

# Core Services Program Annual Evaluation Report Calendar Year 2022

Submitted to:

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

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# Core Services Program Annual Evaluation Report Calendar Year 2022

## 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 Colorado.

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; and (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 along with accompanying implementation challenges.

The Core Services Program Evaluation Calendar Year (CY) 2022 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.

### 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 2022.** In CY 2022, the Core Services Program served 20,965 distinct clients (unduplicated individuals) in CY 2022. This represents a decrease of 13.2% in distinct clients served from CY 2021. Similar to CY 2021, 55% of the distinct clients were children/youth directly receiving services and 45% were adults receiving services on behalf of the child/youth. Overall, **13,051 distinct children/youth from 7,826 cases/involvements received or benefitted** from Core Services in CY 2022. This represents a 12.9% decrease in distinct children/youth receiving or benefitting from Core Services from CY 2021.

**Services Provided in CY 2022.** There were **27,856 service episodes** open at any time in CY 2022. This represents a 11.6% decrease in service episodes from CY 2021. County-designed services represent the most common type of service provided, with 36% 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.

## 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 2022, 71% of service episodes were closed with a “successful” or “partially successful” service effectiveness outcome. This represents a two percent decrease in service episodes closed with a “successful” or “partially successful” outcome from CY 2021. Service episodes for children/youth with a remain home service goal or a prevention or PA3 designation had the highest rates of service effectiveness.

**Service Goal Attainment.** The service goal was attained in 81% of all service episodes in CY 2022, which is the same as CY 2021. The service goal attainment rate was 92% for remain home, 78% for least restrictive setting, and 74% for return home.

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

**Follow-up Outcomes.** Based on a distinct count of 4,789 children/youth with closed cases in CY 2021 who received Core Services, 47% of children/youth had a subsequent referral within one year of case closure, 30% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 3% had a subsequent placement, 4% had a subsequent Division of Youth Services (DYS) involvement (detention or commitment), and 1% had a subsequent DYS commitment.

## Costs of the Core Services Program

The evaluation report presents a cost offset measure that estimates the additional placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in home or in out-of-home (OOH) care.

**Cost Offset.** Based on actual Core Services and OOH expenditures of \$135,824,364 and an estimated OOH cost of \$163,955,117 an **additional \$28,130,753 would have been spent by county agencies statewide** in CY 2022 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 10 calendar years, an additional \$448 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.

**The 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 3% 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 2022. This is especially noteworthy given that there continues to be a downward trend in the perceived availability, accessibility, and capacity of Core Services from CY 2015 to CY 2022.

**Core Services are Effective in Achieving Treatment Success.** In CY 2022, 71% of all service episodes were determined to be “successful” or “partially successful” with 88% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong and stable collaborations 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 2022. Similar to past evaluations, the remain home service goal was attained in 92% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

**Core Services Impacts Subsequent Child Welfare Involvement.** For the 4,789 distinct children/youth with closed cases in CY 2021 that received Core Services, 47% of children/youth had a subsequent referral within one year of case closure, 30% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 3% had a subsequent placement, 4% 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 \$28 million in CY 2022 on OOH placements for children/youth. Over the past 10 calendar years, an additional \$448 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.

## Evaluation Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2022. Most notably, the Core Services Evaluation Workgroup was reconvened. Comprised of coordinators and the state program administrator, the workgroup met monthly to discuss opportunities to enhance the evaluation from a practice perspective. The first initiative identified by the workgroup was the Core Services Utilization Report. The Core Services Utilization Report was designed, developed, piloted, and released during CY 2022. The report provides real-time process, outcome, and expenditure data to counties to inform practice and policy decisions. The report will be continually updated to reflect emerging evaluation priorities. County-specific reports were again produced and technical assistance was provided to counties through presentations and consultations. These ongoing knowledge translation efforts allow counties to make full use of available data for quality improvement purposes.

## 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. 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 currently implemented in the state. 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 Diversity, Equity, Inclusion, and Justice (DEIJ) efforts in the human services landscape, opportunities to infuse greater DEIJ strategies into the Core Services Program and evaluation should continue to be explored.

# Core Services Program Annual Evaluation Report

## Calendar Year 2022

### 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 2022 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 2022 being tracked by designated county staff in Trails; (2) service goal attainment outcomes based on closed involvements in CY 2022; and (3) longer-term 12-month child welfare involvement outcomes for children with a closed case in CY 2021. 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 2022.

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 2022 through December 2022 for the CY 2022 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.

## 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 2022

The following definitions guided the analysis of children, youth, and families served during CY 2022.

**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 **20,965 distinct clients (unduplicated individuals)** in CY 2022. This represents a decrease of 13.2% in distinct clients served from CY 2021. 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 20,965 unduplicated individuals in CY 2022.

**Table 1: Total Number of Distinct Clients Served by the Core Services Program in CY 2022**

Distinct Count	Children/Youth		Adults		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Clients	11,569	55.2	9,396	44.8	20,965	100.0

Table 2 shows that the largest race/ethnicity groups served by the Core Services Program were White, non-Hispanic (44%), Hispanic (32%), 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 36.6 years.

Table 2: *Race/Ethnicity of Distinct Clients Served by Core Services Program in CY 2022*

Race/Ethnicity	Frequency	Percent
White, Non-Hispanic	9,265	44.2
Hispanic	6,647	31.7
Black or African American	1,548	7.4
Multiple Races	698	3.3
American Indian or Alaska Native	145	0.7
Asian	146	0.7
Native Hawaiian or Other Pacific Islander	37	0.2
Did not Indicate	2,479	11.8
<b>Total</b>	<b>20,965</b>	<b>100.0</b>

As previously defined, **13,051 distinct children/youth from 7,826 cases/involvements received or benefitted** from Core Services in CY 2022. This represents a 12.9% decrease in distinct children/youth receiving or benefitting from Core Services from CY 2021. Table 3 shows that 74% of all children/youth receiving or benefitting from services were designated as Program Area 5 (PA5), 17% were designated as PA3, 6% were designated as Program Area 4 (PA4), and 3% 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 2022*

Program Area	Frequency*	Percent
PA3 Services	2,207	16.6
PA4 Cases	827	6.2
PA5 Cases	9,864	74.2
PA6 Cases	395	3.0
<b>Total</b>	<b>13,293</b>	<b>100.0</b>
*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 2,207 children/youth designated as PA3, 817 had a prior child welfare case (37%) with 119 designated as PA4 and 698 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 2022

As previously defined, there were **27,856 service episodes** open at any time in CY 2022. This represents a 11.6% decrease in service episodes from CY 2021. On the following page, Table 4 shows that 81% of service episodes were associated with children with a PA5 designation while 8% were associated with PA4, 8% were associated with PA3, and 3% were associated with PA6. As for provider type, 67% of service episodes were purchased from external providers by counties while 33% were internally provided by counties. Overall, 68% of all service episodes were for new services provided in CY 2022, while 66% of all service episodes were closed in CY 2022.

Table 4: *Characteristics of Service Episodes in CY 2022 (N = 27,856)*

Characteristic	Frequency	Percent
<b>Program Area</b>		
PA3 Services	2,197	7.9
PA4 Cases	2,186	7.8
PA5 Cases	22,657	81.3
PA6 Cases	816	2.9
<b>Provider Type</b>		
Purchased	18,579	66.7
County Provided	9,031	33.3
<b>Service Status</b>		
New Service in CY 2022	18,825	67.6
Closed Service in CY 2022	18,350	65.9

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 2022 was county-designed services at 36%, followed by mental health services at 14% and life skills at 14%.

Table 5: *Service Episodes in CY 2022 by Service Type*

Service Type	Frequency	Percent
County-Designed Services	9,889	35.5
Mental Health Services	4,013	14.4
Life Skills*	3,863	13.9
Special Economic Assistance	2,864	10.3
Substance Abuse Treatment	2,732	9.8
Intensive Family Therapy	2,410	8.7
Home-Based Interventions	1,491	5.4
Sexual Abuse Treatment**	505	1.8
Day Treatment***	89	0.3
<b>Total</b>	<b>27,856</b>	<b>100.0</b>
*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.		

Table 6 shows the number of service episodes for each of the county-designed service types. The most common county-designed service type is supervised visitation (26%) followed by family engagement meetings (21%) and family group decision making (8%). These three service types comprise 55% of all county-designed service episodes in CY 2022.

Table 6: *Service Episodes by County-Designed Service Type for CY 2022*

Service Type	Frequency	Percent
Supervised Visitation	2,535	25.6
Family Engagement Meeting/Services	2,093	21.2
Family Group Decision Making	826	8.4
Mentoring	681	6.9
Domestic Violence Intervention Services	628	6.4
Family Empowerment	468	4.7
CET/TDM	357	3.6
Child Mentoring and Family Support	342	3.5

Table 6 (cont.)

Service Type	Frequency	Percent
Nurturing Program	292	3.0
Structured Parenting Time	241	2.4
Community Based Family Support Services	202	2.0
Youth Intervention Program	176	1.8
Trauma Informed Care/Services	175	1.8
Multi Systemic Therapy	150	1.5
Foster Care/Adoption Support	96	1.0
Parenting Skills	89	0.9
Reconnecting Youth	68	0.7
Functional Family Therapy	67	0.7
Mediation	61	0.6
Mobile Intervention Team	53	0.5
Child/Family Service Therapist	48	0.5
Post Adoptive Services	43	0.4
Child First	29	0.3
Family Strengths	26	0.3
Kinship Evaluation and Training	26	0.3
High-Fidelity Wrap-Around	25	0.3
Fostering Healthy Futures - Teen	19	0.2
SafeCare Colorado	16	0.2
Behavioral Health	14	0.1
Play Therapy	14	0.1
Family Outreach	8	0.1
Accelerating Parenting	6	0.1
Adolescent Support Group	6	0.1
Permanency Roundtables	4	0.0
Community Collateral/Concrete Services	2	0.0
Direct Link	2	0.0
School Based Intensive Services	1	0.0
<b>Total</b>	<b>9,889</b>	<b>100.0</b>

As displayed in Table 7, the most frequent substance types for the 1,602 closed substance abuse treatment service episodes from CY 2022, were unknown/other at 42%, methamphetamines at 19%, and alcohol at 15%.

Table 7: Substance Types for Substance Abuse Treatment Service Episodes in CY 2022

Substance Type	Frequency	Percent
Unknown/Other	809	41.8
Methamphetamines	373	19.3
Alcohol	295	15.2
Marijuana	211	10.9
Other Opiates	115	5.9
Cocaine/Crack	79	4.1
Heroin	3765	1.9
Depressants	11	0.6
Stimulants	7	0.4
<b>Total*</b>	<b>1,937</b>	<b>100.0</b>
*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 2022 by county.

Table 8: *Count of Clients Served, Children/Youth Receiving or Benefitting, and Service Episodes for CY 2022 by County*

County*	Clients Served**	Percent of State Total	Children/Youth Receiving/ Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
<b>Statewide</b>	<b>21,092</b>	<b>100.0</b>	<b>13,148</b>	<b>100.0</b>	<b>27,856</b>	<b>100.0</b>
Adams	2,404	11.4	1,298	9.9	2,563	9.2
Alamosa	115	0.5	75	0.6	101	0.4
Arapahoe	1522	7.2	1,326	10.1	1,210	4.3
Archuleta	62	0.3	37	0.3	75	0.3
Bent	14	0.1	9	0.1	19	0.1
Boulder	1,203	5.7	801	6.1	1,070	3.8
Broomfield	100	0.5	55	0.4	118	0.4
Chaffee	47	0.2	41	0.3	40	0.1
Cheyenne	6	0.0	2	0.0	2	0.0
Clear Creek	43	0.2	24	0.2	37	0.1
Conejos	47	0.2	41	0.3	55	0.2
Costilla	60	0.3	57	0.4	125	0.4
Crowley	86	0.4	51	0.4	153	0.5
Delta	351	1.7	179	1.4	366	1.3
Denver	1,867	8.9	1,190	9.1	2,093	7.5
Dolores	7	0.0	7	0.1	6	0.0
Douglas	499	2.4	309	2.4	371	1.3
Eagle	77	0.4	57	0.4	82	0.3
El Paso	3,161	15.0	1,712	13.0	8,877	31.9
Elbert	81	0.4	60	0.5	65	0.2
Fremont	395	1.9	220	1.7	647	2.3
Garfield	259	1.2	179	1.4	228	0.8
Gilpin	13	0.1	8	0.1	14	0.1
Grand	36	0.2	27	0.2	50	0.2
Gunnison/ Hinsdale	47	0.2	24	0.2	31	0.1
Huerfano	43	0.2	30	0.2	26	0.1
Jackson	7	0.0	7	0.1	10	0.0
Jefferson	1,164	5.5	827	6.3	1,520	5.5
Kiowa	10	0.0	4	0.0	3	0.0
Kit Carson	87	0.4	41	0.3	58	0.2
La Plata/ San Juan	173	0.8	149	1.1	449	1.6
Lake	17	0.1	17	0.1	16	0.1
Larimer	2,267	10.7	1,204	9.2	2,113	7.6
Las Animas	55	0.3	42	0.3	46	0.2
Lincoln	55	0.3	35	0.3	38	0.1
Logan	163	0.8	76	0.6	184	0.7
Mesa	561	2.7	387	2.9	722	2.6
Moffat	66	0.3	45	0.3	59	0.2
Montezuma	63	0.3	63	0.5	67	0.2
Montrose	400	1.9	176	1.3	303	1.1
Morgan	165	0.8	89	0.7	138	0.5
Otero	52	0.2	36	0.3	35	0.1
Ouray/ San Miguel	17	0.1	17	0.1	18	0.1
Park	71	0.3	36	0.3	49	0.2
Phillips	12	0.1	7	0.1	3	0.0
Pitkin	51	0.2	29	0.2	35	0.1

Table 8 (continued)

County*	Clients Served**	Percent of State Total	Children/Youth Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Prowers	22	0.1	13	0.1	15	0.1
Pueblo	866	4.1	534	4.1	1,111	4.0
Rio Blanco	23	0.1	11	0.1	27	0.1
Rio Grande/ Mineral	85	0.4	54	0.4	93	0.3
Routt	55	0.3	28	0.2	41	0.1
Saguache	26	0.1	15	0.1	21	0.1
Summit	25	0.1	19	0.1	21	0.1
Teller	162	0.8	80	0.6	173	0.6
Washington	39	0.2	23	0.2	37	0.1
Weld	1,739	8.2	1,214	9.2	1,976	7.1
Yuma	49	0.2	51	0.4	51	0.2
* Baca, Custer, and Sedgwick counties had no clients served, children/youth receiving or benefitting, or service episodes for CY 2022.						
**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 2022 calendar year, 18,350 total service episodes were closed in Trails. The final service effectiveness sample size was 12,859 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 2022 across all service types, service goals, and program areas. Overall, 71% of service episodes were closed with a “successful” (58%) or “partially successful” (13%) outcome designation, while 29% of service episodes were closed with a “not successful, did not engage” (19%) or “not successful, no progress” (10%) outcome designation. This represents a two percent decrease in service episodes closed with a “successful” or “partially successful” outcome from CY 2021 and a two-year downward trend from 76% in CY 2020 to 71% in CY 2022.

Table 9: *Service Effectiveness Outcomes for Closed Service Episodes in CY 2022*

Service Outcome	Frequency	Percent
Successful	7,498	58.3
Partially Successful	1,634	12.7
Not Successful, Did Not Engage	2,395	18.6
Not Successful, No Progress	1,332	10.4
<b>Total</b>	<b>12,859</b>	<b>100.0</b>

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, 80% of service episodes for children/youth with a remain home goal at time of service initiation were closed with a “successful/partially successful” outcome designation, followed by service episodes with a least restrictive setting service goal at 79%, and service episodes with a return home service goal at 65%.

Table 10: *Service Effectiveness Outcomes by Service Goal for Service Episodes Closed in CY 2022 (N = 12,859)*

Service Goal	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Least Restrictive Setting	240	78.9	64	21.1
Remain Home	3,804	79.9	954	20.1
Return Home	5,088	65.3	2,709	34.7
<b>Total</b>	<b>9,132</b>	<b>71.0</b>	<b>3,727</b>	<b>29.0</b>

As displayed in Table 11, 88% of county provided service episodes were closed with a “successful/partially successful” outcome designation, while 63% 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 2022 (N = 12,859)*

Provider Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Purchased	5,553	63.2	3,233	36.8
County Provided	3,579	87.9	494	12.1
<b>Total</b>	<b>9,132</b>	<b>71.0</b>	<b>3,727</b>	<b>29.0</b>

As displayed in Table 12, 88% of service episodes for children/youth with a PA3 designation at time of service initiation were closed with a “successful/partially successful” outcome designation, followed by service episodes for children/youth with a PA6 designation at 79%, episodes for children/youth with a PA4 designation at 78%, and service episodes for children/youth with a PA5 designation at 69%. For a subsample of children/youth receiving an adoption subsidy ( $n = 292$ ), 74.7% 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 2022 (N = 12,859)*

Program Area	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
PA3 Services	715	87.6	101	12.4
PA4 Cases	838	78.4	231	21.6
PA5 Cases	7,286	68.7	3,319	31.3
PA6 Cases	293	79.4	76	20.6
<b>Total</b>	<b>9,132</b>	<b>71.0</b>	<b>3,727</b>	<b>29.0</b>

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. Table 13 shows that 84% of service episodes for children/youth receiving PA3 (Intervention) services were closed with a “successful/partially successful” outcome designation; 88% of service episodes for children/youth receiving PA3 (Prevention - Closed Assessment) services were closed with a “successful/partially successful” outcome designation; and 89% of service episodes for children/youth receiving PA3 (Prevention - Screen-out) services were closed with a “successful/partially successful” outcome designation.

Table 13: *Service Effectiveness Outcomes by PA3 Type for Service Episodes Closed in CY 2022 (N = 816)*

PA3 Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Intervention	100	84.0	19	16.0
Prevention - Closed Assessment	266	87.5	38	12.5
Prevention - Screen-out	349	88.8	44	11.2
<b>Total</b>	<b>715</b>	<b>87.6</b>	<b>101</b>	<b>12.4</b>

On the following page, Table 14 shows that day treatment (98%) and sexual abuse treatment (92%) had the highest percentage of episodes closed in CY 2022 with a “successful/partially successful” designation. Substance abuse treatment (55%) and intensive family therapy (53%) and had the lowest percentage of episodes with a “successful/partially successful” outcome designation in CY 2022.

Table 14: Service Effectiveness Outcomes by Service Type for Service Episodes Closed in CY 2022 (N = 12,859)

Service Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Day Treatment	41	97.6	1	2.4
Sexual Abuse Treatment	198	91.7	18	8.3
County-Designed Services	4,486	79.3	1,170	20.7
Home-Based Interventions	561	75.5	182	24.5
Life Skills	1,275	70.2	540	29.8
Mental Health Services	1,030	67.6	494	32.4
Substance Abuse Treatment	755	54.7	625	45.3
Intensive Family Therapy	786	53.0	697	47.0
<b>Total</b>	<b>9,132</b>	<b>71.0</b>	<b>3,727</b>	<b>29.0</b>

Table 15 shows the service effectiveness outcomes for service episodes closed in CY 2022 by county.

Table 15: Service Effectiveness Outcomes by County for Service Episodes Closed in CY 2022 (N = 12,859)

County*	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
<b>Statewide</b>	<b>9,132</b>	<b>71.0</b>	<b>3,727</b>	<b>29.0</b>
Adams	540	64.9	292	35.1
Alamosa	41	74.5	14	25.5
Arapahoe	387	80.5	94	19.5
Archuleta	46	88.5	6	11.5
Bent	8	88.9	1	11.1
Boulder	247	76.7	75	23.3
Broomfield	55	76.4	17	23.6
Chaffee	4	100.0	0	0.0
Cheyenne	2	100.0	0	0.0
Clear Creek	6	54.5	5	45.5
Conejos	20	95.2	1	4.8
Costilla	6	100.0	0	0.0
Crowley	28	75.7	9	24.3
Delta	118	95.9	5	4.1
Denver	504	83.2	102	16.8
Douglas	90	75.6	29	24.4
Eagle	29	87.9	4	12.1
El Paso	3,518	62.1	2,150	37.9
Elbert	9	90.0	1	10.0
Fremont	196	73.7	70	26.3
Garfield	68	84.0	13	16.0
Gilpin	2	28.6	5	71.4
Grand	26	89.7	3	10.3
Gunnison/Hinsdale	9	75.0	3	25.0
Huerfano	2	100.0	0	0.0
Jackson	4	100.0	0	0.0
Jefferson	673	75.5	218	24.5
Kiowa	2	100.0	0	0.0
Kit Carson	16	80.0	4	20.0
La Plata/San Juan	199	97.5	5	2.5
Lake	7	87.5	1	12.5
Larimer	1,065	87.1	158	12.9
Las Animas	17	100.0	0	0.0
Lincoln	26	89.7	3	10.3
Logan	45	77.6	13	22.4
Mesa	254	67.7	121	32.3
Moffat	26	96.3	1	3.7
Montezuma	31	83.8	6	16.2

Table 15 (continued)

County	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Montrose	109	88.6	14	11.4
Morgan	54	98.2	1	1.8
Otero	11	84.6	2	15.4
Park	10	76.9	3	23.1
Phillips	1	100.0	0	0.0
Pitkin	21	100.0	0	0.0
Prowers	5	100.0	0	0.0
Pueblo	188	56.5	145	43.5
Rio Blanco	0	0.0	2	100.0
Rio Grande/Mineral	25	78.1	7	21.9
Routt	13	81.3	3	18.8
Saguache	8	100.0	0	0.0
Summit	5	100.0	0	0.0
Teller	77	89.5	9	10.5
Washington	5	71.4	2	28.6
Weld	257	70.2	109	29.8
Yuma	17	94.4	1	5.6

\* Baca, Custer, Dolores, Ouray/San Miguel, 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 6,380 unduplicated children/youth with a closed case (or closed involvement for PA3) in CY 2022. There were 32,559 service episodes for these children/youth, which averages to about 5.0 service episodes per child/youth. It should be noted that these service episodes were not exclusively in CY 2022, but were provided during closed involvement spans from CY 2022.

### 3.2.1. Overall Service Goal Attainment Results

Table 16 shows the proportion of service episodes within closed involvement spans in CY 2021 by service goal type with 59% having a goal of return home, 40% 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 2022*

Service Goal	Frequency	Percent
Return Home	19,350	59.4
Remain Home	12,900	39.6
Least Restrictive	309	0.9
<b>Total</b>	<b>32,559</b>	<b>100.0</b>

As displayed in Table 17, the service type with the highest percentage of return home service goals was substance abuse treatment at 66%, 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 day treatment at 4%.

Table 17: *Service Type Frequencies by Service Goal for Service Episodes from Involvements Closed in CY 2022 (N = 32,559)*

Service Type	Return Home		Remain Home		Least Restrictive Setting	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
County-Designed Services	7,502	60.7	4,725	38.2	133	1.1
Day Treatment	34	39.5	49	57.0	3	3.5
Home-Based Interventions	1,018	52.9	891	46.3	17	0.9
Intensive Family Therapy	1,590	60.6	1,017	38.7	18	0.7
Life Skills	2,789	63.8	1,552	35.5	32	0.7
Mental Health Services	2,074	54.6	1,690	44.5	34	0.9
Sexual Abuse Treatment	226	37.4	368	60.8	11	1.8
Special Economic Assistance	2,299	57.1	1,667	41.4	58	1.4
Substance Abuse Treatment	1,818	65.8	940	34.0	3	0.1
<b>Total</b>	<b>19,350</b>	<b>59.4</b>	<b>12,900</b>	<b>39.6</b>	<b>309</b>	<b>0.9</b>

Table 18 shows that the service goal was attained in 81% of all service episodes in CY 2022, which is the same as CY 2021. The service goal attainment rate was 92% for remain home, 78% for least restrictive setting, and 74% 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 92% of these service episodes, which is a one percent decrease from CY 2021. 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, 83% of distinct children/youth with an involvement closed in CY 2022 attained their service goal, which is a six percent decrease from CY 2021.

Table 18: *Service Goal Attainment by Service Goal Type for Service Episodes from Involvements Closed in CY 2022 (N = 32,559)*

Service Goal	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Return Home	14,230	73.5	5,120	26.5
Remain Home	11,889	92.2	1,011	7.8
Least Restrictive Setting	241	78.0	68	22.0
<b>Total</b>	<b>26,360</b>	<b>81.0</b>	<b>6,199</b>	<b>19.0</b>

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 had a 92% remain home service goal attainment rate. The overall remain home service goal attainment rate was 92%, which was a one percent increase from CY 2021.

Table 19: *Remain Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2022 (N = 12,900)*

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	4,439	92.6	353	7.4
Purchased	7,450	91.9	658	8.1
<b>Total</b>	<b>11,889</b>	<b>92.2</b>	<b>1,011</b>	<b>7.8</b>

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 79% remain home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 55% 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 distinct children/youth receiving an adoption subsidy ( $n = 103$ ), 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 2022 (N = 12,900)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,476	99.9	2	0.1
PA4 Cases	594	79.1	157	20.9
PA5 Cases	9,784	92.2	823	7.8
PA6 Cases	35	54.7	29	45.3
<b>Total</b>	<b>11,889</b>	<b>92.2</b>	<b>1,011</b>	<b>7.8</b>

As stated earlier, 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.

On the following page, Table 21 shows that service episodes for children/youth receiving PA3 (Intervention) services had a 100% remain home service goal attainment rate; service episodes for children/youth receiving PA3 (Prevention - Closed Assessment) services had a 100% remain home service goal attainment rate; and service episodes for children/youth receiving PA3 (Prevention - Screen-out) 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 2022 (N = 1,478)*

PA3 Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intervention	150	100.0	0	0.0
Prevention - Closed Assessment	551	100.0	0	0.2
Prevention - Screen-out	775	99.7	2	0.0
<b>Total</b>	<b>1,476</b>	<b>99.9</b>	<b>2</b>	<b>0.1</b>

Table 22 shows that service episodes for day treatment (100%), sexual abuse treatment (95%), and special economic assistance (94%) had the highest remain home service goal attainment rates, while home-based interventions (88%) 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 2022 (N = 12,900)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Day Treatment	49	100.0	0	0.0
Sexual Abuse Treatment	351	95.4	17	4.6
Special Economic Assistance	1,573	94.4	94	5.6
Mental Health Services	1,589	94.0	101	6.0
Intensive Family Therapy	951	93.5	66	6.5
County-Designed Services	4,362	92.3	362	7.7
Life Skills	1,391	89.6	162	10.4
Substance Abuse Treatment	839	89.1	102	10.9
Home-Based Interventions	784	88.0	107	12.0
<b>Total</b>	<b>11,889</b>	<b>92.2</b>	<b>1,011</b>	<b>7.8</b>

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 2022 (N = 12,900)*

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
<b>Statewide</b>	<b>11,889</b>	<b>92.2</b>	<b>1,011</b>	<b>7.8</b>
Adams	1,420	94.9	76	5.1
Alamosa	42	93.3	3	6.7
Arapahoe	508	87.6	72	12.4
Archuleta	54	96.4	2	3.6
Bent	12	100.0	0	0.0
Boulder	291	95.4	14	4.6
Broomfield	91	76.5	28	23.5
Chaffee	12	100.0	0	0.0
Clear Creek	6	100.0	0	0.0
Conejos	18	100.0	0	0.0
Crowley	121	100.0	0	0.0
Delta	35	92.1	3	7.9
Denver	553	88.9	69	11.1
Douglas	199	89.2	24	10.8
Eagle	114	99.1	1	0.9
El Paso	3,489	91.6	319	8.4
Elbert	32	100.0	0	0.0
Fremont	341	85.9	56	14.1
Garfield	153	95.6	7	4.4
Gilpin	6	100.0	0	5.1

Table 23 (continued)

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Grand	27	100.0	0	0.0
Gunnison/Hinsdale	8	100.0	0	0.0
Huerfano	30	100.0	0	0.0
Jackson	13	100.0	0	0.0
Jefferson	639	94.8	35	5.2
Kiowa	3	100.0	0	0.0
Kit Carson	16	100.0	0	0.0
La Plata/San Juan	199	99.5	1	0.5
Lake	9	100.0	0	0.0
Larimer	1,020	92.4	84	7.6
Las Animas	19	100.0	0	0.0
Lincoln	28	70.0	12	30.0
Logan	22	100.0	0	0.0
Mesa	208	95.9	9	4.1
Moffat	21	95.5	1	4.5
Montezuma	25	65.8	13	34.2
Montrose	54	79.4	14	20.6
Morgan	80	88.9	10	11.1
Otero	5	100.0	0	0.0
Ouray/San Miguel	2	100.0	0	0.0
Park	12	100.0	0	0.0
Philips	15	100.0	0	0.0
Pitkin	27	100.0	0	0.0
Prowers	6	100.0	0	0.0
Pueblo	475	89.3	57	10.7
Rio Grande/Mineral	32	84.2	6	15.8
Routt	18	100.0	0	0.0
Saguache	12	100.0	0	0.0
Summit	11	100.0	0	0.0
Teller	77	97.5	2	2.5
Washington	21	91.3	2	8.7
Weld	1,206	93.1	90	6.9
Yuma	52	98.1	1	1.9
* Baca, Cheyenne, Costilla, Dolores, Rio Blanco, 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, purchased service episodes had a 74% return home service goal attainment rate, while county provided service episodes had a 73% return home service goal attainment rate. The overall return home service goal attainment rate was 74%, which was a two percent increase from CY 2021.

Table 24: Return Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2022 (N = 19,350)

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	5,276	73.2	1,930	26.8
Purchased	8,954	73.7	3,190	26.3
Total	14,230	73.5	5,120	26.5

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 73% return home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 32% return home service goal attainment rate. For a subsample of a distinct children/youth receiving an

adoption subsidy ( $n = 160$ ), service episodes (provided after the adoption finalization) had a 26% return home service goal attainment rate.

Table 25: *Return Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2022 (N = 19,350)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA4 Cases	420	72.9	156	27.1
PA5 Cases	13,752	74.0	4,838	26.0
PA6 Cases	59	32.1	125	67.9
<b>Total</b>	<b>14,230</b>	<b>73.5</b>	<b>5,120</b>	<b>26.5</b>

Table 26 shows that service episodes for sexual abuse treatment (81%) and intensive family therapy (78%) had the highest return home service goal attainment rates, while day treatment (41%) 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 2022 (N = 19,350)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Sexual Abuse Treatment	183	81.0	43	19.0
Intensive Family Therapy	1,243	78.2	347	21.8
Home-Based Interventions	782	76.8	236	23.2
Special Economic Assistance	1,759	76.5	540	23.5
Life Skills	2,076	74.4	713	25.6
Substance Abuse Treatment	1,343	73.9	475	26.1
County-Designed Services	5,363	71.5	2,139	28.5
Mental Health Services	1,467	70.7	607	29.3
Day Treatment	14	41.2	20	58.8
<b>Total</b>	<b>14,230</b>	<b>73.5</b>	<b>5,120</b>	<b>26.5</b>

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 2022 (N = 19,350)*

County*	Attained		Not Attained	
	Count	%	Count	%
<b>Statewide</b>	<b>14,230</b>	<b>73.5</b>	<b>5,120</b>	<b>26.5</b>
Adams	1,008	69.9	434	30.1
Alamosa	64	60.4	42	39.6
Arapahoe	517	75.4	169	24.6
Archuleta	7	100.0	0	0.0
Bent	2	100.0	0	0.0
Boulder	261	65.6	137	34.4
Broomfield	110	84.0	21	16.0
Chaffee	16	100.0	0	0.0
Cheyenne	6	100.0	0	0.0
Clear Creek	0	0.0	2	100.0
Conejos	7	25.9	20	74.1
Costilla	20	52.6	18	47.4
Crowley	58	75.3	19	24.7
Custer	0	0.0	12	100.0
Delta	143	48.0	155	52.0
Denver	770	67.4	372	32.6
Douglas	171	91.9	15	8.1

Table 27 (continued)

County*	Attained		Not Attained	
	Count	%	Count	%
Eagle	7	100.0	0	0.0
El Paso	5,704	77.6	1,648	22.4
Elbert	11	100.0	0	0.0
Fremont	546	58.0	395	42.0
Garfield	59	65.6	31	34.4
Gilpin	10	100.0	0	0.0
Grand	7	100.0	0	0.0
Gunnison/Hinsdale	3	100.0	0	0.0
Huerfano	3	100.0	0	0.0
Jefferson	630	66.2	321	33.8
Kiowa	1	100.0	0	0.0
Kit Carson	20	95.2	1	4.8
La Plata/San Juan	16	66.7	8	33.3
Lake	4	80.0	1	20.0
Larimer	712	77.6	206	22.4
Las Animas	40	90.9	4	9.1
Lincoln	24	88.9	3	11.1
Logan	71	56.8	54	43.2
Mesa	377	50.7	366	49.3
Moffat	27	45.8	32	54.2
Montezuma	58	98.3	1	1.7
Montrose	145	65.9	75	34.1
Morgan	47	78.3	13	21.7
Otero	14	87.5	2	12.5
Park	16	66.7	8	33.3
Pitkin	9	64.3	5	35.7
Pueblo	693	83.6	136	16.4
Rio Grande/Mineral	71	61.7	44	38.3
Routt	19	79.2	5	20.8
Saguache	0	0.0	13	100.0
Summit	5	100.0	0	0.0
Teller	113	75.8	36	24.2
Washington	8	47.1	9	52.9
Weld	1,575	84.6	287	15.4
Yuma	25	100.0	0	0.0
*Baca, Dolores, Jackson, Ouray/San Miguel, Philips, Prowers, Rio Blanco, and Sedgwick counties had no eligible service episodes for this analysis.				

### 3.3. Follow-up Outcomes

This outcome analysis is intended to provide one-year follow-up outcomes for children/youth receiving or benefitting from Core Services whose case was closed in CY 2021 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 4,789 children/youth with closed cases (both in-home and out-of-home) in CY 2021 who received Core Services. Overall, 47% of children/youth had a subsequent referral within one year of case closure, 30% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 3% had a subsequent placement, 4% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment.

Three 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 2021*

Outcome	Frequency	Percent
<b>Subsequent Referral (N = 4,789)</b>		
Yes	2,227	46.5
No	2,562	53.5
<b>Subsequent Assessment (N = 4,789)</b>		
Yes	1,413	29.5
No	3,376	70.5
<b>Subsequent Founded Assessment (N = 4,789)</b>		
Yes	289	6.0
No	4,500	94.0
<b>Subsequent Case (N = 4,789)</b>		
Yes	427	8.9
No	4,362	91.1
<b>Subsequent Placement (N = 4,789)</b>		
Yes	156	3.3
No	4,633	96.7
<b>Subsequent DYS Involvement (N = 2,213)*</b>		
Yes	84	3.8
No	2,129	96.2
<b>Subsequent DYS Commitment (N = 2,213)*</b>		
Yes	12	0.5
No	2,201	99.5

\*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 2021 by service goal type. Of the 20,992 service episodes, 53% were associated with a goal of remain home, 47% 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 2021*

Service Goal	Frequency	Percent
Remain Home	11,161	53.2
Return Home	9,808	46.7
Least Restrictive Setting	30	0.1
<b>Total</b>	<b>20,992</b>	<b>100.0</b>

Table 30 on the following page 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 2021

Outcome	Frequency	Percent
<b>Subsequent Referral</b>		
Remain Home (N = 11,161)	5,318	47.6
Return Home (N = 9,808)	4,952	50.5
<b>Subsequent Assessment</b>		
Remain Home (N = 11,161)	3,630	32.5
Return Home (N = 9,808)	3,405	34.7
<b>Subsequent Founded Assessment</b>		
Remain Home (N = 11,161)	706	6.3
Return Home (N = 9,808)	875	8.9
<b>Subsequent Case</b>		
Remain Home (N = 11,161)	1,046	9.4
Return Home (N = 9,808)	1,058	10.8
<b>Subsequent Placement</b>		
Remain Home (N = 11,161)	395	3.5
Return Home (N = 9,808)	383	3.9
<b>Subsequent DYS Involvement*</b>		
Remain Home (N = 5,276)	158	3.0
Return Home (N = 3,582)	156	4.4
<b>Subsequent DYS Commitment*</b>		
Remain Home (N = 5,276)	16	0.3
Return Home (N = 3,582)	11	0.3

\*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 48% subsequent referral rate, while children/youth with a return home service goal had a 51% 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 35% subsequent assessment rate.
- Children/youth with a remain home service goal had an 6% 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 9% subsequent case rate, while children/youth with a return home service goal had an 11% subsequent case rate.
- Children/youth with a remain home service goal had a 4% subsequent placement rate, while children/youth with a return home service goal had a 4% subsequent placement rate.
- Children/youth with a remain home service goal had a 3% subsequent DYS involvement rate, while children/youth with a return home service goal had a 4% 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 less than 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 2021. 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 40% subsequent referral rate, a 25% subsequent assessment rate, a 3% subsequent founded assessment rate, a 6% subsequent case rate, a 2% subsequent placement rate, a 4% subsequent DYS involvement rate, and a 1% subsequent DYS commitment rate.

- Service episodes for children with a PA4 designation had a 45% subsequent referral rate, a 33% subsequent assessment rate, a 2% subsequent founded assessment rate, a 17% subsequent case rate, a 6% subsequent placement rate, a 22% subsequent DYS involvement rate, and a 2% subsequent DYS commitment rate.
- Service episodes for children with a PA5 designation had a 50% subsequent referral rate, a 34% subsequent assessment rate, an 8% subsequent founded assessment rate, a 10% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement 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 2021

Program Area	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	20,992	49.0	33.6	7.5	10.0	3.7	3.6	0.3
PA3 Services	1,157	40.0	24.6	3.1	5.9	2.4	3.5	0.7
PA4 Cases	746	44.5	32.6	2.0	16.8	5.9	22.4	2.2
PA5 Cases	19,081	49.7	34.1	8.0	10.0	3.7	1.7	0.1
*Sample size of 735 for PA3, 740 for PA4, 7,402 for PA5, and 8,877 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.

### 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 2021. County provided service episodes had a 41% subsequent referral rate, a 21% subsequent assessment rate, a 4% subsequent founded assessment rate, a 7% subsequent case rate, a 6% subsequent placement rate, a 0% subsequent DYS involvement rate, and a 0% subsequent DYS commitment rate. Purchased service episodes had a 40% subsequent referral rate, a 25% subsequent assessment rate, a 3% subsequent founded assessment rate, a 6% subsequent case rate, a 2% subsequent placement rate, a 4% subsequent DYS involvement (detention or commitment) rate, and 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 2021

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,157	40.0	24.6	3.1	5.9	2.4	3.5	0.7
County Provided	90	41.1	21.1	4.4	6.7	2.2	0.0	0.0
Purchased	1,067	39.9	24.9	3.0	5.8	2.4	3.8	0.7
*Sample size of 48 for county provided, 687 for purchased, and 735 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 2021.

- Intensive family therapy had the lowest subsequent referral rate, day treatment had the lowest subsequent assessment rate, intensive family therapy and day treatment had the lowest founded assessment rates, day treatment had the lowest subsequent case rates, mental health services and day treatment had the lowest subsequent placement rates, and day treatment, intensive family therapy, sexual abuse treatment, and special economic assistance had the lowest DYS involvement rates.
- Substance abuse treatment had the highest subsequent referral, assessment, and case rates, while special economic assistance had the highest subsequent founded assessment rate, intensive family therapy had the highest subsequent placement rate, and county designed services had the highest DYS involvement and commitment rates.

Table 33: Percent of PA3 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2021

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,157	40.0	24.6	3.1	5.9	2.4	3.5	0.7
County-Designed	291	34.7	22.3	1.7	6.9	3.4	5.7	2.0
Day Treatment	10	40.0	0.0	0.0	0.0	0.0	0.0	0.0
Home-Based Interventions	201	35.8	19.9	4.0	3.5	2.0	3.8	0.0
Intensive Family Therapy	27	25.9	11.1	0.0	7.4	11.1	0.0	0.0
Life Skills	99	52.5	36.4	3.0	5.1	3.0	2.1	0.0
Mental Health	324	36.1	22.8	1.2	5.9	0.0	2.9	0.0
Sexual Abuse Treatment	45	51.1	17.8	2.2	4.4	2.2	0.0	0.0
Special Economic Assistance	38	36.8	31.6	10.5	7.9	2.6	0.0	0.0
Substance Abuse Treatment	122	59.8	38.5	9.0	8.2	4.9	2.0	0.0
*Sample size of 245 for county-designed services, 10 for day treatment, 105 for home-based services, 20 for intensive family therapy, 48 for life skills, 210 for mental health services, 33 for sexual abuse treatment, 15 for special economic assistance, 49 for substance abuse treatment, and 735 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 2021. County provided service episodes had a 43% subsequent referral rate, a 31% subsequent assessment rate, a 1% subsequent founded assessment rate, a 19% subsequent case rate, a 6% subsequent placement rate, a 22% subsequent DYS involvement rate, and a 3% subsequent DYS commitment rate. Purchased service episodes had a 46% subsequent referral rate, a 34% subsequent assessment rate, a 3% subsequent founded assessment rate, a 15% subsequent case rate, a 6% subsequent placement rate, a 23% subsequent DYS involvement rate, and a 2% subsequent DYS commitment rate.

Table 34: Percent of PA4 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2021

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	746	44.5	32.6	2.0	16.8	5.9	22.4	2.2
County Provided	339	42.8	31.0	1.2	18.9	5.6	21.8	2.7
Purchased	407	45.9	33.9	2.7	15.0	6.1	23.0	1.7
*Sample size of 335 for county provided, 405 for purchased, and 740 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.								

Table 35 on the following page shows the follow-up outcomes by service type based on service episodes with a PA4 designation from all cases closed in CY 2021.

- Day treatment had the lowest subsequent referral, assessment, and found assessment rates, mental health services had the lowest subsequent case rate, life skills had the lowest subsequent placement rate, and sexual abuse treatment had the lowest DYS involvement rate.

- Substance abuse treatment had the highest subsequent referral and DYS involvement rates, life skills had the highest subsequent assessment rate, mental health services had the highest subsequent founded assessment rate, special economic assistance had the highest subsequent case and DYS commitment rates, and sexual abuse treatment had the highest subsequent placement rate.

Table 35: Percent of PA4 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2021

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	746	44.5	32.6	2.0	16.8	5.9	22.4	2.2
County-Designed	327	42.2	30.6	1.5	18.0	5.8	26.8	2.2
Day Treatment	14	28.6	21.4	0.0	14.3	7.1	7.1	0.0
Home-Based Interventions	51	52.9	39.2	2.0	17.6	9.8	22.0	2.0
Intensive Family Therapy	75	41.3	33.3	2.7	13.3	5.3	20.0	0.0
Life Skills	97	53.6	43.3	2.1	17.5	2.1	22.1	4.2
Mental Health	53	45.3	24.5	3.8	9.4	3.8	13.2	0.0
Sexual Abuse Treatment	35	37.1	22.9	2.9	14.3	14.3	2.9	0.0
Special Economic Assistance	74	41.9	32.4	2.7	20.3	5.4	21.9	5.5
Substance Abuse Treatment	20	60.0	40.0	1.5	15.0	10.0	35.0	0.0

\*Sample size of 325 for county-designed services, 14 for day treatment, 50 for home-based services, 75 for intensive family therapy, 95 for life skills, 53 for mental health services, 35 for sexual abuse treatment, 73 for special economic assistance, 20 for substance abuse treatment, and 740 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 2021. County provided service episodes had a 51% subsequent referral rate, a 35% subsequent assessment rate, a 9% subsequent founded assessment rate, a 13% subsequent case rate, a 5% subsequent placement rate, a 1% subsequent DYS involvement rate and less than a 1% subsequent commitment rate. Purchased service episodes had a 49% subsequent referral rate, a 342% subsequent assessment rate, a 7% subsequent founded assessment rate, an 8% subsequent case rate, a 3% subsequent placement rate, a 2% subsequent DYS involvement rate and less than a 1% subsequent commitment rate.

Table 36: Percent of PA5 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2021

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	19,081	49.7	34.1	8.0	10.0	3.7	1.7	0.1
County Provided	7,369	51.2	35.0	9.1	12.7	4.5	1.2	0.1
Purchased	11,712	48.8	33.6	7.4	8.3	3.2	1.9	0.1

\*Sample size of 2,733 for county, 4,668 for purchased, and 7,401 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 2021.

- Sexual abuse treatment had the lowest subsequent referral rate, while day treatment had the lowest subsequent assessment, founded assessment, case, placement, and DYS involvement rates.
- Special economic assistance had the highest subsequent referral, assessment, founded assessment, case, and placement rates, intensive family therapy had the highest DYS involvement rate, and mental health services had the highest DYS commitment rate.

Table 37: Percent of PA5 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2021

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	19,081	49.7	34.1	8.0	10.0	3.7	1.7	0.1
County-Designed	7,690	48.1	32.4	8.0	9.8	3.0	1.6	0.0
Day Treatment	17	35.3	17.6	0.0	0.0	0.0	0.0	0.0
Home-Based Interventions	1,268	52.1	35.6	6.9	8.4	4.1	2.2	0.2
Intensive Family Therapy	1,718	49.7	37.0	7.6	8.3	3.2	2.6	0.0
Life Skills	2,336	51.6	35.8	8.9	10.9	4.8	1.6	0.1
Mental Health	1,756	49.5	30.8	5.0	6.8	1.8	1.2	0.4
Sexual Abuse Treatment	265	34.7	19.2	3.0	3.4	0.8	0.6	0.0
Special Economic Assistance	2,210	53.0	38.6	10.4	15.1	6.1	0.9	0.1
Substance Abuse Treatment	1,821	51.0	35.8	9.1	10.7	4.7	2.2	0.0
*Sample size of 2,881 for county-designed services, 11 for day treatment, 545 for home-based services, 835 for intensive family therapy, 824 for life skills, 749 for mental health services, 163 for sexual abuse treatment, 847 for special economic assistance, 546 for substance abuse treatment, and 7,401 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.								

County comparison on follow-up outcomes is only reported for PA5 because of lower county sample sizes for PA3 and PA4. Table 38 shows that, statewide, 50% of services episodes associated with PA5 designation had a subsequent referral, 34% had a subsequent assessment, 8% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 4% had a subsequent DYS involvement, and less than 1% had a subsequent DYS commitment.

Table 38: Percent of PA5 Service Episodes with Follow-up Events by County from Cases Closed in CY 2021

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Statewide	19,081	49.7	34.1	8.0	10.0	3.7	1.7	0.1
Adams	2,065	41.9	27.0	5.5	4.6	0.9	0.8	0.0
Alamosa	33	69.7	6.1	0.0	0.0	0.0	0.0	0.0
Arapahoe	650	52.2	32.9	8.0	12.9	4.8	1.4	0.0
Archuleta	25	8.0	8.0	0.0	8.0	0.0	0.0	0.0
Bent	30	83.3	23.3	0.0	0.0	0.0	0.0	0.0
Boulder	362	47.5	29.3	6.4	6.9	1.9	0.0	0.0
Broomfield	38	31.6	31.6	5.5	15.8	0.9	0.0	0.0

Table 38 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Chaffee	32	84.4	43.8	0.0	6.3	6.3	0.0	0.0
Clear Creek	8	37.5	37.5	0.0	25.0	0.0	0.0	0.0
Conejos	8	12.5	0.0	0.0	0.0	0.0	0.0	0.0
Costilla	43	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Crowley	52	3.8	1.9	0.0	0.0	0.0	0.0	0.0
Custer	2	100.0	100.0	0.0	100.0	0.0	0.0	0.0
Delta	139	28.8	23.0	10.1	1.4	1.4	0.0	0.0
Denver	934	50.4	35.9	7.5	9.1	3.5	0.0	0.0
Dolores	5	60.0	0.0	0.0	0.0	0.0	0.0	0.0
Douglas	282	44.3	21.6	7.1	5.7	0.0	0.0	0.0
Eagle	48	29.2	14.6	4.2	0.0	0.0	0.0	0.0
El Paso	7,550	48.8	36.8	10.5	10.2	4.3	2.6	0.0
Elbert	86	50.0	41.9	4.7	8.1	1.2	0.0	0.0
Fremont	749	47.3	27.4	2.8	10.0	0.0	0.0	0.0
Garfield	155	77.4	57.4	0.0	10.3	0.0	0.0	0.0
Gilpin	7	57.1	42.9	0.0	0.0	0.0	0.0	0.0
Gunnison/ Hinsdale	11	81.8	63.6	0.0	0.0	0.0	N/A	N/A
Huerfano	4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jefferson	765	52.2	35.2	3.0	2.5	1.0	2.6	0.0
Kit Carson	43	41.9	41.9	0.0	0.0	0.0	0.0	0.0
La Plata/San Juan	127	70.9	37.8	3.1	16.5	8.7	3.2	0.0
Lake	20	60.0	40.0	0.0	0.0	0.0	0.0	0.0
Larimer	1,194	58.5	36.3	6.7	17.8	4.6	1.0	0.0
Las Animas	10	90.0	60.0	20.0	20.0	20.0	0.0	0.0
Lincoln	28	42.9	14.3	7.1	0.0	0.0	0.0	0.0
Logan	60	53.3	26.7	3.3	13.3	3.3	26.1	26.1
Mesa	593	55.6	24.5	1.2	2.0	1.7	7.8	0.0
Moffat	16	68.8	68.8	12.5	0.0	0.0	0.0	0.0
Montezuma	38	57.9	44.7	13.2	5.3	5.3	0.0	0.0
Montrose	177	46.3	40.1	16.4	11.9	11.9	0.0	0.0
Morgan	98	36.7	18.4	5.1	6.1	3.1	0.0	0.0
Otero	26	15.4	7.7	3.8	7.7	7.7	0.0	0.0
Ouray/San Miguel	14	100.0	100.0	0.0	14.3	14.3	0.0	0.0
Park	34	17.6	0.0	0.0	0.0	0.0	0.0	0.0
Phillips	5	100.0	100.0	0.0	100.0	0.0	0.0	0.0
Pitkin	22	4.5	4.5	0.0	0.0	0.0	0.0	0.0
Prowers	9	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pueblo	947	59.6	44.6	14.8	35.3	13.0	0.0	0.0
Rio Blanco	32	18.8	18.8	3.1	3.1	0.0	0.0	0.0
Rio Grande/ Mineral	26	76.9	38.5	30.8	30.8	30.8	0.0	0.0
Routt	25	52.0	52.0	0.0	0.0	0.0	0.0	0.0
Saguache	6	33.3	0.0	0.0	0.0	0.0	0.0	0.0
Teller	129	34.9	26.4	5.4	0.0	0.0	0.0	0.0
Washington	13	23.1	15.4	0.0	15.4	7.7	0.0	0.0
Weld	1,263	53.4	34.3	7.7	5.1	3.2	0.5	0.0
Yuma	43	86.0	74.4	7.0	0.0	0.0	0.0	0.0

\* Baca, Cheyenne, Grand, Jackson, Kiowa, Sedgwick, and Summit 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 2022. 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 \$55,865,043 in CY 2022, which represents a 1.3% decrease from CY 2021. Fee-for-service contract costs were \$24,188,640 which comprised 43% of total expenditures. Fixed-rate contract costs were \$6,639,735, which comprised 12% of total expenditures. County provided services costs were \$25,036,668, which comprised 45% 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 2022 allocation was \$57,051,523 based on averaging SFY 2022 (\$56,484,676) and SFY 2023 (\$57,618,369) allocations. As such, total Core Services expenditures in CY 2022 were lower than the Core Services allocation.

Table 39: *Total Core Services Expenditures by Contract Type in CY 2022*

Contract Type	Total	Percent
Fee-for-Service Contracts	\$24,188,640	43.3
Fixed-Rate Contracts	\$6,639,735	11.9
County Provided Services	\$25,036,668	44.8
<b>Total Core Expenditures</b>	<b>\$55,865,043</b>	<b>100.0</b>

### 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 2022 was \$2,997 with an average service duration of 166 days. The average cost for all therapeutic service episodes (provided after adoption finalization) for a subsample of children/youth receiving an adoption subsidy ( $n = 186$ ) was \$3,315 with an average service duration of 172 days.

For therapeutic assessments/evaluations, the average cost per service episode was \$1,546 with an average service duration of 81 days, which represents an increase of 21.7% or \$276 in average cost per service episode from CY 2021, and an increase of 12.5% or 9 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$3,158 with an average service duration of 176 days, which represents an increase of 14.8% or \$407 in average cost per service episode from CY 2021, and an increase of 2.9% or 5 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 2022

Service Category	Sample Size	Average Cost per Episode	Average Service Duration
Therapeutic Assessments/Evaluations	782	\$1,546	81
Therapeutic Interventions	7,026	\$3,158	176
All Therapeutic Services	7,808	\$2,997	166

The next set of tables show 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 \$1,235 and an average cost per service episode for therapeutic interventions of \$2,934. Service episodes with a return home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$1,752 and an average cost per service episode for therapeutic interventions of \$3,236.

Table 41: Average Cost per Service Episode and Average Service Duration (in days) by Service Goal for Service Episodes Closed in CY 2022

Service Goal	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	782	\$1,546	81	7,026	\$3,158	176
Least Restrictive Setting	8	\$1,108	103	133	\$5,395	178
Remain Home	301	\$1,235	63	2,763	\$2,934	154
Return Home	473	\$1,752	93	4,130	\$3,236	190

As displayed in Table 42, service episodes with a PA3 designation had an average cost per service episode for therapeutic assessments/evaluations of \$625, and an average cost per service episode for therapeutic interventions of \$2,851. 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 \$1,806, and an average cost per service episode for therapeutic interventions of \$5,241. Service episodes with a PA5 designation had an average cost per service episode for therapeutic assessments/evaluations of \$1,568, and an average cost per service episode for therapeutic interventions of \$2,996. Service episodes with a PA6 designation had an average cost per service episode for therapeutic assessments/evaluations of \$1,481, and an average cost per service episode for therapeutic interventions of \$3,102.

Table 42: Average Cost per Service Episode and Average Service Duration (in days) by Program Area for Service Episodes Closed in CY 2022

Program Area	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	782	\$1,546	81	7,026	\$3,158	176
PA3 Services	27	\$625	24	684	\$2,851	129
PA4 Cases	39	\$1,806	61	544	\$5,241	211
PA5 Cases	709	\$1,568	84	5,635	\$2,996	179
PA6 Cases	7	\$1,481	101	163	\$3,102	164

Table 43 shows that sexual abuse treatment had the lowest average cost per service episode for therapeutic assessments/evaluations at \$872 followed by substance abuse treatment at \$876. Home-based interventions had the highest average cost per service episode at \$3,799 for therapeutic assessments/evaluations followed by life skills at \$2,630. For therapeutic interventions, substance abuse treatment had the lowest average cost per episode at \$811 followed by intensive family therapy at \$1,361. Day treatment had the highest average cost per episode for therapeutic interventions at \$21,474 followed by home-based interventions at \$4,387. 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 2022*

Service Type	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	782	\$1,546	81	7,026	\$3,158	176
County-Designed	499	\$1,346	71	2,594	\$3,796	168
Day Treatment	--	--	--	20	\$21,474	372
Home-Based Interventions	21	\$3,799	122	667	\$4,387	161
Intensive Family Therapy	4	\$1,131	41	292	\$1,361	241
Life Skills	36	\$2,630	105	1,333	\$3,528	190
Mental Health	132	\$2,120	105	1,033	\$2,213	155
Sexual Abuse Treatment	37	\$872	59	255	\$3,621	227
Substance Abuse Treatment	53	\$876	73	832	\$811	173

Table 44 shows the average cost per service episode and average service duration by county for all therapeutic services closed in CY 2022. 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 2022 by County*

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Statewide	\$2,997	166	7,808
Adams	\$2,571	140	1,031
Alamosa	\$4,656	180	52
Arapahoe	\$3,365	191	228
Archuleta	\$13,121	139	27
Bent	\$2,264	61	12
Boulder	\$3,724	314	169
Broomfield	\$2,783	194	84
Chaffee	\$4,356	70	3
Cheyenne	\$2,552	170	2
Clear Creek	\$9,976	190	9
Conejos	\$2,407	129	20
Costilla	\$7,652	284	6
Crowley	\$3,197	195	39
Delta	\$2,395	289	137
Denver	\$4,620	186	636
Douglas	\$5,098	196	127
Eagle	\$2,213	211	51

Table 44 (continued)

County*	Average Cost Per Episode	Average Service Duration	Sample Size
El Paso	\$2,221	166	1,778
Elbert	\$5,810	204	17
Fremont	\$3,094	200	44
Garfield	\$3,158	180	34
Gilpin	\$1,717	112	10
Grand	\$2,676	204	12
Gunnison/Hinsdale	\$961	116	4
Huerfano	\$2,456	15	2
Jackson	\$679	114	4
Jefferson	\$2,083	141	918
Kiowa	\$5,125	283	3
Kit Carson	\$4,443	164	8
La Plata/San Juan	\$2,150	337	5
Lake	\$4,031	187	4
Larimer	\$3,973	143	542
Las Animas	\$1,697	78	9
Lincoln	\$6,489	205	35
Logan	\$5,752	239	48
Mesa	\$2,424	224	319
Moffat	\$2,980	158	28
Montezuma	\$4,973	242	27
Montrose	\$2,759	229	122
Morgan	\$4,013	193	34
Otero	\$4,541	177	20
Park	\$3,218	148	11
Philips	\$690	119	1
Pitkin	\$1,254	115	31
Prowers	\$910	83	1
Pueblo	\$1,839	119	186
Rio Blanco	\$2,237	214	6
Rio Grande/Mineral	\$5,802	197	18
Routt	\$2,240	115	24
Saguache	\$9,221	214	7
Summit	\$12,018	467	5
Teller	\$1,391	96	63
Washington	\$5,047	201	20
Weld	\$3,471	130	756
Yuma	\$2,307	186	19

\* Baca, Custer, Dolores, Ouray/San Miguel, 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 calendar 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 2022 was \$2,649 based on total expenditures of \$55,865,043 and 21,092 clients served. This represents an increase of 13.8% or an additional \$322 in average cost per client from CY 2021.

Table 45: Average Cost per Client by County in CY 2022

County*	Expenditures	Clients Served**	Average Cost per Client
Statewide	\$55,865,043	21,092	\$2,649
Adams	\$5,807,086	2,404	\$2,416
Alamosa	\$334,211	115	\$2,906
Arapahoe	\$4,176,063	1522	\$2,744
Archuleta	\$245,857	62	\$3,965
Bent	\$53,126	14	\$3,795
Boulder	\$1,682,492	1,203	\$1,399
Broomfield	\$298,637	100	\$2,986
Chaffee	\$303,689	47	\$6,461
Cheyenne	\$792	6	\$132
Clear Creek	\$255,347	43	\$5,938
Conejos	\$111,816	47	\$2,379
Costilla	\$154,226	60	\$2,570
Crowley	\$284,756	86	\$3,311
Delta	\$783,029	351	\$2,231
Denver	\$8,138,429	1,867	\$4,359
Douglas	\$1,165,461	499	\$2,336
Eagle	\$329,164	77	\$4,275
El Paso	\$6,039,405	3,161	\$1,911
Elbert	\$129,976	81	\$1,605
Fremont	\$1,155,986	395	\$2,927
Garfield	\$523,902	259	\$2,023
Gilpin	\$17,615	13	\$1,355
Grand	\$74,716	36	\$2,075
Gunnison/Hinsdale	\$174,821	47	\$3,720
Huerfano	\$136,893	43	\$3,184
Jackson	\$21,735	7	\$3,105
Jefferson	\$4,452,617	1,164	\$3,825
Kiowa	\$14,063	10	\$1,406
Kit Carson	\$79,203	87	\$910
La Plata/San Juan	\$474,417	173	\$2,742
Lake	\$77,060	17	\$4,533
Larimer	\$4,877,879	2,267	\$2,152
Las Animas	\$245,354	55	\$4,461
Lincoln	\$147,283	55	\$2,678
Logan	\$636,431	163	\$3,904
Mesa	\$1,739,463	561	\$3,101
Moffat	\$93,609	66	\$1,418
Montezuma	\$397,445	63	\$6,309
Montrose	\$938,284	400	\$2,346
Morgan	\$578,323	165	\$3,505
Otero	\$215,819	52	\$4,150
Ouray/San Miguel	\$11,536	17	\$679
Park	\$182,807	71	\$2,575
Phillips	\$8,404	12	\$700
Pitkin	\$55,291	51	\$1,084
Prowers	\$240,062	22	\$10,912
Pueblo	\$2,137,462	866	\$2,468
Rio Blanco	\$36,115	23	\$1,570
Rio Grande/Mineral	\$177,903	85	\$2,093
Routt	\$81,252	55	\$1,477
Saguache	\$68,139	26	\$2,621
Summit	\$78,212	25	\$3,128
Teller	\$404,368	162	\$2,496
Washington	\$170,230	39	\$4,365

Table 45 (continued)

County*	Expenditures	Clients Served**	Average Cost per Client
Weld	\$4,797,893	1,739	\$2,759
Yuma	\$48,889	49	\$998
*Baca, Custer, and Sedgwick County had no eligible clients for this analysis. Dolores had clients served in CY 2022, but had no closed episodes, and thus no recorded expenditures. **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 calendar 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 2022 was \$4,249 based on total expenditures of \$55,865,043 and 13,148 children/youth receiving or benefitting from Core Services. This represents an increase of 13.7% or an additional \$511 in average cost per child/youth receiving or benefitting from Core Services from CY 2021.

Table 46: Average Cost per Child/Youth by County in CY 2022

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
<b>Statewide</b>	<b>\$55,865,043</b>	<b>13,148</b>	<b>\$4,249</b>
Adams	\$5,807,086	1,298	\$4,474
Alamosa	\$334,211	75	\$4,456
Arapahoe	\$4,176,063	1,326	\$3,149
Archuleta	\$245,857	37	\$6,645
Bent	\$53,126	9	\$5,903
Boulder	\$1,682,492	801	\$2,100
Broomfield	\$298,637	55	\$5,430
Chaffee	\$303,689	41	\$7,407
Cheyenne	\$792	2	\$396
Clear Creek	\$255,347	24	\$10,639
Conejos	\$111,816	41	\$2,727
Costilla	\$154,226	57	\$2,706
Crowley	\$284,756	51	\$5,583
Delta	\$783,029	179	\$4,374
Denver	\$8,138,429	1,190	\$6,839
Douglas	\$1,165,461	309	\$3,772
Eagle	\$329,164	57	\$5,775
El Paso	\$6,039,405	1,712	\$3,528
Elbert	\$129,976	60	\$2,166
Fremont	\$1,155,986	220	\$5,254
Garfield	\$523,902	179	\$2,927
Gilpin	\$17,615	8	\$2,202
Grand	\$74,716	27	\$2,767
Gunnison/Hinsdale	\$174,821	24	\$7,284
Huerfano	\$136,893	30	\$4,563
Jackson	\$21,735	7	\$3,105
Jefferson	\$4,452,617	827	\$5,384
Kiowa	\$14,063	4	\$3,516
Kit Carson	\$79,203	41	\$1,932
La Plata/San Juan	\$474,417	149	\$3,184
Lake	\$77,060	17	\$4,533
Larimer	\$4,877,879	1,204	\$4,051

Table 46 (continued)

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Las Animas	\$245,354	42	\$5,842
Lincoln	\$147,283	35	\$4,208
Logan	\$636,431	76	\$8,374
Mesa	\$1,739,463	387	\$4,495
Moffat	\$93,609	45	\$2,080
Montezuma	\$397,445	63	\$6,309
Montrose	\$938,284	176	\$5,331
Morgan	\$578,323	89	\$6,498
Otero	\$215,819	36	\$5,995
Ouray/San Miguel	\$11,536	17	\$679
Park	\$182,807	36	\$5,078
Phillips	\$8,404	7	\$1,201
Pitkin	\$55,291	29	\$1,907
Prowers	\$240,062	13	\$18,466
Pueblo	\$2,137,462	534	\$4,003
Rio Blanco	\$36,115	11	\$3,283
Rio Grande/Mineral	\$177,903	54	\$3,295
Routt	\$81,252	28	\$2,902
Saguache	\$68,139	15	\$4,543
Summit	\$78,212	19	\$4,116
Teller	\$404,368	80	\$5,055
Washington	\$170,230	23	\$7,401
Weld	\$4,797,893	1,214	\$3,952
Yuma	\$48,889	51	\$959
*Baca, Custer, and Sedgwick County had no eligible children/youth receiving or benefitting for this analysis. Dolores had children/youth benefitting/receiving services in CY 2022, but had no closed episodes, and thus no recorded expenditures.			
**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 accounts for 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 237 involved days in CY 2022, which is an increase of 3.9% from CY 2021.
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 \$28 million on out-of-home placements in CY 2022.

Based on actual Core Services and OOH expenditures of \$135,824,364 and an estimated OOH cost of \$163,955,117 an additional **\$28,130,753** would have been spent by county agencies statewide in CY 2022 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional \$9.07 per child/youth per involved day and represents a cost offset ratio of .21 statewide. Thus, for every \$1.00 spent on Core Services an additional \$.21 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 2022.

Table 47: *Estimated Core Services Cost Offset by County for CY 2022*

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	309,553	\$45.78	\$40.30	\$5.48	\$1,697,766	0.14
Alamosa	19,608	\$82.69	\$62.68	\$20.01	\$392,272	0.32
Arapahoe	282,252	\$43.04	\$37.71	\$5.33	\$1,505,366	0.14
Archuleta	7,174	\$53.33	\$50.50	\$2.83	\$20,271	0.06
Bent	2,135	\$22.88	\$24.88	-\$2.00	-\$4,274	-0.08
Boulder	230,688	\$57.41	\$17.31	\$40.10	\$9,250,227	2.32
Broomfield	11,027	\$61.92	\$48.83	\$13.09	\$144,342	0.27
Chaffee	11,799	\$51.55	\$41.95	\$9.60	\$113,236	0.23
Cheyenne	187	\$0.00	\$4.24	-\$4.24	-\$792	-1.00
Clear Creek	4,861	\$57.77	\$87.17	-\$29.40	-\$142,921	-0.34
Conejos	11,520	\$33.79	\$20.49	\$13.29	\$153,151	0.65
Costilla	18,044	\$70.56	\$39.85	\$30.71	\$554,104	0.77
Crowley	12,065	\$94.06	\$62.51	\$31.55	\$380,627	0.50
Delta	41,413	\$86.97	\$73.21	\$13.76	\$569,747	0.19
Denver	317,228	\$48.48	\$54.70	-\$6.22	-\$1,973,461	-0.11
Douglas	82,856	\$53.31	\$32.08	\$21.23	\$1,759,134	0.66
Eagle	13,798	\$100.91	\$27.67	\$73.24	\$1,010,517	2.65
El Paso	432,699	\$61.65	\$56.09	\$5.55	\$2,403,408	0.10
Elbert	20,182	\$151.50	\$29.76	\$121.74	\$2,457,031	4.09
Fremont	41,221	\$62.55	\$54.59	\$7.97	\$328,333	0.15
Garfield	35,878	\$50.60	\$26.16	\$24.44	\$876,761	0.93
Gilpin	1,746	\$37.82	\$35.21	\$2.60	\$4,545	0.07
Grand	6,253	\$114.00	\$47.63	\$66.37	\$415,028	1.39
Gunnison/ Hinsdale	6,773	\$43.00	\$27.96	\$15.04	\$101,874	0.54
Huerfano	2,,548	\$51.73	\$104.84	-\$53.11	-\$135,326	-0.51
Jackson	1358	\$0.00	\$16.01	-\$16.01	-\$21,735	-1.00
Jefferson	170,148	\$52.02	\$54.38	-\$2.36	-\$401,921	-0.04
Kiowa	442	\$11.11	\$31.82	-\$20.70	-\$9,151	-0.65

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
Kit Carson	10,257	\$49.36	\$27.02	\$22.35	\$229,211	0.83
La Plata/ San Juan	30,595	\$40.08	\$20.72	\$19.36	\$592,471	0.93
Lake	4,499	\$0.00	\$17.13	-\$17.13	-\$77,060	-1.00
Larimer	241,109	\$35.38	\$33.99	\$1.39	\$335,955	0.04
Las Animas	6,674	\$65.74	\$77.05	-\$11.31	-\$75,475	-0.15
Lincoln	8,582	\$95.99	\$45.41	\$50.59	\$434,144	1.11
Logan	22,433	\$94.31	\$96.99	-\$2.67	-\$60,003	-0.03
Mesa	98,205	\$77.69	\$66.03	\$11.66	\$1,145,386	0.18
Moffat	10,089	\$11.01	\$13.31	-\$2.30	-\$23,203	-0.17
Montezuma	12,958	\$80.35	\$73.90	\$6.45	\$83,545	0.09
Montrose	46,956	\$72.42	\$58.69	\$13.73	\$644,650	0.23
Morgan	21,299	\$44.85	\$46.67	-\$1.82	-\$38,839	-0.04
Otero	9,942	\$73.06	\$66.94	\$6.12	\$60,861	0.09
Ouray/ San Miguel	5,649	\$88.76	\$30.89	\$57.87	\$326,891	1.87
Park	10,222	\$85.13	\$55.66	\$29.48	\$301,322	0.53
Phillips	2,055	\$0.00	\$4.09	-\$4.09	-\$8,404	-1.00
Pitkin	3,626	\$16.89	\$17.85	-\$0.96	-\$3,494	-0.05
Prowers	2,939	\$54.47	\$103.50	-\$49.04	-\$144,123	-0.47
Pueblo	104,609	\$48.79	\$45.49	\$3.31	\$345,767	0.07
Rio Blanco	4,015	\$69.68	\$22.90	\$46.79	\$187,842	2.04
Rio Grande/ Mineral	12,510	\$56.99	\$61.27	-\$4.28	-\$53,545	-0.07
Routt	5,029	\$74.37	\$44.23	\$30.15	\$151,602	0.68
Saguache	4,543	\$83.41	\$69.01	\$14.40	\$65,420	0.21
Summit	4,531	\$85.93	\$24.18	\$61.74	\$279,764	2.55
Teller	16,151	\$57.09	\$56.45	\$0.64	\$10,360	0.01
Washington	5,623	\$38.87	\$62.32	-\$23.46	-\$131,890	-0.38
Weld	293,462	\$37.77	\$31.78	\$5.99	\$1,757,116	0.19
Yuma	6,334	\$68.60	\$13.92	\$54.68	\$346,320	3.93
* Baca, Custer, and Sedgwick County had no eligible service episodes for this analysis. Dolores had service episodes in CY 2022, but had no closed episodes, and thus no recorded expenditures.						

## 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 service availability, capacity, and accessibility barriers, workforce challenges and opportunities, Diversity, Equity, Inclusion, and Justice (DEIJ) efforts, Core Services funding strategies, and the 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, 55% 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. Although this represents a slight increase from CY 2021, there is an overall seven-

year downward trend from a high of 75% in CY 2015. Furthermore, 88% 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, 79% reported that day treatment is not currently available, followed by sexual abuse treatment (53%), substance abuse treatment (43%), intensive family therapy (38%), home-based interventions (34%), trauma-informed services (32%), life skills (26%), mental health services (9%), special economic assistance (9%), and county-designed services (9%), including High Fidelity Wraparound and pre-sentencing domestic violence services. Lastly, there is a persistent need for more evidence-based services, especially in rural and frontier counties, as illustrated by this coordinator quote: “Core dollars are used for providers that are providing evidence-based treatment and who can respond to the individual needs of children and families... [with] nontraditional, trauma-informed treatment modalities for a wide range of ages, developmental needs, and complicated family circumstances.”

Most coordinators identified their community partnerships as the primary tool to address availability concerns for Core Services. Counties reported ongoing recruitment and onboarding of providers to quickly address families’ needs. At times, recruitment efforts move beyond county lines or direct service areas, as some communities do not have providers offering the services needed. Counties also engaged in peer learning regarding service availability strategies.

“We examine each barrier we encounter on a case-by-case basis and involve our partners in a collaborative process to work through each issue.”

Only 38% 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 continues a seven-year downward trend from a high of 73% in CY 2015. Furthermore, 40% reported that not all services were available at an adequate capacity. Of the counties that agreed or strongly agreed that capacity was inadequate, 96% reported that substance abuse treatment were at inadequate capacity, followed by mental health services (79%), home-based interventions (63%), day treatment (63%), sexual abuse treatment (50%), trauma-informed services (50%), intensive family therapy (46%), life skills (38%), county-designed services (25%) including MST, FFT, family engagement meetings, supervised and therapeutic visitation, coaching, and culturally competent services, and special economic assistance (13%). Specifically, inadequate staffing, clinician turnover, and limited bilingual staff impacts the capacity of these Core Services at the county-level.

“We have been allowing some rates to be increased, and continue to work with our array of providers on prioritizing our high-risk population and working on ways to incentivize bi-lingual, bi-cultural providers.”

Counties found creative ways to connect and keep track of provider and service capacity in their communities. For example, one coordinator shared that the “Core Services Administrator maintains a live Google Sheet listing all providers, insurance accepted, specialty, and availability. With this document, we are able to see when our providers are reaching capacity and our possibly needing to research additional providers in specific services areas.” Other coordinators noted that their provider

relationships go beyond referrals. Many counties explained that they have regular meetings with their partners to discuss community needs, resources, and service capacity, and attend and organize community events to meet new providers and become aware of community-based services with enhanced capacity.

When asked about service accessibility, 28% 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, 88% reported that there are barriers to accessing substance abuse treatment, followed by sexual abuse treatment, (76%), day treatment (76%), mental health services (65%), home-based interventions (41%), trauma-informed services (41%), intensive family therapy (35%), life skills (29%), special economic assistance (12%), and county-designed services (12%) including supervised parenting.

Of the counties that reported barriers to service accessibility, the most frequently indicated barriers were clinician/therapist turnover (88%), transportation (82%), lack of bilingual providers (71%), family engagement (47%), Medicaid coverage (41%), service costs (29%), and other barriers (35%) including intensive treatment needs,

lack of Sexual Offender Management Board (SOMB) assessments, limited mentors for families needing assistance, and diminished after hours staff coverage.

To increase the accessibility of Core Services, counties employed a variety of strategies. Given that some providers and services are not available near every family, the most often mentioned accessibility solution was transportation support. For example, county staff, as well as providers, offered transportation to families, and gas vouchers when families had to drive long distances to reach a provider. Counties also utilized virtual services when possible and encouraged their providers to offer in-home and in-school services. Multiple coordinators reported that they require translation services and bilingual providers to better serve their families. These counties engaged in active recruitment of bilingual providers or utilized phone translation services to ensure that families had sufficient access.

## 5.2. Workforce

The next section of the FPC Report asked coordinators to reflect on the staffing and retention challenges for their external Core Services providers and internal staff providing Core Services. Counties reported that hiring, contextual and financial factors, intensity, complexity, and expectations of the work, workload, and impacts on clients contributed to challenges in retaining and building staff.

**Hiring:** Numerous coordinators reported that external providers have both fewer and under-qualified applicants for open positions. Counties have noticed a trend of hiring more entry-level workers than experienced professionals. Some reported having the same positions posted and re-posted for half a year without any interested applicants. Specifically, coordinators reported staffing shortages in early childhood mental health, intensive family therapy, and neuropsychological evaluations. Staffing difficulties are even more challenging when trying to fill vacant positions for bilingual service providers. Additionally, hiring for external staff is impacted by the lower pay and benefits when working for non-profits and agencies that rely on lower Medicaid reimbursement rates.

Coordinators reported contrasting information about internal staffing challenges. For example, one noted that their internal recruitment has been successful, while another coordinator reported that “We have no internal staff providing Core Services since our allocation is too low to hire a staff person for part-time or full-time service delivery.” One coordinator reported that current funding prevents them from hiring the number of caseworkers needed to meet the needs of the population. Another stated that their funding makes it challenging to hire at competitive rates compared to surrounding areas and counties. It also was reported that hiring is even more of a challenge when the position is part-time as opposed to full-time. However, several coordinators noted that, despite the difficulty in hiring and retaining new staff, many employees who reach a certain tenure tend to stay with the county “for years to come” either as full-time staff or even as a seasonal worker.

**Contextual and Financial Factors:** Numerous coordinators reported that geography, inadequate housing, a lack of daycare providers, and high cost of living were substantial contributing factors in staffing and retention challenges. For example, despite advertising vacant positions statewide, rural and frontier counties rarely receive applicants from outside of their region due to the difficulty of relocating. Specifically, these counties identified the inadequate housing market as the reason for a lack of qualified and interested candidates for their open positions. The high costs of living in these communities is compounded by low Medicaid reimbursement rates, which are deemed inadequate and insufficient for providers. Coordinators report that this leads to providers living further from the service area, which can create a lack of consistent service delivery.

“Citizens have voiced that it is difficult to make a decent wage in the community. There are not many daycare providers and the cost of living is high in general. Staffing and retention is difficult due to all of the barriers mentioned.”

Salary was another frequently reported factor contributing to staffing and retention challenges. Some counties observed how some providers will obtain “foundational work experience” in their county before moving to the Front Range to secure higher pay. Other providers use master-level interns, but have encountered the same issue where the intern will leave upon completing all of their hours in favor of higher pay in the Denver Metro area. Some Core Service providers tend to be from non-profits, which can equate to lower salaries when compared to for-profit providers. Counties reported that this makes it difficult to hire more knowledgeable and competent staff. Counties have heard from contracted providers about their difficulties in hiring staff that require them to be in family homes when that same clinician can be paid more working for a company that offers telehealth services. The cost of rent and high insurance premiums were reported to be additional barriers to hiring and retaining providers, especially in rural and frontier areas. Sufficient funding for external providers to be certified in new services was reported to be another barrier.

Some coordinators reported that county locale was a barrier for staffing and retaining employees. For example, some counties were described as a “provider desert” with an insufficient number of qualified individuals residing in the area to fulfill state requirements for staffing and/or the provision of Core Services. Other counties have families and clients who reside in mountainous and rural areas, which can make travel difficult for both families and staff. Another county’s sole mental health therapist recently resigned, which resulted in all services becoming virtual as the next closest mental health center is nearly an hour away and over a mountain pass. Counties that are geographically isolated, have a perceived “lack of quality of life” and social activities, which often leads to younger professionals moving out of the area.

**Intensity, Complexity, and Expectations of the Work:** Several coordinators reported that the complexity of child welfare cases is a deterrent to staff retention. For example, they have observed clients having increased mental health needs, which can require more intensive services. This requires providers to have a sufficient working knowledge of the child welfare system and experience working with clients who present with complex and multifaceted needs. Providers are also expected to consult and collaborate with other treatment providers working on the same case to ensure a continuity of care. As a result, external providers are reporting constant turnover at the clinician level, with “fewer people wanting to do frontline work.”

“In regard to the internal staff, it is hard for our families to be open and honest about their struggles or areas for improvement when the individual that is attempting to provide a service like life skills teachings is also their caseworker.”

Coordinators also reported that hiring staff, particularly bilingual candidates, with the necessary qualifications, certifications, licensure, or level of education is a staffing and retention barrier. In response, some provider agencies use bachelor-level staff or master’s-level interns to address gaps in services (e.g., providing services that were previously offered by licensed master’s-level staff). The reported downside to this approach is that it does not provide “the depth of knowledge needed to address the complexities of DHS children, youth and families.”

Dual roles and being overextended were mentioned by numerous coordinators as being barriers to staff retention. Some coordinators mentioned that holding dual roles and encountering conflicts of interest is common among smaller teams. One coordinator shared how challenging it is for generalist caseworkers to “report outside of their casework responsibilities.”

Coordinators also shared that unrealistic provider expectations was a barrier for staff retention. For example, when counties are attempting to retain an Intensive Family Therapist, they found that newer recruits may no longer be interested in that modality. One county had to collaborate with a local agency in order to co-support an in-home therapist because it had taken them eight months to fill the role. Other coordinators reported general difficulties in finding providers that would like to work with clients in person as opposed to telehealth.

**Workload:** Coordinators frequently mentioned that burnout and caseload size are significant challenges for staffing and retention. For example, some counties have providers who are at maximum capacity and, therefore, unable to provide the needed level of intervention for their population. Some coordinators reported how clinicians

in their communities are unable to accommodate more intensive care that their clients might require, such as seeing a therapist more than once a week. When resources are lacking in a region, carrying a full caseload and traveling long distances to see clients also may contribute to burnout. Caseworkers often are asked to manage a full caseload and differing job duties “that spread across child welfare services.”

For some counties, a shortage of staff for both contracted service providers and internal Core Services staff has resulted in long waitlists for families. For those with increasing waitlists, the ability to take on new referrals can decrease or become nonexistent. Coordinators observe that this adds pressure on the remaining staff to manage higher-acuity cases in their community. For some counties, the shortage of staff and services has led to delays in detention releases for youth who need services to help mitigate safety risks and provide support for their caregivers as they re-enter the community.

**Impacts on Clients:** Coordinators reported that challenges with staffing and retention have had noticeable negative impacts on Core Services clients. For example, some agencies that are short-staffed may be able to complete evaluations but cannot offer in-home services or therapeutic visitations. For regions in which clinicians need to drive extensively, services are commonly offered virtually as an alternative. In those circumstances, some families and clients have found the format of telehealth to be unsuitable. In counties where services are offered in person, some families must travel upwards of 100 miles roundtrip for appointments, which can inhibit service engagement. For counties with a shortage of therapists, clients can sometimes go multiple weeks in between therapy sessions. Lastly, when there are services, but clinicians are frequently resigning, clients have to start all over again with a new provider and potentially “relive the trauma they have experienced with each new therapist,” as they restart the process of building rapport and engagement.

Coordinators also were asked to share strategies for addressing staffing and retention challenges for the Core Services workforce in their communities. Counties reported various approaches to building and retaining staff including financial incentives, work setting flexibility, workload support, and community supports and collaboration.

**Financial Incentives.** Numerous counties reported offering substantial salary increases, enhanced full benefits, retention bonuses, and on-call pay to staff in an effort to improve retention. Some counties have advertised and have endorsed Core Services casework positions to be eligible for promotions, which come with increases in pay. Other counties are providing pay differentials or higher reimbursement rates for bilingual/bicultural staff and services, respectively. Several counties have leveraged internal recruitment, as county pay and benefits are seen as “more attractive” than local agencies and non-profits that typically rely on lower Medicaid rates reimbursements. Counties reported paying for staff’s clinical supervision, credentialing, and advanced training opportunities to help with retention. For example, one county employs a “Human Resource System” to help with providing and allowing more training opportunities outside of state-offered trainings to “ensure staff are continuously learning and gaining skills to assist them.”

For external Core Services providers, increases in contract rates have allowed for more competitive salaries to recruit and retain qualified staff. Smaller counties report being unable to negotiate lower reimbursement rates due to the smaller size of the population, and therefore are able to pay providers adequately. Counties have observed barriers for external contracting to be costly insurance coverage premiums. As such, some counties have taken to helping cover the costs of insurance premiums for providers upon the execution of contracts. Coordinators also report adjusting rates to “incorporate the cost of doing business” and help offset no-show appointments, travel, and administrative time.

“For external contractors we are really looking at pay rates, our barriers to contracting including high insurance coverages, especially if there is no guarantee of work or amount of referrals for some.”

**Work Setting Flexibility.** Counties have employed retention strategies to increase flexibility in work schedules and settings. For example, multiple coordinators noted allowing remote work, offering flexible workdays, and

moving to 4-day work weeks. To avoid losing staff because of transportation costs, some counties reported utilizing more virtual service options. One coordinator shared how they allow inter-department transitions to fill vacancies for caseworkers interested in serving different roles. Several counties set their staff up for success by hiring them into positions for which they have the skillset, even if they have less professional experience in that role. Coordinators noted how this approach helps staff feel as if they are “valued and are growing professionally,” therefore helping with retention.

“Having a neutral third party to provide skill teachings to families and individuals in need that is not that individuals or families caseworker will give clients a sense of comfort to be able to open up and be honest regarding their struggles or areas that need growth.”

**Workload Support.** Coordinators shared numerous strategies for providing workload support. Some counties limit the number of cases internal treatment providers can have. Several counties reported hiring part-time case aids to help “take some duties off the caseworkers’ plates.” Other counties ensure that staff remain within their scope of practice and provide services for which they are specifically qualified. To help concerns about dual roles, some counties hire for roles that effectively reduce the responsibilities of some staff. For external provider workload support, one county implemented an “in-house family time program” to help with the increased need for supervised visitation after observing that many

of their providers were limited in availability and capacity. Other counties have staff accompany contractors on potentially challenging client visits to provide workload support.

In addition to providing practical support, counties reported strategies to help mitigate the challenges faced by staff who may need to travel extensively to provide services. For example, telehealth has been used extensively as a treatment modality. Other counties reported agreeing to higher rates with those providers who live over 100 miles away and drive to see clients in person.

Communication was reported to be another focal point for which retention strategies have been employed. For example, in instances of conflict of interest and dual roles, counties have worked to improve communication amongst staff to ensure that families are receiving services from a neutral provider. Relatedly, other counties endorsed meeting frequently as staff, having scheduled telephone calls to discuss clients’ progression, regularly debriefing challenging situations, and employing team-building exercises. Numerous counties also reported implementing retention strategies to support staff well-being. Specifically, they offer Employee Assistance Program (EAP) services to support staff impacted by secondary trauma. Other counties have focused on self-care strategies for their staff.

**Community Supports and Collaboration.** Counties reported how they rely on supports and collaborations within their community to help mitigate burnout and improve staff retention. For example, some counties partner with local mental health centers to address gaps in well-being services for staff. Coordinators shared that they rely on community resources to help with staffing, including collaborations with local universities for hosting job fairs, establishing internship programs, and recruiting new graduates. For counties with internship programs, they attempt to have one-year commitments from students in order to help them develop their skills while simultaneously addressing staffing needs.

### 5.3. Diversity, Equity, Inclusion, and Justice

Coordinators were asked to reflect on how their counties integrated principles of diversity, equity, inclusion, and justice (DEIJ) into the Core Services Program. There was an overwhelming sentiment that the primary goal was to treat the community equally and meet the needs of families in the county. Many coordinators stated that they worked with families on a “case-by-case” basis or treated each family individually. A few counties stated that the size, demographics, or region of their county did not necessitate tracking practice that integrates DEIJ principles or they did not have the current capacity to do so.

However, several counties are taking action to implement DEIJ practices. These coordinators stated that their approach was to implement training for staff members “to build awareness and skills related to diversity, equity, inclusion, and justice.” Counties shared that they either recommend or require trainings, while others have ongoing trainings to maintain an understanding of DEIJ principles. Along with trainings, many counties stated that they engage in formal and informal discussions of concepts of DEIJ. Within the context of Core Services, these discussions occur within team meetings, during supervision, and with service providers. Several coordinators highlighted that these discussions were consistent and ongoing. Some counties are dedicating staff to support DEIJ efforts, establish trainings, develop procedures, and evaluate practice. Other counties are making efforts to recruit employees with diverse identities, and “to recruit providers that can meet the unique needs of our families.”

“Currently, we are looking at our county data regarding equity and diversity in all aspects of our practice. We are trying to ensure that we are not overrepresenting families of color in our assessments, placemats, cases, and juvenile justice programs. We are trying to work harder to utilize Core to keep children in the home and being really critical of our practice as it relates to families of color.”

Several coordinators stated that they were contracting with providers that are better suited to adequately meet the needs of diverse populations. This included recruiting diverse providers as well as outsourcing services to community organizations who know that population. For example, some counties work with organizations specializing in Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+) youth, or agencies with expertise in cultural competency with Spanish-speaking families. Most notably, coordinators shared the understanding that providing families with care that is sensitive to their circumstances and culture is critical to the success of the Core Services Program. Several coordinators also stated that their goal was to broaden access by conducting outreach to enhance the integration of DEIJ into Core Services.

Another strategy that coordinators shared was implementing evaluations to understand the needs of the community in relation to service inequality and outcome disparity. Some counties use data to understand disproportionality, barriers to service for families and providers, and equitable service allocation. One county is working with their agency partners “to collect and share data related to the populations we serve and identify the areas in which we must make improvements.” Additionally, coordinators reported integrating family voice, community feedback, and providers’ perspectives into their DEIJ evaluations. Resulting from these evaluations, some counties are creating action plans, tackling barriers to success, and practicing forward thinking about DEIJ.

Multiple counties are working to address language access barriers. These counties are working to improve translation and bilingual providers so that those speaking languages other than English are able to equitably access services. One coordinator shared that “[they] are beginning a Spanish Interpreter Network that can be utilized by community agencies to improve language access.” Some coordinators are utilizing trainings for bilingual staff to become interpreters, while another “is committed to translating all internal documents that may be provided to the community and flagging all external documents that may need to be translated and advocating to the appropriate people that those documents be translated appropriately for community members.” Other coordinators shared barriers to integrating DEIJ into their Core Services delivery including challenges recruiting diverse providers, limited funding, lack of diversity in the community, and insufficient staffing capacity.

“We have integrated discussions into our quarterly/tri-annual meetings with providers regarding cultural competency and the importance of having a workforce that is integrating DEI values into their daily work. We continue to work to expand the agencies with whom we work who are owned and operated by the BIPOC and LGBTQ+ communities.”

## 5.4. Core Services Funding

Coordinators were asked how they ensured that Core Services dollars are allocated toward the key components of the program including prevention, reunification, and direct services. The majority of counties shared how they centered the aims of the program into decision-making, budgeting, and service delivery. Several coordinators noted that the expectations, regulations, and rules for Core Services funding guided their decision-making. Additionally, counties shared how they prioritize services such as emergency funding, transportation, therapeutic services, general services, life skills, and parenting services to make sure they are meeting the needs of families to prevent family separation and promote family reunification.

**“We use the mandatory list of services as well as our County Designed services to discuss the needs, capacity, gaps, and trends with our internal stakeholders and Family Preservation commission members.”**

Coordinators shared methods for certifying funding was being used appropriately, including oversight, approval, review, monitoring, and evaluation processes. Oversight was frequently mentioned with many counties designating a staff person, administrator, or supervisor with knowledge of Core Services to “ensure that county contracts align with the key components of the Core Services program and also have oversight to review invoices and quality control with

contractors.” For service approval, most counties assess the services requested in collaborative team meetings, through supervisor input, or by appointed staff approval, and determine if Core Services funding is applicable. Furthermore, counties employ systems of review, where decisions made by caseworkers or providers are shifted to be consistent with program aims. These systems are frequently implemented on an ongoing basis to monitor progress toward goals, assess effectiveness, reevaluate needs, or make sure funding is suitable for services. Several counties reported conducting evaluations to understand how funding is allocated, as well as to understand program outcomes, barriers, strengths, and successes. These evaluations typically use utilization reports, client, provider, and caseworker feedback, state data sources, and outcome data.

Several counties reported using a collaborative approach to ensure that Core Services funding is properly allocated. This may include working as a team with service providers, caseworkers, and supervisors to discuss cases to ensure that the services provided are appropriately funded and suited for the needs of the family. One county has a team that assesses “all Core Service funding requests and determines if there are any other appropriate funding streams available and if we are following Core funding guidelines.” Coordinators also engage in cross-county collaboration to gain a deeper understanding of Core Services, creatively problem-solve, and brainstorm ways to support families while using program funding.

Overall, 65% of counties report braiding Core Services dollars with other funding sources. Of the 39 counties that braid Core Services dollars, 74% braid with Collaborative Management Program (CMP) funding, 72% braid with TANF funding, 33% braid with Promoting Safe and Stable Families (PSSF) funding, and 44% braid with other sources of funding including child welfare block allocation (most frequent), local donors and charities, grants (fatherhood, concrete supports, Signal funds, CarePortal, Colorado Youth Detention Continuum (CYDC), LEAP outreach, Colorado Community Response (CCR) flex funding, and Family Centers.

Overall, 95% of counties reported paying for services using Medicaid before using Core Services as the payer of last resort. A recurring strategy for ensuring that Core Services funding was allocated properly was utilizing other funding sources like Medicaid and private insurance before relying on program funding. Several coordinators mentioned that Core Services funding was used as a last resort or when all other sources were exhausted. One county coordinator shared “Core Services are approved only after it has been determined that the needs of the family cannot be met via Medicaid, private or community resources.”

Several counties are working with their Regional Accountability Entity (RAE) to enhance their Medicaid provider network. Some 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. One

coordinator shared, “[We] help families get covered under Medicaid and there are other community agencies that help with this effort as well.” Other strategies include using prevention funding for families that don’t qualify for Medicaid, working with Medicaid providers to connect clients to case managers, and working with schools to provide treatment for families without medical insurance.

For the counties unable to first pay for services using Medicaid, some lack Medicaid treatment providers who can offer adequate services. For example, the providers may not have trauma specialists or the ability to see children/youth once or twice a month, which is not sufficient for children/youth who have been maltreated. One county attempts to utilize Medicaid providers, but they have limited to no availability, are short staffed, and unable to provide the consistency that clients need. Some counties have minimal providers who accept Medicaid, while others do not accept insurance at all, which results in costly services being offered primarily for self-paying clients. As such, Medicaid coverage continues to be a persistent barrier for the Core Services Program.

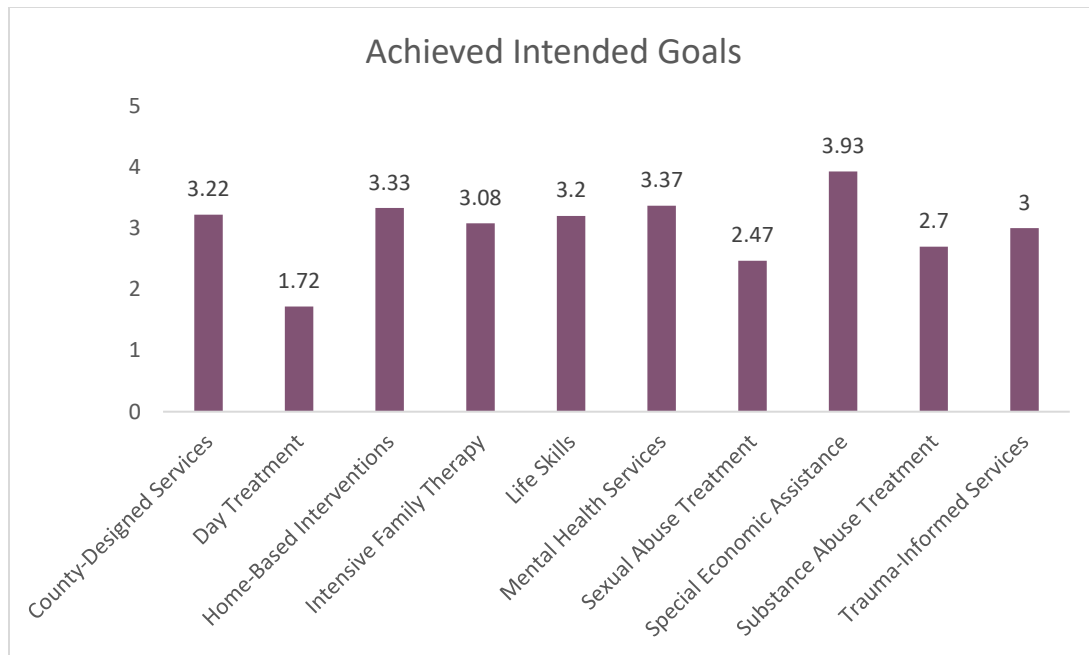
## 5.5. Service Delivery

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.

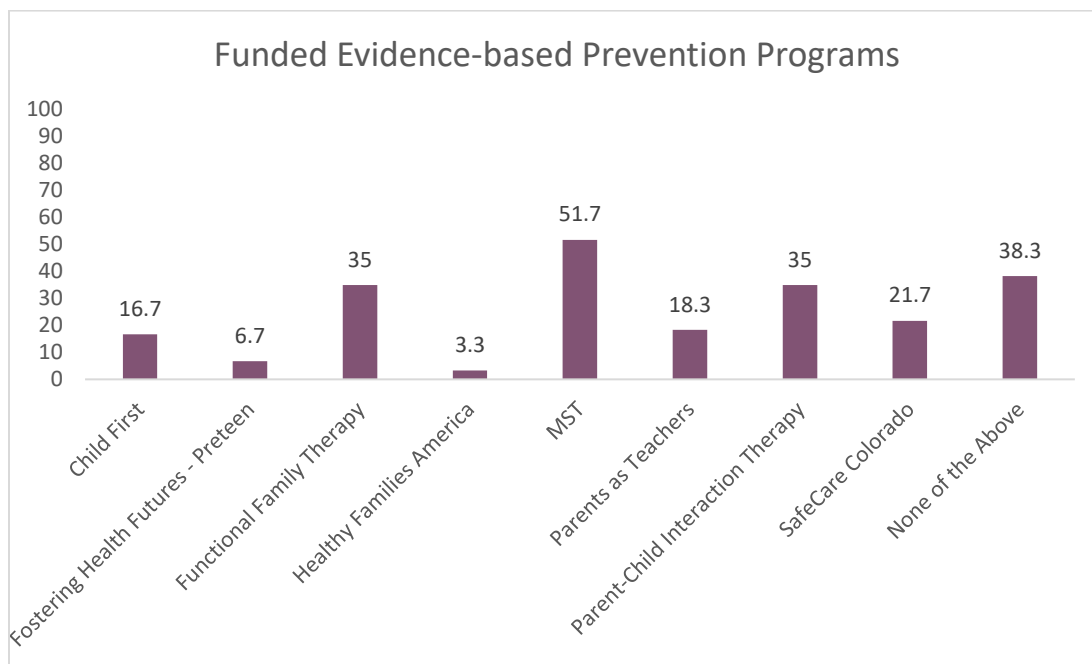
As displayed in the figure below, coordinators rated special economic assistance the highest on a 1-10 quality scale at 7.5, followed by county-designed services (6.0), life skills (5.8), mental health services (5.8), home-based interventions (5.7), trauma-informed services (5.6), intensive family therapy (5.4), sexual abuse treatment (4.3), substance abuse treatment (4.5), and day treatment (2.5). These ratings are very similar to CY 2021.



Coordinators were also asked to rate how well the Core Service types achieved their intended goals. As displayed in the figure on the following page, coordinators rated special economic assistance the highest on a 1-5 scale at 3.9, followed by mental health services (3.4), home-based interventions (3.3), county-designed services (3.2), life skills (3.2), intensive family therapy (3.1), trauma-informed services (3.0), substance abuse treatment (2.7), sexual abuse treatment (2.5), and day treatment (1.7). Again, these ratings are very similar to CY 2021.



In response to a new question about evidence-based practices (EBP), coordinators were asked to report on which evidence-based prevention programs were being funded through Core Services in their counties/tribes. As displayed in the figure below, MST was the most funded EBP at 52% followed by Parent-Child Interaction Therapy and Functional Family Therapy at 35% each, SafeCare Colorado at 22%, Parents as Teachers at 18%, Child First at 17%, Fostering Healthy Futures - Preteen at 7%, and Health Families America at 3%. Additionally, 38% of coordinators indicated that none of these EBPs are funded through Core Services in their county/tribe.



The responses to the question about service delivery strengths and challenges echoed the reported barriers to Core Services related to availability, accessibility, capacity, and funding.

When asked about strengths in Core Services delivery, coordinators most often cited their agencies' relationships with local partners as a major reason why their program was successful. By collaborating with community providers, counties were able to connect their families to the services they needed, ranging from mental health support to housing and financial assistance. One county reported they were able to deliver services such as substance abuse treatment, mental health and early childhood assistance, trauma therapy, parenting and fatherhood engagement programs, as well as judicial support through their community partners.

Core Services funding flexibility was a recurring theme when coordinators discussed service delivery strengths. One coordinator indicated, "[Our county] benefits from Core Services funding and its flexibility for funding case-specific contract services. Creative solutions case planning is enhanced because of our access to Core Services funding and contracted services within our county and when needed, outside of the county." Another noted, "Core Service funding offers flexibility for contracting with providers who have specialized skills and who can have the most impact on the child or family's outcome goals."

Coordinators frequently mentioned county-designed programs as a strength of the Core Services Program. When communities lack providers with specialized skills, counties are training their caseworkers to address service gaps. Counties report combining their relationships with community partners with county-designed programs to address clients' needs particularly for prevention programming. For example, one county shared that they offer an in-school needs program that "meets children where they are at in the educational setting resulting in fewer referrals from the schools." However, rural and small counties are not able to completely depend on community providers for service delivery. For example, one coordinator explained that "The strength of Core Services is that we can partner with local providers. The challenge is that we don't have enough local providers." High provider turnover, as well as a lack of nearby providers, creates barriers for rural families to access services. To address this barrier, counties partner with neighboring counties, leverage Core Service's funding flexibility, and develop county-designed services. Although challenges remain, coordinators reported that their partnerships with local providers led to decreased wait times and the ability to offer families a "vast array of services."

## 6. Discussion

The discussion section of the Core Services Program Evaluation CY 2022 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.

"We have a robust approach to ensuring that there is appropriate attention to prevention, reunification, treatment access, and direct services for our clients and families."

### 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.

**The 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 3% 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 2022. This is especially noteworthy given that there continues to be a downward trend in the perceived availability, accessibility, and capacity of Core Services from CY 2015 to CY 2022.

**Core Services are Effective in Achieving Treatment Success.** In CY 2022, 71% of all service episodes were determined to be “successful” or “partially successful” with 88% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong and stable collaborations 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 2022. Similar to past evaluations, the remain home service goal was attained in 92% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

**Core Services Impacts Subsequent Child Welfare Involvement.** For the 4,789 distinct children/youth with closed cases in CY 2021 that received Core Services, 47% of children/youth had a subsequent referral within one year of case closure, 30% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 3% had a subsequent placement, 4% 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 \$28 million in CY 2022 on OOH placements for children/youth. Over the past 10 calendar years, an additional \$448 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

The following enhancements to the evaluation were initiated or continued during CY 2022:

1. The Core Services Evaluation Workgroup was reconvened. Comprised of coordinators and the state program administrator, the workgroup met monthly to discuss opportunities to enhance the evaluation from a practice perspective. The first initiative identified by the workgroup was the Core Services Utilization Report.
2. The Core Services Utilization Report was designed, developed, piloted, and released during CY 2022. The report provides real-time process, outcome, and expenditure data to counties to inform practice and policy decisions. The report will be continually updated to reflect emerging evaluation priorities.
3. County-specific reports were produced and technical assistance was provided to counties through presentations and consultations. These ongoing knowledge translation efforts allow counties to make full use of available data for quality improvement purposes.
4. Outcomes and costs for prevention and intervention services were further analyzed and compared. The analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued.
5. Questions on the challenges and opportunities for the Core Services workforce were posed. According to coordinators, the biggest challenges include hiring limitations, financial factors, intensity and complexity of the work, and high workloads. Counties reported various approaches to building and retaining staff including financial incentives, work setting flexibility, workload support, and community collaboration.
6. Coordinators were asked to reflect on DEIJ efforts in their Core Services programs. Overall, some counties stated that they do not currently track practice that integrates DEIJ principles because of community demographics and lack of current capacity. However, several counties are implementing DEIJ training for staff and contracting with providers better suited to adequately meet the needs of diverse populations.

### 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. 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 currently 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 LGBTQ+ identities, age, socioeconomic level, and disability status. To help advanced diversity, equity, inclusion, and justice 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 DEIJ strategies into the Core Services Program and evaluation should continue to be explored.

## Appendix A

### Core Services Program Evaluation Methods

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#### 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 2022

#### 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 2022

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 2022

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 2022
- 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 2022 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 2021 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 aged 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 2022.
  - 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 2022.

- 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 2021 was divided by the total expenditures.
- The total of all clients who received a Core Service during CY 2022 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.