53	15.4
Day Treatment	160	83.3	32	16.7
County Designed Services	5,122	82.2	1,109	17.8
Home-Based Interventions	1,339	81.3	309	18.7
Intensive Family Therapy	937	78.5	256	21.5
Mental Health Services	1,112	76.3	345	23.7
Life Skills	1,511	71.2	611	28.8
Substance Abuse Treatment	1,217	65.9	630	34.1
Total	11,690	77.8	3,345	22.2

Table 15 shows the service effectiveness outcomes for service episodes closed in CY 2018 by county.

Table 15: Service Effectiveness Outcomes by County for Service Episodes Closed in CY 2018 (N = 15,035)

County*	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Statewide	11,690	77.8	3,345	22.2
Adams	867	75.6	280	24.4
Alamosa	70	77.8	20	22.2
Arapahoe	1,017	76.3	316	23.7
Archuleta	40	74.1	14	25.9
Baca	1	100.0	0	0.0
Bent	17	85.0	3	15.0
Boulder	210	80.5	51	19.5
Broomfield	84	80.8	20	19.2
Chaffee	22	95.7	1	4.3
Clear Creek	19	90.5	2	9.5
Conejos	25	75.8	8	24.2
Costilla	18	100.0	0	0.0
Crowley	15	75.0	5	25.0
Custer	0	0.0	1	100.0
Delta	168	96.6	6	3.4
Denver	583	67.9	275	32.1
Douglas	171	72.2	66	27.8
Eagle	24	96.0	1	4.0
El Paso	2,772	77.1	823	22.9
Elbert	21	77.8	6	22.2
Fremont	253	71.5	101	28.5
Garfield	150	77.3	44	22.7
Gilpin	19	100.0	0	0.0
Grand	19	90.5	2	9.5
Gunnison/Hinsdale	21	87.5	3	12.5
Huerfano	11	100.0	0	0.0
Jackson	1	100.0	0	0.0
Jefferson	917	77.4	268	22.6
Kiowa	6	75.0	2	25.0
Kit Carson	34	97.1	1	2.9
La Plata/San Juan	221	89.8	25	10.2
Lake	16	88.9	2	11.1
Larimer	1,711	88.6	221	11.4
Las Animas	14	66.7	7	33.3
Lincoln	16	88.9	2	11.1
Logan	49	75.4	16	24.6
Mesa	380	74.1	133	25.9
Moffat	46	88.5	6	11.5
Montezuma	12	85.7	2	14.3

Table 15 (continued)

County	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Montrose	131	80.9	31	19.1
Morgan	116	89.9	13	10.1
Otero	16	57.1	12	42.9
Ouray/San Miguel	9	100.0	0	0.0
Park	21	91.3	2	8.7
Pitkin	16	84.2	3	15.8
Prowers	14	82.4	3	17.6
Pueblo	459	68.9	207	31.1
Rio Blanco	8	66.7	4	33.3
Rio Grande/Mineral	12	80.0	3	20.0
Routt	19	90.5	2	9.5
Saguache	12	92.3	1	7.7
Sedgwick	2	100.0	0	0.0
Summit	22	95.7	1	4.3
Teller	73	90.1	8	9.9
Washington	9	90.0	1	10.0
Weld	652	67.0	321	33.0
Yuma	59	100.0	0	19.1

* Cheyenne, Dolores, and Phillips 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 9,224 unduplicated children/youth with a closed case (or closed involvement for PA3) in CY 2018. There were 37,499 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 2018 but were provided during closed involvement spans in CY 2018.

3.2.1. Overall Service Goal Attainment Results

Table 16 shows the proportion of service episodes within closed involvement spans in CY 2018 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 2018*

Service Goal	Frequency	Percent
Return Home	19,370	51.7
Remain Home	17,711	47.2
Less Restrictive	418	1.1
Total	37,499	100.0

As displayed in Table 17, the service type with the highest percentage of return home service goals was substance abuse treatment at 62%, the service type with the highest percentage of remain home service goals was day treatment at 61%, and the service type with the highest percentage of least restrictive setting service goals was day treatment at 4%.

Table 17: *Service Type Frequencies by Service Goal for Service Episodes from Involvements Closed in CY 2018 (N = 37,499)*

Service Type	Return Home		Remain Home		Least Restrictive Setting	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
County Designed Services	6,463	47.7	6,978	51.4	122	0.9
Day Treatment	118	34.5	209	61.1	15	4.4
Home-Based Interventions	1,933	47.7	2,082	51.3	41	1.0
Intensive Family Therapy	1,196	49.8	1,192	49.6	15	0.6
Life Skills	2,496	56.5	1,867	42.3	54	1.2
Mental Health Services	2,128	57.4	1,517	40.9	62	1.7
Sexual Abuse Treatment	347	48.1	348	48.3	26	3.6
Special Economic Assistance	1,961	50.3	1,865	47.8	72	1.8
Substance Abuse Treatment	2,728	62.1	1,653	37.6	11	0.3
Total	19,370	51.7	17,711	47.2	418	1.1

Table 18 shows that the service goal was attained in 80% of all service episodes in CY 2018, which is a two percent increase from CY 2017. The service goal attainment rate was 91% for remain home, 81% for least restrictive setting, and 70% 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 92% 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, 88% of distinct children/youth with an involvement closed in CY 2018 attained their service goal, which is a one percent increase from CY 2017.

Table 18: *Service Goal Attainment by Service Goal Type for Service Episodes from Involvements Closed in CY 2018 (N = 37,499)*

Service Goal	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Return Home	13,627	70.4	5,743	29.6
Remain Home	16,104	90.9	1,607	9.1
Least Restrictive Setting	337	80.6	81	19.4
Overall	30,068	80.2	7,431	19.8

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 also had a 91% remain home service goal attainment rate.

Table 19: *Remain Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2018 (N = 17,711)*

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	6,098	91.1	597	8.9
Purchased	10,006	90.8	1,010	9.2
Overall	16,104	90.9	1,607	9.1

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 92% remain home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 74% remain home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 61% 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, service episodes (provided after the adoption finalization) had a 65% remain home service goal attainment rate (*n* = 277).

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

Table 20: *Remain Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2018 (N = 17,711)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,846	99.7	5	0.3
PA4 Cases	1,211	73.6	435	26.4
PA5 Cases	13,012	91.9	1,145	8.1
PA6 Cases	35	61.4	22	38.6
Overall	16,104	90.9	1,607	9.1

Table 21 shows that service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services had a 100% 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 99% 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 2018 (N = 1,851)*

PA3 Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intervention	187	100.0	0	0.0
Prevention - Closed Assessment	601	99.3	4	0.7
Prevention - Screen-out	1,058	99.9	1	0.1
Total	1,846	99.7	5	0.3

Table 22 shows that service episodes for mental health services (93%), county designed services (93%), and intensive family therapy (93%) had the highest remain home service goal attainment rates, while day treatment (84%) 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 2018 (N = 17,711)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Mental Health Services	1,410	92.9	107	7.1
County Designed Services	6,470	92.7	508	7.3
Intensive Family Therapy	1,105	92.7	87	7.3
Life Skills	1,679	89.9	188	10.1
Sexual Abuse Treatment	309	88.8	39	11.2
Home-Based Interventions	1,844	88.6	238	11.4
Special Economic Assistance	1,651	88.5	214	11.5
Substance Abuse Treatment	1,461	88.4	192	11.6
Day Treatment	175	83.7	34	16.3
Total	16,104	90.9	1,607	9.1

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 2018 (N = 17,711)*

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Statewide	16,104	90.9	1,607	9.1
Adams	2,513	93.6	172	6.4
Alamosa	139	95.9	6	4.1
Arapahoe	1,166	84.6	213	15.4
Archuleta	73	96.1	3	3.9
Bent	35	100.0	0	0.0
Boulder	289	88.4	38	11.6
Broomfield	131	88.5	17	11.5
Chaffee	39	92.9	3	7.1
Clear Creek	37	100.0	0	0.0
Conejos	22	95.7	1	4.3
Costilla	5	100.0	0	0.0
Crowley	17	100.0	0	0.0
Custer	2	100.0	0	0.0
Delta	87	91.6	8	8.4
Denver	859	85.4	147	14.6
Douglas	364	91.5	34	8.5
Eagle	108	99.1	1	0.9
El Paso	3,232	90.5	338	9.5
Elbert	60	92.3	5	7.7
Fremont	292	90.1	32	9.9
Garfield	267	95.4	13	4.6
Gilpin	22	78.6	6	21.4
Grand	49	100.0	0	0.0
Gunnison/Hinsdale	17	94.4	1	5.6
Huerfano	2	18.2	9	81.8
Jefferson	839	89.1	103	10.9
Kiowa	7	100.0	0	0.0
Kit Carson	30	100.0	0	0.0
La Plata/San Juan	267	96.7	9	3.3
Lake	16	100.0	0	6.4
Larimer	2,306	92.3	192	7.7

Table 23 (continued)

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Las Animas	11	91.7	1	8.3
Lincoln	22	95.7	1	4.3
Logan	84	93.3	6	6.7
Mesa	224	93.3	16	6.7
Moffat	90	96.8	3	3.2
Montezuma	43	100.0	0	0.0
Montrose	158	95.2	8	4.8
Morgan	125	95.4	6	4.6
Otero	37	100.0	0	0.0
Ouray/San Miguel	12	100.0	0	0.0
Park	32	88.9	4	11.1
Pitkin	39	100.0	0	0.0
Prowers	17	100.0	0	0.0
Pueblo	570	81.3	131	18.7
Rio Blanco	2	100.0	0	0.0
Rio Grande/Mineral	29	87.9	4	12.1
Routt	24	80.0	6	20.0
Saguache	28	100.0	0	0.0
Sedgwick	7	100.0	0	0.0
Summit	38	100.0	0	0.0
Teller	51	96.2	2	3.8
Washington	25	100.0	0	0.0
Weld	1,069	94.0	68	6.0
Yuma	75	100.0	0	8.3

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

3.2.3. Return Home Service Goal Attainment Results

As displayed in Table 24, county provided service episodes had a 73% return home service goal attainment rate, while purchased service episodes had a 69% return home service goal attainment rate.

Table 24: Return Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2018 (N = 19,370)

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	4,961	72.7	1,867	27.3
Purchased	8,666	69.1	3,876	30.9
Overall	13,627	70.4	5,743	29.6

As displayed in Table 25 on the following page, service episodes for children/youth with a PA5 designation had a 71% return home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 61% return home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 21% return home service goal attainment rate. For a subsample of children/youth receiving an adoption subsidy service episodes (provided after the adoption finalization) had a 55% return home service goal attainment rate (n = 519).

Table 25: Return Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2018 (N = 19,370)

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA4 Cases	700	60.9	450	39.1
PA5 Cases	12,898	71.3	5,182	28.7
PA6 Cases	29	20.7	111	79.3
Overall	13,627	70.4	5,743	29.6

Table 26 shows that service episodes for sexual abuse treatment (76%), life skills (75%), and special economic assistance (74%) had the highest return home service goal attainment rates, while day treatment (59%) and mental health services (66%) 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 2018 (N = 19,370)

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Sexual Abuse Treatment	263	75.8	84	24.2
Life Skills	1,865	74.7	631	25.3
Special Economic Assistance	1,458	74.3	503	25.7
Intensive Family Therapy	866	72.4	330	27.6
Substance Abuse Treatment	1,928	70.7	800	29.3
County Designed Services	4,464	69.1	1,999	30.9
Home-Based Interventions	1,315	68.0	618	32.0
Mental Health Services	1,399	65.7	729	34.3
Day Treatment	69	58.5	49	41.5
Overall	13,627	70.4	5,743	29.6

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 2018 (N = 19,370)

County*	Attained		Not Attained	
	Count	%	Count	%
Statewide	13,627	70.4	5,743	29.6
Adams	1,630	63.6	934	36.4
Alamosa	71	51.8	66	48.2
Arapahoe	804	65.8	418	34.2
Archuleta	29	63.0	17	37.0
Bent	16	84.2	3	15.8
Boulder	162	50.6	158	49.4
Broomfield	117	64.3	65	35.7
Chaffee	4	50.0	4	50.0
Clear Creek	14	53.8	12	46.2
Conejos	23	85.2	4	14.8
Costilla	14	53.8	12	46.2
Crowley	48	94.1	3	5.9
Custer	2	66.7	1	33.3
Delta	187	94.0	12	6.0
Denver	1,283	62.6	767	37.4
Douglas	274	87.0	41	13.0
Eagle	10	50.0	10	50.0
El Paso	3,162	70.5	1,324	29.5
Elbert	13	54.2	11	45.8
Fremont	410	88.9	51	11.1
Garfield	331	89.9	37	10.1

Table 27 (continued)

County*	Attained		Not Attained	
	Count	%	Count	%
Gilpin	15	100.0	0	0.0
Gunnison/Hinsdale	11	100.0	0	0.0
Huerfano	1	100.0	0	0.0
Jackson	2	100.0	0	0.0
Jefferson	863	69.9	372	30.1
Kiowa	0	0.0	5	100.0
Kit Carson	32	84.2	6	15.8
La Plata/San Juan	56	60.9	36	39.1
Lake	3	100.0	0	0.0
Larimer	1,094	88.9	136	11.1
Las Animas	16	61.5	10	38.5
Lincoln	7	22.6	24	77.4
Logan	85	49.4	87	50.6
Mesa	494	49.3	508	50.7
Moffat	28	84.8	5	15.2
Montezuma	15	88.2	2	11.8
Montrose	126	84.0	24	16.0
Morgan	144	90.6	15	9.4
Otero	20	76.9	6	23.1
Park	42	100.0	0	0.0
Pitkin	2	100.0	0	0.0
Prowers	7	100.0	0	0.0
Pueblo	811	75.7	261	24.3
Rio Blanco	43	72.9	16	27.1
Rio Grande/Mineral	57	96.6	2	3.4
Routt	15	100.0	0	0.0
Saguache	5	62.5	3	37.5
Summit	2	100.0	0	0.0
Teller	115	61.5	72	38.5
Washington	28	100.0	0	0.0
Weld	864	81.7	193	18.3
Yuma	20	66.7	10	33.3

* Baca, Cheyenne, Dolores, Grand, Ouray/San Miguel, and Sedgwick 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 2017 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 5,758 children/youth with closed cases in CY 2017. Overall, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% 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 2016.

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 2017*

Outcome	Frequency	Percent
Subsequent Referral (N = 5,758)		
Yes	2,721	47.3
No	3,037	52.7
Subsequent Assessment (N = 5,758)		
Yes	1,809	31.4
No	3,949	68.6
Subsequent Founded Assessment (N = 5,758)		
Yes	388	6.7
No	5,370	93.3
Subsequent Case (N = 5,758)		
Yes	630	10.9
No	5,128	89.1
Subsequent Placement (N = 5,758)		
Yes	267	4.6
No	5,491	95.4
Subsequent DYS Involvement (N = 2,651)*		
Yes	243	9.2
No	2,408	90.8
Subsequent DYS Commitment (N = 2,651)*		
Yes	27	1.0
No	2,624	99.0

*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 2017 by service goal type. Of the 21,576 service episodes, 63% were associated with a goal of remain home, 37% 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 2017*

Service Goal	Frequency	Percent
Remain Home	13,633	63.2
Return Home	7,914	36.7
Least Restrictive Setting	29	0.1
Total	21,576	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 return home service goal had a 47% subsequent referral rate, while children/youth with a remain home service goal had a 50% subsequent referral rate.

- Children/youth with a return home service goal had a 30% subsequent assessment rate, while children/youth with a remain home service goal had a 35% subsequent assessment rate.
- Children/youth with a return home service goal had a 7% subsequent founded assessment rate, while children/youth with a remain home service goal had a 8% subsequent founded assessment rate.
- Children/youth with a return home service goal had an 8% subsequent case rate, while children/youth with a remain home service goal had an 11% subsequent case rate.
- Children/youth with a remain home service goal had a 4% subsequent placement rate, while children/youth with a return home service goal had a 5% subsequent placement rate.
- Children/youth with a return home service goal had a 5% subsequent DYC involvement rate, while children/youth with a remain home service goal had an 8% subsequent DYC involvement rate.
- 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 2017

Outcome	Frequency	Percent
Subsequent Referral		
Remain Home (N = 13,633)	6,856	50.3
Return Home (N = 7,914)	3,707	46.8
Subsequent Assessment		
Remain Home (N = 13,633)	4,759	34.9
Return Home (N = 7,914)	2,398	30.3
Subsequent Founded Assessment		
Remain Home (N = 13,633)	1,063	7.8
Return Home (N = 7,914)	526	6.6
Subsequent Case		
Remain Home (N = 13,633)	1,478	10.8
Return Home (N = 7,914)	667	8.4
Subsequent Placement		
Remain Home (N = 13,633)	571	4.2
Return Home (N = 7,914)	386	4.9
Subsequent DYS Involvement*		
Remain Home (N = 6,100)	473	7.8
Return Home (N = 2,927)	144	4.9
Subsequent DYS Commitment*		
Remain Home (N = 6,100)	34	0.6
Return Home (N = 2,927)	28	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 2017. Service episodes for children/youth with a PA6 designation were not included in the analysis because of the low sample size (n = 20).

- Service episodes for children with a PA3 designation had a 41% subsequent referral rate, a 24% subsequent assessment rate, a 4% subsequent founded assessment rate, a 9% subsequent case rate, a 3% subsequent placement rate, a 8% 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 44% subsequent referral rate, a 31% subsequent assessment rate, a 3% subsequent founded assessment rate, a 15% subsequent case rate, a 10% subsequent

placement rate, a 29% subsequent DYS involvement (any DYS) rate, and a 4% subsequent DYS commitment rate.

- Service episodes for children with a PA5 designation had a 50% subsequent referral rate, a 34% subsequent assessment rate, a 8% subsequent founded assessment rate, a 10% subsequent case rate, a 4% subsequent placement rate, a 2% 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 2017

Program Area	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	21,576	49.0	33.2	7.4	10.0	4.5	6.9	0.7
PA3 Services	1,391	41.4	23.8	3.5	9.0	2.8	8.4	0.7
PA4 Cases	1,449	44.2	31.1	2.5	14.8	9.5	29.1	3.9
PA5 Cases	18,716	50.0	34.1	8.1	9.7	4.2	2.0	0.0

*Sample size of 909 for PA3, 1,437 for PA4, 6,690 for PA5, and 9,056 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 2017. County provided service episodes had a 46% subsequent referral rate, a 33% subsequent assessment rate, a 3% subsequent founded assessment rate, a 16% subsequent case rate, a 10% subsequent placement rate, a 31% subsequent DYS involvement (any DYS) rate, and a 3% subsequent DYS commitment rate. Purchased service episodes had a 43% subsequent referral rate, a 30% subsequent assessment rate, a 2% subsequent founded assessment rate, a 14% subsequent case rate, a 9% subsequent placement rate, a 28% subsequent DYS involvement (any DYS) rate, and a 4% subsequent DYS commitment rate.

Table 32: Percent of PA4 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2017

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,449	44.2	31.1	2.5	14.8	9.5	29.1	3.9
County Provided	481	45.7	32.8	2.9	15.6	10.0	30.8	3.3
Purchased	968	43.4	30.3	2.3	14.4	9.3	28.3	4.2

*Sample size of 478 for county provided, 959 for purchased, and 1,437 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

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 2017.

- Mental health services and intensive family therapy had the lowest subsequent referral rate.
- Intensive family therapy and sexual abuse treatment had the lowest subsequent assessment, subsequent founded assessment, and subsequent case rates.
- Intensive family therapy had the lowest subsequent placement rate.
- Sexual abuse treatment had the lowest subsequent DYC involvement and DYC commitment rates.
- Special economic assistance had the highest subsequent referral, subsequent assessment, subsequent case, and subsequent placement rates.
- Substance abuse treatment had the highest subsequent founded assessment and subsequent DYC involvement rates.
- Life skills had the highest subsequent DYC commitment rate.

Table 33: Percent of PA4 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2017

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,449	44.2	31.1	2.5	14.8	9.5	29.1	3.9
County Designed	404	40.6	30.2	2.2	14.9	8.2	28.0	3.0
Day Treatment	69	46.4	30.4	4.3	15.9	11.6	26.5	4.4
Home-Based Interventions	243	49.4	33.3	2.9	13.2	9.9	26.8	2.9
Intensive Family Therapy	95	37.9	23.2	0.0	10.5	3.2	26.9	4.3
Life Skills	178	41.0	28.7	1.7	14.6	10.7	33.0	6.8
Mental Health	125	37.6	25.6	1.6	13.6	9.6	23.4	2.4
Sexual Abuse Treatment	64	42.2	23.4	0.0	10.9	7.8	12.7	0.0
Special Economic Assistance	204	56.4	41.7	4.4	19.1	13.2	37.3	6.4
Substance Abuse Treatment	67	38.8	32.8	4.5	17.9	10.4	40.3	3.0

*Sample size of 403 for county designed services, 68 for day treatment, 239 for home-based services, 93 for intensive family therapy, 176 for life skills, 124 for mental health services, 63 for sexual abuse treatment, 204 for special economic assistance, 67 for substance abuse treatment, and 1,437 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 34 shows that, statewide, 44% of service episodes associated with a PA4 designation had a subsequent referral, 31% had a subsequent assessment, 3% had a subsequent founded assessment, 15% had a subsequent case, 10% had a subsequent placement, 29% had a subsequent DYS involvement, and 4% had a subsequent DYS commitment.

Table 34: Percent of PA4 Service Episodes with Follow-up Events by County from Cases Closed in CY 2017

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Statewide	1,449	44.2	31.1	2.5	14.8	9.5	29.1	3.9
Adams	61	26.2	26.2	0.0	4.9	1.6	13.1	0.0
Alamosa	5	40.0	40.0	0.0	40.0	0.0	40.0	0.0
Arapahoe	97	33.0	20.6	5.2	14.4	10.3	45.4	4.1
Archuleta	30	16.7	16.7	6.7	0.0	0.0	8.0	0.0
Boulder	28	14.3	10.7	0.0	10.7	10.7	25.0	0.0
Broomfield	4	75.0	75.0	0.0	75.0	75.0	100.0	0.0
Chaffee	5	80.0	80.0	0.0	0.0	0.0	0.0	0.0
Clear Creek	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Conejos	4	100.0	100.0	0.0	100.0	100.0	100.0	0.0
Costilla	3	100.0	100.0	0.0	100.0	100.0	100.0	0.0
Denver	174	58.6	45.4	3.4	27.0	19.5	36.2	17.2
Douglas	67	61.2	38.8	0.0	11.9	7.5	16.4	0.0
Eagle	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
El Paso	260	44.2	30.0	0.4	10.4	3.8	31.4	4.7
Elbert	6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Fremont	33	48.5	36.4	9.1	6.1	6.1	6.1	0.0
Gunnison/ Hinsdale	4	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Jefferson	72	30.6	23.6	0.0	9.7	9.7	19.4	2.8

Table 34 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Kiowa	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
La Plata/San Juan	81	29.6	11.1	0.0	3.7	3.7	2.5	0.0
Larimer	183	43.2	32.8	3.8	16.4	6.0	32.4	1.1
Logan	3	0.0	0.0	0.0	0.0	0.0	33.3	0.0
Mesa	4	50.0	50.0	0.0	25.0	25.0	75.0	0.0
Montezuma	13	30.8	0.0	0.0	0.0	0.0	0.0	0.0
Montrose	7	57.1	42.9	28.6	28.6	28.6	50.0	0.0
Morgan	15	60.0	40.0	0.0	20.0	20.0	26.7	0.0
Ouray/San Miguel	2	100.0	0.0	0.0	0.0	0.0	0.0	0.0
Pitkin	3	33.3	0.0	0.0	0.0	0.0	33.3	0.0
Pueblo	208	48.1	34.1	4.8	15.4	12.0	34.6	2.4
Rio Grande/Mineral	12	33.3	25.0	0.0	25.0	25.0	0.0	0.0
Routt	1	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Saguache	2	50.0	0.0	0.0	0.0	0.0	100.0	0.0
Summit	6	66.7	0.0	0.0	0.0	0.0	66.7	0.0
Teller	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Washington	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Weld	42	76.2	47.6	0.0	40.5	19.0	54.8	2.4

* Baca, Bent, Cheyenne, Crowley, Custer, Delta, Garfield, Gilpin, Grand, Huerfano, Jackson, Kit Carson, Lake, Las Animas, Lincoln, Moffat, Otero, Park, Phillips, Prowers, Rio Blanco, Sedgwick, and Yuma 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 2017. County provided service episodes had a 49% subsequent referral rate, a 33% subsequent assessment rate, a 8% subsequent founded assessment rate, a 11% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate. Purchased service episodes had a 50% subsequent referral rate, a 35% subsequent assessment rate, a 8% subsequent founded assessment rate, a 9% subsequent case rate, a 4% subsequent placement rate, a 2% 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 2017

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	18,716	50.0	34.1	8.1	9.7	4.2	2.0	0.0
County Provided	6,690	49.2	32.5	7.6	11.4	4.3	2.0	0.0
Purchased	12,026	50.4	35.0	8.4	8.8	4.1	1.9	0.0

*Sample size of 2,365 for county, 4,325 for purchased, and 6,690 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

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 2017.

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

- Special economic assistance had the highest subsequent case rate.
- Home-based interventions and life skills had the highest subsequent DYC involvement rate.

Table 36: Percent of PA5 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2017

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	18,716	50.0	34.1	8.1	9.7	4.2	2.0	0.0
County Designed	6,120	49.0	32.7	7.8	10.3	3.8	1.6	0.0
Day Treatment	81	44.4	17.3	3.7	6.2	2.5	0.0	0.0
Home-Based Interventions	2,394	52.1	36.5	8.6	10.5	4.8	2.9	0.0
Intensive Family Therapy	1,432	47.8	33.3	7.1	6.8	3.8	2.0	0.0
Life Skills	1,786	49.0	34.3	7.3	8.5	3.6	2.8	0.0
Mental Health	1,520	48.7	31.3	7.6	9.6	4.1	2.6	0.0
Sexual Abuse Treatment	336	39.9	23.8	3.6	4.8	2.4	1.1	0.0
Special Economic Assistance	2,256	50.9	35.6	8.4	10.8	4.7	1.4	0.0
Substance Abuse Treatment	2,791	53.5	37.4	9.8	9.7	5.2	1.4	0.0

*Sample size of 2,237 for county designed services, 45 for day treatment, 868 for home-based services, 537 for intensive family therapy, 609 for life skills, 686 for mental health services, 176 for sexual abuse treatment, 697 for special economic assistance, 835 for substance abuse treatment, and 6,690 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 37 shows that, statewide, 50% of services episodes associated with PA5 designation had a subsequent referral, 34% had a subsequent assessment, 8% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 2% 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 2017

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Statewide	18,716	50.0	34.1	8.1	9.7	4.2	2.0	0.0
Adams	2,610	41.6	28.1	7.8	6.2	3.3	0.4	0.0
Alamosa	84	36.9	36.9	14.3	9.5	4.8	0.0	0.0
Arapahoe	960	41.5	31.0	6.4	9.0	2.0	5.2	0.0
Archuleta	18	72.2	72.2	22.2	44.4	5.6	0.0	0.0
Bent	12	83.3	83.3	0.0	8.3	0.0	0.0	0.0
Boulder	462	63.6	34.8	14.1	18.0	3.9	0.0	0.0
Broomfield	178	49.4	24.2	5.1	7.9	4.5	8.1	0.0
Chaffee	55	38.2	21.8	0.0	29.1	0.0	9.5	0.0
Cheyenne	8	25.0	25.0	25.0	0.0	0.0	N/A	0.0
Clear Creek	7	71.4	57.1	28.6	57.1	57.1	0.0	0.0
Conejos	6	50.0	50.0	0.0	50.0	50.0	N/A	0.0
Costilla	54	20.4	11.1	0.0	0.0	0.0	0.0	0.0
Crowley	28	71.4	42.9	0.0	0.0	0.0	0.0	0.0
Delta	94	48.9	38.3	34.0	43.6	39.4	0.0	0.0

Table 37 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Denver	1,437	52.5	38.9	7.0	9.7	5.0	2.8	0.0
Douglas	329	33.7	21.3	4.9	5.2	3.0	5.3	0.0
Eagle	138	56.5	40.6	16.7	20.3	13.0	3.3	0.0
El Paso	5,032	53.6	39.4	8.2	6.6	3.4	0.6	0.0
Elbert	52	55.8	7.7	3.8	0.0	0.0	0.0	0.0
Fremont	557	64.1	36.1	10.8	24.8	9.0	0.0	0.0
Garfield	202	59.9	41.1	9.9	16.3	5.9	1.9	0.0
Gilpin	4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grand	12	83.3	58.3	0.0	8.3	0.0	0.0	0.0
Gunnison/ Hinsdale	16	50.0	0.0	0.0	0.0	0.0	0.0	0.0
Huerfano	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jefferson	1,391	53.6	37.1	9.3	8.7	5.0	2.7	0.0
Kiowa	24	62.5	50.0	0.0	0.0	0.0	0.0	0.0
Kit Carson	4	0.0	0.0	0.0	75.0	0.0	0.0	0.0
La Plata/ San Juan	184	67.4	13.0	3.3	4.3	4.3	0.0	0.0
Lake	27	44.4	7.4	0.0	0.0	0.0	14.3	0.0
Larimer	1,787	52.4	37.7	9.5	21.7	5.3	2.5	0.0
Lincoln	20	95.0	45.0	0.0	5.0	0.0	0.0	0.0
Logan	94	78.7	12.8	8.5	8.5	0.0	0.0	0.0
Mesa	587	47.7	21.8	8.7	8.5	7.7	1.9	0.0
Moffat	48	75.0	75.0	0.0	0.0	0.0	0.0	0.0
Montezuma	12	50.0	33.3	0.0	0.0	0.0	0.0	0.0
Montrose	153	23.5	8.5	2.6	2.6	0.0	6.2	0.0
Morgan	164	42.1	3.7	1.2	1.2	0.0	2.5	0.0
Otero	17	41.2	5.9	5.9	5.9	5.9	0.0	0.0
Ouray/ San Miguel	28	64.3	0.0	0.0	0.0	0.0	0.0	0.0
Park	46	100.0	73.9	0.0	15.2	15.2	43.2	0.0
Phillips	30	100.0	100.0	0.0	0.0	0.0	N/A	0.0
Pitkin	21	23.8	23.8	0.0	4.8	0.0	N/A	0.0
Prowers	23	26.1	26.1	0.0	0.0	0.0	N/A	0.0
Pueblo	725	31.9	24.6	0.8	3.3	1.7	0.0	0.0
Rio Blanco	38	23.7	13.2	13.2	0.0	0.0	0.0	0.0
Rio Grande/ Mineral	27	3.7	0.0	0.0	0.0	0.0	0.0	0.0
Routt	6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saguache	28	64.3	60.7	53.6	42.9	42.9	0.0	0.0
Sedgwick	15	66.7	33.3	33.3	0.0	0.0	0.0	0.0
Summit	14	14.3	0.0	0.0	0.0	0.0	0.0	0.0
Teller	59	44.1	44.1	13.6	0.0	0.0	0.0	0.0
Washington	1	0.0	0.0	0.0	0.0	0.0	N/A	0.0
Weld	747	51.3	39.6	8.8	8.8	3.5	2.9	0.0
Yuma	36	52.8	52.8	27.8	8.3	0.0	0.0	0.0

* Baca, Custer, Dolores, Jackson, and Las Animas 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 2018. 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 \$56,653,852 in CY 2018, which represents a 4.6% increase in from CY 2017. Fee-for-service contract costs were \$26,230,035, which comprised 46% of total expenditures. Fixed-rate contract costs were \$7,519,021, which comprised 13% of total expenditures. County provided services costs were \$22,904,796, which comprised 40% 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 2018 allocation was \$54,733,855 based on averaging SFY 2018 (\$54,360,054) and SFY 2019 (\$55,107,655) 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 and collaborative management program (CMP) block to pay for Core Services.

Table 38: Total Core Services Expenditures by Contract Type in CY 2018

Contract Type	Total	Percent
Fee-for-Service Contracts	\$26,230,035	46.3
Fixed-Rate Contracts	\$7,519,021	13.3
County Provided Services	\$22,904,796	40.4
Total Core Expenditures	\$56,653,852	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 2018 was \$2,354 with an average service duration of 127 days. The average cost for all therapeutic service episodes (provided after adoption finalization) for a subsample of children/youth receiving an adoption subsidy was \$3,221 with an average service duration of 142 days ($n = 266$).

For therapeutic assessments/evaluations, the average cost per service episode was \$721 with an average service duration of 38 days, which represents an increase of 14% or \$91 in average cost per service episode from CY 2017, and an increase of 18.8% or 6 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,652 with an average service duration of 143 days, which represents an increase of 5.3% or \$134 in average cost per service episode from CY 2017, and a decrease of 5.9% or 9 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 2018

Service Category	Sample Size	Average Cost per Episode	Average Service Duration
Therapeutic Assessments/Evaluations	1,695	\$721	38
Therapeutic Interventions	9,289	\$2,652	143
All Therapeutic Services	10,984	\$2,354	127

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 \$689 and an average cost per service episode for therapeutic interventions of \$2,627. Service episodes with a return home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$733 and an average cost per service episode for therapeutic interventions of \$2,637.

Table 40: Average Cost per Service Episode and Average Service Duration (in days) by Service Goal for Service Episodes Closed in CY 2018

Service Goal	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,695	\$721	38	9,289	\$2,652	143
Least Restrictive Setting	55	\$865	19	181	\$3,644	168
Remain Home	638	\$689	36	4,549	\$2,627	127
Return Home	1,002	\$733	40	4,559	\$2,637	157

As displayed in Table 41, service episodes with a PA3 designation had an average cost per service episode for therapeutic assessments/evaluations of \$144, and an average cost per service episode for therapeutic interventions of \$1,686. 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 \$705, and an average cost per service episode for therapeutic interventions of \$3,915. Service episodes with a PA5 designation had an average cost per service episode for therapeutic assessments/evaluations of \$750, and an average cost per service episode for therapeutic interventions of \$2,510. Service episodes with a PA6 designation had an average cost per service episode for therapeutic assessments/evaluations of \$903, and an average cost per service episode for therapeutic interventions of \$3,020.

Table 41: Average Cost per Service Episode and Average Service Duration (in days) by Program Area for Service Episodes Closed in CY 2018

Program Area	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,695	\$721	38	9,289	\$2,652	143
PA3 Services	70	\$144	22	921	\$1,686	110
PA4 Cases	211	\$705	30	1,415	\$3,915	146
PA5 Cases	1,394	\$750	40	6,779	\$2,510	146
PA6 Cases	20	\$903	35	174	\$3,020	174

Table 42 shows that substance abuse treatment had the lowest average cost per service episode for therapeutic assessments/evaluations at \$207 followed by county designed at \$584. Life skills had the highest average cost per service episode at \$2,097 for therapeutic assessments/evaluations followed by intensive family therapy at \$1,141. For therapeutic interventions, substance abuse treatment had the lowest average cost per episode at \$957 followed by intensive family therapy at \$1,283. Day treatment had the highest average cost per episode for therapeutic interventions at \$7,054 followed by sexual abuse treatment at \$4,680. 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 Service Duration (in days) by Service Type for Service Episodes Closed in CY 2018

Service Type	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,695	\$721	38	9,289	\$2,652	143
County Designed	869	\$584	21	2,839	\$2,904	129
Day Treatment	1	\$79	0	158	\$7,054	206
Home-Based Interventions	174	\$996	28	1,483	\$4,107	139
Intensive Family Therapy	11	\$1,141	55	386	\$1,283	145
Life Skills	22	\$2,097	110	1,479	\$2,590	149
Mental Health	374	\$1,042	64	1,164	\$1,745	136
Sexual Abuse Treatment	66	\$843	45	301	\$4,680	232
Substance Abuse Treatment	178	\$207	61	1,479	\$957	147
* 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 2018. 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 2018 by County

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Statewide	\$2,354	127	10,984
Adams	\$2,637	102	1,344
Alamosa	\$3,038	205	86
Arapahoe	\$3,529	122	469
Archuleta	\$4,209	132	40
Baca	\$978	382	1
Bent	\$1,971	56	16
Boulder	\$3,667	179	235
Broomfield	\$2,696	211	96
Chaffee	\$1,428	157	23
Clear Creek	\$2,703	145	29
Conejos	\$2,002	106	33
Costilla	\$3,062	388	20
Crowley	\$1,711	96	28
Custer	\$450	165	2
Delta	\$1,751	194	175
Denver	\$4,078	173	844
Douglas	\$3,765	147	287

Table 43 (continued)

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Eagle	\$1,071	110	59
El Paso	\$1,372	88	2,831
Elbert	\$2,703	129	40
Fremont	\$2,980	250	66
Garfield	\$2,444	132	76
Gilpin	\$1,029	57	21
Grand	\$1,078	141	13
Gunnison/Hinsdale	\$1,349	130	14
Jackson	\$510	255	1
Jefferson	\$1,994	135	1,377
Kiowa	\$2,171	184	8
Kit Carson	\$2,376	148	23
La Plata/San Juan	\$5,878	170	49
Lake	\$585	49	7
Larimer	\$1,740	116	836
Las Animas	\$2,978	148	6
Lincoln	\$6,054	195	20
Logan	\$2,295	202	42
Mesa	\$1,803	154	546
Moffat	\$1,628	147	47
Montezuma	\$12,057	424	14
Montrose	\$2,157	185	119
Morgan	\$2,441	154	53
Otero	\$3,541	140	33
Ouray/San Miguel	\$2,542	90	9
Park	\$4,668	344	13
Pitkin	\$731	77	24
Prowers	\$1,464	1	7
Pueblo	\$2,726	80	286
Rio Blanco	\$2,462	304	18
Rio Grande/Mineral	\$4,449	185	15
Routt	\$5,404	131	15
Saguache	\$2,760	45	2
Sedgwick	\$106	6	2
Summit	\$6,822	171	11
Teller	\$2,540	161	31
Washington	\$1,600	116	10
Weld	\$3,563	160	449
Yuma	\$1,131	174	63

* Cheyenne, Dolores, Huerfano, and Phillips 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 2018 was \$1,916 based on total expenditures of \$56,653,852 and 29,567 clients served. This represents an increase of 5.3% or an additional \$96 in average cost per client from CY 2017.

Table 44: Average Cost per Client by County in CY 2018

County*	Expenditures	Clients Served**	Average Cost per Client
Statewide	\$56,653,852	29,567	\$1,820
Adams	\$6,201,480	2,744	\$2,260
Alamosa	\$370,088	259	\$1,429
Arapahoe	\$6,313,906	3,404	\$1,855
Archuleta	\$243,699	135	\$1,805
Baca	\$15,220	3	\$5,073
Bent	\$104,219	42	\$2,481
Boulder	\$1,809,670	924	\$1,959
Broomfield	\$241,331	115	\$2,099
Chaffee	\$333,662	85	\$3,925
Cheyenne	\$556	4	\$139
Clear Creek	\$209,800	56	\$3,746
Conejos	\$148,142	77	\$1,924
Costilla	\$90,000	86	\$1,047
Crowley	\$147,055	56	\$2,626
Custer	\$2,115	5	\$423
Delta	\$441,357	257	\$1,717
Denver	\$7,821,561	2,198	\$3,558
Douglas	\$1,314,705	749	\$1,755
Eagle	\$356,175	133	\$2,678
El Paso	\$6,252,224	4,306	\$1,452
Elbert	\$189,910	171	\$1,111
Fremont	\$906,524	606	\$1,496
Garfield	\$546,353	412	\$1,326
Gilpin	\$49,819	18	\$2,768
Grand	\$106,362	33	\$3,223
Gunnison/Hinsdale	\$158,486	61	\$2,598
Huerfano	\$98,158	29	\$3,385
Jackson	\$510	2	\$255
Jefferson	\$4,702,662	1,880	\$2,501
Kiowa	\$59,565	29	\$2,054
Kit Carson	\$91,618	77	\$1,190
La Plata/San Juan	\$956,121	289	\$3,308
Lake	\$82,546	32	\$2,580
Larimer	\$3,309,100	3,450	\$959
Las Animas	\$335,521	48	\$6,990
Lincoln	\$241,854	85	\$2,845
Logan	\$516,038	238	\$2,168
Mesa	\$2,215,826	1,088	\$2,037
Moffat	\$222,164	140	\$1,587
Montezuma	\$294,581	37	\$7,962
Montrose	\$677,747	479	\$1,415
Morgan	\$596,294	319	\$1,869
Otero	\$283,180	100	\$2,832
Ouray/San Miguel	\$57,080	15	\$3,805
Park	\$131,663	69	\$1,908
Phillips	\$28,272	2	\$14,136
Pitkin	\$62,179	56	\$1,110
Prowers	\$262,411	55	\$4,771
Pueblo	\$2,821,220	1,012	\$2,788
Rio Blanco	\$60,538	44	\$1,376
Rio Grande/Mineral	\$123,469	98	\$1,260
Routt	\$179,372	69	\$2,600
Saguache	\$71,989	23	\$3,130
Sedgwick	\$863	5	\$173
Summit	\$146,003	59	\$2,475
Teller	\$326,762	161	\$2,030

Table 44 (continued)

County*	Expenditures	Clients Served**	Average Cost per Client
Washington	\$48,609	65	\$748
Weld	\$3,111,074	2,413	\$1,289
Yuma	\$164,446	160	\$1,028

*Dolores County 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 2018 was \$3,139 based on total expenditures of \$56,653,852 and 18,051 children/youth receiving or benefitting from Core Services. This represents an increase of 5.3% or an additional \$158 in average cost per child/youth receiving or benefitting from Core Services from CY 2017.

Table 45: Average Cost per Child/Youth by County in CY 2018

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Statewide	\$56,653,852	18,051	\$3,139
Adams	\$6,201,480	1,697	\$3,654
Alamosa	\$370,088	197	\$1,879
Arapahoe	\$6,313,906	2,538	\$2,488
Archuleta	\$243,699	60	\$4,062
Baca	\$15,220	1	\$15,220
Bent	\$104,219	26	\$4,008
Boulder	\$1,809,670	500	\$3,619
Broomfield	\$241,331	75	\$3,218
Chaffee	\$333,662	51	\$6,542
Cheyenne	\$556	3	\$185
Clear Creek	\$209,800	31	\$6,768
Conejos	\$148,142	68	\$2,179
Costilla	\$90,000	62	\$1,452
Crowley	\$147,055	46	\$3,197
Custer	\$2,115	3	\$705
Delta	\$441,357	162	\$2,724
Denver	\$7,821,561	1,398	\$5,595
Douglas	\$1,314,705	465	\$2,827
Eagle	\$356,175	75	\$4,749
El Paso	\$6,252,224	2,424	\$2,579
Elbert	\$189,910	98	\$1,938
Fremont	\$906,524	301	\$3,012
Garfield	\$546,353	260	\$2,101
Gilpin	\$49,819	22	\$2,264
Grand	\$106,362	27	\$3,939
Gunnison/Hinsdale	\$158,486	33	\$4,803
Huerfano	\$98,158	17	\$5,774
Jackson	\$510	2	\$255
Jefferson	\$4,702,662	1,376	\$3,418
Kiowa	\$59,565	22	\$2,707
Kit Carson	\$91,618	45	\$2,036
La Plata/San Juan	\$956,121	180	\$5,312
Lake	\$82,546	24	\$3,439

Table 45 (continued)

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Larimer	\$3,309,100	1,924	\$1,720
Las Animas	\$335,521	38	\$8,830
Lincoln	\$241,854	49	\$4,936
Logan	\$516,038	140	\$3,686
Mesa	\$2,215,826	527	\$4,205
Moffat	\$222,164	77	\$2,885
Montezuma	\$294,581	31	\$9,503
Montrose	\$677,747	243	\$2,789
Morgan	\$596,294	172	\$3,467
Otero	\$283,180	80	\$3,540
Ouray/San Miguel	\$57,080	16	\$3,567
Park	\$131,663	34	\$3,872
Phillips	\$28,272	1	\$28,272
Pitkin	\$62,179	34	\$1,829
Prowers	\$262,411	32	\$8,200
Pueblo	\$2,821,220	635	\$4,443
Rio Blanco	\$60,538	25	\$2,422
Rio Grande/Mineral	\$123,469	59	\$2,093
Routt	\$179,372	60	\$2,990
Saguache	\$71,989	21	\$3,428
Sedgwick	\$863	8	\$108
Summit	\$146,003	27	\$5,408
Teller	\$326,762	71	\$4,602
Washington	\$48,609	40	\$1,215
Weld	\$3,111,074	1,465	\$2,124
Yuma	\$164,446	104	\$1,581

*Dolores County 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 220 involved days in CY 2018.
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 \$46 million on out-of-home placements in CY 2018.

Based on actual Core Services and OOH expenditures of \$140,983,030 and an estimated OOH cost of \$187,130,567, an additional **\$46,147,537** would have been spent by county agencies statewide in CY 2018 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional \$12 per child/youth per involved day and represents a cost offset ratio of .33 statewide. Thus, for every \$1.00 spent on Core Services an additional \$.33 was not spent on OOH placements. Table 46 shows the average cost difference per involved day, the overall cost offset, and the cost offset ratio by county for CY 2018.

Table 46: *Estimated Core Services Cost Offset by County for CY 2018*

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	419,837	\$48.87	\$36.62	\$12.25	\$5,142,681	.33
Alamosa	50,253	\$46.07	\$29.71	\$16.36	\$822,236	.55
Arapahoe	459,989	\$46.07	\$34.81	\$11.26	\$5,180,791	.32
Archuleta	9,622	\$15.85	\$27.07	-\$11.21	-\$107,907	-.41
Baca	365	\$91.66	\$149.38	-\$57.72	-\$21,069	-.39
Bent	6,146	\$65.21	\$32.98	\$32.23	\$198,081	.98
Boulder	131,276	\$48.43	\$35.17	\$13.26	\$1,740,635	.38
Broomfield	16,258	\$83.27	\$57.64	\$25.63	\$416,704	.44
Chaffee	10,602	\$64.86	\$65.12	-\$0.26	-\$2,770	.00
Cheyenne	480	\$0.00	\$1.16	-\$1.16	-\$556	-1.00
Clear Creek	7,158	\$64.31	\$63.38	\$0.94	\$6,712	.01
Conejos	15,039	\$61.37	\$22.90	\$38.47	\$578,534	1.68
Costilla	18,036	\$60.02	\$31.26	\$28.76	\$518,731	.92
Crowley	9,955	\$45.21	\$32.28	\$12.93	\$128,673	.40
Custer	483	\$82.80	\$18.40	\$64.40	\$31,107	3.50
Delta	36,534	\$76.06	\$53.08	\$22.98	\$839,556	.43
Denver	362,468	\$49.80	\$52.81	-\$3.01	-\$1,091,889	-.06
Douglas	107,002	\$59.66	\$33.57	\$26.09	\$2,791,670	.78
Eagle	18,217	\$65.01	\$24.93	\$40.08	\$730,082	1.61
El Paso	549,928	\$46.57	\$36.15	\$10.42	\$5,731,074	.29
Elbert	20,363	\$82.44	\$22.88	\$59.56	\$1,212,794	2.60
Fremont	62,639	\$49.51	\$40.12	\$9.38	\$587,597	.23
Garfield	39,971	\$44.16	\$26.92	\$17.24	\$689,021	.64
Gilpin	3,865	\$37.62	\$17.37	\$20.24	\$78,246	1.17
Grand	5,315	\$53.85	\$23.91	\$29.95	\$159,177	1.25
Gunnison/ Hinsdale	7,721	\$85.83	\$37.89	\$47.94	\$370,147	1.27
Huerfano	4,040	\$70.47	\$44.40	\$26.07	\$105,342	.59
Jackson	698	\$0.00	\$0.73	-\$0.73	-\$510	-1.00

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
Jefferson	274,686	\$49.27	\$39.42	\$9.85	\$2,705,061	.25
Kiowa	4,678	\$49.93	\$29.96	\$19.97	\$93,408	.67
Kit Carson	7,377	\$25.34	\$22.35	\$2.99	\$22,058	.13
La Plata/ San Juan	37,344	\$34.43	\$36.65	-\$2.22	-\$82,812	-.06
Lake	4,508	\$0.62	\$18.31	-\$17.69	-\$79,742	-.97
Larimer	392,526	\$21.26	\$14.22	\$7.05	\$2,766,487	.50
Las Animas	8,770	\$70.95	\$74.29	-\$3.34	-\$29,268	-.04
Lincoln	11,066	\$50.93	\$44.74	\$6.19	\$68,457	.14
Logan	37,824	\$42.32	\$37.51	\$4.80	\$181,624	.13
Mesa	134,268	\$67.69	\$57.88	\$9.81	\$1,317,118	.17
Moffat	14,645	\$146.12	\$39.24	\$106.89	\$1,565,343	2.72
Montezuma	7,416	\$67.57	\$76.23	-\$8.65	-\$64,173	-.11
Montrose	54,252	\$68.06	\$34.40	\$33.66	\$1,825,970	.98
Morgan	36,861	\$48.86	\$22.77	\$26.09	\$961,698	1.15
Otero	18,093	\$42.19	\$35.75	\$6.44	\$116,495	.18
Ouray/ San Miguel	3,850	\$65.15	\$37.96	\$27.19	\$104,698	.72
Park	7,285	\$59.80	\$46.22	\$13.58	\$98,960	.29
Phillips	365	\$102.25	\$193.39	-\$91.14	-\$33,265	-.47
Pitkin	6,041	\$172.84	\$14.73	\$158.11	\$955,145	10.73
Prowers	8,107	\$32.90	\$45.82	-\$12.91	-\$104,689	-.28
Pueblo	130,443	\$34.32	\$42.05	-\$7.73	-\$1,008,519	-.18
Rio Blanco	6,510	\$51.47	\$32.27	\$19.20	\$124,993	.60
Rio Grande/ Mineral	10,758	\$124.38	\$56.71	\$67.67	\$727,972	1.19
Routt	14,922	\$29.85	\$16.32	\$13.53	\$201,895	.83
Saguache	4,001	\$62.09	\$37.42	\$24.67	\$98,707	.66
Sedgwick	1,555	\$0.00	\$0.56	-\$0.56	-\$871	-1.00
Summit	6,123	\$193.20	\$42.19	\$151.01	\$924,654	3.58
Teller	13,034	\$56.20	\$47.23	\$8.97	\$116,971	.19
Washington	7,727	\$72.50	\$8.08	\$64.41	\$497,718	7.97
Weld	317,712	\$38.61	\$24.79	\$13.82	\$4,389,339	.56
Yuma	20,615	\$60.47	\$19.18	\$41.29	\$851,215	2.15

* Dolores County 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, strategies to create a welcoming environment, for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning (LGBTQ+) clients, collaboration with service providers and community stakeholders, 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

Service capacity, availability, and accessibility present interacting challenges in delivering Core Services for counties impacted by geography, population, resources, and relationships. Overall, 62% 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, 73% agreed or strongly agreed that there are specific services needed in their county that are not currently available. These services include day treatment (27%), sexual abuse treatment (18%), substance abuse treatment (16%), trauma-informed services (13%), home-based interventions (7%), intensive family therapy (6%), life skills (6%), county designed services (5%) including kinship supports, parent coaching, domestic violence, and mental health services (3%). In addition to availability issues, there is a need for more evidence-based interventions. One coordinator stated, “If there was a way to utilize the Core Services Program and the FFPSA to push providers and local mental health centers to provide evidence-based services specific to child welfare clients, that would be the change that I would want to see.”

Similarly, 58% 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, 55% reported that not all services were available at an adequate capacity. These services include substance abuse treatment (23%), mental health services (16%), home-based services (12%), sexual abuse treatment (11%), day treatment (9%), life skills (9%), trauma-informed services (8%), intensive family therapy (7%), county designed services (4%) including mentoring domestic violence, supervised visitation, and wraparound services, and special economic assistance (2%). It should be noted that there continues to be a small negative trend in the perceived availability and capacity of Core Services from CY 2016 to CY 2018, which should be watched carefully at the state and county levels.

“There is resistance to providing the level of intensity and frequency required to effectively treat children who have experienced trauma...but many local providers are trying to work with the RAE to address this.”

The capacity issues for substance abuse treatment, mental health services, and trauma-informed services are particularly acute. Specifically, counties described understaffed community mental health centers with high staff turnover, long wait-times, and a shortage of specialized treatments, intensive services, and bilingual clinicians. However, counties are actively working with their local Regional Accountability Entity (RAE) to identify these service needs and gaps. Coordinators also shared the following creative steps to enhance service capacity in their counties:

1. Strategizing with Core Services providers and community partners to expand services of local agencies
2. Recruiting and contracting with new providers to address gaps in the continuum of care such as trauma-informed services and assessments
3. Collaborating on funding strategies and providing physical space for services
4. Assisting providers with navigating Medicaid
5. Strengthening communication and collaboration across agencies through regular meetings and existing interagency efforts and infrastructure
6. Referring services to neighboring counties or regional partners
7. Contracting with private providers

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 (17%), mental health services (14%), sexual abuse treatment (14%), day treatment (14%), trauma-informed services (13%), home-based interventions (8%), intensive family therapy (7%), life skills (6%), county designed services (4%) including supervised visitation and mental health services specific to LGBTQ+ youth, and special economic assistance (2%).

Overall, close to 60% 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 27%, clinician/therapist turnover at 24%, lack of bilingual providers at 17%, Medicaid coverage at 14%, family engagement at 8%, service costs at 7%, and other barriers at 4% including location of services, hours of operation, and medical coverage for non-Medicaid families. Service barriers are influenced by geographic location, resources, and funding complexity; these were often addressed collaboratively with community partners.

“The Partnering for Safety model utilizes Team Decision Making and Family Engagement meetings to understand family needs and 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.”

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, providing transportation by case aides)
2. Identifying and training internal therapists to provide home-based services
3. Recruiting and contracting with bilingual therapists and translators
4. Utilizing telehealth and distance technology to provide services
5. Working with RAEs to ensure that services are appropriately covered by Medicaid
6. Collaborating with county and regional partners to deliver services across a system of care

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, strategies to create a welcoming environment for LGBTQ+ children/youth, and recommendations for the Core Services Program.

Coordinators were asked what had changed in their county to support a multi-generational (2Gen) approach in serving children, youth, and families in their Core Services Program. All counties described their ongoing 2Gen efforts, often embodied in their practice philosophy and institutionalized in their processes. Although almost all of the respondents cited their existing and continuing approaches, about a fourth of the responses cited new or expanded initiatives including:

1. Increasing the provision of home-based services
2. Providing more supports for kinship providers and post-permanency services to kin
3. Working with more family-based Core Services providers that incorporate a 2Gen approach
4. Coordinating services across providers to facilitate a continuum of services
5. Facilitating family engagement meetings that include the family voice throughout the process
6. Offering staff development and cross-training in multi-generational approaches

One coordinator commented, “We ensure that all family members, not simply the identified client receive the right service at the right time to increase the families functioning to a healthy point.” Specifically, family engagement meetings are used to address multi-generational concerns and identify resources and supports. One respondent noted, “Services are presented and selected during family engagement meetings with families and their supporters in the room, they together decide who may attend and what may be the most helpful.” Another coordinator noted that an increase in the transiency of the child welfare population had decreased the number of multi-generational families they see. However, the ongoing work of creating a multi-generational continuum of care is established and expanding in most counties.

Coordinators were asked about support and training opportunities for staff to learn about LGBTQ+ children/youth, along with support and education opportunities available for families. Although a small percentage of counties had not reported serving LGBTQ clients over the last year, the majority identified practices that do not discriminate or distinguish based on identity or described targeted efforts and processes to further welcome LGBTQ+ clients. There was an acknowledged need for sensitivity around engaging with LGBTQ+ children/youth in treatment

planning to identify appropriate Core Services. One coordinator commented, “LGBTQ youth are identified through appreciative listening conversations. Youth are allowed to make their own disclosures in their own time and to address the issues as they feel necessary.”

A **welcoming environment for LGBTQ+ children/youth** is furthered by matching clients with an appropriate provider who may have specialized expertise or experience in this practice space and are sensitive to individual needs. In addition to reaching out to culturally sensitive services for LGBTQ+ children, youth, and their families, training and education was another frequently mentioned strategy. This encompassed a range of efforts that included encouraging or requiring staff to attend training along with community-wide and cross-organizational efforts around inclusion. Community culture is integral to creating and sustaining a welcoming environment and move system-wide change moving forward. Some county agencies, in collaboration with community partners, have implemented committees or action groups to leverage available agency and community resources “to utilize training and opportunities...to create a welcoming environment for LGBTQ children, youth, and families, including resource families.” Partnering with the community, including schools and systems of care, also contribute to fostering a welcoming environment. For example, one coordinator reported, “there has been a community focus on health equity which has helped raise awareness and better services.”

“Where specialized or individualized services are needed to best serve this population, we work with our current Core Services providers to make a selection that will be appropriate for this need, or we will seek out services and initiate contracts if we were not to have an appropriate service for an LGBTQ youth, child or parent.”

Agency staff are generally encouraged and supported to seek training **opportunities and support to learn about LGBTQ+ children/youth** through multiple means, most commonly through CDHS and the Child Welfare Training System (CWTS). Participation in training may be required or encouraged and the most frequently mentioned source of training was CWTS. For example, one coordinator stated, “there are trainings offered by the State that are available for staff to attend. Staff are able to access these trainings, and a short narrative description regarding what that specific training is about on the Colorado CWTS website.” These trainings help workers understand how to discuss the unique issues this population may be facing and how to ensure they are receiving proper support and services addressed for their specific needs.

In-house training is provided by some agencies as a part of new staff training or regularly scheduled ongoing training. For example, one respondent noted that, “we have provided new staff with in house training using correct pronouns and continuing use with appropriate language when with clients.” County agency staff also participate in community-based initiatives, training, and learning activities. One coordinator commented that “they rely on services providers for expertise and consultation. Collaborating with LGBTQ-serving community partners is a source of learning and development for staff.” In addition, online learning and training resources are also accessed, including webinar training through the Human Rights Campaign and the Child Welfare Information Gateway. Both are considered helpful resources for working with LGBTQ+ children/youth and families in the behavioral health arena. However, some counties still reported a lack of available training for staff.

Support and/or education opportunities for families to learn about LGBTQ+ children/youth occurs through agency caseworkers, clinicians, and programs, including access to state-provided training and referrals to an identified support or provider. Community-based and local government agencies collaborate on and provide programming and support for LGBTQ+ children/youth, including school resource centers, local public health providers, and an array of state and local service-providing and advocacy organizations. One respondent mentioned that their county recruits potential foster parents through the annual PRIDE events. For some counties, respondents reported a lack of formal support or educational opportunities for families other than what caseworkers can provide through engaging with clients. A need for improving family supports and education was voiced: “This is an area needing improvement - we do not have a universal strategy outside of individual caseworker engagement to provide education to families with LGBTQ children/youth.”

Collaboration and strong partnerships were robust themes in what is working well for Core Services delivery. Flexibility and discretion in funding contributed to tailoring services to local needs and supporting innovative county designed services. Prevention services and resources enable expanded support for families in accessing Core Services. In particular, coordinators cited these areas of improvement and success:

- Strong collaboration and partnerships within counties and in the region
- County-designed services tailored to address local needs and gaps
- Prevention programs and resources that extend Core Services
- Being part of a regional plan that allows access to a larger pool of services
- Ability to contract and recruit with new providers
- Cost-sharing with other agencies
- Flexible prevention program funding
- Providing in-home services
- Expanding the menu of evidence-based services
- Centralized location for an array of services

When asked about what was not working well for Core Services delivery, the responses mirrored capacity issues and barriers referenced earlier: (1) understaffing and turnover impacting timeliness and quality of Medicaid providers; (2) need for specialized services, including substance abuse treatment, sexual abuse treatment, and trauma-informed treatment, which frequently outpace the local capacity; (3) distance and transportation barriers when clients must access services out of the community, especially for small and rural counties which have no public transportation; and (4) shortage of and timely access to bilingual/Spanish speaking services.

Rules complexity and navigating within and across funding sources is a cause for concern for Core Services billing and reimbursement. Specifically, expectations of Core Services-funded providers and HCPF (Health Care Policy and Financing) for Medicaid are different; community resources such as SB94 funds, Medicaid, probation, and Victim's Assistance, have rules that conflict; and court-ordered services may default to Core Services funding when there are difficulties accessing services through Medicaid or private insurance. Several respondents noted the cumbersome billing process within Trails. Allocation issues included concerns about how the allocation is calculated, overspending due to costly services, and the availability of special circumstances funding.

Finally, coordinators were asked what one change they would make to the Core Services Program. Although one-third of coordinators would not change anything, the remaining two-thirds offered numerous suggestions centered on flexibility in allocation, treatment categories, funding options, contracts, and providers. Having more providers and services available was commonly reported by small and rural counties, along with greater flexibility to address transportation, basic needs, and funding for in-home services. The ability to tailor Core Services to specific county needs was consistently voiced. Greater simplicity and transparency in the Core Services Program were also requested. Core Services flexibility was included in the vast majority of suggestions for change, enabling counties to provide more effective services to vulnerable families and to respond efficiently to changes in circumstances (e.g., loss of a funding stream).

5.3. Service Collaboration

Coordinators were asked to describe new collaborative efforts to help their county better serve children, youth, and families in the Core Services Program. Strong community partnerships including those through the Interagency Oversight Groups (IOG) featured in the Collaborative Management Program (CMP) have been key in: (1) building capacity across Systems of Care, (2) developing new services and programs, (3) leveraging funding, (4) collaborating on training, and (5) advocating for resources. Multi-agency training has extended the reach of new interventions, while service integration has

“With our collaborative programs, we try to encompass a spectrum of services that enhance our other Core Services. The various collaborations in our community help to offer a continuum of services for children and families. The goal is to keep children and youth in the community in the least restrictive setting.”

been strengthened. Examples of outcomes from community partnerships include additional housing for homeless families, new Family Drug Treatment Courts, crossover youth being better served by collaborations with youth services, day treatment programs supported through school systems, and enhanced school support for children in foster care.

Service and population-specific collaborative groups facilitate crucial information exchange, awareness of services, integrative planning, and service coordination. Furthermore, structures for consistent communication provide a vehicle for effective collaborative work. Through staff participation in cross-system and interagency groups, “we are able to tap into services that we may not normally engage with. Some groups focus on a specific population; however, we look to improve the functioning and capacity for all members of a household.” Contracting with providers was another example of collaboration. Prevention funding through PA3 has been instrumental for many counties to extend the reach of Core Services for families accessing services across systems of care. Lastly, engaging the voice of family members throughout their process was cited by many as central to their Core Services approach.

5.4. Service Funding

The next section of the FPC Report explored Medicaid and Core Services funding in each county. Although, one-quarter of counties recommended no changes to Core Services funding, the remaining counties mentioned flexible funding as the most essential change to address service needs specific to their county contexts. Specifically, accessing private providers and non-traditional services would allow families to be served closer to home and extend treatment options. One coordinator noted that, “one of the challenges is that the Core Services criteria does not recognize many of the non-traditional services recommended through the trauma assessments to build on resiliency skills.” Coordinators reported that not having to use Medicaid providers first would increase the capacity of Core Services to expand the service array to families to better address specific needs, and increase local access to services such as substance abuse programs and trauma-informed care.

“[Our county] would thrive with an increase in flexibility in the Core Service allocation and a shift in philosophy to support workload and remain home outcomes. A shift in this direction would allow us to continue to support children in their homes and communities while addressing specific needs and lowering costs to the community and program as a whole.”

Flexibility in the allocation formula would allow counties to meet the needs of families as needs, demographics, and circumstances shift. The proportion of the allocation toward specific categories varies across counties and over time. Being able to flex across allocation categories may facilitate greater responsiveness. One coordinator commented, “Treatment categories need to be flexible to allow us to spend our allocation to serve our families and meet them where they are.”

Rural county respondents pointed out that access to services can be more expensive due to distance, transportation, and the need for specialized services. “We continue to see a higher success rate for families when they are supported with transportation and housing needs” was echoed across the responses. Expanding special economic assistance (SEA) funding and criteria could

increase access to services where local capacity and the cost of living are issues. As stated by one coordinator, “we believe that basic needs have to be met in order to make therapeutic progress and therefore would like to see more SEA funding.” Having an allocation formula that meets the particular needs of a county/region was reflected in many of the suggestions. For example, instead of having minimum categorical allocations, “the counties could analyze the data for themselves and use the resources in a way to meet their individual communities’ needs and shifting circumstances.”

The biggest barrier reported for families in accessing Medicaid covered services was both the lack of and limited capacity of Medicaid providers. Limited availability of Medicaid providers was acute for rural/small counties, while high demand for services and under-capacity of services was an issue for all counties. This compounds and intersects with other identified barriers, which critically impacts what services are available and accessible, and

may negatively affect child welfare outcomes. Another barrier is that access to specialized services for trauma and substance abuse, along with services provided in the client's own language, is limited when Medicaid providers are the first or only option. Being able to expand or blend funding across Medicaid and Core Services was a recommended funding enhancement. Many providers do not accept Medicaid and/or do not want to engage with Medicaid processes, resulting in narrowed services availability. As such, the overlap between Core Services and Medicaid systems can be difficult to navigate.

Billing issues, paperwork, low reimbursement rates, and the reluctance of providers to engage with Medicaid also seriously limits the number of providers and service options. The process of trying to become a Medicaid provider is a complex and lengthy process for some. There is confusion for families around what is covered by Medicaid. For example, when families change locations there can be considerable lapses in services as providers and families navigate the process. A minority of counties indicated there were no barriers for families in accessing Medicaid covered services or said that access to Medicaid provides in their county is "getting better." Overall, barriers identified to accessing Medicaid covered services for families are as follows:

- Lack of access to Medicaid providers
- Limited capacity and quality of Medicaid providers (wait time, service intensity, and specialization)
- Difficulties for providers, including reimbursement, billing, paperwork, and becoming certified
- Authorization for services
- Simply navigating Medicaid
- Medicaid coverage for transportation

6. Discussion

The discussion section of the Core Services Program Evaluation CY 2018 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 as measured by 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 less than 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 6% in children/youth receiving or benefitting from services with a PA3 designation, and a 2% increase in PA3 service episodes from CY 2017. 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. Seventy-eight percent of all service episodes in CY 2018 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 80% of children/youth with an involvement closed in CY 2018. Similar to past evaluations, the remain home service goal was attained in 92% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

“Collaboration and strong relationships have allowed our County to develop services to meet the specific needs of families in our community. We believe that better service design results in better service outcomes.”

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,758 distinct children/youth with a closed case in CY 2017, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% 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 2016.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$46 million in CY 2018 on out-of-home placements for children/youth. Over the past six calendar years, an additional \$287 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

Enhancements to the evaluation of the Core Services Program continued during CY 2018. First, county-specific reports were produced and knowledge translations efforts were conducted with 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. Second, additional questions were added to the Family Preservation Commission report to better understand how counties are implementing strategies to create a welcoming environment for LGBTQ+ children/youth. Third, outcomes and costs for prevention and intervention services were further analyzed and compared. Fourth, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Lastly, questions on county participation in FFPSA committees and county readiness to implement the requirements of the legislation were added to the FPC report to further contextualize the impact of further integrating evidence-based practices in the Core Services Program. Based on findings from the report, 52% of counties had participated in FFPSA committees, sub-committees, or task groups, while 48% of counties reported being somewhat or very prepared to implement FFPSA requirements. These enhancements should be considered in light of several limitations that challenge the Core Services Program about 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 CCWIS 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. Counties continue to consult 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 2018

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 2018

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 2018

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 2018
- 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 2018 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 2017 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 2018.
 - 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 unless a waiver to increase the limit was approved (up to a maximum of \$2,000 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 2018.

- 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 2018 was divided by the total expenditures.
- The total of all clients who received a Core Service during CY 2018 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 2018

The Core Services County Designed Programs **bolded** are Evidenced Based Services to Adolescents Awards \$4,006,949 State Wide - House Bill 18-1322 Family and Children’s line, Footnote #39 (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
Archuleta	Day Treatment Alternative	Day Treatment Alternative
	Facilitated Family Engagement Meetings	Family Engagement Meetings
Baca	None	
Bent	Facilitated Permanency Round Tables	Permanency Round Tables
Boulder	Family Group Decision Making	Family Group Decision Making
	Multi-Systemic Therapy (Ex)	Multi-Systemic Therapy
	Community Infant Therapy Services Program	Child and Family Therapist
	Play Therapy	Play Therapy
	Supervised Visitation - Therapeutic	Supervised Visitation - Provided by Staff
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
	Behavioral Health Animal Assisted Therapy	(TBD - Trails Modernization)
	Post-Permanency Kinship Therapeutic Consultation and Supports	Therapeutic Kinship Supports/Services
	Broomfield	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	
Facilitated Family Engagement Meetings	Facilitated Family Engagement Meetings	
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	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Custer	Multi-Systemic Therapy (MST)	Multi-Systemic Therapy (MST)
	Functional Family Therapy (FFT)	Functional Family Therapy (FFT)
	Permanency Round Tables	Permanency Round Tables (PRT)
	Family Engagement Meeting	Family Engagement
Delta	Mentoring	Mentoring
	Day Treatment Alternative	Day Treatment Alternative
	Substance Abuse Intervention Team/Family Drug Court	Family Empowerment
	Structured Parenting Time	Structured Parenting Time
Denver	Facilitated Family Engagement	Family Engagement
	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
Dolores	Substance Abuse Navigator	Substance Abuse - County No Pay
	Mentoring	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
	Child Mentoring and Family Support	Child Mentoring and Family Support
	Trauma Informed Therapy/Services	Trauma Informed Services
Eagle	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
	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
	Facilitated Family Engagement	Family Engagement
	Youth Advocate Program	Community Based Family Services & Support
	Family Treatment Drug Court	Family Empowerment
	Behavioral Health Navigators	Family Outreach
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

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Fremont (cont.)	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
	Mediation	Mediation
Garfield	Adolescent Mediation (Ex)	Mediation
	Collaborative Family Services	Community Based Family Services & Support
	Nurturing Parenting Program	Nurturing Program
Gilpin	Family Engagement Meetings	Family Engagement Meetings
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
	Facilitated Family Engagement Meetings	Family Engagement Meetings
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
	Therapeutic Foster/Adoption Support	Foster/Adoption Support
Las Animas	None	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
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
	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
	Facilitated Family Engagement	Family Engagement
Morgan	Day Treatment Alternative	Day Treatment Alternative
	Family Group Decision Making	Family Group Decision Making
	Parenting With Love and Limits (Ex)	Parenting Skills
	Therapeutic Kinship Supports	Kinship Supports
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	Facilitated Family Engagement	Family Engagement
	Therapeutic Parenting Time	Parenting Skills
Rio Grande/ Mineral	Nurturing Parenting Program	Nurturing Parenting
	Facilitated Family Engagement	Family Engagement
Routt	Day Treatment Alternative	Day Treatment Alternative
Saguache	Nurturing Parenting	Nurturing Parenting

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
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
	Nurturing Program	Nurturing Program
	Therapeutic Kinship Supports	Therapeutic Kinship Supports
	Therapeutic Parent/Child Visitation	Supervised Visitation
Washington	Play Therapy	Play Therapy
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 & Supports	Therapeutic Kinship Supports
	Post Adoption Services and Supports	Foster Care/Adoption 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