



COLORADO
**Core Services
Annual Evaluation**
January 1, 2020-December 31, 2020

Core Services Program Annual Evaluation Report Calendar Year 2020

Submitted to:

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

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Table of Contents

Acknowledgements.....	i
Executive Summary	ii
1. Background and Introduction.....	1
1.1. Overview of the Core Services Program	1
1.2. Description of the Core Services Program.....	2
1.3. Goals of the Core Services Program.....	3
1.4. Enhancements to the Core Services Program	3
1.5. Outline of the Current Report.....	4
2. Implementation of the Core Services Program.....	5
2.1. Children, Youth, and Families Served in Calendar Year 2020	5
2.2. Services Provided in Calendar Year 2020.....	6
3. Outcomes of the Core Services Program.....	10
3.1. Service Effectiveness	10
3.2. Service Goal Attainment	14
3.3. Follow-up Outcomes	20
4. Costs of the Core Services Program	28
4.1. Cost per Service Episode.....	28
4.2. Cost per Client	31
4.3. Cost per Child/Youth	33
4.4. Cost Offset	34
5. Family Preservation Commission Report Findings	36
5.1. Service Availability, Capacity, and Accessibility	37
5.2. COVID-19 Impact	38
5.3. Diversity, Equity, and Inclusion	41
5.4. Service Delivery	43
6. Discussion	44
6.1. Evaluation Conclusions	44
6.2. Evaluation Enhancements.....	45
6.3. Evaluation Limitations.....	46
6.4. Evaluation Implications	46
Appendix A - Core Services Program Evaluation Methods	47
Appendix B - Core Services County-Designed Programs by County.....	52

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Core Services Program Annual Evaluation Report Calendar Year 2020

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 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.

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 percent voluntary to a family.

The Core Services Program Evaluation Calendar Year (CY) 2020 report, produced by the Social Work Research Center in the School of Social Work at Colorado State University (CSU), 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 Trails, which is Colorado's Comprehensive Child Welfare Information System (CCWIS), and the County Financial Management System (CFMS), which allows for more accurate tracking of service provision, service outcomes, payments, 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 2020. In CY 2020, the Core Services Program served 24,829 distinct clients (unduplicated individuals) in CY 2020. This represents a decrease of 7.5% in distinct clients served from CY 2019. Overall, 55% of the distinct clients were children/youth directly receiving services and 45% were adults receiving services on behalf of the child/youth. Overall, **15,612 distinct children/youth from 9,340 cases/involvements received or benefitted from Core Services in CY 2020.** This represents an 8.4% decrease in distinct children/youth receiving or benefitting from Core Services from CY 2019.

Services Provided in CY 2020. There were **33,437 service episodes open at any time in CY 2020.** This represents a 1.8% decrease in service episodes from CY 2019. 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 evidence-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. In CY 2020, 76% of service episodes were closed with a “successful” or “partially successful” service effectiveness outcome. This represents a one percent increase in service episodes closed with a “successful” or “partially successful” outcome from CY 2019. Service episodes for children/youth with a remain home service goal or a prevention or PA3 designation, as well as day treatment had the highest rates of service effectiveness.

Service Goal Attainment. The service goal was attained in 81% of all service episodes in CY 2020, which is a four percent increase from CY 2019. The service goal attainment rate was 92% for remain home, 78% for least restrictive setting, and 72% for return home.

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

Follow-up Outcomes. Based on a distinct count of 5,769 children/youth with closed cases in CY 2019, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 8% had a subsequent Division of Youth Services (DYS) involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are very similar to the outcomes for cases closed in CY 2018.

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 placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in OOH 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. The average cost per service episode for all therapeutic Core Service episodes closed in CY 2020 was \$2,384 with an average service duration of 147 days. For therapeutic assessments/evaluations, the average cost per service episode was \$1,023 with an average service duration of 58 days, which represents an increase of 14.9% or \$133 in average cost per service episode from CY 2019, and an increase of 52.6% or 20 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,543 with an average service duration of 157 days, which represents a decrease of 0.8% or \$20 in average cost per service episode from CY 2019, and an increase of 10.6% or 15 days in average duration per service episode.

Cost per Client and Cost per Child/Youth. The average cost per client statewide for CY 2020 was \$2,179 based on total expenditures of \$54,444,907 and 24,985 clients served. This represents an increase of 1.7% or an additional \$37 in average cost per client from CY 2019. The average cost per child/youth statewide for CY 2020 was \$3,453 based on total expenditures of \$54,444,907 and 15,766 children/youth receiving or benefitting from Core Services. This represents an increase of 2.6% or an additional \$88 in average cost per child/youth receiving or benefitting from Core Services from CY 2019.

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 \$139,325,460 and an estimated OOH cost of \$189,132,876 an additional **\$49,807,416** would have been spent by county agencies statewide in CY 2020 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 a less restrictive setting as a result of Core Services.

Over the past eight calendar years, an additional \$384 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 4% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Maintaining Consistently Positive Outcomes. The Core Services prevention programs again recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes in CY 2020.

Core Services are Effective in Achieving Treatment Success. In CY 2020, 76% of all service episodes were determined to be “successful” or “partially successful” with 86% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 81% of children/youth with an involvement closed in CY 2020. Similar to past evaluations, the remain home service goal was attained in 94% 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 5,769 children/youth with closed cases in CY 2019, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 8% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are very similar to the outcomes for cases closed in CY 2018.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$49 million in CY 2020 on out-of-home placements for children/youth. Over the past eight calendar years, an additional \$384 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 a less restrictive setting as a result of Core Services.

Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2020. 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, outcomes and costs for prevention and intervention services were further analyzed and compared. Third, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Fourth, questions on the impact of COVID-19 on the Core Services Program were posed. Over 60 percent of counties reported that the availability capacity, and accessibility of Core Services was reduced because of the pandemic. The most prominent theme was the transition to virtual service modalities, which coordinators believe could be beneficial to clients post-pandemic. Lastly, coordinators were asked to reflect on Diversity, Equity, and Inclusion (DEI) efforts in their Core Services programs. Many coordinators highlighted best practices and a service environment that is responsive to the unique needs of underserved populations in the community. As an example, almost half of counties reported engaging families with lived experiences in the design and delivery of their service array.

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. 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 continue to look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote safety, permanency, and well-being.

Research consistently documents the health and social inequities experienced by vulnerable populations, with exclusion from meaningful services occurring by race and ethnicity, Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+) identities, age, socioeconomic level, and disability status. To help advance DEI efforts in the human services landscape, improved understanding of how the Core Services program is experienced by underserved communities is necessary. In addition, opportunities to infuse greater DEI strategies into the Core Services Program and Evaluation should be explored.

Core Services Program Annual Evaluation Report Calendar Year 2020

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 at Colorado State University (CSU), 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 (DCW), 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 reunite 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 has 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 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.

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, the coordinators provide valuable insight and guidance for the evaluation in terms of data interpretation and isolating the key county issues that help provide context to the quantitative results.

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. As listed below with definitions from Child Welfare Services, Staff Manual Volume 7, there are 10 designated types of "family preservation services" and this array of services constitutes the Core Services Program. Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

1. **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.
2. **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 evidence-based programs, as well as programs that are providing positive outcomes in communities around the state.
3. **Day Treatment:** Comprehensive, highly structured services that provide education to children and therapy to children and their families.
4. **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.

5. **Intensive Family Therapy:** Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.
6. **Life Skills:** Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.
7. **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.
8. **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.
9. **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.
10. **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 temporarily 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. 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.

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 of C.C.R. 12-2504, 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 percent voluntary to a family.

This enhancement requires documentation of activity in Trails, which is Colorado's Comprehensive Child Welfare Information System (CCWIS). By reporting and tracking in one automated system, DCW 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. The Trails build went live on January 12, 2014.

1.5. 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 2020 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 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 2020 being tracked by designated county staff in Trails; (2) service goal attainment outcomes based on closed involvements in CY 2020; and (3) longer-term 12-month child welfare involvement outcomes for children with a closed case in CY 2019. 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 2020.

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 2020 through December 2020 for the CY 2020 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 2020

The following definitions guided the analysis of children, youth, and families served during CY 2020.

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, each child/youth who is active in the involvement at the time the service is initiated is 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, each child/youth who is active in the case at the time the service is initiated is 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 **24,829 distinct clients (unduplicated individuals)** in CY 2020. This represents a decrease of 7.5% in distinct clients served from CY 2019. Overall, 55% of the distinct clients were children/youth directly receiving services and 45% were adults receiving services on behalf of the child/youth. Services provided primarily to adults include substance abuse treatment. While these services are delivered to adults, they benefit children/youth by allowing them to remain in or return to their homes.

The Core Services Program served 24,829 unduplicated individuals in CY 2020.

Table 1: Total Number of Distinct Clients Served by the Core Services Program in CY 2020

Distinct Count	Children/Youth		Adults		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Clients	13,721	55.3	11,108	44.7	24,829	100.0

Table 2 shows that the largest race/ethnicity groups served by the Core Services Program were White, non-Hispanic (46%), Hispanic (31%), and Black/African American (7%). The average age of children/youth served by Core Services was 8.6 years, while the average age of adults served by Core Services was 36.1 years.

Table 2: *Race/Ethnicity of Distinct Clients Served by Core Services Program in CY 2020*

Race/Ethnicity	Frequency	Percent
White, Non-Hispanic	11,532	46.4
Hispanic	7,683	31.0
Black or African American	1,639	6.6
Multiple Races	884	3.6
American Indian or Alaska Native	145	0.6
Asian	123	0.5
Native Hawaiian or Other Pacific Islander	40	0.2
Did not Indicate	2,783	11.1
Total	24,829	100.0

As previously defined, **15,612 distinct children/youth from 9,340 cases/involvements received or benefitted** from Core Services in CY 2020. This represents an 8.4% decrease in distinct children/youth receiving or benefitting from Core Services from CY 2019. Table 3 shows that 75% of all children/youth receiving or benefitting from services were designated as Program Area 5 (PA5), 15% were designated as PA3, 8% 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 2020*

Program Area	Frequency*	Percent
PA3 Services	2,309	14.6
PA4 Cases	1,257	7.9
PA5 Cases	11,958	75.3
PA6 Cases	350	2.2
Total	15,874	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.		

Of the 2,309 children/youth designated as PA3, 790 had a prior child welfare case (34%) with 122 designated as PA4 and 668 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 2020

As previously defined, there were **33,437 service episodes** open at any time in CY 2020. This represents a 1.8% decrease in service episodes from CY 2019. On the following page, Table 4 shows that 81% of service episodes were associated with children with a PA5 designation while 10% were associated with PA4, 7% were associated with PA3, and 2% were associated with PA6. As for provider type, 68% of service episodes were purchased from external providers by counties while 32% were internally provided by counties. Overall, 71% of all service episodes were for new services provided in CY 2020, while 67% of all service episodes were closed in CY 2020.

Table 4: *Characteristics of Service Episodes in CY 2020 (N = 33,437)*

Characteristic	Frequency	Percent
Program Area		
PA3 Services	2,308	6.9
PA4 Cases	3,482	10.4
PA5 Cases	26,973	80.7
PA6 Cases	674	2.0
Provider Type		
Purchased	22,674	67.8
County Provided	10,763	32.2
Service Status		
New Service in CY 2020	23,674	70.8
Closed Service in CY 2020	22,364	66.9

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 2020 was county-designed services at 37%, followed by mental health services at 14% and life skills at 13%.

Table 5: *Service Episodes in CY 2020 by Service Type*

Service Type	Frequency	Percent
County-Designed Services	12,288	36.8
Mental Health Services	4,556	13.6
Life Skills*	4,391	13.1
Substance Abuse Treatment	3,868	11.6
Intensive Family Therapy	2,952	8.8
Home-Based Interventions	2,323	7.0
Special Economic Assistance	2,308	6.9
Sexual Abuse Treatment**	618	1.8
Day Treatment***	133	0.4
Total	33,437	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 engagement meetings followed by supervised visitation and family group decision making. These three service types comprise 58% of all county-designed service episodes in CY 2020. One possible impact of COVID-19 on the Core Services program was a 77% increase in family engagement meetings/services from CY 2019 to CY 2020, likely the result of fewer cancellations as meetings were offered in a virtual format.

Table 6: Service Episodes by County-Designed Service Type for CY 2020

Service Type	Frequency	Percent
Family Engagement Meeting/Services	3,728	30.3
Supervised Visitation	2,451	19.9
Family Group Decision Making	930	7.6
Domestic Violence Intervention Services	817	6.6
Mentoring	749	6.1
Family Empowerment	548	4.5
Child Mentoring and Family Support	487	4.0
CET / TDM	358	2.9
Nurturing Program	264	2.1
Structured Parenting Time	234	1.9
Family Outreach	228	1.9
Parenting Skills	218	1.8
Community Based Family Support Services	205	1.7
Multi Systemic Therapy	187	1.5
Functional Family Therapy	142	1.2
Trauma Informed Care/Services	130	1.1
Foster Care/Adoption Support	108	0.9
Direct Link	91	0.7
Child/Family Service Therapist	83	0.7
Mediation	68	0.6
Mobile Intervention Team	68	0.6
Post Adoptive Services	50	0.4
Family Strengths	37	0.3
Youth Intervention Program	32	0.3
Behavioral Health	20	0.2
Play Therapy	13	0.1
Youth Outreach	13	0.1
SafeCare Colorado	11	0.1
Kinship Evaluation and Training	8	0.1
Permanency Roundtables	4	0.0
Fostering Healthy Futures/Therapeutic	3	0.0
Therapeutic Kinship Services	2	0.0
School Based Intensive Services	1	0.0
Total	12,288	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 2,291 closed substance abuse treatment service episodes from CY 2020, were methamphetamines and alcohol at 28% and 14%, respectively, followed by marijuana at 11%.

Table 7: Substance Types for Substance Abuse Treatment Service Episodes in CY 2020

Substance Type	Frequency	Percent
Unknown/Other	988	36.7
Methamphetamines	755	28.0
Alcohol	375	13.9
Marijuana	288	10.7
Heroin	119	4.4
Other Opiates	84	3.1
Cocaine/Crack	76	2.8
Depressants	5	0.2
Stimulants	3	0.1
Total*	2,693	100.0
*The total does not match the sample size of closed substance abuse treatment service episodes because more than one substance type can be reported for a service episode.		

Table 8 shows the count of clients served, the count of children/youth receiving or benefitting from Core Services, and total service episodes for CY 2020 by county.

Table 8: *Count of Clients Served, Children/Youth Receiving or Benefitting, and Service Episodes for CY 2020 by County*

County*	Clients Served**	Percent of State Total	Children/Youth Receiving/Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Statewide	24,985	100.0	15,766	100.0	33,437	100.0
Adams	2,947	11.8	1,583	10.0	3,047	9.1
Alamosa	169	0.7	128	0.8	155	0.5
Arapahoe	1,888	7.6	1,676	10.6	1,739	5.2
Archuleta	77	0.3	49	0.3	85	0.3
Baca	4	0.0	2	0.0	2	0.0
Bent	34	0.1	18	0.1	23	0.1
Boulder	1,081	4.3	746	4.7	1,084	3.2
Broomfield	135	0.5	79	0.5	153	0.5
Chaffee	30	0.1	23	0.1	32	0.1
Clear Creek	38	0.2	22	0.1	24	0.1
Conejos	68	0.3	62	0.4	70	0.2
Costilla	70	0.3	64	0.4	118	0.4
Crowley	75	0.3	73	0.5	96	0.3
Custer	13	0.1	11	0.1	8	0.0
Delta	311	1.2	163	1.0	304	0.9
Denver	1,931	7.7	1,152	7.3	1,695	5.1
Dolores	9	0.0	8	0.1	10	0.0
Douglas	640	2.6	413	2.6	534	1.6
Eagle	150	0.6	96	0.6	129	0.4
El Paso	4,051	16.2	2,366	15.0	11,715	35.0
Elbert	180	0.7	121	0.8	123	0.4
Fremont	669	2.7	343	2.2	1,177	3.5
Garfield	316	1.3	197	1.2	282	0.8
Gilpin	9	0.0	7	0.0	13	0.0
Grand	36	0.1	27	0.2	42	0.1
Gunnison/ Hinsdale	44	0.2	23	0.1	35	0.1
Huerfano	37	0.1	24	0.2	27	0.1
Jackson	8	0.0	5	0.0	4	0.0
Jefferson	1,534	6.1	1,101	7.0	1,900	5.7
Kiowa	16	0.1	10	0.1	7	0.0
Kit Carson	52	0.2	28	0.2	55	0.2
La Plata/ San Juan	216	0.9	173	1.1	441	1.3
Lake	30	0.1	20	0.1	27	0.1
Larimer	2,413	9.7	1,357	8.6	2,051	6.1
Las Animas	73	0.3	50	0.3	53	0.2
Lincoln	78	0.3	48	0.3	42	0.1
Logan	236	0.9	122	0.8	196	0.6
Mesa	814	3.3	499	3.2	970	2.9
Moffat	99	0.4	64	0.4	93	0.3
Montezuma	51	0.2	60	0.4	54	0.2
Montrose	426	1.7	219	1.4	312	0.9
Morgan	201	0.8	129	0.8	189	0.6
Otero	76	0.3	61	0.4	58	0.2
Ouray/ San Miguel	29	0.1	29	0.2	23	0.1
Park	81	0.3	39	0.2	58	0.2
Phillips	1	0.0	1	0.0	1	0.0

Table 8 (continued)

County*	Clients Served**	Percent of State Total	Children/Youth Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Pitkin	45	0.2	28	0.2	34	0.1
Prowers	29	0.1	24	0.2	16	0.0
Pueblo	766	3.1	480	3.0	1,150	3.4
Rio Blanco	67	0.3	43	0.3	39	0.1
Rio Grande/ Mineral	102	0.4	68	0.4	68	0.2
Routt	48	0.2	39	0.2	50	0.1
Saguache	49	0.2	30	0.2	30	0.1
Sedgwick	1	0.0	1	0.0	2	0.0
Summit	41	0.2	16	0.1	37	0.1
Teller	160	0.6	80	0.5	168	0.5
Washington	44	0.2	29	0.2	22	0.1
Weld	2,027	8.1	1,345	8.5	2,463	7.4
Yuma	160	0.6	92	0.6	102	0.3

*Cheyenne County had no clients served, children/youth receiving or benefitting, or service episodes for CY 2020.
 **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 2020 calendar year, 22,364 total service episodes were closed in Trails. The final service effectiveness sample size was 16,540 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 2020 across all service types, service goals, and program areas. Overall, 76% of service episodes were closed with a “successful” (62%) or “partially successful” (14%) outcome designation, while 24% of service episodes were closed with a “not successful, did not engage” (16%) or “not successful, no progress” (8%) outcome designation. This represents a one percent increase in service episodes closed with a “successful” or “partially successful” outcome from CY 2019.

Table 9: Service Effectiveness Outcomes for Closed Service Episodes in CY 2020

Service Outcome	Frequency	Percent
Successful	10,283	62.2
Partially Successful	2,317	14.0
Not Successful, Did Not Engage	2,707	16.4
Not Successful, No Progress	1,233	7.5
Total	16,540	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, did not engage” and “not successful, no progress” outcomes were combined into a single outcome category. As displayed in Table 10, 81% of service episodes for children/youth with a least restrictive setting goal at time of service initiation were closed with a “successful/partially successful” outcome designation, followed by service episodes with a remain home service goal at 80%, and service episodes with a return home service goal at 73%.

Table 10: Service Effectiveness Outcomes by Service Goal for Service Episodes Closed in CY 2020 (N = 16,540)

Service Goal	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Least Restrictive Setting	242	81.2	56	18.8
Remain Home	5,900	80.4	1,439	19.6
Return Home	6,458	72.5	2,445	27.5
Total	12,600	76.2	3,940	23.8

As displayed in Table 11, 89% of county provided service episodes were closed with a “successful/partially successful” outcome designation, while 70% of purchased service episodes were closed with a “successful/partially successful” outcome designation.

Table 11: Service Effectiveness Outcomes by Provider Type for Service Episodes Closed in CY 2020 (N = 16,540)

Provider Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Purchased	7,635	69.5	3,348	30.5
County Provided	4,965	89.3	592	10.7
Total	12,600	76.2	3,940	23.8

As displayed in Table 12, 86% of service episodes for children/youth with a PA3 designation at time of service initiation were closed with a “successful/partially successful” outcome designation, followed by service episodes for children/youth with a PA6 designation at 81%, episodes for children/youth with a PA5 designation at 76%, and service episodes for children/youth with a PA4 designation at 75%. For a subsample of children/youth receiving an adoption subsidy (n = 333), 80% of service episodes (provided after the adoption finalization) were closed with a “successful/partially successful” outcome designation.

Table 12: Service Effectiveness Outcomes by Program Area for Service Episodes Closed in CY 2020 (N = 16,540)

Program Area	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
PA3 Services	922	86.1	149	13.9
PA4 Cases	1,476	74.6	502	25.4
PA5 Cases	9,962	75.5	3,232	24.5
PA6 Cases	240	80.8	57	19.2
Total	12,600	76.2	3,940	23.8

Table 13 shows that 90% of service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services (Intervention) were closed with a “successful/partially successful” outcome designation; 85% of service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 (Prevention - Closed Assessment) services were closed with a “successful/partially successful” outcome designation; and 86% of service episodes for children/youth who had a screen-out referral within 60 days prior to receiving PA3 services (Prevention - Screen-out) were closed with a “successful/partially successful” outcome designation.

Table 13: Service Effectiveness Outcomes by PA3 Type for Service Episodes Closed in CY 2020 (N = 1,071)

PA3 Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Intervention	128	89.5	15	10.5
Prevention - Closed Assessment	334	84.8	60	15.2
Prevention - Screen-out	460	86.1	74	13.9
Total	922	86.1	149	13.9

On the following page, Table 14 shows that day treatment (88%) and sexual abuse treatment (88%) had the highest percentage of episodes closed in CY 2020 with a “successful/partially successful” designation. Substance abuse treatment (61%) and intensive family therapy (63%) had the lowest percentage of episodes with a “successful/partially successful” outcome designation in CY 2020.

Table 14: Service Effectiveness Outcomes by Service Type for Service Episodes Closed in CY 2020 (N = 16,540)

Service Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Day Treatment	45	88.2	6	11.8
Sexual Abuse Treatment	226	87.9	31	12.1
County-Designed Services	6,364	85.6	1,069	14.4
Home-Based Interventions	1,023	74.9	342	25.1
Mental Health Services	1,166	73.3	424	26.7
Life Skills	1,624	68.9	733	31.1
Intensive Family Therapy	1,038	62.6	621	37.4
Substance Abuse Treatment	1,114	60.9	714	39.1
Total	12,600	76.2	3,940	23.8

Table 15 shows the service effectiveness outcomes for service episodes closed in CY 2020 by county.

Table 15: Service Effectiveness Outcomes by County for Service Episodes Closed in CY 2020 (N = 16,540)

County*	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Statewide	12,600	76.2	3,940	23.8
Adams	645	73.7	230	26.3
Alamosa	51	78.5	14	21.5
Arapahoe	680	74.8	229	25.2
Archuleta	32	88.9	4	11.1
Baca	1	50.0	1	50.0
Bent	10	100.0	0	0.0
Boulder	217	79.5	56	20.5
Broomfield	60	76.9	18	23.1
Chaffee	3	75.0	1	25.0
Clear Creek	6	75.0	2	25.0
Conejos	37	90.2	4	9.8
Costilla	10	100.0	0	0.0
Crowley	15	60.0	10	40.0
Custer	0	0.0	2	100.0
Delta	111	99.1	1	0.9
Denver	434	73.7	155	26.3
Dolores	4	100.0	0	0.0
Douglas	206	83.4	41	16.6
Eagle	41	87.2	6	12.8
El Paso	5,387	73.9	1,901	26.1
Elbert	26	81.3	6	18.8
Fremont	319	78.8	86	21.2
Garfield	112	83.6	22	16.4
Gilpin	9	100.0	0	0.0
Grand	13	92.9	1	7.1
Gunnison/Hinsdale	7	77.8	2	22.2
Huerfano	8	88.9	1	11.1
Jackson	2	100.0	0	0.0
Jefferson	762	76.6	233	23.4
Kiowa	4	100.0	0	0.0
Kit Carson	13	65.0	7	35.0
La Plata/San Juan	143	74.5	49	25.5
Lake	4	80.0	1	20.0
Larimer	1,158	89.0	143	11.0
Las Animas	14	53.8	12	46.2
Lincoln	13	86.7	2	13.3
Logan	46	78.0	13	22.0
Mesa	398	74.3	138	25.7

Table 15 (continued)

County	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Moffat	20	60.6	13	39.4
Montezuma	9	75.0	3	25.0
Montrose	131	93.6	9	6.4
Morgan	67	80.7	16	19.3
Otero	26	78.8	7	21.2
Ouray/San Miguel	9	100.0	0	0.0
Park	8	61.5	5	38.5
Phillips	1	100.0	0	0.0
Pitkin	15	93.8	1	6.3
Prowers	5	83.3	1	16.7
Pueblo	374	70.3	158	29.7
Rio Blanco	13	76.5	4	23.5
Rio Grande/Mineral	15	46.9	17	53.1
Routt	18	90.0	2	10.0
Saguache	16	100.0	0	0.0
Summit	7	70.0	3	30.0
Teller	54	84.4	10	15.6
Washington	13	86.7	2	13.3
Weld	766	72.2	295	27.8
Yuma	32	91.4	3	8.6

* Cheyenne and Sedgwick 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 7,688 unduplicated children/youth with a closed case (or closed involvement for PA3) in CY 2020. There were 35,956 service episodes for these children/youth, which averages to just over 4.5 service episodes per child/youth. It should be noted that these service episodes were not exclusively in CY 2020 but were provided during closed involvement spans from CY 2020.

3.2.1. Overall Service Goal Attainment Results

Table 16 shows the proportion of service episodes within closed involvement spans in CY 2020 by service goal type with 53% having a goal of return home, 46% having a goal of remain home, and 1% having a goal of least restrictive setting.

Table 16: *Service Goal Frequencies for Service Episodes from Involvements Closed in CY 2020*

Service Goal	Frequency	Percent
Return Home	19,041	53.0
Remain Home	16,478	45.8
Less Restrictive	437	1.2
Total	35,956	100.0

As displayed in Table 17, the service type with the highest percentage of return home service goals was substance abuse treatment and life skills at 58%, the service type with the highest percentage of remain home service goals was sexual abuse treatment at 56%, and the service type with the highest percentage of least restrictive setting service goals was sexual abuse treatment at 4%.

Table 17: *Service Type Frequencies by Service Goal for Service Episodes from Involvements Closed in CY 2020 (N = 35,956)*

Service Type	Return Home		Remain Home		Least Restrictive Setting	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
County-Designed Services	7,136	52.2	6,386	46.8	135	1.0
Day Treatment	80	51.9	71	46.1	3	1.9
Home-Based Interventions	1,387	48.8	1,420	49.9	36	1.3
Intensive Family Therapy	1,360	50.6	1,285	47.8	45	1.7
Life Skills	2,637	57.5	1,899	41.4	52	1.1
Mental Health Services	1,854	53.5	1,561	45.1	50	1.4
Sexual Abuse Treatment	236	39.9	334	56.4	22	3.7
Special Economic Assistance	2,127	51.4	1,936	46.7	79	1.9
Substance Abuse Treatment	2,224	58.1	1,586	41.5	15	0.4
Total	19,041	53.0	16,478	45.8	437	1.2

Table 18 shows that the service goal was attained in 81% of all service episodes in CY 2020, which is a four percent increase from CY 2019. The service goal attainment rate was 92% for remain home, 78% for least restrictive setting, and 72% 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. The remain home service goal was attained in 94% of these service episodes, which is the same as CY 2019. 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 2020 attained their service goal, which is a one percent increase from CY 2019.

Table 18: *Service Goal Attainment by Service Goal Type for Service Episodes from Involvements Closed in CY 2020 (N = 35,956)*

Service Goal	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Return Home	13,723	72.1	5,318	27.9
Remain Home	15,094	91.6	1,384	8.4
Least Restrictive Setting	341	78.0	96	22.0
Total	29,158	81.1	6,798	18.9

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 93% remain home service goal attainment rate, while purchased service episodes also had a 91% remain home service goal attainment rate. The overall remain home service goal attainment rate was 92%, which was a two percent increase from CY 2019.

Table 19: Remain Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2020 (N = 16,478)

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	5,644	92.8	437	7.2
Purchased	9,450	90.9	947	9.1
Overall	15,094	91.6	1,384	8.4

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 72% remain home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 87% remain home service goal attainment rate. It should be noted that service goals are not identified when a prevention service is provided, but it is assumed that prevention is intended to keep children/youth in the home. For a subsample of children/youth receiving an adoption subsidy (n = 83), service episodes (provided after the adoption finalization) had an 86% remain home service goal attainment rate.

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 2020 (N = 16,478)

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,599	99.8	4	0.2
PA4 Cases	857	71.7	339	28.3
PA5 Cases	12,605	92.4	1,036	7.6
PA6 Cases	33	86.8	5	13.2
Total	15,094	91.6	1,384	8.4

Table 21 shows that service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate; service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services had a 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 2020 (N = 1,603)

PA3 Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intervention	192	99.0	2	1.0
Prevention - Closed Assessment	571	99.8	1	0.2
Prevention - Screen-out	836	99.9	1	0.1
Total	1,599	99.8	4	0.2

Table 22 shows that service episodes for mental health services (95%) special economic assistance (93%), and intensive family therapy (93%) had the highest remain home service goal attainment rates, while day treatment (86%) 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 2020 (N = 16,478)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Mental Health Services	1,477	94.6	84	5.4
Special Economic Assistance	1,809	93.4	127	6.6
Intensive Family Therapy	1,191	92.7	94	7.3
Life Skills	1,742	91.7	157	8.3
County-Designed Services	5,838	91.4	548	8.6
Sexual Abuse Treatment	304	91.0	30	9.0
Substance Abuse Treatment	1,421	89.6	165	10.4
Home-Based Interventions	1,251	88.1	169	11.9
Day Treatment	61	85.9	10	14.1
Total	15,094	91.6	1,384	8.4

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 2020 (N = 16,478)*

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Statewide	15,094	91.6	1,384	8.4
Adams	1,412	91.9	124	8.1
Alamosa	54	80.6	13	19.4
Arapahoe	816	87.6	116	12.4
Archuleta	44	77.2	13	22.8
Baca	0	0.0	1	100.0
Bent	13	100.0	0	0.0
Boulder	252	82.1	55	17.9
Broomfield	74	97.4	2	2.6
Chaffee	27	71.1	11	28.9
Clear Creek	6	100.0	0	0.0
Conejos	53	77.9	15	22.1
Costilla	12	85.7	2	14.3
Crowley	14	82.4	3	17.6
Delta	97	98.0	2	2.0
Denver	768	90.8	78	9.2
Dolores	3	100.0	0	0.0
Douglas	432	88.3	57	11.7
Eagle	164	100.0	0	0.0
El Paso	4,689	90.2	507	9.8
Elbert	66	91.7	6	8.3
Fremont	536	96.1	22	3.9
Garfield	172	94.0	11	6.0
Gilpin	3	100.0	0	0.0
Grand	29	100.0	0	0.0
Gunnison/Hinsdale	4	100.0	0	0.0
Huerfano	20	100.0	0	0.0
Jackson	12	100.0	0	0.0
Jefferson	723	92.8	56	7.2
Kiowa	13	100.0	0	0.0
Kit Carson	4	100.0	0	0.0
La Plata/San Juan	201	96.6	7	3.4

Table 23 (continued)

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Lake	2	100.0	0	0.0
Larimer	1,842	94.1	116	5.9
Las Animas	15	100.0	0	0.0
Lincoln	16	100.0	0	0.0
Logan	33	97.1	1	2.9
Mesa	264	97.8	6	2.2
Moffat	51	98.1	1	1.9
Montezuma	14	73.7	5	26.3
Montrose	182	94.8	10	5.2
Morgan	56	93.3	4	6.7
Otero	40	90.9	4	9.1
Ouray/San Miguel	35	100.0	0	0.0
Park	15	100.0	0	0.0
Pitkin	17	100.0	0	0.0
Prowers	8	100.0	0	0.0
Pueblo	325	84.9	58	15.1
Rio Blanco	35	100.0	0	0.0
Rio Grande/Mineral	60	64.5	33	35.5
Routt	37	100.0	0	0.0
Saguache	6	100.0	0	0.0
Summit	27	100.0	0	0.0
Teller	52	92.9	4	7.1
Washington	31	100.0	0	0.0
Weld	1,164	96.6	41	3.4
Yuma	54	100.0	0	0.0

* Cheyenne, Dolores, Phillips, and Sedgwick 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 72% return home service goal attainment rate, while purchased service episodes also had a 72% return home service goal attainment rate. The overall return home service goal attainment rate was 72%, which was a five percent increase from CY 2019.

Table 24: Return Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2020 (N = 19,041)

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	5,163	71.8	2,024	28.2
Purchased	8,560	72.2	3,294	27.8
Overall	13,723	72.1	5,318	27.9

As displayed in Table 25 on the following page, service episodes for children/youth with a PA5 designation had a 74% return home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 48% return home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 28% return home service goal attainment rate. For a subsample of children/youth receiving an adoption subsidy (n = 116), service episodes (provided after the adoption finalization) had a 23% return home service goal attainment rate.

Table 25: Return Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2020 (N = 19,041)

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA4 Cases	596	47.7	654	52.3
PA5 Cases	13,098	74.1	4,588	25.9
PA6 Cases	29	27.6	76	72.4
Total	13,723	72.1	5,318	27.9

Table 26 shows that service episodes for substance abuse treatment (76%) and intensive family therapy (75%) had the highest return home service goal attainment rates, while day treatment (55%) had the lowest return home service goal attainment rate.

Table 26: Return Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2020 (N = 19,041)

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Substance Abuse Treatment	1,681	75.6	543	24.4
Intensive Family Therapy	1,014	74.6	346	25.4
County-Designed Services	5,244	73.5	1,892	26.5
Special Economic Assistance	1,561	73.4	566	26.6
Life Skills	1,916	72.7	721	27.3
Mental Health Services	1,215	65.5	639	34.5
Home-Based Interventions	903	65.1	484	34.9
Sexual Abuse Treatment	145	61.4	91	38.6
Day Treatment	44	55.0	36	45.0
Total	13,723	72.1	5,318	27.9

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 2020 (N = 19,041)

County*	Attained		Not Attained	
	Count	%	Count	%
Statewide	13,723	72.1	5,318	27.9
Adams	748	56.2	583	43.8
Alamosa	59	33.3	118	66.7
Arapahoe	525	57.4	389	42.6
Archuleta	43	100.0	0	0.0
Baca	1	100.0	0	0.0
Bent	3	50.0	3	50.0
Boulder	167	64.7	91	35.3
Broomfield	52	86.7	8	13.3
Chaffee	35	43.2	46	56.8
Clear Creek	9	90.0	1	10.0
Conejos	23	95.8	1	4.2
Costilla	17	65.4	9	34.6
Crowley	23	85.2	4	14.8
Custer	4	80.0	1	20.0
Delta	135	88.2	18	11.8
Denver	663	66.2	339	33.8
Dolores	9	100.0	0	0.0
Douglas	287	87.0	43	13.0
Eagle	4	21.1	15	78.9
El Paso	5,169	78.9	1,381	21.1
Elbert	17	85.0	3	15.0

Table 27 (continued)

County*	Attained		Not Attained	
	Count	%	Count	%
Fremont	663	72.1	256	27.9
Garfield	72	44.4	90	55.6
Gilpin	45	100.0	0	0.0
Gunnison/Hinsdale	3	33.3	6	66.7
Huerfano	4	66.7	2	33.3
Jefferson	853	69.4	376	30.6
Kiowa	6	100.0	0	0.0
Kit Carson	3	100.0	0	0.0
La Plata/San Juan	47	68.1	22	31.9
Lake	2	100.0	0	0.0
Larimer	1,073	78.2	300	21.8
Las Animas	26	76.5	8	23.5
Lincoln	5	50.0	5	50.0
Logan	133	66.5	67	33.5
Mesa	584	60.1	388	39.9
Moffat	29	55.8	23	44.2
Montezuma	16	94.1	1	5.9
Montrose	149	96.1	6	3.9
Morgan	68	70.8	28	29.2
Otero	28	70.0	12	30.0
Ouray/San Miguel	25	100.0	0	0.0
Park	4	100.0	0	0.0
Phillips	0	0.0	2	100.0
Pitkin	4	100.0	0	0.0
Prowers	3	60.0	2	40.0
Pueblo	702	76.8	212	23.2
Rio Blanco	31	72.1	12	27.9
Rio Grande/Mineral	62	42.5	84	57.5
Routt	3	17.6	14	82.4
Saguache	55	100.0	0	0.0
Sedgwick	2	100.0	0	0.0
Summit	0	0.0	1	100.0
Teller	23	69.7	10	30.3
Washington	2	100.0	0	0.0
Weld	1,004	75.4	327	24.6
Yuma	1	8.3	11	91.7

*Cheyenne, Grand, and Jackson 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 2019 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 5,769 children/youth with closed cases in CY 2019. Overall, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 8% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are very similar to the outcomes for cases closed in CY 2018.

Four 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 2019*

Outcome	Frequency	Percent
Subsequent Referral (N = 5,769)		
Yes	2,713	47.0
No	3,056	53.0
Subsequent Assessment (N = 5,769)		
Yes	1,789	31.0
No	3,980	69.0
Subsequent Founded Assessment (N = 5,769)		
Yes	395	6.8
No	5,374	93.2
Subsequent Case (N = 5,769)		
Yes	586	10.2
No	5,183	89.8
Subsequent Placement (N = 5,769)		
Yes	223	3.9
No	5,546	96.1
Subsequent DYS Involvement (N = 2,634)*		
Yes	207	7.9
No	2,427	92.1
Subsequent DYS Commitment (N = 2,634)*		
Yes	25	0.9
No	2,609	99.1

*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 2019 by service goal type. Of the 20,562 service episodes, 60% were associated with a goal of remain home, 40% 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 2019*

Service Goal	Frequency	Percent
Remain Home	12,257	59.6
Return Home	8,284	40.3
Least Restrictive Setting	20	0.1
Total	20,562	100.0

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

Table 30: Frequency of Follow-up Events by Service Goal Group for Service Episodes from Closed Cases in CY 2019

Outcome	Frequency	Percent
Subsequent Referral		
Remain Home (N = 13,257)	6,052	49.4
Return Home (N = 8,284)	4,323	52.2
Subsequent Assessment		
Remain Home (N = 13,257)	4,081	33.3
Return Home (N = 8,284)	2,995	36.2
Subsequent Founded Assessment		
Remain Home (N = 13,257)	917	7.5
Return Home (N = 8,284)	711	8.6
Subsequent Case		
Remain Home (N = 13,257)	1,248	10.2
Return Home (N = 8,284)	1,061	12.8
Subsequent Placement		
Remain Home (N = 13,257)	463	3.5
Return Home (N = 8,284)	341	4.5
Subsequent DYS Involvement*		
Remain Home (N = 5,272)	386	7.3
Return Home (N = 2,911)	228	7.8
Subsequent DYS Commitment*		
Remain Home (N = 5,272)	28	0.5
Return Home (N = 2,911)	20	0.7

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

- Children/youth with a remain home service goal had a 49% subsequent referral rate, while children/youth with a return home service goal had a 52% subsequent referral rate.
- Children/youth with a remain home service goal had a 33% subsequent assessment rate, while children/youth with a return home service goal had a 36% subsequent assessment rate.
- Children/youth with a remain home service goal had an 8% subsequent founded assessment rate, while children/youth with a return home service goal had a 9% subsequent founded assessment rate.
- Children/youth with a remain home service goal had an 10% subsequent case rate, while children/youth with a return home service goal had an 13% 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 remain home service goal had a 7% subsequent DYS involvement (detention or commitment) rate, while children/youth with a return home service goal had an 8% subsequent DYS 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.

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 2019. Service episodes for children/youth with a PA6 designation were not included in the analysis because of the low sample size (n = 8).

- Service episodes for children with a PA3 designation had a 43% subsequent referral rate, a 27% subsequent assessment rate, a 3% subsequent founded assessment rate, a 7% subsequent case rate, a 4% subsequent

placement rate, an 8% subsequent DYS involvement (detention or commitment) rate, and less than a 1% subsequent DYS commitment rate.

- Service episodes for children with a PA4 designation had a 46% subsequent referral rate, a 34% subsequent assessment rate, a 2% subsequent founded assessment rate, a 16% subsequent case rate, an 8% subsequent placement rate, a 32% subsequent DYS involvement (detention or commitment) rate, and a 3% subsequent DYS commitment rate.
- Service episodes for children with a PA5 designation had a 51% subsequent referral rate, a 35% subsequent assessment rate, an 9% subsequent founded assessment rate, a 11% subsequent case rate, a 4% subsequent placement rate, a 3% subsequent DYS involvement (detention or commitment) rate, and less than a 1% subsequent DYS commitment rate.

Table 31: Percent of Service Episodes with Follow-up Events by Program Area from Cases Closed in CY 2019

Program Area	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	20,554	50.5	34.4	7.9	11.2	4.2	7.6	0.8
PA3 Services	1,437	43.2	27.1	3.0	6.5	3.5	7.8	0.5
PA4 Cases	1,244	46.0	34.0	2.3	16.2	8.0	31.6	3.1
PA5 Cases	17,873	51.4	35.1	8.7	11.3	4.0	2.6	0.1

*Sample size of 886 for PA3, 1,233 for PA4, 6,077 for PA5, and 8,196 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

The next set of analyses compare provider type and service type on follow-up outcomes within PA3, PA4, and PA5 program areas. County comparison on follow-up outcomes is only reported for PA5 because of low county sample sizes for PA3 and PA4.

3.3.3. Program Area 3 Follow-Up Outcome Results

Table 32 shows the follow-up outcomes by provider type based on service episodes with a PA3 designation from all cases closed in CY 2019. County provided service episodes had a 56% subsequent referral rate, a 36% subsequent assessment rate, a 1% subsequent founded assessment rate, a 14% subsequent case rate, a 5% subsequent placement rate, a 6% subsequent DYS involvement (detention or commitment) rate, and a 1% subsequent DYS commitment rate. Purchased service episodes had a 42% subsequent referral rate, a 26% subsequent assessment rate, a 3% subsequent founded assessment rate, a 6% subsequent case rate, a 3% subsequent placement rate, an 8% subsequent DYS involvement (detention or commitment) rate, and less a 1% subsequent DYS commitment rate.

Table 32: Percent of PA3 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2019

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,437	43.2	27.1	3.0	6.5	3.5	7.8	0.5
County Provided	155	56.1	35.5	1.3	13.5	5.2	6.2	1.2
Purchased	1,282	41.7	26.1	3.2	5.7	3.3	8.0	0.4

*Sample size of 81 for county provided, 805 for purchased, and 886 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 PA3 designation from all cases closed in CY 2019.

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

Table 33: Percent of PA3 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2019

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,437	43.2	27.1	3.0	6.5	3.5	7.8	0.5
County-Designed	435	34.8	20.8	1.7	5.4	2.9	8.8	0.9
Day Treatment	60	18.2	9.1	6.1	6.1	3.0	0.0	0.0
Home-Based Interventions	176	46.2	30.8	3.8	5.6	4.3	11.8	0.0
Intensive Family Therapy	80	35.8	13.2	1.9	0.0	1.9	2.8	0.0
Life Skills	183	42.6	26.9	0.0	2.8	2.8	9.1	0.0
Mental Health	121	56.6	34.5	4.6	7.9	3.0	6.1	0.0
Sexual Abuse Treatment	47	9.1	4.5	0.0	0.0	0.0	0.0	0.0
Special Economic Assistance	187	78.5	53.8	1.5	26.2	9.2	12.5	3.1
Substance Abuse Treatment	62	37.8	30.6	7.1	7.1	5.1	4.2	0.0

*Sample size of 330 for county-designed services, 32 for day treatment, 127 for home-based services, 36 for intensive family therapy, 66 for life skills, 197 for mental health services, 18 for sexual abuse treatment, 32 for special economic assistance, 48 for substance abuse treatment, and 1,330 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

3.3.4. Program Area 4 Follow-Up Outcome Results

Table 34 shows the follow-up outcomes by provider type based on service episodes with a PA4 designation from all cases closed in CY 2019. County provided service episodes had a 46% subsequent referral rate, a 35% subsequent assessment rate, a 1% subsequent founded assessment rate, a 18% subsequent case rate, a 9% subsequent placement rate, a 32% subsequent DYS involvement (detention or commitment) rate, and a 3% subsequent DYS commitment rate. Purchased service episodes had a 46% subsequent referral rate, a 33% subsequent assessment rate, a 3% subsequent founded assessment rate, a 15% subsequent case rate, a 7% subsequent placement rate, a 32% subsequent DYS involvement (detention or commitment) rate, and a 4% subsequent DYS commitment rate.

Table 34: Percent of PA4 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2019

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,244	46.0	34.0	2.3	16.2	8.0	31.6	3.1
County Provided	491	45.6	35.2	1.4	17.5	9.4	31.7	2.5
Purchased	753	46.2	33.2	2.8	15.4	7.0	31.6	3.5

*Sample size of 486 for county provided, 747 for purchased, and 1,233 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 35 shows the follow-up outcomes by service type based on service episodes with a PA4 designation from all cases closed in CY 2019.

- Sexual abuse treatment had the lowest subsequent referral, assessment, founded assessment, case, placement, and DYS involvement rates.
- Intensive family therapy had the lowest subsequent DYS commitment rate.

- Intensive family therapy had the highest subsequent referral rate.
- Mental health services had the highest subsequent assessment and founded assessment rates.
- County-designed services had the highest subsequent case, placement, and DYS involvement rates.
- Day treatment had the highest subsequent DYS commitment rate.

Table 35: Percent of PA4 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2019

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,244	46.0	34.0	2.3	16.2	8.0	31.6	3.1
County-Designed	483	48.2	37.3	2.1	19.9	9.5	39.9	3.7
Day Treatment	39	28.2	23.1	2.6	15.4	7.7	17.9	5.1
Home-Based Interventions	129	43.4	32.6	2.3	14.7	3.9	32.8	2.3
Intensive Family Therapy	126	51.6	37.3	1.6	17.5	8.7	31.7	0.8
Life Skills	150	44.7	30.7	3.3	16.0	8.7	20.8	2.7
Mental Health	89	49.4	38.2	4.5	10.1	3.4	20.2	3.4
Sexual Abuse Treatment	30	20.0	10.0	0.0	3.3	3.3	6.7	3.3
Special Economic Assistance	143	46.9	35.7	2.1	14.0	9.1	28.0	2.8
Substance Abuse Treatment	55	41.8	20.0	0.0	9.1	7.3	37.3	3.9

*Sample size of 481 for county-designed services, 39 for day treatment, 128 for home-based services, 123 for intensive family therapy, 149 for life skills, 89 for mental health services, 30 for sexual abuse treatment, 143 for special economic assistance, 51 for substance abuse treatment, and 1,233 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

3.3.5. Program Area 5 Follow-Up Outcome Results

Table 36 shows the follow-up outcomes by provider type based on service episodes with a PA5 designation from all cases closed in CY 2018. County provided service episodes had a 54% subsequent referral rate, a 37% subsequent assessment rate, a 9% subsequent founded assessment rate, a 15% subsequent case rate, a 6% subsequent placement rate, a 3% subsequent DYS involvement (detention or commitment) rate, and less than a 1% subsequent DYS commitment rate. Purchased service episodes had a 49% subsequent referral rate, a 34% subsequent assessment rate, an 8% subsequent founded assessment rate, a 9% subsequent case rate, a 3% subsequent placement rate, a 2% subsequent DYS involvement (detention or commitment) rate, and less than a 1% subsequent DYS commitment rate.

Table 36: Percent of PA5 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2019

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	17,873	51.4	35.1	8.7	11.3	4.0	2.6	0.1
County Provided	7,268	54.4	37.1	9.4	14.9	5.6	3.3	0.2
Purchased	10,605	49.3	33.6	8.2	8.8	2.9	2.2	0.1

*Sample size of 2,458 for county, 3,619 for purchased, and 6,077 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 37 shows the follow-up outcomes by service type based on service episodes with a PA5 designation from all cases closed in CY 2019.

- Intensive family therapy had the lowest subsequent referral, found assessment, case, and placement rates.
- Sexual abuse treatment had the lowest subsequent assessment and DYS involvement rates.
- Day treatment had the highest subsequent referral, assessment, case, placement, and DYS involvement rates.
- Special economic assistance had the highest subsequent founded assessment rate.

Table 37: Percent of PA5 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2019

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	17,873	51.4	35.1	8.7	11.3	4.0	2.6	0.1
County-Designed	6,508	50.8	35.4	7.3	12.0	2.8	3.0	0.3
Day Treatment	95	70.5	40.0	11.6	18.9	9.5	5.1	0.0
Home-Based Interventions	1,538	51.1	34.9	8.4	8.5	2.7	1.1	0.0
Intensive Family Therapy	1,552	45.6	30.7	5.0	6.6	2.0	2.4	0.0
Life Skills	2,065	52.9	35.4	9.6	12.4	4.8	2.3	0.0
Mental Health	1,482	54.3	37.8	10.0	11.6	3.2	2.0	0.0
Sexual Abuse Treatment	240	46.7	25.8	7.1	10.8	9.2	0.0	0.0
Special Economic Assistance	2,215	55.9	34.7	12.4	14.3	8.7	3.9	0.0
Substance Abuse Treatment	2,178	49.2	36.1	10.5	9.5	4.4	2.9	0.0
*Sample size of 2,263 for county-designed services, 59 for day treatment, 550 for home-based services, 574 for intensive family therapy, 684 for life skills, 563 for mental health services, 121 for sexual abuse treatment, 719 for special economic assistance, 544 for substance abuse treatment, and 6,077 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.								

Table 38 shows that, statewide, 51% of services episodes associated with PA5 designation had a subsequent referral, 35% had a subsequent assessment, 9% had a subsequent founded assessment, 11% had a subsequent case, 4% had a subsequent placement, 3% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment.

Table 38: Percent of PA5 Service Episodes with Follow-up Events by County from Cases Closed in CY 2019

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Statewide	17,873	51.4	35.1	8.7	11.3	4.0	2.6	0.1
Adams	1,848	55.4	37.1	10.6	11.7	2.7	1.2	0.0
Alamosa	178	27.0	15.7	0.6	0.0	0.0	0.0	0.0
Arapahoe	1,011	50.7	36.8	6.1	6.2	1.2	0.8	0.0
Archuleta	30	100.0	60.0	16.7	60.0	0.0	N/A	N/A
Baca	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bent	15	40.0	40.0	0.0	0.0	0.0	0.0	0.0
Boulder	357	78.2	65.3	29.4	26.9	8.7	0.0	0.0

Table 38 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Broomfield	35	71.4	71.4	71.4	37.1	31.4	0.0	0.0
Chaffee	54	77.8	75.9	5.6	11.1	7.4	3.6	0.0
Cheyenne	3	0.0	0.0	0.0	0.0	0.0	2.3	0.0
Clear Creek	19	42.1	36.8	0.0	5.3	0.0	42.9	0.0
Conejos	5	0.0	0.0	0.0	0.0	0.0	N/A	N/A
Costilla	12	41.7	0.0	0.0	0.0	0.0	0.0	0.0
Crowley	12	66.7	66.7	58.3	25.0	8.3	0.0	0.0
Custer	2	0.0	0.0	0.0	0.0	0.0	N/A	N/A
Delta	222	32.9	21.2	5.0	3.2	1.4	13.0	0.0
Denver	993	56.8	34.4	12.4	11.8	7.6	1.6	0.0
Douglas	198	19.2	12.6	7.1	6.1	1.5	0.0	0.0
Eagle	101	25.7	21.8	0.0	0.0	0.0	0.0	0.0
El Paso	5,643	41.6	31.0	4.7	4.1	1.3	2.5	0.0
Elbert	15	40.0	0.0	0.0	0.0	0.0	0.0	0.0
Fremont	527	59.6	48.8	18.2	41.4	14.8	1.2	0.0
Garfield	87	81.6	63.2	40.2	47.1	24.1	0.0	0.0
Gilpin	35	74.3	74.3	68.6	68.6	68.6	0.0	0.0
Grand	10	100.0	60.0	0.0	0.0	0.0	0.0	0.0
Gunnison/ Hinsdale	28	67.9	57.1	0.0	0.0	0.0	0.0	0.0
Huerfano	23	65.2	65.2	0.0	0.0	0.0	12.5	0.0
Jackson	21	100.0	90.5	19.0	90.5	0.0	0.0	0.0
Jefferson	940	53.0	30.6	6.2	4.6	2.7	0.0	0.0
Kiowa	9	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kit Carson	78	53.8	12.8	10.3	10.3	10.3	0.0	0.0
La Plata/San Juan	81	69.1	65.4	2.5	28.4	2.5	0.0	0.0
Lake	22	4.5	4.5	4.5	4.5	0.0	0.0	0.0
Larimer	1,894	55.4	38.1	7.2	20.1	1.0	7.0	1.0
Las Animas	11	45.5	45.5	36.4	0.0	0.0	0.0	0.0
Lincoln	40	7.5	0.0	0.0	2.5	0.0	0.0	0.0
Logan	97	66.0	33.0	19.6	10.3	6.2	0.0	0.0
Mesa	504	50.4	18.1	4.0	4.2	4.2	5.4	0.0
Moffat	4	100.0	25.0	0.0	0.0	0.0	0.0	0.0
Montezuma	18	55.6	44.4	0.0	5.6	0.0	14.3	0.0
Montrose	232	53.0	27.6	10.3	9.9	0.0	2.3	0.0
Morgan	173	44.5	30.6	4.0	11.0	5.8	0.0	0.0
Otero	53	75.5	60.4	17.0	17.0	5.7	0.0	0.0
Ouray/San Miguel	20	95.0	45.0	0.0	0.0	0.0	0.0	0.0
Park	20	65.0	20.0	20.0	20.0	20.0	0.0	0.0
Pitkin	12	66.7	66.7	66.7	66.7	33.3	0.0	0.0
Prowers	10	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pueblo	877	71.7	40.0	12.9	25.4	22.7	3.3	0.0
Rio Blanco	5	40.0	40.0	0.0	0.0	0.0	0.0	0.0
Rio Grande/ Mineral	11	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Routt	27	66.7	66.7	22.2	0.0	0.0	0.0	0.0
Summit	10	90.0	60.0	0.0	0.0	0.0	0.0	0.0
Teller	70	82.9	62.9	10.0	10.0	0.0	0.0	0.0
Washington	13	76.9	38.5	38.5	7.7	0.0	0.0	0.0
Weld	1,135	58.0	38.9	13.2	12.4	2.9	0.0	0.0
Yuma	21	85.7	61.9	4.8	4.8	4.8	0.0	0.0

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

4. Costs of the Core Services Program

All Core Services costs were collected based on service dates within the calendar year regardless of date of payment; therefore, these become costs for services provided in CY 2020. 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, the 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 39, the total Core Service expenditures were \$54,444,907 in CY 2020, which represents a 6.0% decrease from CY 2019. Fee-for-service contract costs were \$26,170,627 which comprised 48% of total expenditures. Fixed-rate contract costs were \$6,629,469, which comprised 12% of total expenditures. County provided services costs were \$21,644,811, 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 2020 allocation was \$55,387,727 based on averaging SFY 2020 (\$55,660,731) and SFY 2021 (\$55,114,723) allocations. As such, total Core Services expenditures in CY 2020 were slightly lower than the Core Services allocation.

Table 39: Total Core Services Expenditures by Contract Type in CY 2020

Contract Type	Total	Percent
Fee-for-Service Contracts	\$26,170,627	48.0
Fixed-Rate Contracts	\$6,629,469	12.2
County Provided Services	\$21,644,811	39.8
Total Core Expenditures	\$54,444,907	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 40 shows that the average cost per service episode for all therapeutic Core Service episodes closed in CY 2020 was \$2,384 with an average service duration of 147 days. The average cost for all therapeutic service episodes (provided after adoption finalization) for a subsample of children/youth receiving an adoption subsidy ($n = 201$) was \$3,793 with an average service duration of 180 days.

For therapeutic assessments/evaluations, the average cost per service episode was \$1,023 with an average service duration of 58 days, which represents an increase of 14.9% or \$133 in average cost per service episode from CY 2019, and an increase of 52.6% or 20 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,543 with an average service duration of 157 days, which represents a decrease of 0.8% or \$20 in average cost per service episode from CY 2019, and an increase of 10.6% or 15 days in average duration per service episode.

Table 40: Average Cost per Service Episode and Average Service Duration (in days) for Service Episodes Closed in CY 2020

Service Category	Sample Size	Average Cost per Episode	Average Service Duration
Therapeutic Assessments/Evaluations	1,050	\$1,023	58
Therapeutic Interventions	8,994	\$2,543	157
All Therapeutic Services	10,044	\$2,384	147

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 41, service episodes with a remain home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$922 and an average cost per service episode for therapeutic interventions of \$2,514. Service episodes with a return home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$1,091 and an average cost per service episode for therapeutic interventions of \$2,530.

Table 41: Average Cost per Service Episode and Average Service Duration (in days) by Service Goal for Service Episodes Closed in CY 2020

Service Goal	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,050	\$1,023	58	8,994	\$2,543	157
Least Restrictive Setting	11	\$899	71	130	\$3,981	161
Remain Home	407	\$922	46	4,183	\$2,514	142
Return Home	632	\$1,091	65	4,681	\$2,530	170

As displayed in Table 42, service episodes with a PA3 designation had an average cost per service episode for therapeutic assessments/evaluations of \$408, and an average cost per service episode for therapeutic interventions of \$2,244. Because prevention services are 100 percent 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 \$1,043, and an average cost per service episode for therapeutic interventions of \$3,303. Service episodes with a PA5 designation had an average cost per service episode for therapeutic assessments/evaluations of \$1,025, and an average cost per service episode for therapeutic interventions of \$2,450. Service episodes with a PA6 designation had an average cost per service episode for therapeutic assessments/evaluations of \$2,291, and an average cost per service episode for therapeutic interventions of \$2,543.

Table 42: Average Cost per Service Episode and Average Service Duration (in days) by Program Area for Service Episodes Closed in CY 2020

Program Area	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,050	\$1,023	58	8,994	\$2,543	157
PA3 Services	29	\$408	23	913	\$2,244	124
PA4 Cases	62	\$1,043	54	989	\$3,303	168
PA5 Cases	947	\$1,025	59	6,930	\$2,450	160
PA6 Cases	12	\$2,291	86	162	\$2,543	158

Table 43 shows that substance abuse treatment had the lowest average cost per service episode for therapeutic assessments/evaluations at \$299 followed by county-designed services at \$922. Home-based interventions had the highest average cost per service episode at \$3,175 for therapeutic assessments/evaluations followed by intensive family therapy at \$2,754. For therapeutic interventions, substance abuse treatment had the lowest average cost per episode at \$970 followed by intensive family therapy at \$1,277. Day treatment had the highest average cost per episode for therapeutic interventions at \$11,051 followed by sexual abuse treatment at \$4,134. 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 43: Average Cost per Service Episode and Average Service Duration (in days) by Service Type for Service Episodes Closed in CY 2020

Service Type	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,050	\$1,023	58	8,994	\$2,543	157
County-Designed	611	\$922	42	3,213	\$2,837	147
Day Treatment	--	--	--	32	\$11,051	192
Home-Based Interventions	29	\$3,175	111	1,047	\$3,840	147
Intensive Family Therapy	7	\$2,754	99	406	\$1,277	186
Life Skills	24	\$976	91	1,704	\$2,686	166
Mental Health	256	\$1,226	83	1,044	\$1,884	159
Sexual Abuse Treatment	24	\$1,350	102	260	\$4,134	238
Substance Abuse Treatment	99	\$299	55	1,288	\$970	149
* 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 44 shows the average cost per service episode and average service duration by county for all therapeutic services closed in CY 2020. 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 44: Average Cost per Service Episode and Average Service Duration (in Days) for Service Episodes Closed in CY 2020 by County

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Statewide	\$2,384	147	10,044
Adams	\$2,241	116	1,226
Alamosa	\$4,052	266	73
Arapahoe	\$4,065	161	391
Archuleta	\$5,701	208	37
Bent	\$1,760	91	11
Boulder	\$2,687	241	217
Broomfield	\$3,177	150	72
Chaffee	\$661	80	3
Clear Creek	\$3,727	173	8
Conejos	\$4,186	386	34
Costilla	\$9,869	489	11
Crowley	\$1,612	235	31
Custer	\$2,874	141	6
Delta	\$1,813	235	138
Denver	\$3,974	161	571
Dolores	\$3,878	382	4
Douglas	\$3,470	158	294

Table 44 (continued)

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Eagle	\$1,611	162	70
El Paso	\$1,846	129	2,783
Elbert	\$3,624	143	41
Fremont	\$2,113	193	162
Garfield	\$2,365	125	65
Gilpin	\$3,665	257	9
Grand	\$757	145	2
Gunnison/Hinsdale	\$1,996	264	3
Huerfano	\$3,778	346	3
Jackson	\$75	174	1
Jefferson	\$1,438	119	1,098
Kiowa	\$3,814	208	5
Kit Carson	\$2,202	195	19
La Plata/San Juan	\$587	171	17
Lake	\$5,801	339	2
Larimer	\$1,868	142	536
Las Animas	\$1,163	92	14
Lincoln	\$2,713	110	13
Logan	\$4,439	254	46
Mesa	\$2,623	222	476
Moffat	\$1,595	173	51
Montezuma	\$1,270	196	17
Montrose	\$2,450	231	129
Morgan	\$2,553	115	36
Otero	\$4,662	223	37
Ouray/San Miguel	\$4,679	152	8
Park	\$5,085	224	10
Pitkin	\$1,335	116	22
Prowers	\$2,375	17	2
Pueblo	\$2,025	83	334
Rio Blanco	\$1,122	126	12
Rio Grande/Mineral	\$3,621	230	23
Routt	\$5,571	146	12
Saguache	\$556	46	13
Summit	\$5,638	190	14
Teller	\$2,001	144	36
Washington	\$2,567	182	16
Weld	\$3,130	136	740
Yuma	\$2,226	302	40

* Baca, Cheyenne, Phillips, and Sedgwick 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 45 on the following page, the average cost per client statewide for CY 2020 was \$2,179 based on total expenditures of \$54,444,907 and 24,985 clients served. This represents an increase of 1.7% or an additional \$37 in average cost per client from CY 2019.

Table 45: Average Cost per Client by County in CY 2020

County*	Expenditures	Clients Served**	Average Cost per Client
Statewide	\$54,444,907	24,985	\$2,179
Adams	\$6,085,559	2,947	\$2,065
Alamosa	\$321,559	169	\$1,903
Arapahoe	\$4,898,205	1,888	\$2,594
Archuleta	\$326,805	77	\$4,244
Baca	\$243	4	\$61
Bent	\$69,148	34	\$2,034
Boulder	\$1,917,104	1,081	\$1,773
Broomfield	\$364,902	135	\$2,703
Chaffee	\$314,312	30	\$10,477
Clear Creek	\$128,874	38	\$3,391
Conejos	\$99,644	68	\$1,465
Costilla	\$102,325	70	\$1,462
Crowley	\$134,388	75	\$1,792
Custer	\$21,520	13	\$1,655
Delta	\$579,666	311	\$1,864
Denver	\$6,497,017	1,931	\$3,365
Dolores	\$99,854	9	\$11,095
Douglas	\$1,111,269	640	\$1,736
Eagle	\$368,857	150	\$2,459
El Paso	\$7,217,653	4,051	\$1,782
Elbert	\$291,955	180	\$1,622
Fremont	\$947,564	669	\$1,416
Garfield	\$484,836	316	\$1,534
Gilpin	\$17,383	9	\$1,931
Grand	\$52,214	36	\$1,450
Gunnison/Hinsdale	\$186,239	44	\$4,233
Huerfano	\$138,935	37	\$3,755
Jackson	\$546	8	\$68
Jefferson	\$4,392,355	1,534	\$2,863
Kiowa	\$42,932	16	\$2,683
Kit Carson	\$108,218	52	\$2,081
La Plata/San Juan	\$596,733	216	\$2,763
Lake	\$118,601	30	\$3,953
Larimer	\$3,185,397	2,413	\$1,320
Las Animas	\$285,489	73	\$3,911
Lincoln	\$203,385	78	\$2,608
Logan	\$476,872	236	\$2,021
Mesa	\$2,148,032	814	\$2,639
Moffat	\$118,236	99	\$1,194
Montezuma	\$336,360	51	\$6,595
Montrose	\$613,861	426	\$1,441
Morgan	\$559,766	201	\$2,785
Otero	\$317,169	76	\$4,173
Ouray/San Miguel	\$35,411	29	\$1,221
Park	\$166,529	81	\$2,056
Phillips	\$32,516	1	\$32,516
Pitkin	\$67,674	45	\$1,504
Prowers	\$262,781	29	\$9,061
Pueblo	\$2,677,419	766	\$3,495
Rio Blanco	\$50,334	67	\$751
Rio Grande/Mineral	\$120,467	102	\$1,181
Routt	\$155,359	48	\$3,237
Saguache	\$89,855	49	\$1,834

Table 45 (continued)

County*	Expenditures	Clients Served**	Average Cost per Client
Sedgwick	\$98	1	\$98
Summit	\$133,082	41	\$3,246
Teller	\$338,051	160	\$2,113
Washington	\$34,725	44	\$789
Weld	\$3,898,529	2,027	\$1,923
Yuma	\$100,096	160	\$626

*Cheyenne 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 46, the average cost per child/youth statewide for CY 2020 was \$3,453 based on total expenditures of \$54,444,907 and 15,766 children/youth receiving or benefitting from Core Services. This represents an increase of 2.6% or an additional \$88 in average cost per child/youth receiving or benefitting from Core Services from CY 2019.

Table 46: Average Cost per Child/Youth by County in CY 2020

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Statewide	\$54,444,907	15,766	\$3,453
Adams	\$6,085,559	1,583	\$3,844
Alamosa	\$321,559	128	\$2,512
Arapahoe	\$4,898,205	1,676	\$2,923
Archuleta	\$326,805	49	\$6,669
Baca	\$243	2	\$121
Bent	\$69,148	18	\$3,842
Boulder	\$1,917,104	746	\$2,570
Broomfield	\$364,902	79	\$4,619
Chaffee	\$314,312	23	\$13,666
Clear Creek	\$128,874	22	\$5,858
Conejos	\$99,644	62	\$1,607
Costilla	\$102,325	64	\$1,599
Crowley	\$134,388	73	\$1,841
Custer	\$21,520	11	\$1,956
Delta	\$579,666	163	\$3,556
Denver	\$6,497,017	1,152	\$5,640
Dolores	\$99,854	8	\$12,482
Douglas	\$1,111,269	413	\$2,691
Eagle	\$368,857	96	\$3,842
El Paso	\$7,217,653	2,366	\$3,051
Elbert	\$291,955	121	\$2,413
Fremont	\$947,564	343	\$2,763
Garfield	\$484,836	197	\$2,461
Gilpin	\$17,383	7	\$2,483
Grand	\$52,214	27	\$1,934
Gunnison/Hinsdale	\$186,239	23	\$8,097
Huerfano	\$138,935	24	\$5,789
Jackson	\$546	5	\$109
Jefferson	\$4,392,355	1,101	\$3,989
Kiowa	\$42,932	10	\$4,293

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Kit Carson	\$108,218	28	\$3,865
La Plata/ San Juan	\$596,733	173	\$3,449
Lake	\$118,601	20	\$5,930
Larimer	\$3,185,397	1,357	\$2,347
Las Animas	\$285,489	50	\$5,710
Lincoln	\$203,385	48	\$4,237
Logan	\$476,872	122	\$3,909
Mesa	\$2,148,032	499	\$4,305
Moffat	\$118,236	64	\$1,847
Montezuma	\$336,360	60	\$5,606
Montrose	\$613,861	219	\$2,803
Morgan	\$559,766	129	\$4,339
Otero	\$317,169	61	\$5,199
Ouray/ San Miguel	\$35,411	29	\$1,221
Park	\$166,529	39	\$4,270
Phillips	\$32,516	1	\$32,516
Pitkin	\$67,674	28	\$2,417
Prowers	\$262,781	24	\$10,949
Pueblo	\$2,677,419	480	\$5,578
Rio Blanco	\$50,334	43	\$1,171
Rio Grande/ Mineral	\$120,467	68	\$1,772
Routt	\$155,359	39	\$3,984
Saguache	\$89,855	30	\$2,995
Sedgwick	\$98	1	\$98
Summit	\$133,082	16	\$8,318
Teller	\$338,051	80	\$4,226
Washington	\$34,725	29	\$1,197
Weld	\$3,898,529	1,345	\$2,899
Yuma	\$100,096	92	\$1,088

*Cheyenne 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 a less 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 the 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 234 involved days in CY 2020, which is an increase of 4% from CY 2019.

2. For all children/youth receiving or benefitting from Core Services, add all Core Services expenditures (including county provided) during the calendar year with all OOH placement expenditures incurred during the 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 the 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 the calendar 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 \$49 million on out-of-home placements in CY 2020.

Based on actual Core Services and OOH expenditures of \$139,325,460 and an estimated OOH cost of \$189,132,876 an additional **\$49,807,416** would have been spent by county agencies statewide in CY 2020 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional \$13.50 per child/youth per involved day and represents a cost offset ratio of .35 statewide. Thus, for every \$1.00 spent on Core Services an additional \$.35 was not spent on OOH placements. Table 47 shows the average cost difference per involved day, the overall cost offset, and the cost offset ratio by county for CY 2020.

Table 47: *Estimated Core Services Cost Offset by County for CY 2020*

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	406,445	\$46.52	\$34.00	\$12.51	\$5,086,619	.37
Alamosa	33,591	\$70.02	\$43.78	\$26.23	\$881,232	.60
Arapahoe	352,455	\$48.02	\$38.70	\$9.32	\$3,284,444	.24
Archuleta	10,175	\$24.95	\$36.64	-\$11.70	-\$119,034	-.32
Baca	464	\$19.29	\$0.52	\$18.76	\$8,706	35.87
Bent	3,636	\$31.97	\$25.06	\$6.92	\$25,154	.28
Boulder	216,538	\$54.36	\$23.42	\$30.94	\$6,700,631	1.32
Broomfield	19,908	\$51.64	\$40.77	\$10.87	\$216,325	.27
Chaffee	5,382	\$98.22	\$100.89	-\$2.68	-\$14,410	-.03
Clear Creek	5,013	\$72.89	\$62.39	\$10.50	\$52,660	.17
Conejos	12,232	\$27.61	\$16.10	\$11.51	\$140,754	.71
Costilla	18,069	\$49.75	\$16.84	\$32.90	\$594,550	1.95
Crowley	17,972	\$64.87	\$19.19	\$45.67	\$820,853	2.38
Custer	3,414	\$59.18	\$32.15	\$27.04	\$92,300	.84
Delta	36,646	\$62.08	\$49.40	\$12.68	\$464,807	.26
Denver	300,912	\$53.27	\$55.12	-\$1.85	-\$556,356	-.03
Dolores	2152	\$0.00	\$46.40	-\$46.40	-\$99,854	-1.00
Douglas	101,016	\$58.26	\$25.68	\$32.57	\$3,290,533	1.27
Eagle	21,851	\$96.29	\$23.91	\$72.38	\$1,581,522	3.03
El Paso	554,980	\$62.27	\$46.94	\$15.32	\$8,504,382	.33
Elbert	34,507	\$115.66	\$15.89	\$99.77	\$3,442,792	6.28
Fremont	68,743	\$48.77	\$34.93	\$13.84	\$951,313	.40
Garfield	39,322	\$54.69	\$25.11	\$29.58	\$1,163,123	1.18

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
Gilpin	1,747	\$72.29	\$44.17	\$28.12	\$49,127	.64
Grand	4,722	\$66.51	\$25.16	\$41.36	\$195,279	1.64
Gunnison/ Hinsdale	6,453	\$41.19	\$36.14	\$5.05	\$32,584	.14
Huerfano	4,349	\$80.28	\$73.83	\$6.46	\$28,086	.09
Jackson	669	\$0.00	\$0.82	-\$0.82	-\$546	-1.00
Jefferson	233,415	\$45.17	\$41.84	\$3.32	\$776,059	.08
Kiowa	1,495	\$39.52	\$45.62	-\$6.10	-\$9,117	-.13
Kit Carson	6,596	\$23.53	\$27.24	-\$3.71	-\$24,501	-.14
La Plata/ San Juan	38,104	\$36.71	\$22.25	\$14.46	\$550,953	.65
Lake	6,314	\$25.61	\$25.23	\$0.38	\$2,389	.01
Larimer	276,081	\$27.52	\$22.08	\$5.44	\$1,501,969	.25
Las Animas	12,035	\$60.04	\$61.45	-\$1.41	-\$16,994	-.02
Lincoln	11,752	\$66.81	\$45.35	\$21.46	\$252,190	.47
Logan	32,274	\$46.96	\$45.66	\$1.30	\$41,797	.03
Mesa	126,025	\$75.28	\$58.49	\$16.79	\$2,116,374	.29
Moffat	14,452	\$54.70	\$25.16	\$29.54	\$426,853	1.17
Montezuma	13,050	\$57.82	\$46.69	\$11.13	\$145,212	.24
Montrose	52,785	\$64.44	\$33.86	\$30.58	\$1,614,287	.90
Morgan	29,076	\$27.52	\$34.27	-\$6.75	-\$196,201	-.20
Otero	14,251	\$49.84	\$34.01	\$15.83	\$225,571	.47
Ouray/ San Miguel	5,227	\$72.05	\$31.39	\$40.66	\$212,518	1.30
Park	8,810	\$52.61	\$45.59	\$7.02	\$61,840	.15
Phillips	141	\$231.38	\$350.40	-\$119.02	-\$16,782	-.34
Pitkin	5,879	\$130.83	\$17.59	\$113.24	\$665,711	6.44
Prowers	7,185	\$44.58	\$55.89	-\$11.31	-\$81,245	-.20
Pueblo	102,832	\$52.12	\$52.53	-\$0.41	-\$41,744	-.01
Rio Blanco	9,343	\$83.43	\$33.73	\$49.71	\$464,413	1.47
Rio Grande/ Mineral	14,923	\$75.31	\$45.04	\$30.28	\$451,813	.67
Routt	9,846	\$75.90	\$24.68	\$51.22	\$504,282	2.08
Saguache	7,182	\$57.47	\$41.46	\$16.01	\$114,955	.39
Sedgwick	148	\$230.05	\$60.07	\$169.98	\$25,158	2.83
Summit	3,825	\$206.92	\$75.75	\$131.17	\$501,711	1.73
Teller	16,309	\$88.30	\$78.56	\$9.74	\$158,862	.12
Washington	6,867	\$38.87	\$16.86	\$22.00	\$151,100	1.30
Weld	322,935	\$29.50	\$25.78	\$3.72	\$1,201,564	.14
Yuma	15,512	\$99.45	\$21.52	\$77.93	\$1,208,845	3.62

* Cheyenne 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, engagement, preparation, and collaboration for the Family First Prevention Services Act (Family First), as well as successes and challenges for delivery of the Core Services Program.

5.1. Service Availability, Capacity, and Accessibility

Service capacity, availability, and accessibility present intersecting challenges in delivering Core Services for counties impacted by geography, population, resources, and relationships. Overall, 57% 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.

This represents a five-year downward trend from a high of 75% in CY 2015. Furthermore, 78% of counties agreed or strongly agreed that there are specific services needed in their county that are not currently available. Of the counties that agreed or strongly agreed, 74% reported that day treatment is not currently available, followed by sexual abuse treatment (51%), trauma-informed services (43%), substance abuse treatment (38%), home-based interventions (38%), intensive family therapy (32%), life skills (26%), county-designed services including crisis intervention and domestic violence services (15%), mental health services (6%), and special economic assistance (6%). In addition to availability issues, there is a need for more evidence-based services. One coordinator stated, “As we gear up for Family First and the Behavioral Health Initiative with the State there are many avenues to support families but still the same amount of provider agencies.”

Overall, 57% of counties agreed or strongly agreed that the availability of their Core Services program is adequate to address the needs of children, youth, and families.

Only 47% 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. This also continues a five-year downward trend from a high of 73% in CY 2015. Furthermore, 43% reported that not all services were available at an adequate capacity. Of the counties that agreed or strongly agreed that capacity was inadequate, 58% reported that substance abuse treatment and mental health services were at inadequate capacity, followed by sexual abuse treatment (46%), day treatment (42%), trauma-informed services (42%), home-based interventions (38%), life skills (31%), intensive family therapy (31%), county-designed services including parent mentoring programs, skills-based supervised visitation, and juvenile sexual offender management board evaluators (27%), and special economic assistance (12%).

There are capacity issues for substance abuse treatment, mental health services, and trauma-informed services for adolescents. Specifically, inadequate staffing, clinician turnover, and limited bilingual staff impacts the capacity of these Core Services at the county-level. An increasing need for services delivered in Spanish and other languages, but with a limited bilingual provider capacity for many counties, continues to hinder services for non-English-speaking families. According to one coordinator, “Most providers report struggling with recruiting and maintaining bilingual providers. With the shortage of qualified bilingual providers for therapeutic and life skill services, [our county] has actively recruited bilingual providers to help with some of these services.”

When asked about service accessibility, 45% of counties agreed or strongly agreed that there are barriers to accessing services that are available and have adequate capacity. Of the counties that agreed or strongly agreed, 67% reported that there are barriers to accessing substance abuse treatment, followed by day treatment (59%), mental health services (52%), sexual abuse treatment (48%), intensive family therapy (48%), home-based interventions (44%), trauma-informed services (37%), life skills (26%), county-designed services including supervised parenting, family engagement meetings, coaching, and mentoring (19%), and special economic assistance (15%).

Of the counties that reported barriers to service accessibility, the most frequently indicated barriers were transportation (85%), clinician/therapist turnover (70%), lack of bilingual providers (67%), Medicaid coverage (56%), family engagement (33%), other barriers including high-deductible insurance plans, lack of childcare, and limited telehealth opportunities (33%), and service costs (26%).

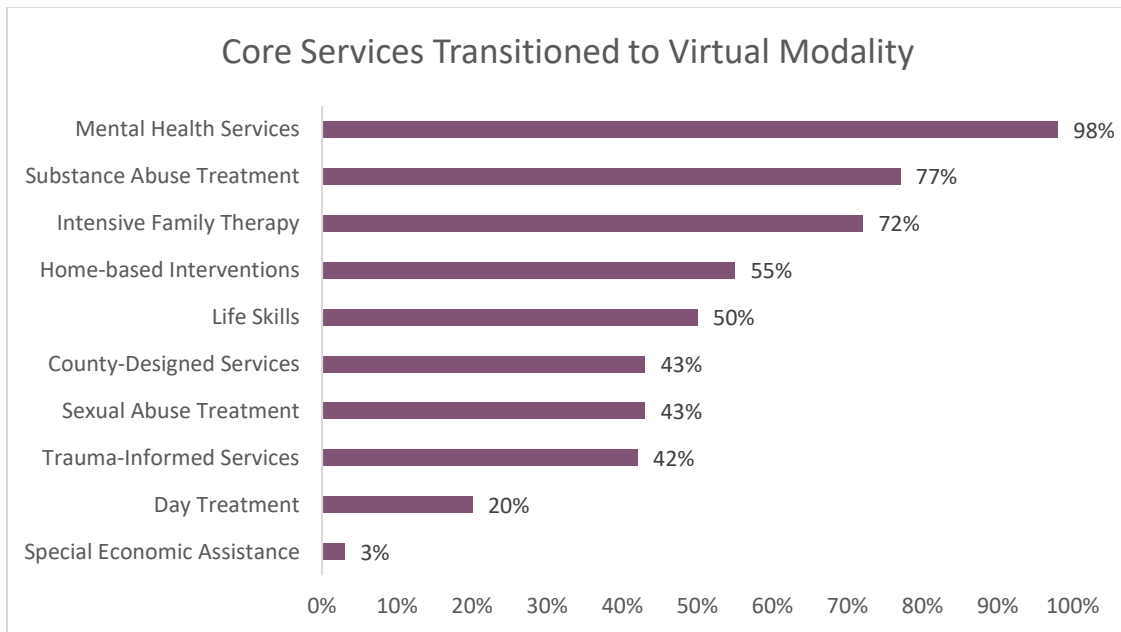
Addressing transportation and access to services, increasing the number of Medicaid providers, increasing the capacity for bilingual services, and expanding the provider array were the top areas in which counties are taking steps to decrease identified barriers. Before COVID-19, counties were providing transportation, offering bus passes and shuttle tickets, paying for gas, and extending public transportation options for families to access services both

within and outside of the community. Medicaid coverage is a persistent barrier to services and prevents clients from having a “seamless experience in accessing services once a case is closed and Core is unable to pay the cost of the service.” Several counties continue to work with their Regional Accountability Entity (RAE) to enhance the Medicaid provider network. Other counties have developed funding proposals or participated in the Colorado Human Services Directors Association (CHSDA) Medicaid Provider Expansion grant to help providers enter the Medicaid network. Also, counties “work in collaboration on case specific situations to address barriers to access, availability and authorization for Medicaid funded services.” Counties reported numerous creative strategies for increasing the capacity for bilingual services. For example, one county uses “tele-health resources and translating services, professional development stipends for providers.” Another county utilizes other human services departments to increase communications with bilingual families so correct services are provided. Other strategies include contracting with bilingual therapists and translators to provide services to Spanish speaking families.

Furthermore, many counties are continuously seeking new partnerships and relationships with providers, both public and private, to increase capacity and better tailor services to families. Collaborative efforts to increase capacity of services have focused on reducing clinician turnover and retaining high quality therapists, communicating more effectively with providers regarding the timeliness and frequency of services, and partnering with other counties to provide more robust adolescent services.

5.2. COVID-19 Impact

The next section of the report asked coordinators to reflect on the impact of COVID-19 on their Core Services Program. Overall, 62% of counties reported that the availability of Core Services was reduced because of the pandemic, 63% reported that the capacity of Core Services was reduced, and 63% reported that the accessibility was reduced because of COVID-19. As displayed in the figure below, 98% of counties reported that mental health services were transitioned to a virtual or remote modality during the pandemic, followed by substance abuse treatment (77%), intensive family therapy (72%), home-based interventions (55%), life skills (50%), county-designed services (43%), sexual abuse treatment (43%), trauma-informed services (42%), day treatment (20%), and special economic assistance (3%).



Coordinators were then asked how the transition to a virtual modality impacted the number of clients served for these Core Services. Overall, a majority reported that there was no impact on the number of clients. A smaller percentage of coordinators indicated that the number of clients actually decreased due to technology restrictions

and limited family engagement. For example, many clients did not have reliable internet connections or adequate computer technology, which made virtual participation in services very challenging. Furthermore, some families were less engaged in the virtual environment, specifically with services like tele-health, parent coaching, and visitation. However, some counties experienced an increase in the number of clients based on the virtual modality eliminating travel time for families and service providers. In addition, some counties reported enhanced family engagement and technology advantages from moving to a remote platform. Specifically, telehealth services were more accessible to families, while providers reported greater capacity for therapeutic services. Other benefits included greater engagement, as some families were more involved in their treatment plans and better able to complete services more quickly, particularly substance abuse treatment evaluations and therapeutic sessions.

Coordinators also provided some context regarding the potential changes in clients served due to COVID-19. Most notably, client numbers were “impacted more by the reduction of child welfare referrals which led to a reduced number of assessments and ultimately less cases being opened by the department.” Additionally, providers “struggled with retaining, hiring, and training qualified staff which impacted the number of clients they had the capacity to serve whether in person or virtual.” Lastly, the cases that were opened often had greater needs which translated into higher service costs.

Coordinators were asked to describe lessons learned regarding transitioning Core Services to different modalities during the COVID-19 pandemic. Overall, coordinators reported valuable lessons learned about client preferences, service accessibility, family engagement, technological barriers, and cost implications related to virtual service provision. Furthermore, providers and families demonstrated resilience, adaptability, and resourcefulness in the face of the pandemic and the switch to virtual service provision. Coordinators reflected on how this transition, while incredibly challenging, led to increased feelings of confidence that barriers can be overcome, that “we have the ability to create the infrastructure now and in the future” and that “there are ways to expand in helping.”

“COVID-19 offered challenges but also created an opportunity to challenge mindsets that may be considered more rigid than is necessary regarding service delivery”.

The onset of the pandemic required that providers and clients adjust to the transition to virtual service delivery. Some coordinators reported that clients were able to adapt quickly and the transition was fairly seamless. These clients thrived with a virtual model and preferred it to traditional, face-to-face services. Other clients took longer to adjust and seemingly did not benefit as much from remote services. Specifically, some clients were less comfortable, missed appointments, and were more willing to refuse meeting with providers. For example, evaluations (neuropsychological, psychological, and parent/child interaction) appeared harder to complete and lacked thoroughness and depth when done virtually. Additionally, coordinators identified certain groups for whom virtual service delivery may be particularly ineffective including families in crisis and adolescents. Several respondents noted that youth have trouble maintaining focus and may need someone next to them to make services like tutoring and mentoring more meaningful. Notably, there are youth who do not feel safe speaking in a virtual session because they lack access to a private setting.

Coordinators commented on how shifting the modality of Core Services both increased and decreased access to services. Access to services improved in some cases where coordinators were able to contact providers who were not local. This was particularly true for substance use disorder evaluations and medication management for mental health. Services also became easier to access and less burdensome for families who, prior to the pandemic, had to visit multiple different providers in different locations. However, some coordinators reported that a delay for certain service types had resulted in “waitlists that are continuing to rebound.”

Transitioning to virtual service delivery had both positive and negative impacts on family engagement. In some cases, client attendance increased, and more external supports were able to attend meetings/sessions. In other cases, clients refused to attend meetings with providers because they did not want to use the available technology. Coordinators reported that even when attendance increased, participation and engagement often did not. Some attributed this to the difficulty in building rapport virtually with one participant noting, “Feeling

warmth and nurturance from the person [the client] is working with through a video is difficult and can affect the outcome of the service.” A few coordinators mentioned that there was significantly more progress and feeling of connection with families in person. At the same time, some respondents expressed that they were able to successfully identify new engagement techniques. A common thread among responses was that forming solid relationships and communicating regularly with clients is key to maintaining effective levels of engagement in the provision of virtual services.

A lack of technology access and fluency was a significant barrier to the transition to a virtual service modality. Successful virtual meetings or therapeutic sessions necessitate a strong internet connection, reliable equipment, and a working understanding of technology and virtual platforms. In rural areas particularly, a lack of reliable internet connectivity prevented clients from transitioning to remote services. Several coordinators remarked that some clients needed support in setting up smart phones and cameras and financial assistance in purchasing iPads or Wi-Fi. One respondent explained, “Our team learned to better assist families to access internet/data or technology by working with nonprofits and community agencies to get families connected.”

“During the pandemic, our provider was refusing to conduct in-person visitation. This was not ideal for families and created barriers to ensuring adequate contact between parents and their children.”

Addressing transportation and access to services, increasing the number of Medicaid providers, and increasing the capacity for bilingual services, were among the top areas in which counties were taking steps to decrease identified barriers. Contracting with individual providers, using telehealth technology, enhancing family engagement, and applying for grants also were mentioned prominently. Telehealth seems to be a promising strategy that could address the transportation and distance barriers for families in accessing services, especially in rural and frontier counties, in which in-home services are not accessible.

Coordinators described both increased costs and cost savings related to the shift in modality for Core Services. One coordinator spoke to the increased cost related to clients needing internet access, saying, “It became one more bill that clients needed to pay for.” Other coordinators reported savings for families and caseworkers in travel and time when providing virtual services.

Beyond sharing lessons learned, many coordinators offered recommendations for moving forward. Most notably, coordinators believe that offering virtual visits or a hybrid model of service delivery could be beneficial to clients post-pandemic and that this should be decided on a case-by-case basis. If virtual service provision is required again in the future, one coordinator suggested that identifying office space that clients and families can use to access telehealth would address some of the barriers mentioned earlier. Another recommended that clear communication between all parties be prioritized because it has, “set people at ease and allowed everyone to gain confidence in the new treatment modalities.” Additionally, respondents suggested doing more front-end work to educate clients about the expectations and format of virtual sessions and training them on some of the frequently used virtual platforms.

According to Core Services coordinators, the biggest challenge from COVID-19 was the lack of availability, accessibility, and capacity of in-person services. Over half of respondents reported the inability of providers to see families face-to-face as the defining barrier during the pandemic. This impacted services across the continuum including home visiting programs, mental health services, life skills, trauma-informed care, parenting time, family engagement meetings, therapeutic interventions, and supervised visitation. Coordinators were particularly concerned with the impact on substance abuse treatment. One coordinator commented, “Capacity for inpatient services was reduced which caused fewer clients to be able to access the needed substance abuse treatment.” Another noted that, “There are clients with substance abuse issues that are slipping through the cracks and not being adequately monitored.”

Relatedly, a lack of service providers presented a persistent challenge during the pandemic. Many providers across Colorado either closed down, lost staff, or were hard to reach. This was particularly problematic in rural and frontier settings where many providers are located out of county. One coordinator lamented, “The smaller

providers were severely impacted and I think we will continue to feel the effects of that impact for some time to come. Waitlists continue to exist as providers have yet to return to normal operations and being able to secure staff to increase service availability.” Another coordinator observed, “The providers and families were figuring things out the same way we were, but they did not have the weight or resources of a government agency like us to create change as quickly as we did.” Further exacerbating the provider shortage was that many county departments of human services also shut down or faced serious staff attrition during the pandemic. This created challenges in finding available resources, making timely referrals, and coordinating services for families. As such, “There has been significant coverage challenges for existing clinical staff related to quarantine procedures [which] increased stress on agency capacity to provide consistent services.”

The other set of challenges were for families in the child welfare system regarding the negative impact of the pandemic on well-being, decreased service effectiveness, and barriers to engaging in services. Coordinators perceived a decline in mental health at the community and family levels in their counties due to social isolation, economic stress, and substance use. They also reported that certain service types delivered remotely were less effective including tele-health and substance abuse treatment. Perhaps the biggest challenge was that the level of engagement in services likely declined on both sides due to the lack of in-person contact. One coordinator stated, “The families did not want the caseworkers or providers in their homes and did not want to go to the office to risk catching the virus. However the families still wanted to be productive in receiving the services to help them with reaching their goals.”

Coordinators identified many new growth opportunities for their Core Services Programs that emerged from the pandemic. First and foremost, the opportunity for innovation and creativity was a common theme across respondents. There was impetus to “think outside the box” from a DHS and provider perspective in terms of keeping families and staff safe, providing services in virtual modalities, leveraging existing resources, addressing community needs, and engaging families in new ways. Second, coordinators see new potential for virtual service delivery to enhance family engagement and representation, especially for tele-health and family engagement meetings. Third, there was increased service availability, accessibility, and capacity, for some counties, which is promising in light of the five-year downward trend in these Core Services metrics. Specifically, tele-health services were expanded in rural and frontier counties, while family engagement meetings were more easily scheduled to involve more family and professional participants. Relatedly, new services were offered during the pandemic including virtual mental health, assessments, therapy, and visitation. Fourth, the transportation barrier was lifted for many families with the advent of tele-health services. One coordinator commented, “The biggest growth opportunity from Covid-19 was probably the elimination of transportation being a barrier when services were virtual, as people were not required to leave their home.” The ability to attend court and family meetings remotely also contributed to fewer barriers to service. Fifth, the provider base was enlarged and evidence-based practice (EBP) offerings were expanded for several counties. Coordinators noted that new and different providers stepped up to provide virtual services and EBPs to clients involved in child welfare. Sixth, coordinators observed that these new growth opportunities were received as beneficial by families and were seen to be an effective practice approach. Lastly, there were organizational and agency-level growth opportunities reported by coordinators. For example, there was increased collaboration and infrastructure development within Core Services teams manifested by newfound versatility, efficiency, and work-life balance.

5.3. Diversity, Equity, and Inclusion

Coordinators were asked to reflect on the integration of Diversity, Equity, and Inclusion (DEI) in their Core Services Program. Coordinators first were asked to describe how they outreach to underserved populations in their county. Overall, they expressed a strong sense of commitment to serving all families equally and respectfully, and to creating a team that models best practices related to DEI. Several coordinators spoke to the importance of utilizing family voice in outreach efforts by encouraging participation from parent or family advocacy groups. Responses reflected efforts to engage underserved populations at multiple levels of practice including participating in community-level partnerships, creating an anti-oppressive service environment, and working toward cultural and practice shifts at the organizational level.

Coordinators highlighted their participation in partnerships (both formal and informal) and collaborations in the community as central to reaching underserved populations with one respondent noting, “we approach outreach as a community.” Frequent inter-agency communication and knowledge sharing were cited as effective ways to reach more families. One participant spoke to the importance of engaging tribal elders in outreaching to the indigenous community they serve.

In addition to listing specific outreach activities, many coordinators chose to uplift the ways in which their agency has crafted a service environment that is sensitive to the unique needs of underserved populations in the community. Several participants spoke to language, transportation, and financial inclusivity. Inclusive language practices included utilizing interpretation services, hiring bilingual employees, and contracting with bilingual providers. Inclusive transportation practices included providing in-home services, and driving to remote areas to reach families with a transportation barrier. Financial inclusivity was marked by connecting clients with classes and support groups that are free or funded, helping families with high co-pays, and informing families that funding streams can be opened to help pay for services.

Locating, recruiting, and utilizing appropriate and diverse providers was described as key to reaching underserved groups. Often, providers are chosen to meet the unique cultural and language needs of the clients. Some coordinators noted that this is an area that they are trying to expand by encouraging and supporting providers in hiring a diverse workforce and reaching out to providers who specialize in serving different populations. These activities are part of many counties’ intentional processes of reviewing and adding services in underserved areas. One coordinator spoke to how their county-designed services are specifically aimed toward underserved populations. Responses also highlighted some of the challenges to locating and recruiting diverse providers. However, the lack of diversity in some counties makes building a diverse array of services and service providers very challenging.

Coordinators spoke to the ways in which their county is shifting its culture and practices related to DEI. One county hired a DEI manager specifically for this purpose while another utilizes equity advocates. Other counties are making internal efforts to address the recruitment and retention of Black, Indigenous, People of Color (BIPOC) staff. Overall, many respondents spoke to the value of seeking consultation when working with an underserved family who may have specific needs. For example, “[We] would adjust approaches and/or seek consultation from someone who could help us understand what we needed to do differently to best help an underserved family.”

“We use Cultural Brokers to help support and empower BIPOC families when accessing our services. We have ongoing conversations with our contracted partners around their own outreach and accessibility to underserved populations in our community.”

It is important to note that several counties reported they have not done specific outreach to underserved populations. For other counties, understaffing and inadequate funding allocation were barriers to conducting targeted outreach efforts. One coordinator noted, “We are working to bring in the voices of those who are underserved, but there is a lot of work still to be done.” A perceived lack of diversity or a belief that all families are already being equally served also limited outreach efforts in some counties. This illuminates the potential need for creating shared definitions around terms like “underserved populations” and intentionally outlining the differences between the concepts of equity and equality.

Overall, 45% of counties reported engaging families with lived experiences (FLE) in the design and delivery of Core Services. The following strategies were mentioned for engaging these families: (a) ongoing communication/education; (b) surveys/assessments; (c) practice partners; (d) formal roles/processes; (e) family engagement practices; (f) interagency oversight groups (IOGs); (g) recruitment/staffing; and (h) provider expertise. Some counties that engage FLE in their Core Services programs have caseworkers directly ask families who receive services what their needs are, educate them on how to access services, and identify what services would be most beneficial. Other counties use surveys and assessments to elicit FLE input on how to best utilize

Core Services funding and for which services to allocate resources. Several counties engage FLE as family support, youth support, peer mentoring, and community support partners in delivering wraparound, substance abuse, mental health, and prevention services. A few counties work with family advocates on their IOGs to select the best available services to meet the needs of their communities. Some counties offer formal roles for best practices teams, wraparound services, and foster parent support. In addition, counties use family engagement practices to elicit the family voice, understand family experiences, and meet families where they are at in Core Services provision. Two counties reported using recruitment and retention strategies to staff Core Services programs with individuals with lived experience. Lastly, multiple counties utilize providers who engage FLE in their service design and delivery, such as peer advocates for substance abuse treatment and mental health services.

5.4. Service Delivery

Coordinators were asked to share additional insights about the delivery of Core Services in their county including quality of services, strengths of the program, and challenges regarding service provision.

As displayed in the figure below, coordinators rated special economic assistance the highest on a 1-10 quality scale at 7.6, followed by life skills (6.3), mental health services (6.0), county-designed services (6.0), home-based interventions (6.0), trauma-informed services (5.8), intensive family therapy (5.6), substance abuse treatment (5.2), sexual abuse treatment (4.7), and day treatment (3.3).



The responses to the question about service delivery strengths and challenges echoed the reported barriers to Core Services related to availability, accessibility, and capacity and the impact of COVID-19. The geographic and cultural contexts of counties also intersected in ways that amplified strengths and compounded challenges.

Respondents identified an abundance of existing strengths around delivering Core Services in their counties. Many of the noted strengths centered on creativity and innovation in providing services, strong and stable relationships with collaborative partners and service providers, new services for substance use disorders, early childhood, mental health, and juvenile justice domains to name a few, and the effectiveness of prevention programming. Coordinators cited emerging opportunities from the pandemic to address the unmet needs of families in their communities. One coordinator commented, “Going through this transitional year has helped open minds to

different methods of intake and service delivery.” Possibly another unintended consequence of the pandemic was the increased levels of collaboration between county Core Services and other family serving programs. Coordinators reported partnerships with Collaborative Management Programs, schools, early childhood agencies, mental health centers, and other community partners to better serve children, youth, and families. Furthermore, coordinators reported continued strong relationships with service providers, with one noting, “The county is in regular communication with providers regarding openings and capacity in order to move referrals to providers who can quickly and effectively provide the right service for the family.”

“This last year has been a trying year for so many. We are fortunate to live in a community in which we band together to come up with creative solutions to address the ever changing needs of youth and families.”

Local prevention service capacity was a frequently identified strength. For example, Program Area 3 services have expanded families’ access to services, while cross-county and interagency collaboration has enhanced overall service availability, coordination, and quality. Coordinators also spoke to the capacity for expanding and adding needed services by seeking out agencies that can fill specific services gaps. For example, counties have engaged families through new life skills, home-based interventions, parenting workshops, and high fidelity wraparound services.

The most commonly identified challenges centered on the lack of access to and capacity for specific services, most notably substance abuse treatment, mental health services, and home-based interventions. When available, there are often long waiting lists, especially for Spanish speaking providers. These service gaps are most acute in smaller counties who reported significant problems accessing services because of limited resources, funding reductions, insufficient transportation, and inadequate staffing. Staffing capacity, recruitment, and retention for community mental health agencies continue to be a challenge for the consistent delivery of Core Services, both contracted and county provided.

Although some counties report being well positioned for Family First implementation, others are challenged by limited availability of evidence-based programs. Specifically, “Counties will need help recruiting providers to deliver FFPSA services. The barriers and expenses associated with becoming a credentialed FFPSA service provider may be too difficult for providers to be willing to participate.” Another coordinator commented, “As a rural community, our department does not have the capacity to enhance support services for our families because our county does not have the professional workforce or client numbers to build a menu of evidence-based mental health programs.” To address these challenges, some counties are developing action plans to “address the services that are missing and how to support families to be more successful together.”

Coordinators frequently mentioned funding challenges including a lack of Medicaid providers and resistance to becoming Medicaid certified due to the time and complexity of becoming a provider along with low reimbursement rates and timely payment processing. In addition, several counties voiced specific requests and/or suggestions regarding flexibility with documenting their Core Services authorizations and billing.

6. Discussion

The discussion section of the Core Services Program Evaluation CY 2020 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 previous Core Service evaluations, 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 4% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Maintaining Consistently Positive Outcomes. The Core Services prevention programs again recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes in CY 2020. This is especially noteworthy given that there continues to be a downward trend in the perceived availability and capacity of Core Services from CY 2015 to CY 2020.

Core Services are Effective in Achieving Treatment Success. In CY 2020, 76% of all service episodes were determined to be “successful” or “partially successful” with 86% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers has positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 81% of children/youth with an involvement closed in CY 2020. Similar to past evaluations, the remain home service goal was attained in 94% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

“We are on track for Family First as we have been focusing on prevention for years to prevent the need for out of home removal.”

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,769 children/youth with closed cases in CY 2019, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 8% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$49 million in CY 2020 on OOH placements for children/youth. Over the past eight calendar years, an additional \$384 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 a less restrictive setting as a result of Core Services.

6.2. Evaluation Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2020. 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, outcomes and costs for prevention and intervention services were further analyzed and compared. Third, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Fourth, questions on the impact of COVID-19 on the Core Services Program were posed. Over 60 percent of counties reported that the availability capacity, and accessibility of Core Services was reduced because of the pandemic. The most prominent theme was the transition to virtual service modalities, which coordinators believe could be beneficial to clients post-pandemic. Lastly, coordinators were asked to reflect on DEI efforts in their Core Services programs. Many coordinators highlighted best practices and a service environment that is responsive to the unique needs of underserved populations in the community. As an example, almost half of counties reported engaging families with lived experiences in the design and delivery of their service array.

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. 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. 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 continue to look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote safety, permanency, and well-being.

Research consistently documents the health and social inequities experienced by vulnerable populations, with exclusion from meaningful services occurring by race and ethnicity, Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+) identities, age, socioeconomic level, and disability status. To help advance DEI efforts in the human services landscape, improved understanding of how the Core Services program is experienced by underserved communities is necessary. In addition, opportunities to infuse greater DEI strategies into the Core Services Program and Evaluation should be explored.

Appendix A

Core Services Program Evaluation Methods

Outcome Datasets - General Considerations

In the 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, least 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 2020

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 2020

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 2020

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 2020
- 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 2020 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 Responsibilities (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 2019 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 2020.
 - 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 2020.

- 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 2020 was divided by the total expenditures.
- The total of all clients who received a Core Service during CY 2020 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 considers 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 a less 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 2020

The Core Services county-designed programs **bolded** are evidence-based services to Adolescents Awards \$4,006,949 Statewide - 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	Domestic Violence Reduction Program	Domestic Violence Intervention
	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	Bridges Treatment Program	Behavioral Health
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
Transition Age Support Services	Mentoring - Post Adopt	
Broomfield	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)
Delta	Family Engagement Meeting	Family Engagement
	Mentoring	Mentoring
	Behavioral Health in School Setting	Behavioral Health
	Substance Abuse Intervention Team/Family Drug Court	Family Empowerment
	Structured Parenting Time	Structured Parenting Time
	Facilitated Family Engagement	Family Engagement
	Denver	Functional Family Therapy
Family Advocate Program (PREPT)		Supervised Visitation
Multi-Systemic Therapy (MST) (Ex)		Multi Systemic Therapy
Savio Direct Link Program		Direct Link
Domestic Violence Intervention		Domestic Violence Services
Team Decision Making (VOICES)		CET/TDM
Mental Health System Navigator		Mental Health - County No Pay
Substance Abuse Navigator		Substance Abuse - County No Pay
Dolores	None	None
Douglas	Multi-Systemic Therapy (MST)	Multi Systemic Therapy
	Functional Family Therapy	Functional Family Therapy
	Collaborative Family Services (CBFSS)	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
Eagle	Trauma Informed Therapy/Services	Trauma Informed Services
	Therapeutic Supervised Visitation	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
El Paso	Brain Mapping and Neuro-Therapy	Family Coaching
	Families Facing Future	Families Facing Future
	Nurturing Programs	Nurturing Program
	Cognitive Behavioral Therapy	Cognitive Behavioral Therapy
	Therapeutic Supervised Visitation	Supervised Visitation
	Domestic Violence	Domestic Violence Intervention Services
	Functional Family Therapy (Ex)	Functional Family Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Facilitated Family Engagement	Family Engagement
	Youth Advocate Program	Mentoring
	Family Treatment Drug Court	Family Empowerment
	High Fidelity Wraparound Services	Community Based Family Services & Support
	SafeCare Colorado	SafeCare
	Nurse Family Partnership	Nurse Family Partnership
	Life Skills Apprenticeship	Life Skills Apprenticeship
	Behavioral Health Navigators	Family Outreach
	Parent Child Interaction Therapy	Parent Child Interaction Therapy
	Therapeutic Kinship Supports	Therapeutic Kinship Supports

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Fremont	Behavioral Health in School Setting	Behavioral Health
	Family Group Conferencing	Family Group Decision Making
	Adolescent Support Group	Adolescent Support Group
	Functional Family Therapy (Ex)	Functional Family Therapy
	Parenting with Love and Logic	Parenting Skills
	Supervised Visitation	Supervised Visitation
	Family Treatment Drug Court	Family Empowerment - High
	Fremont Fatherhood Program	Family Outreach
	EPP/Family Treatment Court	Family Empowerment - High
	School Based Resources	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
	Caring Dads Program	Parenting Skills
	Permanency Round Tables	Permanency Round Tables
	Facilitated Family Engagement Meetings	Family Engagement Meetings
	Nurturing Parent Program	Nurturing Program
	Parents as Teachers	Parenting Skills
	Kinship Navigators/Supports	Kinship Navigators
	Garfield	Adolescent Mediation (Ex)
Collaborative Family Services (CBFSS)		Community Based Family Services & Support
Nurturing Parenting Program		Nurturing Program
Gilpin	Family Engagement Meetings	Family Engagement Meetings
Grand	Parenting Time/Supervision	Supervised Visitation
Gunnison/ Hinsdale	Therapeutic Mentoring (Ex)	Mentoring
Huerfano	Reconnecting Youth (Ex)	Reconnecting Youth
	Facilitated Family Engagement Meetings	Facilitated Family Engagement Meetings
	Permanency Round Tables	Permanency Round Tables
Jackson	None	
Jefferson	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Team Decision Making (Ex)	CET/TDM
	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
	Family Support and Integration Services	Community Based Family Services & Support
Lake	High Fidelity Wraparound Program	Community Based Family Services & Support
	Multi-Systemic Therapy	Multi-Systemic Therapy
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
	National Youth Program Using Mini-Bikes (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

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Larimer	Community Based Family Services and Support	Community Based Family Services & Support
(cont.)	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	
Lincoln	Foster Adopt Parents Support Services	Foster Care/Adoption Support
	Facilitated Family Engagement	Facilitated Family Engagement
	Kinship Supports	Kinship Supports
Logan	Play Therapy	Play Therapy
	Circle of Parents Substance Abuse Recovery	Community Based Family Services & Support
	Home Visitation Baby Bear Hugs	Early Intervention
	Family Engagement Meetings	Family Engagement Meetings
Mesa	Structured/Supervised Parenting Time	Structured Parenting Time
	Rapid Response (Ex)	Youth Intervention Program
	Day Treatment to Adolescents (Ex)	Adolescent Support Group
	Behavioral Health in the School	Behavioral Health
	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
	Collab. Child/Family Substance Abuse Therapist	Child/Family Therapist
	Facilitated Permanency Meetings	Permanency Roundtables
Moffat	Behavioral Health in the School	Behavioral Health
	Parenting with Love and Logic	Parenting Skills
	Facilitated Family Engagement	Family Engagement
Montezuma	Behavioral Health in the School	Behavioral Health
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	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	Therapeutic Supervised Visitation	Supervised Visitation
	Parenting with Love and Logic Way	Parenting Skills
	Facilitated Family Engagement Meetings	Family Engagement Meeting
Park	Therapeutic Kinship Supports	Kinship Supports
	Facilitated Family Engagement Meetings	<i>Family Engagement Meeting</i>
Phillips	None	
Pitkin	Trauma Informed Services	Trauma Informed Services
	Family Engagement	Family Engagement
Prowers	None	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used	
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	
	Campus Connects	Mentoring	
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	Behavioral Health in the School	Behavioral Health	
	Therapeutic Parenting/Coaching	Family Coaching	
Saguache	Nurturing Parenting	Nurturing Parenting	
	Facilitated Family Engagement	Family Engagement Meeting	
San Juan	Multi-Systemic Therapy	Multi Systemic Therapy	
Sedgwick	None		
Summit	Play Therapy	Play Therapy	
	Community Infant and Child Program	Family Empowerment	
	Therapeutic Supervised Visitation	Supervised Visitation	
Teller	Multi Systemic Therapy (Ex)	Multi Systemic Therapy	
	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	
	Parent Child Interactional	Parent Child Interactional	
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	
	Crisis Intervention	Crisis Intervention	
	Family and Parent Mediation	Mediation	
	Compass Program (CBFSS)	Community Based Family Services & Support	
	Role Model Mentoring	Child Mentoring/Family Support	
	RMM Mentoring	Mentoring	
	Behavioral Health System Navigator	Mental Health	
	Kinship Therapeutic Consultation & Supports	Therapeutic Kinship Supports	
	Post Adoption Services and Supports	Foster Care/Adoption Supports	
	Nurse Consultation Program	Nurturing Program	
	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	