State of Colorado

Annual Progress and Services Report
June 30, 2011

Submitted to:

Administration for Children and Families

U.S. Department of Health and Human Services

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APSR Acronym List

ACF-CB	Administration for Children and Families Children's Bureau
ARD	Administrative Review Division
APSR	Annual Progress and Services Report
CAPTA	Child Abuse Prevention and Treatment Act
CDHS	Colorado Department of Human Services
CDRC	Colorado Disparities Resource Center
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Services Plan
CFSR	Child and Family Service Review
CIP	Court Improvement Program
CJA	Children's Justice Act
CJFT	Colorado's Children's Justice Task Force
CPI	Colorado Practice Initiative
CPM	Colorado Practice Model
CQI	Continuous Quality Improvement
C.R.S.	Colorado Revised Statutes
DCWS	Division of Child Welfare Services
DR	Differential Response
DYC	Division of Youth Corrections
ETV	Education and Training Vouchers
FFY	Federal Fiscal Year
NYTD	National Youth in Transition Database
OFA	Orphan Foundation of America
OPPLA	Other Planned Permanent Living Arrangement
OOH	Out-of-home
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
SFY	State Fiscal Year
Sub-PAC	Subgroup of Policy Advisory Committee
TANF	Temporary Assistance for Needy Families
Trails	Colorado's SACWIS

I. INTRODUCTION

This report summarizes Colorado's accomplishments and changes for Federal Fiscal Year (FFY) 2011 and is the second interim report for the 2010-2014 Child and Family Services Plan (CFSP). Included in the report are demographic data on children served by Colorado's child welfare system, 2009 Child and Family Services Review (CFSR) findings and Colorado's Performance Improvement Plan (PIP) development information. Specific information is provided in the areas of training, technical assistance, management information systems and research and evaluation.

The accomplishments and changes that have taken place in Colorado are, in many ways, reflective of the national economy. Billions of dollars have been cut from the State budget. Colorado is additionally impacted by a tax and expenditure limitation named the Taxpayer Bill of Rights (TABOR), which was adopted by voters in 1992. Because TABOR limits government revenues, to the previous year's revenues plus population increase and inflation or actual revenues, whichever is less; it creates what has been termed a "ratcheting down" effect. When revenues fall because of weak economic conditions, the revenue cap falls with them. When the economy rebounds, government revenues begin increasing from the lower base. Therefore, financial cuts that are made during weak economic times are not quickly restored when the economy rebounds. This "ratcheting down" effect has impacted the Colorado Department of Human Services (CDHS) by resulting in budget shortfalls to the State budget that result in reductions to the counties. Allocations to counties for programming, county administration, and contingency funding are reduced, having an impact on local services delivery. In addition, counties have experienced reduced revenues from declining property values and decreased sales taxes. Property mill levies, which are different for every county, provide for county human/services administration. Counties may receive additional funding through local tax initiatives and other county funding options. Conversely, they may also have additional reductions through county budgeting processes. Funding reductions in child welfare services have translated into reduced service options in most agencies, which led to casework and support staff reductions. The reductions have resulted in disruption of service continuity for families and children, further increased workloads, and increased training costs. The economic circumstances have had and will continue to have a significant negative impact on the State.

In effort to address dire economic conditions, Governor John J. Hickenlooper issued Executive Order D 2011-005, Establishing a Policy to Enhance the Relationship between State and Local Government, on January 11, 2011. The Order requires that all mandates are required by federal or state law; that the agency consults with local governments prior to rule promulgation, and that the state government provides the funding necessary to pay for the direct costs incurred by local governments complying with the mandates. In response to the Executive Order, the Office of Employment and Regulatory Affairs, Division of Boards and Commissions is coordinating a comprehensive analysis of existing rules by July 1, 2011. The purpose of the review is reduction of rules that are duplicative, or not required as a result of an audit, a lawsuit or Statute.

In spite of the current financial climate and a growing population, the State and counties have achieved significant accomplishments in improving outcomes for children, youth, and families. Child welfare systems reform is advancing with the State's child welfare initiatives. These include the Colorado Practice Initiative, guided by the Mountains and Plains Child Welfare Improvement Center, Differential Response and Colorado Disparities Resource Center, both under the auspices of The American Humane Association, and Casey Foundation Programs. State and local collaboration is key to the ability to continue improvements during this time of financial adversity.

The following items, described throughout the remainder of the report have significantly affected the accomplishments and changes that have taken place in Colorado in 2010:

- Child Welfare Practice Initiative
- State Initiatives and Resources
- Work on the 2009 PIP

CHILD WELFARE PRACTICE INITIATIVES

DCWS is well positioned for change, with having had eight comprehensive evaluations completed, containing 139 specific recommendations, in addition to the 2009 CFSR Final Report. The State is accessing the sustained resources, through national initiatives, to effect child welfare systems change. Improved outcomes for children, youth and families require the alignment and coordination of the initiatives that include:

- The Colorado Practice Initiative
- Casey Foundation
- Colorado Disparities Resource Center
- Colorado Consortium on Differential Response

COLORADO PRACTICE INITIATIVE

Colorado's designation as a U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (ACF-CB) Mountains and Plains Child Welfare Implementation Center implementation site in November 2009 provides the foundation for the State's child welfare reform, known as the Colorado Practice Initiative (CPI). The initial step in the CPI work plan resulted in a synthesis of the recommendations of the eight comprehensive evaluations completed previously, into 11 over-arching themes, providing focus and prioritization of all future activity. There were differences and diversity in suggested direction across the reports. However, the consensus and agreement was of the need to improve the child welfare system and outcomes for Colorado's children, youth and families. There were recommendations for improvements across common focus areas, including systems, structures, processes, data and measurement, resources, and relationships. Since its March 2010 official launch, CPI has engaged over 2000 child welfare practitioners in defining a basic statewide practice model, referred to as the Base Practice Model. CPI's focus on the model development melded the themes into a singular plan of action, with a complex structure that engages the State and counties in improved outcomes.

CPI implementation is building the momentum for child welfare systems reform, uniting the State and counties in development of Colorado's Practice Model, creating dialogue about practice, sharing of business county business practices and planning for the future. During the implementation, CPI:

- Engages the counties and state in developing a practice model that will align vision, mission and practice principles.
- Engages counties in the use of data to analyze child and family outcomes.
- Facilitates discussion about outcomes for children and families.
- Identifies promising practices and areas needing improvement.
- Develops a peer-supported culture among counties.
- Provides a foundation for all future work in child welfare.
- Prioritizes Colorado's priorities and needs through strategic planning.

The implementation is supported by thirteen CPI functions as follows:

- Practice Model Design and Development
- Communications
- Education and Training
- Implementation
- Financial
- Rewards and Recognition
- Evaluation
- Policy, Rules, Procedures
- Performance Management
- Continuous Quality Improvement (CQI)
- Diversities and Disparities

CPI, in its third year of the five-year project plan, is currently in the Phase One county roll out. The Performance Management, Project Operations Implementation Team, Evaluation and Continuous Quality Improvement Work Groups are currently activated. Practice Model Design and Development and Communications Work Groups were activated during the initial and infrastructure development phases. The Initiative's distinct phases are:

- October 2009 to May 2010: Project overview and introduction; infrastructure development
- June 2010: Design of practice model framework, Base Practice Model
- November 2010: Selection criteria for counties, invitation for Phase One Rollout
- March 2011: Official launch of CPM—Phase One counties selected
- November 2011: Phase Two county roll out
- January 2012: Phase Three county roll out

The Phase One county roll out, launched on February 8, 2011, is comprised of 12 counties and one Native American Tribe that applied and were accepted for participation. The counties have agreed to implement and incorporate the base practice model vision, values, standards, methods and tools into their work of shaping the Colorado Practice Model (CPM). The launch signifies the movement from Base Practice Model development to long-range child welfare reform. The State Implementation Group, comprised of DCWS Leadership Team and Program Staff, has been formed to ensure that support is available for all counties applying for each phase. The State Implementation Group is training with the counties in a cohort during the first two phases of county rollout, encouraging knowledge transfer of the model replication process. This ensures sustainability of the implementation process when the Implementation Center resources end in 2012. During the next four years, every county will participate in replication of the CPM implementation steps in each phase. Counties will submit promising practices, thereby sharing expertise with other counties where promising practices are needed. Counties will also identify their areas of practice needing improvement as their business practices are mapped using CQI processes and tools. In effect, it is planned that a collaborative peer learning culture will evolve where counties and the State work together to continuously improve the efficiency and effectiveness of child welfare services.

Prior to Phase One County rollout, CPI 2010 activities involved training many county and stakeholder staff in the "Science of Implementation", as a forerunner to the work of completing the Base Practice Model. Over 35 state and county staff, tribes, family and youth representatives and community stakeholders developed child welfare vision, mission and practice standards for the Base Practice Model over a 3-month

time period. The Base Practice Model was then vetted to the counties and different groups for consensus. The intent of the Base Practice Model is to serve as a foundation to which promising practices are added becoming known as the Colorado Practice Model. The Base Practice Model was distributed to all counties with the invitation to apply to be involved in Phase One. Phase Two Counties will apply in November 2011, and will follow the same processes as Phase One, with an additional State Implementation Team cohort. The remainder of the counties will be rolled out in a third phase, resulting in all 64 counties adoption of the CPM.

CPI implementation has been integrated into the revision of the 2009 PIP as part of a two-track strategy involving both long-term child welfare reform and incremental improvements. The goal is to build a state-county linked CQI process that results in improved outcomes for children, youth and families. The CQI process and the peer-learning environment are intended to move the State to consistency in practice while maintaining the individuality and values of local communities. CQI will involve the county practice being measured against a set of common indicators determined by the counties and the State during Phase One and Phase Two county rollout. The indicators include basic standards of practice for the State. The PIP has been submitted for approval. By design, the final phases of the CPI implementation extend beyond the reporting time frame for the PIP and will be updated in subsequent APSRs.

Colorado is fortunate to have Governor Hickenlooper's support in working with two branches of the Casey Foundation: Casey Family Programs and Annie E. Casey Programs.

Casey Foundation Programs

Casey Family Programs is providing resources from which the State will benefit in addressing systemic issues of improving child and family outcomes in the face of declining IV-E revenues. The new partnership agreement builds on the $2.3 million Casey invested the State in 2009 in their support of Denver Indian Family Resource Center (DIFRC) and county-based initiatives to:

- Support kinship care families and birth parents;
- Reduce the number of youth in group homes; and,
- Reduce racial disproportionality and disparate outcomes for youth of different cultures.

County specific initiatives include:

- Parent Partners in Boulder, Denver, Jefferson and Larimer Counties;
- Child Welfare Assessments in Boulder, Teller, Pitkin, Eagle, Chaffee, and Prowers Counties;
- HB 1450 Collaboration in Eagle and Pitkin Counties;
- Permanency Initiatives in Broomfield, Boulder and Denver expanding in 2011 to Mesa, Larimer and Weld Counties;
- Training of Trainers for Permanency Roundtables for Pueblo, Jefferson, El Paso, Douglas, Adams, Arapahoe, Weld, Boulder and Denver Counties; and,
- Training in strength-based parents rights training for Guardians ad Litem with the Office of the Child's Representative.

Casey Family's new agreement with the State builds on and expands initiatives that were introduced in 2010 and includes a data sharing agreement. The agreement is based on Casey goals of safely reducing the number of children in foster care by 2020 by providing durable permanency options that are formed with the input of youth and families. Financing options that support an up-front prevention and early intervention

community-based system of care will be explored. The length of time for the initiative is based on closely monitored outcomes and performance data.

Casey literature indicates that Colorado's FY 2009 rate of children in foster care (per 1,000 children under the age of 18) is 6.6, which is above the national rate of 5.6. The State's entries of children into foster care exceeded exits in FY 2009. The partnership facilitates concentrated efforts to safely reduce the number of children and youth in foster care and to improve their family connections. As the initiative proceeds, the over representation of children of color in the foster care system must be examined as an additional strategy in the long-term effort to reduce foster care entries.

Work with the Annie E. Casey Foundation is newly underway and has not yet been defined. An assessment is planned for the next several months to define the focus of activities that will occur.

Colorado Disparities Resource Center

CDHS, in partnership with the American Humane Association and counties, launched the Colorado Disparities Resource Center (CRDC) in May 2009 to address longstanding issues of disparities in child welfare based on race and ethnicity. The initiative grew out of the former Governor Bill Ritter's Child Welfare Action Committee, and more broadly, out of the American Public Human Services Association/Casey Positioning Public Child Welfare Initiative.

CDRC uses sophisticated data analysis as a fundamental method to inform, inspire and develop tools and strategies needed to mitigate disparate outcomes for children and families of color. In October 2010, CDRC developed reporting mechanisms for counties to examine the race of children at key decision points (e.g. referrals, assessments, case openings and removals) throughout child welfare process. In addition, reporting mechanisms are being developed to examine the race and ethnicity of children receiving services.

The project is based on the cornerstone of collaboration with regional meetings and forums throughout the State to engage child welfare professionals, service providers, community partners, mandated reporters, families, and youth in taking action to identify and address complex causes of child welfare inequities, both at the state and county levels. During the SFY 2011, the CDRC website completed its public facing with de-identified data at both state and county levels to increase awareness and accountability within the State. Counties have access to their local "cultural landscape" through the site. CDRC moves the State's cultural competency from awareness to action for change in service disparities. The project funding will end in June 2012 and its sustainability is being explored. The website is located at:
https://www.aha-cprc.com/disparities/countySplit/Colorado. CRDC has focused their work in 10 counties on the difference that family engagement may make in services disparities.

The Colorado Consortium on Differential Response

The Colorado Consortium on Differential Response was awarded by The National Quality Improvement Center on Differential Response in Child Protective Services, ACF-CB. It is operated by the American Humane Association and its partners Walter R. McDonald & Associates, Inc. and the Institute of Applied Research. The $1.8 million award is a research and development grant that funds a pilot project examining the effects of a differential response practice model on outcomes for children and families. The Consortium partners are CDHS-DCWS, Colorado State University and the counties of Arapahoe, Fremont, Garfield, Jefferson and Larimer. The pilot project will evaluate the model from February 1, 2010 to June 30, 2013. The project facilitates Colorado's ability to work intensively on development of a services model with multiple stakeholder systems—such as the courts, the community and providers.

The Differential Response (DR) track was operationalized on December 1, 2010. The program uses a randomizer for case selection, and between December 1, 2010 and March 1, 2011, over 900 families were offered a Family Assessment Response. As the project has evolved, participating counties have shared information about processes such as RED (Read, Evaluate and Determine) Teams and Signs of Safety Assessment. By Statute, C.R.S. 19-3-308 establishes a differential response pilot program for child abuse or neglect cases of low or moderate risk, with a limit of five participating counties permitted to maintain a dual track for decision-making for child abuse and neglect. Although many counties are interested in implementing DR, their involvement is limited to participation in training and learning from the pilot counties about improvements for their referral systems and ongoing services. This serves as yet another example of county commitment to improvement of child and family outcomes, and vital steps in the State's child welfare reform. The pilot program facilitates a methodical process for decisions and adjustments. A final project evaluation will determine the impact of practice including information about changes to work load that will be informative for the entire state. The Colorado Consortium on Differential Response will continue to be updated in future APSRs.

State Initiatives and Resources

State initiatives and resources include the Core Services Program, the Promoting Responsible Fatherhood Initiative, and Colorado's Statewide Strategic Use Fund.

Core Services Program

The Core Services Program, funded with general block grant funding, has a key role in child welfare services. Established in 1994, the Core Services Program is mandated in C.R.S. 26-5.5-103, et seq. to provide strength-based resources and support to families when children are at imminent risk of out-of-home (OOH) placement and/or are in need of services to maintain a least restrictive setting or promote permanency. In SFY, 2009-2010, a total of $45,456,711 was allocated to the Family and Children's line and expended through the Core Services Program. The Core Services Program earmarks over $7 Million to provide mental health and substance abuse services. In SFY 2009-2010, counties expended $4,888,933 in mental health and $2,916,407 in substance abuse services, providing a critical component for the State's service array. In addition, Division of Behavioral Health provides Additional Family Services funds as a match to the Core Services Substance Abuse funds in the annual amount of $2,501,989. Counties spend much of the remaining $37,651,371 Core Services funding on services such as but not limited to: Intensive Family Therapy, Home Based Intervention, Sexual Abuse Services, Multi-Systemic Therapy, Family Functional Therapy and other county designed services. Counties are resourceful in the use of county-designed programs to individualize and improve access to services for children, youth and families.

A total of 15,226 children (unduplicated count) were identified in Trails as having received at least one Core Service during SFY 2009-2010. There were 46,197 Core Service authorizations (duplicated count) during this time period. Nearly all the children with discharges who were at home at the time Core Services began were maintained in their home during their Core Services episodes. In addition, children who received Core Services were less likely to experience an OOH placement during the 12 months following discharge.

Promoting Responsible Fatherhood Initiative

The State's Promoting Responsible Fatherhood Initiative located in the Office of Economic Security focuses on the involvement of fathers in their children's lives. The Program currently funds 27 faith and community-based fatherhood programs that work with at-risk fathers and families. The programs provide a variety of

services including individual case management, parenting education, healthy relationships classes and job readiness training. All services provided are free and voluntary. Program information is available at www.coloradodads.com. Through its partnership with Promoting Responsible Fatherhood, DCWS has developed an incentive-based website for child welfare caseworkers. Available at www.coloradodads.com/caseworkers, the site provides a wealth of materials and interactive activities geared specifically for caseworkers. Available information assists caseworkers in expanding their knowledge and skills and provides valuable downloads for fathers and mothers on their caseloads. The annual "Be There for Your Kids" Awards has two new categories established: Caseworker of the Year and County Human/Social Services Agency of the Year. The site currently has 90 active participants. A child support enforcement website, similar to that of DCWS, was launched in 2011 to increase awareness of the importance of fathers in their children's lives.

In addition to website development and maintenance, DCWS and Promoting Responsible Fatherhood partnered to increase fatherhood training, using Promoting Safe and Stable Families funding, in 2010. Outlying counties were targeted to increase awareness of the importance of fathers in their children's lives as well as the importance of the paternal side of the family. Through training evaluations, completed by attending caseworkers, it was indicated that it is difficult to keep fathers engaged in case planning/services. Joint training with the Fatherhood Training Academy for fatherhood program grantees has emphasized the role that fatherhood program facilitators may have in assisting fathers with navigation and advocacy in the child welfare system. Programs are encouraged to establish contacts both in the county child welfare and child support enforcement offices.

COLORADO'S STATEWIDE STRATEGIC USE FUND

In addition to the child welfare initiatives and PIP development, Colorado's Statewide Strategic Use Fund funded by Temporary Assistance to Needy Families (TANF) reserves are positively affecting child welfare. A total of $4,309,359 for Round III was awarded to 20 Colorado programs that include mental health, self-sufficiency and education.

The State initiatives and resources and the child welfare initiatives are confirmation of the dedication to the improvement of its child and family outcomes. The impetus for this movement involved the work of the Child Welfare Action Committee, commissioned by former Governor Bill Ritter through Executive Order B 006 08, issued April 16, 2008. The Executive Order was issued subsequent to the 2007 Child Maltreatment Report and provided for a yearlong assessment of Colorado's child welfare system. The Committee brought together external systems, stakeholders and leadership to look at the state of child welfare and make recommendations for improvements. The report may be accessed at: http://www.colorado.gov/cs/Satellite/CDHS-ExecDir/CBON/1251584833426 . The committee's process focused on the assets and gaps of the current system. The Child Welfare Action Committee's work was completed in September 2009, and thirty-three of the 35 recommendations contained in the report were implemented. Two items, organizational restructuring for delivering child welfare and other human services, and a centralized abuse and neglect referral system, were studied. The Committee's work has and will continue to have resounding impact on Colorado's child welfare system.

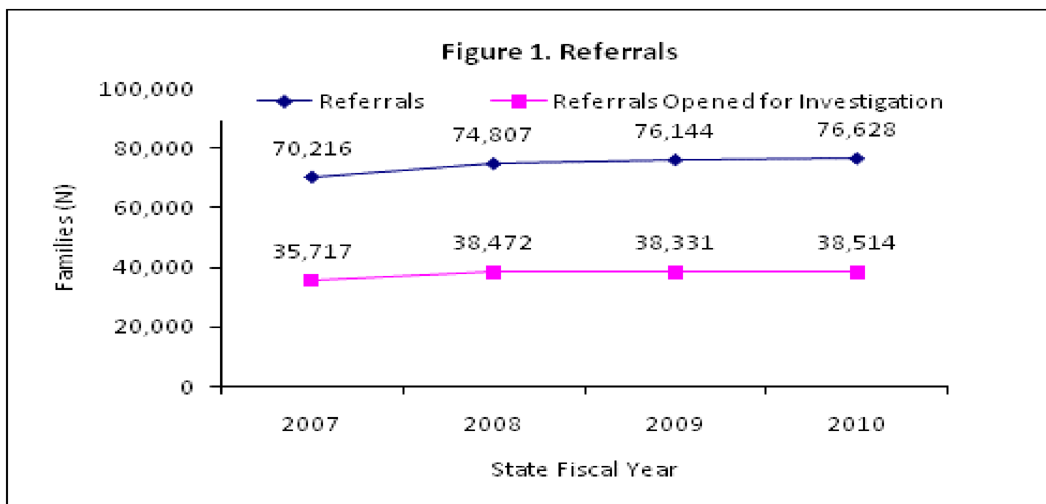
Description of Colorado's Child Welfare Population

Colorado's population has continued to grow reaching 5,029,196 according to the 2010 U.S. Census. The ethnic composition is 81.3% white, 4.0% black, 1.1% American Indian/Alaska Native, 2.8 Asian and 20.7% Hispanic. The median household income (2008) was $57,184. The State's poverty rate is 11.2% compared with the national rate of 13.2%. According to Annie E. Casey 2010 Kids Count data, Colorado ranks 15th for children in poverty and has 45,000 (4%) of its children living with grandparents. The ten large counties manage 85% of the child welfare caseload. The county map may be accessed in Appendix C. The two most populous counties are El Paso, with 622,263 residents and Denver, the largest metro county, with 600,158 residents. With 2000 square miles and varied geography and weather patterns, families residing in rural areas and smaller counties are challenged in their access to services. The lack of public transportation and high gas prices present additional barriers.

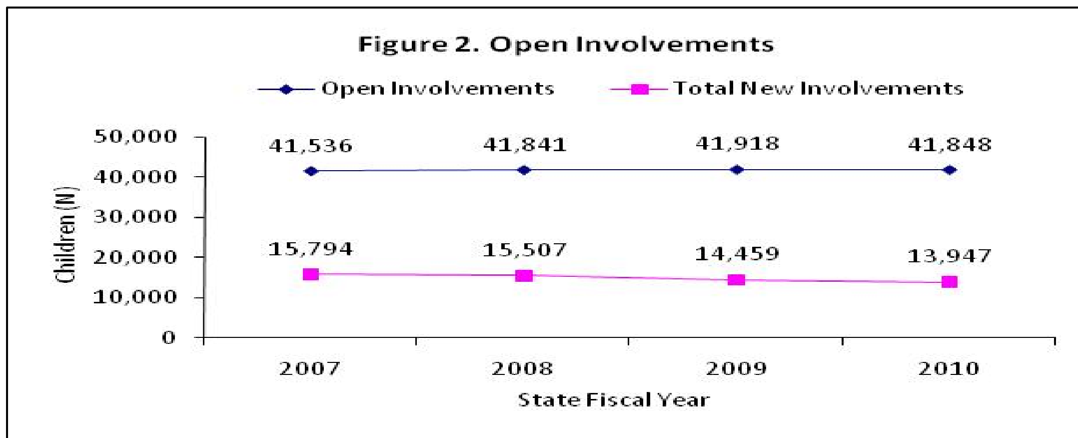
In State Fiscal Year (SFY) 2010 (June 2009-July 2010) Colorado received 76,628 referrals (see Figure 1). A referral can be made to a county for several reasons:

(a) A report of possible abuse or neglect,
(b) A report that a child is beyond the control of their parent,
(c) A report that a child is a danger to self or others, including the community, and/or (
(d) A report that an adopted child needs services.

It is important to note that referrals represent a family count and not the number of children referred. Of those referrals, 38,514 (50.26%) were opened for investigation also known as an assessment. These investigations represented 65,947 children. Both referrals and those opened for investigation demonstrated a pattern of growth over the past four years similar to the growth of the Colorado population ages 0-17. The referral rate of 60 per 1,000 youths has been maintained over the past three years.

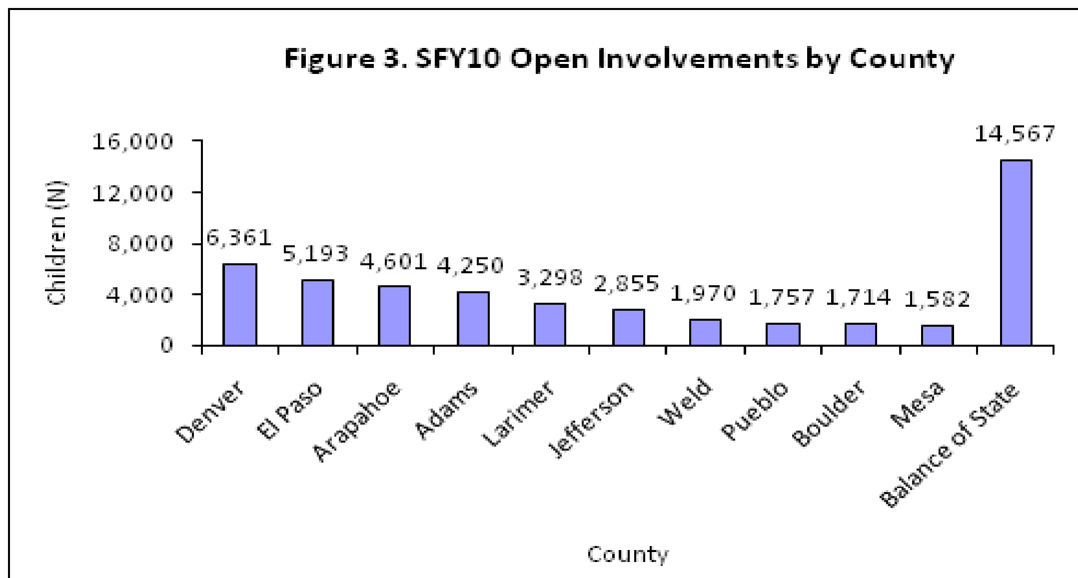


An investigation can result in an open involvement (i.e., case) for ongoing services. In SFY2010 Colorado had 41,848 children in open involvements (see Figure 2). Of those 13,794 were new involvements which is a case opened within that year regardless of previous involvement in the system. Over the past four years, open involvements have remained at a steady level, whereas new involvements have decreased suggesting that cases are staying open longer. This occurrence could relate to economic factors, higher caseloads with fewer staff due to budget cuts, and the increase in serving youth in-home versus out-of-home.



By County

When examining open involvements across the ten largest counties, Denver County reported the largest number of open involvements in SFY2010, followed by El Paso and Arapahoe County (see Figure 3). The combined additional 54 counties had a total of 14,567 open involvements.



Colorado's PIP Development

Colorado's 2009 CFSR PIP, submitted on December 28, 2009, has been revised and was submitted to ACF-CB on April 29, 2011. Throughout the last 16 months, Colorado has proceeded with implementation of a number of actions that have resulted in improvement of a number of outcomes and systemic factors for children and families, which are described in the following sections of this report. ACF-CB Region 8 representatives have continued to guide the finalization of the PIP ensuring that the plan results in sustained practice change and improved outcomes. PIP strategies, action steps and benchmarks are located in Appendix E. CFSR results are in Appendix B and ratings are highlighted throughout this report. Primary strategies, action steps, benchmarks and measurements will be reported in future APSRs. The PIP continues to be aligned with the 2010-2014 CFSP.

PROGRAM SERVICE DESCRIPTION

The Program Services Description section of this report includes information about Stephanie Tubbs Jones Child Welfare Services and Promoting Safe and Stable Families. Information is provided concerning specific accomplishments and progress toward meeting each goal, objective and outcomes for children and families.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES

The 2010-2014 CFSP outlines Colorado's vision, mission, philosophy statements, guiding principles and program area information that guide the State's work with children and families. Additionally, the plan outlines goals, action steps, and baseline data to accomplish the outcomes of safety, permanency, and well-being for children and families in Colorado. The report is available at: http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601.

Administration

CDHS through the DCWS is designated to administer Title IV-B and IV-E Programs. The DCWS consists of a group of services intended to protect children from harm and to assist families in caring for and protecting their children. Colorado operates a state-supervised, county-administered social service system. Services are provided directly by county departments of social/human services or by CDHS through direct contract programs.

Services Continuum

The Child Welfare Services allocated block is the primary funding for county departments of social/human services to provide the continuum of child welfare services. County departments are authorized to use their allocation to provide child welfare services without categorical restriction. Funds are allocated to counties under a formula developed in consultation with the statutorily established Child Welfare Allocation Committee.

The Colorado Services Continuum, in the 2010-2014 CFSP, includes a broad array of services and is supported and enhanced by community partnerships and collaborations. The continuum is available in varying degrees across the state according to the resources of local communities and includes some or all of the following components:

- Prevention and family support services.
- Early intervention and family preservation services.
- Child protection services.
- Foster care.

- Permanency.
- Aftercare and post-permanency services.

Community partnerships and collaborations are described throughout the remainder of this report in applicable sections.

PROMOTING SAFE AND STABLE FAMILIES SERVICE DESCRIPTION

Promoting Safe and Stable Families (PSSF), IV-B, Subpart 2, provides funding for the continuum of services in Colorado to 40 counties or local programs and one Indian tribe, the Ute Mountain Ute, to promote local collaborations and to provide services. Funds are used to promote partnerships between community-based organizations and the local departments of human/social services. PSSF programs are selected to receive funds through a non-competitive application process. The criteria for selection is based on:

- The site being an existing PSSF site.
- The site's proximity to a family resource center.
- The number of legalized adoptions reported by the site.
- The number of children under the age of 18, and the number of child welfare cases reported by the site.

Programs submit a plan delineating the services that will be provided, yearly budgets, and goals and objectives for the year. Colorado spent 20% of the funds on each of the four identified populations, including time-limited reunification, family preservation, family support, and adoption promotion support services. The following are examples of collaborations occurring in local projects:

- Agreements between the community and public child welfare agencies with regard to family and child interventions, supports and outcomes.
- Development of mechanisms for parent and professional partnerships.
- Individualized treatment planning with family members as experts.
- Formal and informal supports and services for families through neighborhood and community-based networking.
- Flexible and pooled funding strategies to leverage funding.
- Development and maintenance of trusting environments, fostering coordination and collaboration.

Parents and youth are involved in every aspect of the PSSF program and sit on the Community Advisory Councils in the local districts, acting in the capacities of family advocates and/or consumers. Many take an active role in developing their own service plans.

In addition to PSSF funds provided to counties, additional funds are used to support CAPTA activities and statewide trainings, such as the fatherhood trainings that were conducted in 2010. Funds are targeted strategically, maximizing the benefit of the federal allocation.

Promoting Safe and Stable Family Goals and Objectives 2010

The 2010 outcomes establish the critical role PSSF has in maintaining children safely in their own homes, providing for the well-being of families and improving permanency. Each of the State's outcomes were achieved or exceeded.

1. 90% of all children served through PSSF will not have a confirmed report of maltreatment during the 12 month grant period:
   - 9, 832 children were served.
   - 92% of children served did not have a confirmed report of maltreatment.
2. 95% of at-risk children receiving PSSF services will not enter an OOH placement during the 12-month reporting period:
   - 96% of children did not enter an OOH placement.
3. 387 children received adoption and permanency services:
   - 57% of the group was adopted.
4. 2,180 children were served with time-limited reunification services:
   - 52% of these children were reunited with family or kin.
5. 3,813 children received family support services:
   - 96% of these services resulted in positive outcomes.
6. 416 families received adoption promotion services:
   - 92% resulted in adoption.
7. 619 families received post adoption services:
   - 66% of the children did not enter an OOH placement.

The above data has been reported by County PSSF programs and reflects data for the time period of October 1, 200 through September 30, 2010.

Review of Progress Toward Accomplishing the Goals and Objectives

Colorado's 2010-2014 CFSP was developed with the intent of transition to a new framework that is focused on management by child and family outcomes for 2010-2014 and includes the following steps:

- Orientation and involvement of the counties in the transition planning.
- Involvement of Administrative Review Division (ARD) and Field Administration in planning and protocol development.
- Orientation for DCWS staff about data and data trends.
- Prioritization of data analysis options.
- Development of protocols for working with counties on outcomes.
- Cross-systems coordination for follow-up and work with counties.
- DCWS reporting, evaluation, and accountability protocols.
- Systemic stakeholder involvement in planning and implementation.
- Coordination between ARD and DCWS quality assurance system and county quality assurance programs.
- Involvement of National Resource Centers and other technical assistance with the transition.

Program service descriptions for Chafee Foster Care Independence Program (CFCIP) and the Educational Training Vouchers (ETV) program are located as separate reports in Sections XII and XIII. The CAPTA Report is provided as a separate document with this APSR.

SFY 2010 has been a year of rapid mobilization of the State's transition to management by child and family outcomes. CPI implementation, as previously described, has laid the groundwork for the state-county CQI, an essential component of management by outcomes. The CPI implementation has been integrated into

the revised PIP. Actions during 2010 have moved CPI implementation forward, provided the foundation for PIP action steps and benchmarks and include:

- Workgroups involving state and county representation providing input for PIP measures and action steps.
- Development of regular data reports for assessing improvements in the area of child safety and youth outcomes.
- Increased state-county dialogue about data reports.
- Improved data integrity.
- Strengthened collaboration between DCWS and ARD.

CFSR improvements are included throughout this report. There are no Title IV-E issues outstanding. Adoption and Foster Care Automated Reporting System improvement plan changes continue per agreements with ACF-CB, Central Office.

Service changes that will be made because of PIP and CPI changes have yet to be identified. There are no revisions to the goals and objectives established in the 2010-2014 CFSP.

The review of progress toward accomplishing the goals and objectives of the 2010-2014 CFSP is arranged according to the plan's broad themes (strategies), and these are integrated into the 2009 PIP. CFSP themes are: Family Engagement, Timely Permanency Achievement for Children and, Assuring that Children have Adequate Services for their Well-Being. The PIP strategies have been developed with these broad themes and assure that all items and systemic factors requiring improvement are contained within the thematic areas.

The following section is a review of progress/activities on specific objectives and benchmarks contained in the 2010-2014 CFSP. Trails (Colorado's SACWIS System) and ARD are the sources for all data citations, in addition to the CFSR March 16, 2010 Profile.

CFSP Theme #1: Family Engagement

The intent of services under Family Engagement is to ensure the safety and well-being of all children who come to the attention of CDHS and county departments. The practice of family engagement establishes a relationship between the caseworker and the family that provides for sharing of information, regular communications concerning progress on the services plan goals and the ongoing assessment of the family's services needs. Engagement starts with the initial assessment of child safety, which was reprioritized in 2009 and continues as a 2010 focus. Family Engagement is measured using ARD data, as measured by the revised review instruments rolled out in July 2010.

<u>2010 Activities and Accomplishments Contributing to Improved Outcomes</u>

- The State Child Protection Program Staff visited over half of the counties to evaluate and monitor the use of the Colorado Assessment Continuum (CAC), the safety/risk protocol.
- County visits have improved the quality of the working relationship between the State and the counties, and it has been determined that the CAC instructions needed clarification.
- Visits indicate that the counties are using the protocol to assess child safety and the family's ability to maintain safety during the assessment phase of the case.
- State Child Protection Program Staff have been assigned to specific counties, providing ongoing assistance and consultation for the CAC.

- State Child Protection Program Staff initiated county visits specific to Monthly Caseworker Visits and provided input for Trails changes to the County Trails Users Group.
- State Child Protection Program Staff and ARD have collaborated on county exit interviews for reviews, and communicated about counties needing assistance.
- The ARD Annual Screen-Out Review found that county cases are appropriately screened. DCWS and county staff collaborated in the review process.
- The Trails Timeliness of Investigations Report has been used to improve communication about compliance with the State's investigatory timelines. Counties have improved Timeliness from 73% to 83% since the 2009 CFSR Onsite Review. Part of the improvement is due to identifying documentation issues and providing technical assistance.
- The Child Welfare Sub-PAC Permanency Task Group has initiated a work plan to determine the State's basic standard for family engagement.
- The Child Welfare Sub-PAC Child Protection Task Group continues to monitor Timeliness of Investigations and Monthly Caseworker Visits data.

Goals (S1, S2, P1, WB 1)

- Families will be engaged to keep children safe, enhance their permanency, and prevent removal.
- Children are maintained in their homes unless their safety or safety of the community cannot be assured.

Objectives

1. Enhance the availability of family engagement strategies statewide.
2. Assess all families initially and on an ongoing basis.
3. Increase family involvement in Family Services Plan development and implementation.
4. Provide the services that families and children need to assure child and community safety.
5. Ensure an adequate array of services.

Objectives 1-5 are addressed in the 2009 PIP with action steps ensuring a basic standard of family engagement is practiced in every county.

Performance and Quality Assurance

According to the CFSR Data Profile (March 16, 2010), the following has been determined:

- Absence of maltreatment recurrence: FFY 2010, Colorado is at 95.7%, a slight decrease from 95.8% in FFY 2009, but still above the national standard.
- Absence of Child Abuse and/or Neglect in Foster Care for FFY 2010 is at 99.46%, a slight decrease from 99.61% in FFY 2009.
- Child Fatalities were reduced from 34 to 27 for FFY 2010.

ARD review data and Trails reports are used to monitor child, family and youth outcomes. The ARD data provided in this report is not compared to 2009 data, except where noted, due to significant changes in ARD Review Instruments. Child safety is measured with ARD statewide data:

The first ARD measure is Risk of harm; new allegations of abuse and neglect are entered into Trails:

- SFY 2011,Quarter 1, 96.8%
- SFY 2011,Quarter 2, 97.3%

The second ARD measure is: <u>Safety needs of children/youth are adequately addressed</u>:

- SFY 2011, Quarter 1, 92.6%
- SFY 2011, Quarter 2, 92.7%

The third measure is Trails Timeliness of Investigations Report:

- Referrals are investigated according to State timeframes: 83% (improved from 2009 CFSR finding of 73%).

ARD data is used to monitor Family Engagement by assessment of the family/child/youth involvement. The second measure assesses family/child/youth involvement in development of the Family Services Plan. SFY 2011 ARD data are:

Involved Party	Quarter 1	Quarter 2
Involvement of OOH provider	98.6%	99.1%
Involvement of child/youth	99.2%	99.5%
Involvement of mother	88.9%	88.1%
Involvement of father	77.7%	76.4%

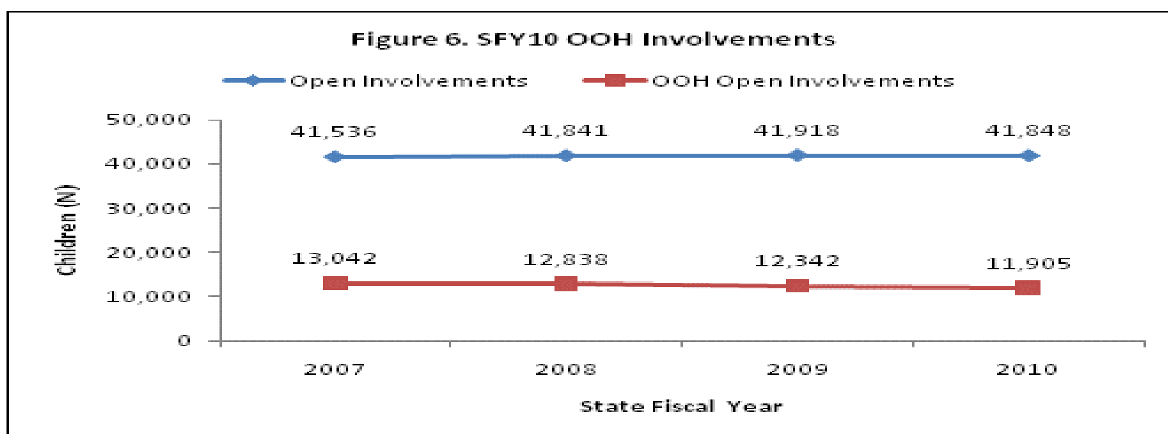
Out of the total 2476 mothers engaged in case planning for both quarters, 169 refused efforts to be involved. Out of the total of 1744 fathers engaged for both quarters, 233 refused efforts to be involved.

CFSP Theme # 2: Timely Permanency Achievement for Children

The State has a number of permanency items needing improvement. The demographic information provides context for ongoing work to improve in this area.

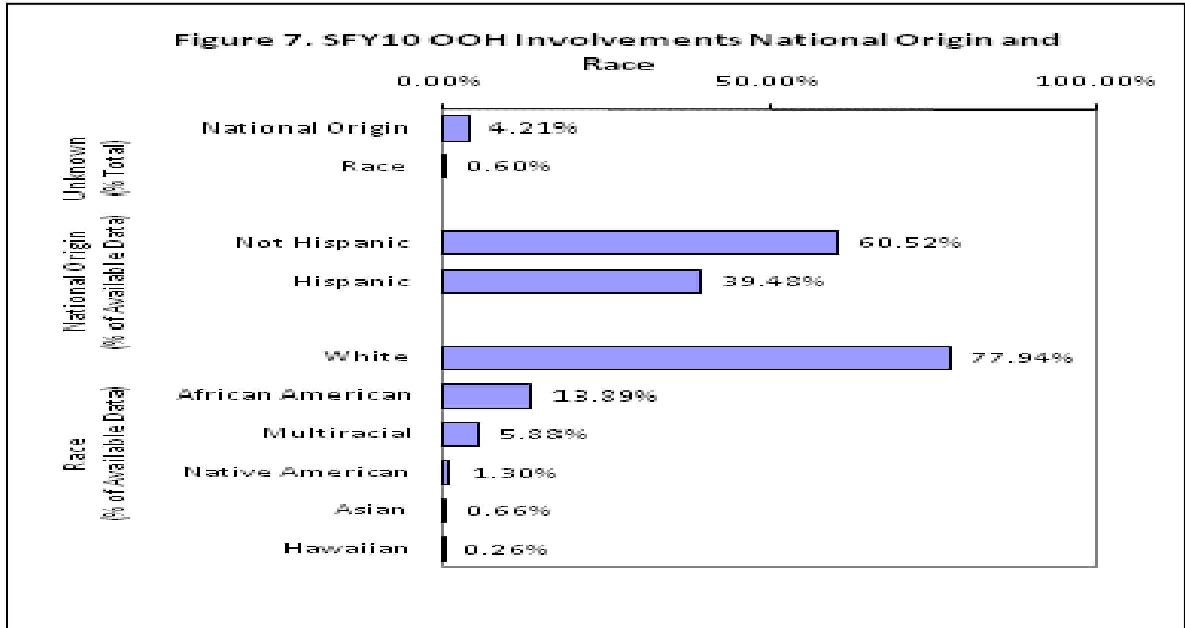
Colorado's OOH Placement Demographics

Over the past four years OOH involvements have decreased by 9% to 11,905 children placed in an OOH setting (see Figure 6). In SFY2010 there were 41,848 children in open involvements.



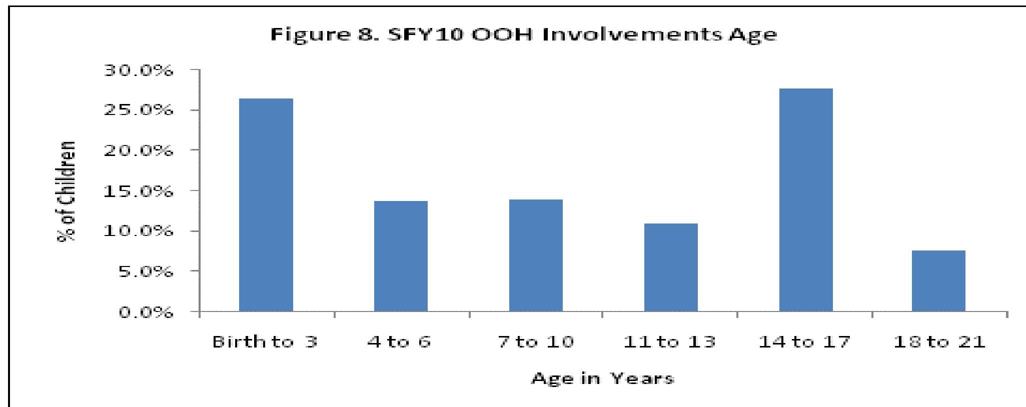
National Origin and Race

Demographic information on this subset of children (see Figure 7) indicated a higher percentage of Hispanic origin children as compared to the overall involvements (see Figure 4). In addition, racial data indicated a higher percentage of African American and Multiracial children, and a lower percentage of Caucasian youth (Figure 7).

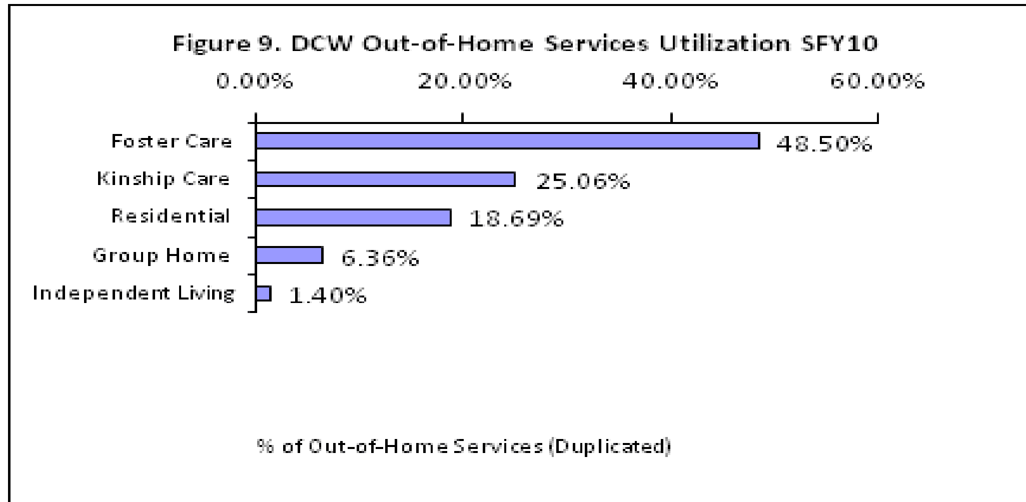


Age and Gender

The age distribution of the OOH involvement population demonstrated a different pattern than that of the overall involvements (see Figure 8) with a peak in the teen and infant years. 27.6%of the children were ages 14 to 17 and 26.4% were ages birth to 3. The gender distribution remained relatively similar with 53.8% of male children compared to 46.2% of female children.



Colorado had 11,905 OOH involvements. After excluding DYC placements, Detention Care, Hospital Care and Psychiatric Care, 11,772 involvements remained. The majority of OOH involvements were in a Foster Care setting (48.50%) followed by Kinship Care (25.06%) and Residential Care (18.69%; see Figure 9).



<u>2010 Activities and Accomplishments Contributing to Improved Outcomes</u>
Activities and accomplishments contributing to improved outcomes are classified in categories of improving resources, improving placement stability and improving youth stability and independent living/transition planning.

<u>Improving Resources – Recruitment and Retention</u>

- Completion of the 2011 Resource Family Recruitment and Retention Plan with distribution to all counties. Counties furnish plans as complement to State Plan by April 30, 2011.
- Continuing Technical Assistance provided by the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids for Technical Assistance in developing a market segmentation targeted recruitment and retention strategies.
- A password protected website has been set up for rural county foster care recruitment specialists. The site links coordinators and the Specialist networking, technical assistance and peer support. The site may be accessed at: www.ruralrecruiter.groupsite.com
- There has been a concentrated focus on rural needs:
    - Meetings with both rural county directors and recruiters to discuss recruitment practices, share ideas and develop new plans and strategies.
    - Presence at San Luis Valley (southwestern part of the state) 4H Fair to promote foster care.
    - Met with the Board of Directors for the Rural Solutions Collaborative to discuss ways in which the collaborative may be able to support foster parents.

<u>Improving Resources – Relative Guardianship</u> - The Relative Guardianship Program (RGAP) was activated in 2010. Program specifics include:

- Rules adopted February 2010, with eligibility backdated to October 2009.

- RGAP is open to both IV-E (federal/state/county) and non-IV-E (state/county) eligible youth and children whose permanent goal of reunification or adoption is no longer appropriate based on their individual needs.
- The youth/child must have lived at least six (6) consecutive months with a relative in the fifth (5th) degree of kinship and who was fully certified as a kinship foster home.
- The child must have a significant relationship with the prospective relative guardian.
- The relative guardian must be committed to the permanency of the youth/child.
- The relative guardian must be fully informed about the benefits of permanency and the merits of adoption as a more permanent living arrangement for the youth or child.
- The amount of reimbursement (less respite amount) is achieved through negotiation, based on the child's needs.
- The relative guardian may receive reimbursement in an amount of up to $2000.00 for non-recurring guardianship expenses.
- The Court agrees to the petitioning of the Probate Court by the relative guardian.
- A three-year agreement is developed with the guardian, who must also submit annual reports verifying that the child is still in his/her care.

Improving Placement Stability

- The Sub-PAC Permanency Task Group, comprised of State, County, legal and behavioral health representatives, has clarified information that is to be provided to OOH providers so the provider may meet the child's needs.
- Diligent Search Training (domestic and international) has been provided to counties.
- The Colorado Kinship Guide has been distributed to all counties, and is available on the Kinship Connection Website. The site, available through both DCWS and the Office of Economic Security, provides services and financial (TANF) information for kin caregivers.
- Runaway prevention training has been provided, in multiple regions, as a placement stability strategy.

Improving Youth Stability and Independent Living/Transition Planning

- Development and use of the Adolescent Care Exceptions Report, a comprehensive caseload management tool that focuses on youth 15 years and 9 months of age through emancipation.
- Development and use of the Health Care Decision Making Toolkit for youth.
- Legislation providing access to a Colorado Driver's Permit for youth having completed a certified Drivers' Training Course.

Goals: (P1, WB1)

1. Children will be in a permanent living situation in a timely fashion and will have permanency and stability in their living situations.
2. Permanency goals will be selected and reviewed throughout the life of the case and be based on the child's needs.

Objectives

1. Increase the percentage of children that are able to remain with their families after reunification.
2. Increase the percentage of children in OOH care who experience 2 or fewer moves.

3. Increase the number of children who achieve reunification with their birth families or caretakers within 12 months.
4. Increase the number of children who exit foster care into adoptive placements within a 24-month period.
5. Establish the permanency goal timely for children in foster care.
6. Hold the 12-month permanency hearings timely.

Performance and Quality Assurance

Child permanency outcomes on the above objectives are measured with ARD or CFSR Composite Data and are detailed as follows:

Objectives 1,3

Permanency Composite 1: Timeliness and Permanency of Reunification

The national standard is 122.6 or higher. For FFY 2010, Colorado is at 120.2, and although experiencing some decline, maintains a National Ranking of 16 out of 47. There are two components to Composite 1:

1. Timeliness of reunification: In two of the three measures of timeliness of reunification, exits to reunification in less than 12 months and entry cohort reunification in less than 12 months, for FFY 2009, Colorado exceeds the 75th percentile (75.2%) at 78.1%. This is a slight decrease from FFY 2009 performance of 79.0%. In the measure of median stay, Colorado is at the 25^{th}percentile of 5.4 months.
2. Permanency of Reunification: the measure is re-entries to foster care in less than 12 months. Colorado does not meet the 25th percentile of 9.9% (or lower); Colorado's measure is 13.4%, a significant improvement from 18.7% for FFY 2009 and 17.3% for FFY 2008.

Objective 4

Permanency Composite 2: Timeliness of Adoptions

The national standard is 106.4 (or higher) and Colorado's score is 119.8 for FFY 2009, with a National Ranking of 6 out of 47. This is a dramatic increase from the score of 113.4 for FFY 2008. There are three components to Composite 2:

1. Timeliness of adoptions of children discharged from foster care. This component has two measures: children who are discharged from foster care to a finalized adoption: Colorado is at 50.6% in 2010, a decrease from 59% in FFY 2009; and the length of the median stay (lower score preferable): Colorado is at 23.7% for 2010, an increase from 21.7% in FFY 2009.
2. Progress toward adoption for children in foster care for 17 months continuously or longer: Colorado is at 23.3% for 2010, a continuing upward trend from 19.2% in 2008.
3. Progress toward adoption of children, who are legally free, in less than 12 months: Colorado's finalized adoptions were at 62.6%, a significant upward trend from 52.0% in 2009.

Permanency Composite 3: Achieving Permanency for Children and Youth in Foster Care for Long Periods of Time

The national standard is 121.7 (or higher) and Colorado's score for FFY 2009 was 124.1, an increase from 122.7% in FFY 2008. Colorado has maintained a National Ranking of 14 out of 51 in

Composite 3 since FFY 2008. The two components to Composite 3 are:

1. Achieving permanency for children in foster care for long periods has two measures. For exits to permanency before the 18th birthday for children in care for 24 or more months, Colorado was at 20.3% for 2009 and 25.0% for 2010. For exits to permanency for children with termination of parental rights, Colorado remained at 97.2% for 2010.
2. Growing up in foster care has one score, children emancipated who were in foster care for three years or more (lower score preferable). Colorado scored 25.3% for 2010, a slight decrease in performance from the FFY 2009 score of 27.0%. This remains below the Federal Standard of less than 37.5%.

Objective 2

Permanency Composite 4: Placement Stability

The national standard is 101.5 (or higher) and Colorado's score for FFY2009 was 100.6% for FFY 2009, an increase from FFY 2008 of 99.5%. Colorado's National Ranking has moved from 12 to 11 of 51. There are three measures in this composite:

1. Two or fewer placement settings for children in care for less than 12 months: Colorado scored at 88.1% for 2010 and at 86.4.% for FFY 2009.
2. Two or fewer placement settings for children in care for 12 to 24 months: Colorado scored at 60.1%, a decrease from 66.7% for FFY 2009.
3. Two or fewer placement settings for children in care for 24 or more months. Colorado scored at 37.1% for FFY 2010, an improvement from 35.1% in FFY 2009.

Improvement in this measure may be attributed to the work plans implemented by counties in August 2008 to reduce the number of moves that children experience in OOH placement.

Objective 6

Permanency Hearings for Children in Foster Care

Each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months. ARD results for this area from July 1, 2010 to December 31, 2010, indicate that court orders exist in 96.6% of the cases reviewed which document that permanency hearings were held within the last 12 months and that the signed order contains language that reasonable efforts were made to achieve permanency for the child.

ARD data is used to monitor permanency for children and youth. Placement stability has improved in the National Standard, but ARD SFY 2011, Quarter 2 data reflects a 52% finding for placement moves during the review period. This is an improvement from the finding of 32.5% in the CFSR Onsite Review.

CFSP Theme #3 Assuring that Children Receive Adequate Services for their Well-being

Improving well-being outcomes for children, youth and families is integral to permanency and safety. Well-being outcomes are also contingent upon the strength and success of county and state collaborations. Much of this work is ongoing and will be initiated through PIP Action Steps and benchmarks that engage the Court Improvement Program, the Division of Behavioral Health and counties. Permanency Activities and Accomplishments, contained in the previous section are linked to the improvements to child and family well-being, just as strategies to improve well-being

are linked to permanency. The PIP has combined permanency and well-being into an overarching strategy: Improve Permanency and Well-Being Outcome by Increasing Consistent Services Irrespective of where in the State the Children, Youth and Family Live.

2010 Activities and Accomplishments Contributing to Improved Outcomes

- Collaboration between Health Care Policy and Financing and CDHS has facilitated initial planning to improve the coordination of health care services for children/youth in OOH placement.
- Medical experts, health and community providers are engaged in systems improvements and future planning.
- Through collaboration, Medicaid data is made available for planning for improvement of child/youth health outcomes.
- County efforts to improve Monthly Caseworker Visits are critical to the safety, permanency and well-being of children and youth and engagement of their families and relatives.
- State and local collaboratives are an essential component in the services for children, youth and their families.

Goals (S1, S2, WB1, WB3)

- Children and families will live in safe and stable environments with access to a continuum of quality services appropriate to their needs.
- Families will have enhanced capacity to provide for their children's needs.

Objectives

1. Children will receive the appropriate services to meet their educational, physical and mental health needs. The goals, objectives and interim benchmarks specifically related to the physical and behavioral health of children are located in the "Health Care" Services section of the CFSP.
2. Parents and children will be involved in case planning.
3. 90% of monthly worker visits with children will be face-to-face.
4. Caseworkers will conduct the required visits with parents and discuss services needs and progress as well as the needs of their children.
5. Children will receive timely physical, dental and mental/behavioral health assessments. Services needs identified through the assessment will be provided in a timely manner.

Assessments of children's needs will include foster care and kin caregiver input. The needs of all required parties as related to the child will be addressed through services:

Objective 2

To achieve the objective of the involvement of parents and children in family services planning the following has occurred:

- The Sub-PAC Permanency Task Group has initiated the state-county workgroup to establish the basic standard for all counties for family engagement. This includes a single definition of family engagement and how it is used throughout the life of the case.

Objectives 1-4
To achieve the objective of face-to-face visits between the workers and children the following have been implemented:

- The Sub-PAC Child Protection Task Group maintains accountability for improving Monthly Caseworker Visits.
- State Child Protection Staff as regular contacts with counties to provide over the shoulder support and assistance with Trails documentation of caseworker visits. County practices for improving visitation rates are disseminated to all counties.
- State Child Protection Staff monitors caseworker contacts by county and regular reports and technical assistance are provided to the counties.
- Caseworker core training emphasizes the purpose of visitation and effective strategies for workers to use in conducting meaningful visits with children.

To achieve the objective of required visits with parents or guardians the following are implemented:

- Team decision making and family group conferencing includes notification of fathers and non-resident mothers. The new ARD Review Instrument has specific questions about notification, who was invited and who attended.
- Counties will be evaluated for increased father and paternal relative involvement in 2011 using ARD data from the revised review instruments.
- The Promoting Responsible Fatherhood Colorado Dads/Caseworkers website was launched June 1, 2010, which targets child welfare workers and emphasizes father involvement. The website is the result of partnership between the Office of Self-Sufficiency, Promoting Responsible Fatherhood Project, and DCWS. Additional information about the website is available on pages 9 and 10 of this report.

Objective 5
The following have been implemented to achieve the objective of children with identified physical, dental behavioral and mental health needs having services provided the following have been implemented:

- The collaboration between DCWS and Health Care and Policy Financing improves the oversight and coordination of health care for children in OOH placement, and provides access to medical experts and Medicaid programs, resources and data.
- The Health Care Oversight and Coordination Plan developed by the Health Care Policy and Financing Child Health Care Advisory Committee provides for current and future planning of improved health outcomes for children/youth in OOH placement. The Committee's efforts are currently focused on developing resources for health care coordination that is regionally/county based.
- In compliance with Public Law 111-148, "The Patient Protection and Affordable Care Act", DCWS developed the Advance Medical Directives Information for Youth Emancipating from Foster Care Tool Kit and disseminated the information via Agency Letter to all counties. Volume 7 Rules revision has been completed.
- Statewide Caseworker Core training emphasizes use of North Carolina Family Assessment Scale, Colorado Client Assessment Record and Early Periodic Screening, Diagnosis and Testing in order to determine and document the need for initial and ongoing health services.

- Trails requires entry of assessment information at specific points of time in the life of the case.

The services provided in FY 2011 will remain as outlined in the 2010-2014 CFSP. There are no planned changes to Colorado's Program Services.

II. COLLABORATION

Community Partnerships and Collaborations

Community partnerships and collaborations, rated as strength in the 2009 CFSR, play a key role in strengthening the child welfare services continuum at both state and county levels. These include court collaborations, PSSF community partnerships, the Collaborative Management Program and other stakeholder collaborations that support the development and implementation of the CFSP. The Colorado Practice Initiative and the Colorado Consortium on Differential Response are energizing, informing and engaging county departments. The Court Improvement Program, with the local Colorado Best Practice Courts Program promotes county departments and the judicial system collaboration to meet their county needs and practices. The following description provides detail about these key collaborations.

Collaboration between CDHS and Colorado Judicial System

Colorado is divided into twenty-two judicial districts, 21 of which formed multidisciplinary teams designated as Colorado BPC Teams, under the auspices of the Colorado Court Improvement Program (CIP). BPC Team activity is found on the Colorado BPC Team Website, the goal of which is to provide electronic access to expertise and consultation. The collaboration between Colorado's Courts and the CDHS contributes positively to Colorado's comprehensive, coordinated child and family services continuum as follows:

- CIP has adopted a new the Learning and Teaching Program Model. The new process involves committee members in taking an active role in learning about different jurisdictions and providing feedback on practices. It is similar in process to CPI
- CIP has a flexible funding grant program that provides grants of up to $5000.00 for jurisdictions that apply. These grants reinforce the local community practice and collaboration.
- Roles and Responsibilities Training, starting October, 2009, has strengthened Multidisciplinary teams with enlightenment about the different systemic responsibilities
- The Family Justice Information System (FAMJIS), continues to be recognized as one of the nation's best child welfare data exchange projects and continues to assist at the local level, with the following:
- FAMJIS data exchange information measure performance on specific items related to safety, timeliness, due process, and permanency and is available to judicial officers and staff.
- Quarterly training occurs in the areas of management reports, data integrity and data sharing between the two agencies.
- Site visits, including data presentations, coordinated with all stakeholders.

Collaborative Management Program

The Collaborative Management Program's work with and among counties contributes to a full continuum of care. Thirty counties including 9 of the 10 largest are involved in the program. A

State Steering Committee comprised of the supervising agencies and county departments and family advocates guides the work of the program. State Executive Directors of each of the involved agencies meet annually according to statute to review the program and address barriers to the effective operation of the program. The Program's Steering Committee conducted a recent study of consumer involvement levels. Incentives are provided to counties that meet their local CMP outcomes. A total of $3,168,000.00 was distributed in incentives for SFY 2010 to Adams, Alamosa, Boulder, Chaffee, Conejos, Denver, Douglas, El Paso, Elbert, Fremont, Garfield, Grand, Gunnison/Hinsdale, Huerfano, Jefferson, Larimer, Logan, Mesa, Moffat, Montezuma/Dolores, Morgan, Pueblo, Routt, Teller and Weld Counties.

Colorado's Children and Youth Information Sharing Initiative

The Collaborative Management Program and the Prevention Leadership Council (under the Department of Public Health and Environment) formed the Colorado's Children and Youth Information Sharing Initiative Collaborative in March of 2006. The main purposes are to structure policy and procedures for efficient, appropriate and timely sharing of information between service agencies at the state and local levels to improve services and outcomes of children, of youth and families involved in services. Recent accomplishments of the group include applying for and participating in grants to secure project funding. Division of Behavioral Health has intensified its involvement on the Initiative and Division of Youth Corrections signed on as part of the initiative in 2010. The involvement of both agencies is an important step in building in the collaboration.

Residential Care Collaborative

The Residential Care Collaborative is another key collaboration for CDHS in the work of refining the program for residential care for children and youth. The Collaborative is made up of County, State and Provider representatives, originally charged with the redesign of Colorado's residential mental health program in SFY 2006. The group continues to meet to evaluate program operation, approve rate setting methodology processes, and fine-tune any remaining program design issues. The current activities of the collaborative include:

- Development of a pilot program Request for Proposal for 2011, focusing on a specific population of youth, served both by DCWS and Division of Youth Corrections who have experienced 3 or more moves being served in residential treatment. The Proposal has been completed and will be moved forward in the future.

The collaborative work of the group is essential to the well-being of children, youth and families that are involved with residential levels of care, and represents another strategy to improve placement stability.

CFSR Executive Oversight Committee

The CFSR Executive Oversight Committee was appointed by former CDHS Executive Director Beye and is meeting quarterly, providing advice and information for the CFSR process. The focus is the PIP. The Committee is comprised of a variety of stakeholders, including county and state representatives, behavioral health and foster care providers, an adoptive parent, youth and three district court judges, members of the Office of the Child's Representative, and court representatives. Two of the district court judges were reviewers for the 2009 onsite review. The Committee has agreed to serve in the dual role as the Project Steering Committee for Colorado Practice Initiative, providing a high level of multidisciplinary expertise to inform and guide both activities.

Colorado's Practice Initiative and Differential Response Collaborations

Colorado's Practice Initiative and the Consortium for Differential Response are collaborations occurring with DCWS representatives and counties in:

- Planning for the initiatives' design and implementation.
- Communicating about the initiative.
- Evaluating the initiatives both locally and nationally.

Colorado's Youth Collaboration

Contained within DCWS is a youth-specialized program staff triad, comprised of the Chafee Foster Care Independence Program Administrator, the Youth Services Administrator, and the Youth Specialist that work as a team with counties and community collaborators, improving youth outcomes.

The Youth Services Administrator focuses on providing front-end services to prevent pressure on the Chafee Foster Care Independence Program for youth who are projected to emancipate from foster care. With a combination of the Rural Youth and Homeless Collaborative and Chafee resources, counties have been involved in a targeted focus on positive youth development and runaway and homeless youth prevention awareness as a placement stability strategy. Youth services were provided in the six rural collaborative sites and their six rural youth leadership teams that involve 47 youth. In addition, there has been training in Other Planned Living Arrangement permanency option reduction. According to Trails, runaways from placement care dropped 22% from 779 in SFY 2010 to 608 in SFY 2011. The youth teams provide extensive youth and young adult stakeholder involvement in practice and program changes.

SFY 2010 has continued with Youth Advisory Board expansion. There are nine county Youth Advisory Boards in addition to the State's Youth Leadership Team. More hybrid and blended youth advisory boards are developing as counties engage their local partner agencies in development. The DCWS Youth Specialist is instrumental in assisting with the development and guidance for youth boards. The Specialist also oversees the activities and organization of the Youth Empowerment Services Academy and the Youth Leadership Team. Youth are assisted with preparation for involvement in activities and succession planning occurs to maintain the team's expertise. New board participants that are brought into the project receive orientation, coaching and mentoring in specific tasks. A number of the participants are in paid internships and are assigned specific duties.

The State's youth have continued to gain a stronger voice and presence. The State's Youth Leadership Team is often requested to provide information about their experiences in the child welfare system or for youth-related legislation. The Rural Collaborative for Homeless Youth and the Rural Collaborative Youth Leadership Team have ensured that there is a youth voice for rural areas and have leveraged additional grant funds targeting the rural area, boosting Colorado's services array. The Rural Collaborative Youth Leadership Team, working with the Chafee Foster Care Independence Program (CFCIP), actively ensures there are youth services available in all areas of Colorado. The CFCIP is described in Section XIII.

Stakeholder Involvement in the Review of the CFSP
Colorado sought stakeholder guidance to examine practices, policies and procedures to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities. Stakeholders provide the opportunity for public outreach and comment in order to assess the impact of current procedures and practices on children and families in the community.

Stakeholder input is received through various methods such as local collaborative and program steering committees and through county program coordinator meetings for the 2009 PIP development. Stakeholder input was gathered for Colorado Base Practice Model development.

In a continuing effort to gain information about trends in resource family recruitment and retention, The CY 2010 Foster Parent Exit Survey indicates that 1,026 foster homes closed with "personal decision" and "finalized adoption" as the two highest reasons. The third highest reason was "inadequate support". The closure rate is fairly stable, with 16 more closures compared to 2009 (1,010). The analysis of 257 surveys (out of 326 returned) indicates that the kinship/child specific foster parents were the most satisfied group with their experience compared to the CY 2009 survey. It was also determined that kinship family foster care has decreased fifteen percent from 948 children/youth placed in SFY 2008 to 809 placed in SFY 2010. Conversely, the use of non-certified kinship homes has increased thirteen percent over the past three years from 3,225 children/youth placed in SFY 2008 to 3,696 placed in SFY 2010. The satisfaction rate for traditional foster parents was 76%. There was a significant decrease in satisfaction regarding matching the placement with the foster parent's preferences compared to CY 2009.

Youth stakeholder input is gathered regularly. The continuous 2010 Save Our System survey of 122 youth, (48% male, 52% female) indicates that the top need is: Youth Voice at 65% followed by Funding Supports at 15%, Youth Resources at 14% and Transportation Supports at 6%.

As a preliminary step in addressing the mental health services needs of children and families, a brief questionnaire was sent to the counties requesting information on current mental health services in their areas. Eighteen counties provided information:

- The counties have partnerships with their local mental health centers; some have additional partnerships with private agencies/individuals.
- There was a need for more specialized treatment in a number of areas, such as domestic violence counseling, sexual perpetrator treatment, sexual abuse victim treatment trauma therapy, Eye Movement and Desensitization Reprocessing therapy, play therapy, psychiatric consults, psychological evaluations, parent/child evaluations, co-occurring disorders and substance abuse treatment.
- Some of the families did not want to use the services, based on prior negative experiences.
- The use of technology (telemedicine) is being used on a limited basis.

All responding counties have some type of regular communication with their partnering agencies and seek problem resolution as appropriate.

The Collaborative Management Program conducted a 13-member stakeholder focus group in April 2011. Nine of the stakeholders participated in child welfare services. Of the nine, seven indicated

they had been involved in their family's child welfare case planning a majority of the time. Five of the respondents responded that they received services that helped them resolve the initial issues that brought them into contact with the child welfare system. Four responded that they did not receive services to help them respond to initial issues. The Core Services Program has conducted a stakeholder survey, but the information is not yet available for this report.

III. PROGRAM SUPPORT
Training, Technical Assistance, Research

Training Progress Report

CDHS has developed the Child Welfare Training Academy, which ensures that individuals hired to work in the Child Welfare system receive the necessary training to perform the functions of their jobs responsibly and that experienced child welfare caseworkers and supervisors continue to enhance their knowledge and skills annually. The Academy opened in January 2010 and classes were delivered as planned throughout the entirety of this reporting period.

The Academy consists of two components, pre-service training for newly hired caseworkers and newly hired or promoted child welfare supervisors. During this reporting period 200 child welfare caseworkers and 42 child welfare supervisors completed the Academy pre-service series.

The second component is ongoing in-service training for experienced child welfare caseworkers, child welfare supervisors and new and experienced foster/adoptive parents. During this reporting period there were approximately 3500 trainees who were either workers or supervisors and 825 new or experienced foster/adoptive parents.

Following are the evaluations and attendance reports for the pre-service and in-service training for the period April 2010 through February 2011.

EVALUATION DATA FOR TRAININGS OFFERED BETWEEN April 1, 2010 and February 28, 2011

The following tables show satisfaction by course with the content of the training academy modules. The ratings are on a scale from 1 to 4 with "1" denoting the least amount of satisfaction and "4" denoting the highest level of satisfaction.

NEW WORKER TRAINING ACADEMY

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 1	Mean	3.36	3.49	3.62	3.66	3.72	3.69	3.68
	N	217	209	204	218	217	216	215
Module 2	Mean	3.46	3.52	3.64	3.73	3.74	3.73	3.70
	N	228	217	223	227	228	226	226
Module 3	Mean	3.36	3.51	3.57	3.58	3.61	3.58	3.61
	N	202	195	197	202	201	199	197
Module 4	Mean	3.42	3.51	3.55	3.53	3.55	3.50	3.55
	N	208	198	202	205	204	202	203
Module 5	Mean	3.43	3.50	3.59	3.60	3.63	3.55	3.57
	N	209	204	204	209	207	205	200
Module 6	Mean	3.55	3.57	3.59	3.62	3.60	3.61	3.64
	N	205	199	202	205	204	202	201
Module 7	Mean	3.65	3.68	3.67	3.71	3.72	3.71	3.71
	N	196	193	194	196	196	197	197
LPC1 8	Mean	3.61	3.66	3.68	3.75	3.76	3.74	3.72
	N	226	216	222	224	225	221	217
LPC2	Mean	3.63	3.68	3.72	3.73	3.73	3.75	3.72
	N	219	218	216	219	219	217	215

Course Titles

Module 1: Beginning Your Trip on the Child Welfare Path.
Module 2: The Initial Assessment.
Module 3: Interviewing, Child Development and Effects of Maltreatment.
Module 4: Sexual Development in Children and the Nature of Adolescents.
Module 5: Ongoing Service Provision.
Module 6: Achieving Permanency for Children in the Child Welfare System.
Module 7: Winding down the Path.
LPC1: Legal Preparation for Workers Day. 1
LPC2: Legal Preparation for Workers Day 2

Content items by number

Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My agency will support me in using this training on the job.
Content 4: I learned specific job-related knowledge and/or skills.
Content 5: I will use knowledge and/or skills from this training on the job.
Content 6: I will be able to do my job better because of this training.
Content 7: Families will benefit from my taking this course.

NEW SUPERVISOR TRAINING ACADEMY

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Module 1	Mean	3.39	3.49	3.49	3.49	3.59	3.59	3.43
	N	41	41	41	41	41	41	40
Module 2	Mean	3.48	3.44	3.50	3.63	3.63	3.57	3.53
	N	46	45	46	46	46	46	45
Module 3	Mean	3.59	3.65	3.64	3.70	3.75	3.70	3.60
	N	44	43	44	44	44	44	43
Module 4	Mean	3.43	3.52	3.54	3.54	3.59	3.57	3.57
	N	46	46	46	46	46	46	46

Course Titles

Module 1: Leading the Way in Child Protection.
Module 2: Clinical Practice & Case Consultation.
Module 3: Supervisor as Practice Expert.
Module 4: Agency Collaboration.

Content items by number

Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My agency will support me in using this training on the job.
Content 4: I learned specific job-related knowledge and/or skills.
Content 5: I will use knowledge and/or skills from this training on the job.
Content 6: I will be able to do my job better because of this training.
Content 7: Families will benefit from my taking this course.

FOSTER PARENT CORE

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7	Content 8
Foster Core	Mean	3.57	3.61	3.69	3.56	3.73	3.70	3.76	3.72
	N	478	437	461	476	488	481	486	482

Content items by number

Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My County will support me in using this training as a foster parent.
Content 4: This class helped me with making my decision about being a foster parent.
Content 5: I have more knowledge of what is required of me as a foster parent.
Content 6: I will be a better foster parent because of this training.
Content 7: I will use what I learned from this training as a foster parent.
Content 8: Children will benefit from my taking this course.

ONGOING WORKER and SUPERVISOR TRAININGS

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7
Worker Ongoing	Mean	3.48	3.54	3.60	3.59	3.61	3.56	3.57
	N	3501	3473	3467	3484	3490	3483	3474

Content items by Content number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My agency will support me in using this training on the job.
Content 4: I learned specific job-related knowledge and/or skills.
Content 5: I will use knowledge and/or skills from this training on the job.
Content 6: I will be able to do my job better because of this training.
Content 7: Families will benefit from my taking this course.

FOSTER PARENT ONGOING TRAININGS

Course		Content 1	Content 2	Content 3	Content 4	Content 5	Content 6	Content 7	Content 8
Foster Ongoing	Mean	3.52	3.54	3.53	3.48	3.54	3.61	3.66	3.60
	N	347	326	275	262	276	280	287	317

Content items by number
Content 1: The subject matter was at the right level of difficulty.
Content 2: The workshop content was compatible with my agency's philosophy and policies.
Content 3: My County will support me in using this training as a foster parent.
Content 4: This class helped me with making my decision about being a foster parent.
Content 5: I have more knowledge of what is required of me as a foster parent.
Content 6: I will be a better foster parent because of this training.
Content 7: I will use what I learned from this training as a foster parent.
Content 8: Children will benefit from my taking this course.

Staff Training and Technical Assistance

The following trainings were conducted from July 1, 2010 through March 15, 2011 and are sorted by outcome domain.

Outcome Domain: Safety

- In the Best Interest of our Children: A Hands On Approach – Eight Sessions
- Integrating Child Welfare and Substance Abuse Intervention – One Session
- Maternal Substance Abuse – One Session
- Medical Aspects of Child Maltreatment One Session
- Promoting Placement Stability – Two Sessions
- Treatment Planning for Abused Children – One Session
- Youth Safety: Runaway and Homelessness Prevention – Four Sessions
- Connecting The Dots: Keeping Kids Safe & Connected – Four Sessions
- Consistency in Child Protection Assessment – Three Sessions
- Developmental Consequences of Child Maltreatment – Three Sessions

- Medical Aspects of Child Maltreatment – Two Sessions
- North Carolina Family Assessment Scale – Three Sessions
- SAFE – Structured Analysis Family Evaluation – Seven Sessions
- SAFE Home Study Interview – Two Sessions
- SAFE Supervisor Training – Two Sessions
- Sexual Health for Foster Care Children and Adolescents – Four Sessions
- Working with Sexually Abused Children in Foster Care – Three sessions
- Stay Healthy & Alive: Drug Awareness, Personal Safety – Seven Sessions
- Legal Preparation for Caseworkers – Nine Sessions
- Motivational Interviewing – One Session
- Foster Parent Core – Twenty Four Sessions
- Principles of Addiction Counseling for Caseworkers – Two Sessions
- Supervisor Core 1: Administrative Supervision – Two Sessions
- Supervisor Core 2: Educational Supervision – Two Sessions
- Supervisor Core 3: Supportive Supervision – Two Sessions
- New Worker Core 1: Family-Centered Child Welfare – Five Sessions
- New Worker Core 2: Case Planning and Family Centered Casework – Seven Sessions
- New Worker Core 3: The Effects of Abuse and Neglect on Child Development – Seven Sessions
- New Worker Core 4: Separation, Placement and Reunification – Seven Sessions
- Teaching Parents with Cognitive Disabilities Home Safety – One Session
- Initial Intervention with the Non-Offending Parent – Two Sessions
- Institutional Child Abuse/Neglect Intake Seminar and Training – Two Sessions
- Adolescent Substance Use and Associated Disorders – Two Sessions
- Adolescents with Developmental Disabilities -.One Session
- Adolescents with Developmental Disabilities who Commit Sexual Offenses – Two Sessions
- Roles & Responsibilities – One Session
- Ethics and Liability – Three Sessions
- Legal Preparation for Caseworkers – Eighteen Sessions
- Intro to Academy Mentoring Program – One Session

Outcome Domain: Permanency

- Advocating for the Educational Needs of Children in OOH Care – Two Sessions
- Concurrent Permanency Planning – Two Sessions
- Effective Matching Practices: Concurrent Planning and the Art of Matching – One Session
- Finding the Best Possible Placement for Children – One Session
- Foster Parent Core Training – Forty-two Sessions
- Guided by the Law: ICWA, ADA, MEPA, ASFA – One Session
- ICWA-The Indian Child Welfare Act – Partnering for Permanency – One Session
- Transitioning to Adult and Community Living – One Session
- IV-E Training for Workers – Seven Sessions
- IV-E New Worker Training – One Session
- Building Partnerships with Families: Practical Interventions – Two Sessions

- Helping Children Cope: Reducing Trauma During Placement – Three Sessions
- Transitioning to Adult and Community Living – One Session
- Nuts and Bolts of Foster Care – One Session
- Helping Youth in Foster Care Build Self-Sufficiency Skills – One Session
- Teens, Tweens & Everything in Between: Helping Foster Kids Become Successful Adults One Step at a Time – Four Sessions
- Using Psychological Assessment in Child Welfare – Three Sessions
- Adolescent Assessment and Case Planning – One Session
- Adolescent Development – One Session
- Transitioning Youth: Train the Trainer – One Session

Outcome Domain: Child & Family Well Being

- Nurturing Children With Special Health Care Needs – Four Sessions
- Life books: Connecting Children to their Past & Present – Two Sessions
- Other Planned Permanent Living Arrangement Youth Well Being: Using Positive Youth Development – Four Sessions
- Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption – Three Sessions
- Mental Health and Medication for Children in Placement – Two Sessions
- Parents with Mild Cognitive Impairments – One Session
- Healing Traumatized Children in Substitute Care – Three Sessions
- Principles of Addiction Counseling for Caseworkers – Four Sessions
- Helping Children Cope – Two Sessions
- F.I.R.S.T.: Finding Inner Resiliency for Secondary Trauma – Two Sessions
- Visitation Training – One session
- New Director Training – Two Sessions
- Strategies for Parenting Challenging Children – One Session
- Transitioning From Foster to Adoptive Parenting – Two Sessions
- Working with Families with Children/Parents with Developmental Disabilities – Five Sessions
- Recognizing and Managing Behavior in Children with ADHD – One Session
- Interdisciplinary Case Conflict Management – Two Sessions
- Intervention Skills for Case Aides – Two Sessions
- Intervention Strategies & Service Provisions for Adolescents – One Session
- Ages & Stages Social Emotional Screening for Young Children – Two Sessions
- Back to Basics: A Refresher for Seasoned Supervisors – One Session
- Recognizing and Managing Behavior in Children with ADHD – Three Sessions
- Regional Resource Training – Four Sessions
- Stay Healthy and Alive—Drug Awareness, Meth Lab Recognition and Personal Safety – Eight Sessions
- SMART Training – Thirteen Sessions
- Strategies for Parenting Challenging Children Three Sessions
- Teaching Parents with Cognitive Disabilities Home Safety and Child Health Awareness One Session

Child and Family Research

Colorado has the benefit of two major research partnerships: The Applied Research in Child Welfare and the State Data Center through Chapin Hall. The Applied Research in Child Welfare is a collaboration involving 10 counties, the DCWS, and the Graduate Department of Social Work at Colorado State University. The group's research focus is child welfare, and was formed in 2004. The partnership is currently focused on the Colorado Consortium on Differential Response, the effectiveness of Core Services programs and services planning. The partnership with Chapin Hall consists of Colorado State University, the counties of Arapahoe, Jefferson, Denver and Larimer and CDHS. Colorado has been online with the data center since March 2010, and a research group has been initiated to analyze data trends. It is anticipated that this work will inform all DCWS programs and its work with the Counties.

IV. COORDINATION WITH TRIBES

This area describes the progress and accomplishments regarding the Indian Child Welfare Act (ICWA) and coordination of permanency provisions afforded to Indian children. CDHS provides the APSR with to the Tribes.

Process used to consult with Tribes in the past year

The state has consulted with the following tribal staff:
Steve Brittain, Janelle Doughty, Carla Snow, Troy Ralston, Peter Ortego, Preston Corston, Gary Hayes, Ernest House Sr.

The process occurs periodically through the Colorado Commission on Indian Affairs, in periodic contact with the tribes, and contact in conjunction with the Denver Indian Family Resource Center (DIFRC). Discussion items have included minority over representation, ICWA training, and child welfare services. Yearly ICWA convenings have occurred in conjunction with the tribes, the Commission, executive directors of state agencies, county departments, service agencies, family members, and the Casey Family Foundation. These convenings have focused on the importance of serving the Native American population in a culturally competent manner.

CDHS, Casey Family Programs, Denver Indian Family Resource Center and several Denver metropolitan area county departments will convene a meeting in 2011 to address the social/human services needs of the Native American population in the Denver metropolitan area. It is anticipated that the outcomes will include:

- Overview of Colorado's Indian Child Welfare Disparity Rates.
- Reduction of Disparities through the Colorado Practice Initiative.
- Overview of Indian Child Welfare Needs in Metro Denver.
- 2010 Accomplishments.
- Upcoming Opportunities.

There has been discussion/coordination between the Southern Ute Tribe and Trails about the requirements and costs involved in providing Tribal access to Trails.

Level of compliance and the progress made to improve compliance with ICWA during the past year, as informed by consultation with Tribes

Compliance and progress has shown improvement in understanding the cultural underpinnings for ICWA as well as the relationship between ICWA and state statutes. Compliance and progress has included the involvement of the tribes and the Denver Indian Family Resource Center and the Native American Law Clinic at the University of Colorado as well as periodic trainings in different regions of the state coordinated by the Denver Indian Family Resource Center and the Native American Law Clinic. Colorado continues to struggle with compliance under Item 14: Preserving Connections, #1705, specific to ICWA requirements, with a report from the Administrative Review Division showing an average compliance rate of 37%.

Goals and description of specific activities that have been or will be undertaken to improve or maintain compliance with ICWA
A refined ICWA assessment form was developed and implemented in conjunction with tribes, county departments, DIFRC, and the judicial department.

Three trainings were delivered that included:
Indian 101: Outlining the historical and contemporary context of Native families and key concepts for understanding ICWA

Basics of the Indian Child Welfare Act and ICWA's interface with the Colorado Children's Code

Practice in the spirit of ICWA: Demonstrating active efforts and engaging families. Trainings will also continue to be offered to new staff through the Colorado Training Academy. The Colorado Court Improvement Project will continue to include a focus on training any educating court staff.

Compliance with Identification of American Indian Children by County Departments
In following ICWA protocol, ARD asks specific ICWA questions about every child being reviewed. ARD documents Native American children in OOH care. The review of the child's ICWA status includes a series of 10 questions about the inquiries of Native American heritage, court findings, tribal notification of child's placement and court proceedings. Statewide data for SFY 2011, quarter 2 indicates compliance is at 36.4%. The data reflects that improvements are needed in:

- Court orders determining that ICWA does NOT apply.
- Improved documentation of inquiry of Native American Heritage.
- Notification of all identified tribes.
- Response from tribes.

The changes needed to improve outcomes in compliance with ICWA continue to be addressed by the counties and courts. Training focuses on the areas needing improvement.

Notification of American Indian Parents and Colorado Tribes of State Proceedings Involving American Indian Children and the Right of the Tribe to Intervene
Each of Colorado's 64 counties is expected to notify American Indian tribes about Indian children. Most counties rely on their county attorneys to provide notification of proceedings.

Special Placement Preferences for Placement of Indian children
Colorado has not negotiated a special placement preference for the placement of Indian children. Colorado seeks to comply with all provisions of ICWA, including order of preference. In its

statewide recruitment campaign, CDHS encourages individuals of all cultures to consider becoming foster parents. Denver Indian Family Resource Center has developed Structured Analysis for Foster Home Evaluation Tool training capacity in conjunction with CDHS. The nationally recognized assessment tool is applied in the recruitment and retention of American Indian foster and kinship care homes.

Active Efforts to Prevent the Breakup of the Indian family

CDHS has set aside $25,000 for each Colorado Tribe ($50,000 total) for family preservation and reunification services.

CDHS has consulted with local county departments in an effort to support the application of county resources to culturally competent organizations in an effort to more effectively work with identified Native American Indian families. Specifically, county departments in the Denver metropolitan area have contracted with and are collaborating with Denver Indian Family Resource Center to extend the delivery of these services. These services are funded through Core and PSSF funds.

Use of Tribal Courts in Child Welfare Matters, Tribal Right to Intervene in State Proceedings, or Transfer Proceedings to the Jurisdiction of the Tribe

Colorado strives to meet all of the requirements of ICWA and the Colorado Children's Code. County attorneys are among invited attendees for the State SFY 2010 ICWA regional trainings.

V. HEALTH CARE SERVICES

CDHS works in collaboration with the Health Care Policy and Financing's Children's Services Advisory Board. Board members consist of parents, a dentist, an orthodontist, therapists, pediatricians, family medicine practitioners, Federally Qualified Health Centers staff, Colorado Community Health Network staff, Managed Care Organizations staff, and Behavioral Health Organizations staff. The Board meets monthly to assist in developing the health care oversight and coordination plan for children in foster care. Other existing committees and stakeholders will be asked to participate. One such committee, the Mental Health Integration Committee, is working to integrate mental health services with the Eastside Health Clinic as the Denver County Department of Human Services requires foster children to receive medical services at that Clinic.

CDHS and the Children's Services Advisory Board established a committee to work on health care services issues based on Section 205 of P.L. 110-351, and P.L. 111-148, the Patient Protection and Affordable Care Act. The Health Care Oversight and Coordination Plan for Children in Foster Care Plan is located in Appendix D.

The requirement for oversight of the use of psychotropics by children in OOH placements is managed through The DCWS Quality Assurance Unit and the Division of Child Care Licensing. Medication logs for children are reviewed through regular monitoring processes and education/technical assistance is provided on an as-needed basis. Specific data regarding the use of psychotropic medication by children in OOH care is included in the Health Care Oversight and Coordination Plan in Appendix D.

2010 has been an active year for the Children's Advisory Health Committee, with defining work on the Health Care Oversight and Coordination Plan for Children in foster care and providing the opportunity to communicate about a number of issues for discussion and further planning:

- The Health Decision Making Toolkit for Youth emancipating (or Chafee Foster Care Independence Program youth already emancipated) was distributed with an Agency Letter to counties.
- A Summit, addressing health care coordination for children/youth in OOH placement is being planned for September 2011. The purpose of the Summit is to address implementation of health care coordination for children and to ensure OOH providers and caseworkers have access to assistance and expertise to meet the medical needs of children in foster care.
- Executive level discussion is occurring about planning for future action concerning prescription oversight for children and youth in foster care. The exploration of the issue has begun with Medicaid billing data that was pulled for children/youth in foster care.

VI. DISASTER PLANS

County departments are responsible for the following activities in response to a disaster:

- Identifying, locating, and continuing services for children under county care or supervision who are displaced or adversely affected by a disaster.
- Responding to new child welfare cases in areas adversely affected by a disaster and providing services in those cases.
- Remaining in communication with essential county child welfare personnel who are displaced because of a disaster.
- Preserving essential program records outside of Trails.
- Coordinating services and sharing information with other states in conjunction with CDHS.

Counties have developed individualized disaster response plans detailing the specifics of their responses. Depending upon the nature and extent of a disaster, CDHS will work in conjunction with affected counties to provide support, oversight, and assistance. County Disaster Plans for counties are maintained by CDHS and are available upon request. Colorado has a Pandemic/Disaster plan in place for the State. Colorado was not affected by any disasters in the last year.

VII. FOSTER CARE AND ADOPTIVE PARENT RECRUITMENT

The Statewide Strategic Recruitment and Retention Plan for Foster and Adoptive Families 2011-2013 was completed in February 2011, with technical assistance provided by the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUsKids. The Plan has been provided to the counties with a request that counties furnish their plans to DCWS by April 30, 2011. The Resource Center continues to provide Technical Assistance in development of Colorado's Market Segmentation Targets Strategy for recruitment. The Recruitment and Retention Plan is a comprehensive call to action for the State and counties to obtain resources.

Colorado's Heart Gallery is a traveling photographic and audio exhibit created to find forever families for 102 of the 550 waiting children in foster care. This is a significant annual event and has continued as a year-round display. Additional galleries have been placed simultaneously in different areas and churches in the State. Attendance at the opening of the Heart Gallery has tripled since its Colorado inception in 2005, and approximately 40% of the children whose pictures are displayed are adopted.

Colorado has a fifty-member faith-based collaborative focused on recruitment in addition to the following:

- County departments
- Denver's Village (U.S. HHS, ACF Diligent Recruitment Grant)
- KUVO Radio (Denver)
- Focus on the Family
- Fostering Families Today magazine
- The Adoption Exchange
- Denver Indian Family Resource Center
- Rocky Mountain Law Center
- Colorado State Foster Parent Association
- Project 1.27
- Various professional photographers
- Various rural newspaper agencies

VIII. MONTHLY CASEWORKER VISITS

Monthly Caseworker Visits continue to improve with new strategies that combine regular monitoring and oversight of statewide outcomes and technical assistance to the counties by State Child Protection Team Program Staff. The Research and Evaluation Team submitted corrected AFCARS files, as recommended by ACF, to ensure the data was correct. Corrections were made to ensure that the data matched the services for children in OOH placement. On December 15, 2010, the State reported 74% for Monthly Caseworker Visits, which exceeded the target of 66%. After AFCARS files were corrected and resubmitted, the result rose to 76%. In addition, the following steps have been taken:

- Eight of the ten large counties and twelve small and mid-sized counties have been contacted by Child Protection Team Program Staff during the last 12 months to assess the need for technical assistance for improving Monthly Caseworker Visits. This in-person, individualized contact has been an important factor in determining county specific issues and improving results.
- Through county contact, a variety of issues were determined to need correction. As an example, it was determined that some of the visits that occurred during the initial investigation period were not being tracked by Trails due to the location of the visits in the Trails system. It was also determined that when supervisors completed the visits, the visits were not being reflected in Trails due to the supervisor having a management profile in Trails. There were also instances of significant delay of documentation although the visits had been completed timely. Supervisors were also encouraged to monitor visits before the end of the month to make sure the visits were completed and to assure that assigned staff completed the contacts.
- A Monthly Caseworker Contacts Compliance Tips List, containing information about federal guidelines and best practices from the counties, is disseminated to counties regularly.
- PSSF funds have been used to make enhancements to the Trails data base that will enable more timely and reflective documentation as to when contacts with children have occurred, and ensuring the children's removals are ended timely and appropriately.

- Several improvements have been made to the Monthly Caseworker Visits report, and other Trails reports have been modified to allow for more effective use by supervisors and administrators.
- Volume 7 Rules changes, effective June 1, 2010, provide direction for caseworker contacts and the roles of the supervisor and the designated visitation caseworker that were developed by state/county workgroups.
- Trails has been updated to include the capacity for a "Designated Visitation Caseworker" to ensure coverage of contacts by casework staff that have knowledge of the family and the child and that meet Colorado's caseworker qualifications and training certification. This change was rolled out effective April 1, 2010. Caseworkers may enter the name of a Designated Visitation Caseworker, which provides for 3 different contact staff: the primary caseworker, the worker's supervisor and a visitation worker.
- The Child Welfare WYNK (What You Need to Know) Newsletter continues to provide data about Monthly Caseworker Visits. WYNK has a master serve list of over 1000 individuals that includes stakeholders and community representatives at all levels. The newsletters also provide information about the CFSR, child welfare activities and other DCWS updates.
- Counties continue to participate in "Ten for Technology", a long-standing strategy based on the use of PSSF funds for the purchase of new technology for counties who request it and provide the 25% matching funds. The strategy promotes the use of timesaving technologies that reduce caseworker documentation time and duplication. There have been mixed results with the technologies that involve digital pens, Dragon Speak software and laptops.
- Monthly Supervisor Consultation Training has been provided on a monthly basis to support the supervisor's role in assisting the caseworker with behaviorally based services plans. Trainings are provided via teleconference to ensure availability to all counties.

Colorado has exceeded state set target standards for Monthly Caseworker Visits since FY 2008, and will continue to work to ensure the continuity of relationship and treatment progress with children, youth and families. Colorado's baseline for caseworker contacts is 58.9%:

Year	Target	Achieved
FY 2008	61%	69.1%
FY 2009	64%	72.0%
FY 2010	66%	73.56%
FY 2011	90%	

IX. ADOPTION INCENTIVE PAYMENTS

Although Colorado continues to meet and exceed National Standards for Adoption, no Adoption Incentives were received for FFY 2011.

X. CHILD WELFARE DEMONSTRATION ACTIVITIES

Colorado does not have any Child Welfare Demonstration Projects.

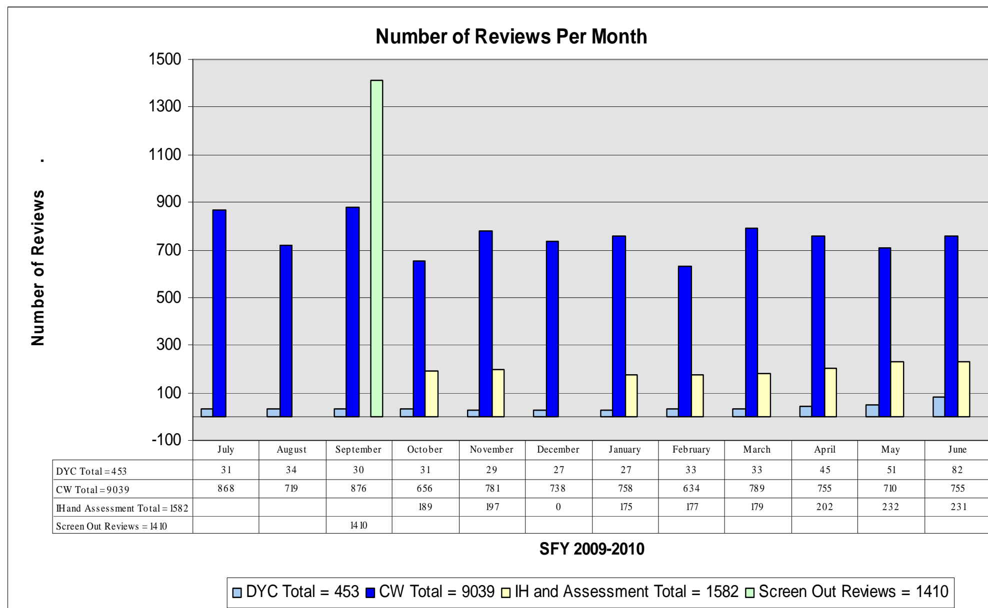
XI. QUALITY ASSURANCE SYSTEM

The quality assurance system is the foundation for Colorado's transition to management by child and family outcomes. The State performance is assessed on key indicators and work is occurring through the CPI to integrate state and county QA efforts into a larger quality assurance system that supports continuous quality improvement. DCWS and ARD have worked in collaboration to ensure that areas needing improvement in the 2009 CFSR Final Report have corresponding actions and measures that will result in a high level of accountability and data that is accessible and accurate for the counties.

Administrative Review Division

During calendar year 2010, the Administrative Review Division (ARD), as part of the overall Quality Assurance system for Colorado's child welfare delivery system, completed the following key elements.

As shown in Table 1, the ARD conducted a total of 9,492 Administrative and Case Reviews (453 in DYC, and 9039 in DCW), 1,582 reviews of children receiving In Home Services and Assessments, and 1,410 referrals that were not accepted for an assessment (i.e., screened out).



	July	August	September	October	November	December	January	February	March	April	May	June
DYC Total = 453	31	34	30	31	29	27	27	33	33	45	51	82
CW Total = 9039	868	719	876	656	781	738	758	634	789	755	710	755
IH and Assessment Total = 1582				189	197	0	175	177	179	202	232	231
Screen Out Reviews = 1410			1410									

Based on recommendations from the Child Welfare Action Committee and the 2009 CFSR Final Report, the ARD implemented a new process designed to ensure resolution of specific practice issues identified during reviews. Specifically, review staff can require a county response to any unresolved issue significantly impacting a child's safety, permanency, or well-being. When identifying these issues, review staff can require an immediate or a 5-day response from the counties, which outlines a plan of action that will be implemented to address the identified concern. If a county does not respond, or the ARD believes the response is not adequate to address the identified issue, ARD then collaborates with the Division of Child Welfare to further work with county administration to ensure a resolution. This process began in July of 2010. Through December 2010 the ARD processed 22 issues using this system.

ARD reinstated the authoring of county specific Quality Assurance Narrative Reports. Using all of the data from the various review processes, ARD compiles a narrative report that identifies a county's Strengths as well as Areas Needing Improvement. The report then makes specific recommendations for improvements, and offers a Continuous Quality Improvement Logic Model that can be used for planning and monitoring improvement initiatives. ARD is currently working with DCWS to integrate this process in the Colorado Practice Initiative.

ARD enhances child welfare casework practice, processes, and policies through reviews, trainings, and technical assistance to county departments. Many of these trainings also provide continuing education credits for workers to maintain certification through the Training Academy. The total trainings provided to counties are in the Table below. The trainings include effective case documentation and services planning and other topics that counties request or identify as training needs. ARD endeavors to not only provide training and technical assistance but to also provide support as part of the overall quality improvement process.

Number of Trainings/Technical Assistance for Quality Assurance Conducted and Staff Participating in SFY 2011

	July 2010	August 2010	September 2010	October 2010	November 2010	December 2010	January 2010	February 2010	March 2011
Counties Trained	1	7	24	4	2	0	1	3	6
Staff Trained	64	74	30	74	34	0	7	31	40

ARD and DCWS have collaborated to create and enhance processes for offering technical assistance to county departments in order to implement a more integrated and over-arching CQI process. Using aggregate data from the various reviews processes, ARD and DCWS partner with counties to identify areas needing improvement and identify appropriate improvement strategies. This collaboration has successfully been implemented for issues such as service planning for children and families and thorough safety and risk assessments. ARD will also partners with DCWS and a county department to author a newsletter highlighting practice tips and this successful partnership. The following chart indicates the number of trainings provided by ARD in 2010:

Volume 1 rules have been passed to address county program improvement and corrective action when issues are identified.

Due to the Fostering Connections to Success and Achieving Adoptions Act of 2008, Colorado's 2009 CFSR Onsite findings and the requirement for a PIP, ARD developed a new review instrument, for both Out-of-home and In-Home cases. ARD met with County and DCWS staff over a period of six months to develop the new instruments. The questions are more qualitative in nature and are aligned with CFSR items for safety, permanency and well-being. Instrument pilots began in February 1, 2010 and continued through July 1, 2010 with ongoing county and reviewer input. Due to the transition in instruments, third quarter ARD review data is not included in this report, and comparisons with 2009 data are limited.

DCWS Quality Assurance Unit

The DCWS Quality Assurance (QA) Unit maintains monitoring of county certified foster care homes continuing to improve the quality of county foster home care for children as follows:

- The Unit audited 28 county departments of human/social services who certified foster homes in 2010.
- In addition to the initial foster care program audit, the Unit conducted 3-month and 12-month follow up visits spending a total of over 190 days of on-site auditing, technical assistance and training to county department staff. Each audit averaged 3 days and included 4 staff.
- When performance plans are required due to audit findings, there is a 10-business day turnaround for sending out the report to the county department. This improved 89% from the previous fiscal year. The total number of days to resolve areas of deficiency improved 74% from the previous fiscal year. The QA Unit reviewed and followed up on 120 critical incident reports and 236 Stage II Reports.

XII. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

2011 CAPTA Annual Report

Colorado detailed its objectives and measures of progress for Child Abuse and Prevention Treatment Act (CAPTA) funding In the 2010-2014 Child and Family Services Plan. The new CAPTA plan is submitted under separate cover. This 2011 report discusses the progress made toward those objectives. Below each objective is:

- A description of the objective's alignment with areas needing improvement as identified in the 2009 CFSR Final Report, and other program improvement plans.
- Details of the accomplishments and progress achieved to date in the past fiscal year toward meeting both that objective, and, where applicable data is currently available, CFSR measures.

Activities were carried out with basic state grant funds to improve outcomes for children and families. Some activities met more than one objective; however the activity may be included in one section. Colorado's focus for use of CAPTA funds during the last fiscal year was:

- To ensure that all counties had access to expert child protection consultation resources;
- Shaping child protection practice across the state to effectively address the issues that arise with co-occurrence of cases of child abuse and neglect and domestic violence; and,
- Collaboration across systems to provide a more comprehensive, coordinated and effective child and family services continuum.

Objective 1: **Ensure that CDHS is able to provide reliable, consistent, accurate, and timely information concerning records of and reports of child abuse and neglect.**

Relevant CFSR, PIP, or other areas needing improvement:

CFSR Outcome: Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- Former Governor Bill Ritter's 2009 Child Welfare Action Committee made recommendations for improving the child welfare system. CAPTA activities under this

objective supported work with the recommendation that mandatory reporters of child maltreatment receive information on the status of the investigation, unless waived by the mandatory reporter.

Accomplishments:

DCWS provided training to caseworkers on substantiation of abuse and neglect cases for statewide consistency. The following are enhancements to existing policy and procedures to clarify the required activity and documentation requirements related to confirmed incidents of child abuse or neglect:

- Caseworker Contact Rules: Colorado's State Board of Human Services passed rules to bring Colorado into compliance with federal requirements for caseworker contacts with children and youth in out-of-home placement. An Agency Letter followed to assist county departments with accurate implementation of federal caseworker visitation requirements for every child and youth who is the responsibility of the county department.
- Administrative Review Division Review Findings: Documenting and responding to Issues resulting from an ARD Review: Trails implemented a new feature ARD to document issues requiring a county/region response after a review, and for the county/region to document their response. This change was implemented based on the CFSR Final Report and Child Welfare Action Committee recommendations.
- Trails Requirements for Children Diagnosed With a Developmental Disability/Mental Retardation: An Agency Letter provided guidance on Trails requirements for children diagnosed with a developmental disability /mental retardation.
- Participating as a Child in Trails: Changes to the Trails system necessitated clarification and training to county staff.

Objective 2: **Improve the capacity of the county departments to help children who come to their attention to remain safe from serious harm.**

Report on Objective 2 Measure of Progress: The number of fatalities and the incidents of serious abuse and neglect on open cases were reduced:

Fatalities on Open Cases		
2009	**2010**	**2011**
5	3	2

Relevant CFSR, PIP, or other areas needing improvement:

CFSR Safety Outcome 1, Item 4: Children are safely maintained in their homes whenever possible and appropriate: risk assessment and safety management.

CAPTA activities under this objective supported work with the following Child Welfare Action Committee's recommendations:

- Address the co-occurrence of child maltreatment and domestic violence to ensure proper coordination of services;
- Develop training on the issue of the co-occurrence of domestic violence, substance abuse and mental health issues to establish a level of competence for child protection professionals handling cases with co-occurrence issues.

Accomplishments:

Drug Endangered Children: CDHS supported the Second Annual Colorado Alliance for Drug Exposed Children and Substance Exposed Newborns Joint Conference, a two-day conference that included 148 professionals representing multiple disciplines from across the state. Of the 148 attendees, 45 were county child welfare staff, representing 14 counties. The conference was the result of the partnership between the Colorado Alliance for Drug Endangered Children, Colorado Substance Exposed Newborns Steering Committee, and CDHS. The event's goals included:

- Increasing practitioners' understanding of the basics of addiction and treatment.
- Reviewing unique needs of substance exposed newborns.
- Understanding the legal challenges associated with drug exposed children and substance exposed newborn cases.
- Discussing safety, risk, and assessing parental capacity in drug exposed children and substance exposed newborn cases; and,
- Promoting overall multidisciplinary collaborative efforts.

Co-occurring cases of domestic violence and child abuse or neglect: Collaboratively, DCWS and the CDHS Domestic Violence Program committed funds to provide training and technical assistance to improve the cross-system response to cases with co-occurring child protection issues and domestic violence. The key tenets of this model include not re-victimizing the non-offending parent and children, and holding the offender accountable. More than 5,000 collective hours of "Safe and Together" training was provided around the state to representatives from 23 county departments of human/social services, and 70 state and community partners. Post-training surveys show that 82% of attendees believe that attending the training has positively impacted their practice and 93% indicated they would recommend this training to others. CDHS continues to embed the lessons learned from this training through ongoing webinars, teleconferences, follow-up consulting, multi-media remote training (DVDs), new and revised referral and assessment tools. Additional "Safe and Together" training is scheduled for Fall 2011.

Capacity building efforts to embed improved practice for co-occurring cases of domestic violence and child abuse and neglect: CDHS contracts with a local child protection and domestic violence expert to offer consultation and technical assistance as follow up to the "Safe and Together" trainings. In the past year, consultation has been provided to Summit, Adams, Rio Blanco, Park, Mesa and Garfield Counties and DCWS regarding high profile cases; and recommendations have been made to the State's Domestic Violence Offender Management Board. The consultation primarily addresses how caseworkers can hold domestic violence offenders accountable while concurrently supporting the non-offending parent through improved safety assessment and planning. Caseworkers were also provided the tools to assess for domestic violence exposure in children and helping parents understand the harm it may cause.

Child protection expert consultation: CDHS continued to support an expert consultation model to give counties access to resources that build their capacity in effectively responding to, investigating, and providing services to cases of child abuse and neglect. Case consultations are most frequently requested when important case decisions are pending, or there is a serious case

for which an outside perspective may provide case clarification and direction. Many of the cases for which case consultation is requested involve possible removal of children and placement changes, or for clarification of mental health dynamics, parental capacity, and child safety issues.

Caseworker retention: In order to prevent caseworker burnout and to improve staff performance and caseworker retention, DCWS partners with the JFK Partners of the University of Colorado Health Sciences Center to offer secondary trauma training, debriefing, and individual consultation for staff members involved in child abuse and neglect cases and child fatality investigations. In 2010, the Secondary Training Prevention Project provided these services to 1,315 child welfare staff (including child protection staff and other multidisciplinary professionals involved in the investigation of child fatalities and serious child abuse and neglect) in 31 counties, with 100% positive feedback reported. An average of 70% of respondents strongly agree that the awareness and skills they have developed are useful in their current practice. This project and its benefits have been published by the National Resource Center on Organizational Improvement.

Medical Consultation: In May 2010, two pediatric child abuse specialists, including the Interim Chief of Pediatrics, with The Children's Hospital in Denver, Colorado, commenced providing medical consultation to county departments of human services through a contract with DCWS. In addition to providing individual medical case consultation, the pediatricians initiated a designated "warm line" to the Kempe Child Protection Team Office, and serve as Physician Consultants to the Colorado Child Fatality Review Team, the Institutional Abuse Review Team, and the Children's Justice Task Force. In the first half of the year, consultation was provided on 29 cases for 12 counties above and beyond the cases reviewed at Institutional Abuse Review Team and the Child Fatality Review Team.

Objective 3: **Assure the safety of children in OOH care.**

Relevant CFSR, PIP, or other areas needing improvement:

- CAPTA activities under this objective supported work with the Child Welfare Action Committee's recommendation to include a mental/behavioral health representative on all collaborative teams to facilitate the cross-system collaboration between providers in child protection cases involved with co-occurring issues.

Accomplishments:

Monthly Teleconferences: DCWS sponsored monthly teleconferences for county department child protection staff statewide with a national trainer who is a child protection and permanency planning expert, to provide capacity- building case consultation. Provided over the past year, these teleconferences built on earlier statewide "Connecting the Dots with Caseworker Contacts" statewide training. An average of 20 caseworkers and supervisors participated in these teleconferences.

Objective 4: **Improve the capacity of 60 community based child protection teams to assure the safety of children reported to the County Departments of Human/Social Services.**

Relevant CFSR, PIP, or other areas needing improvement:

CFSR Safety Outcome 1, Item 4: Children are safely maintained in their homes whenever possible and appropriate with the use of risk assessment and safety management.

CAPTA activities under this objective supported work with the following Child Welfare Action Committee's recommendations:

- Implement Differential Response;
- Address the co-occurrence of child maltreatment and domestic violence to ensure proper coordination of services; and,
- Develop training on the issue of the co-occurrence of domestic violence, substance abuse and mental health to establish a level of competence for child protection professionals handling co-occurrence issues.

Accomplishments

Child Protection Team Conference: 125 members of the County Child Protection Teams and county child protection intake supervisors and administrators attended the Child Protection Team Conference, participating in dialogue between Child Protection Teams, county departments, and DCWS. The primary intended outcome was increased statewide consistency in child abuse and neglect findings, with a secondary outcome of identifying ways to increase engagement of all relevant community organizations in the mission of protecting Colorado's children. The conference led to the formation of three committees to examine the process: Child Protection Team Membership and Collaboration; Training (skill development, knowledge and content needs); and, Workload. These committees have made recommendations to increase the capacity of Child Protection Teams. CAPTA grant funds will be used to support the review and implementation of these recommendations as appropriate.

Coordination with Colorado's Practice Initiative: The Child Protection Team conference also provided a forum for county departments and community partners from around the state to provide direct input regarding the Colorado Practice Initiative Base Practice Model.

Differential Response: The Colorado Consortium on Differential Response, a group comprised of Arapahoe, Jefferson, Larimer, Garfield, and Fremont Counties and CDHS, applied for and received a $1.8 million federal grant to participate in the National Quality Improvement Center on Differential Response. The focus of this project is to develop a differential response practice model and evaluate outcomes for children and families. The Consortium, under the direction of a state-county management and leadership work group, is implementing and evaluating this model in the five participating counties as a four-year research pilot project between February 1, 2010 and June 30, 2013. All 64 counties were invited to participate, and selection was based on an application process that focused on dedication to innovative and collaborative practice. Legislation allowing this practice was limited to five counties and mandates a full report to the legislature at the project's sunset on the cost, process, and outcomes. The Colorado Consortium on Differential Response Training for caseworkers, supervisors, and administrators related to domestic violence and protection issues in conducting differential response is supported with CAPTA funding.

Capacity Building: In partnership with the Kempe Center, a State and Regional Team of expert consultants (START) provided nearly 600 hours of consultation to 32 counties, including court cases. Civil cases included problems of substance abuse, permanency and termination hearings,

domestic violence, high-conflict divorce cases referred to child protective services by judges, pre/post adoption support for parents and siblings, visitation issues, parent-child interactional assessments, and other issues. Criminal cases included 17 serious head injuries, 4 deaths, numerous long bone fractures of children from infancy to elementary school age, burns and severe neglect. An independent review of the project found that to a statistically significant degree, clients of the service reported that START provided expertise that had been missing, alleviated ambiguities in the case and improved the worker's confidence in proceeding with the case.

Objective 5: **Develop and strengthen the requirements for casework staff charged with overseeing and providing services to children and their families.**

Report on Objective 5 Measure of Progress: Child Welfare practice will assure that services for children and families will follow the identified needs.

- By aligning CDHS rules related to caseworker visitation with federal requirements, caseworkers' visits are more likely to be effective, and case planning is more likely to appropriately identify and assess the family's needs. The new rules pertaining to caseworker contacts were developed over two years with widespread input from county departments' staff at all levels. Additionally, the Caseworker Contacts Steering Committee, with representation from small, medium and large counties in each geographic part of the state, has met bimonthly for the past two years to review and improve the proposed rules, and to suggest practical methods for county departments to achieve 90% compliance with federal requirements by October 2011.

Relevant CFSR, PIP, or other areas needing improvement:

CFSR Safety Outcome 1, Item 1: Children are safely maintained in their homes whenever possible and appropriate: Timeliness of investigations.

CFSR Well-Being Outcome 1 Item 18: Families have enhanced capacity to provide for their children's needs: Child/family involvement in case planning.

CAPTA activities under this objective supported work with the following Child Welfare Action Committee recommendations:

- Provide pre-service training for child welfare caseworkers, supervisors and case aides: ensure that staff have required competencies before they are assigned a case;
- Use of a family centered engagement method; and
- Improve child welfare data quality and evaluate practice.

Accomplishments:

Certification Requirements: In response to Child Welfare Action Committee recommendations, and enabling legislation, CDHS established the Child Welfare Training Academy in 2009. The Academy opened in January 2010, and introduced new certification requirements for individuals working in the child welfare system, including annual recertification. Information regarding procedures and requirements for existing child welfare supervisors and any staff performing or assigned to those job functions to obtain their initial certification as required by rule was distributed via Agency Letter.

Engagement of Families in Child Protection and Systems of Kinship Care: In collaboration with the American Humane Association and the Promoting Safe and Stable Families program, CAPTA supported three days of training. Training included "Lives Cut Short", a presentation and discussion on child maltreatment fatalities and fatality reviews; "Partnering with Families to Protect Children", an interactive seminar for supervisors that focused on building a consensus among cross-agency professionals involved in child protection processes; and "Thinking about how to Manage Kinship Care", a seminar of round-table and panel discussions focused on the practice of family group conferencing and how to manage kinship care.

Data Driven Decision-making: CAPTA funds support the Applied Research in Child Welfare Project, the formal and sustainable university-community partnership that enhances the child welfare services provided to children and families. In 2010, the Project finalized an OOH care outcome study; designed, implemented, and completed the Core Services replication study and the public and private foster care comparison study; designed an update of juvenile sexual offender treatment systematic review; and contributed to the design of Chapin Hall Data Center study.

Objective 6: **Assure protection, safety, permanency and well-being of children.**

Report on Objective 6 Measure of Progress: Improved performance of the child protective system.

- The continued strengthening of Colorado's three (3) Citizen Review Panels is discussed in the final section of this report.

Annual report(s) from the Citizen Review Panels

The 2010-2011 Colorado CAPTA Citizen Review Panels are:

1. Colorado's Children's Justice Task Force
2. Institutional Abuse Review Team
3. Pueblo County Children Protection Team

CDHS has designated these teams as the State's three Citizen Review Panels in order to meet the CAPTA requirement of June 20, 1999. Federal statute authorizes the Children's Justice Task Force. State Statute and rule authorizes both the Institutional Abuse Review Team, and the Pueblo County Child Protection Team.

Annual reports, including Children's Justice Act, CAPTA, CFSR, PIP, Child Welfare Sub-Policy Advisory Committee and Child Welfare Action Committee recommendations are provided to the panels for their review and comments. Members of the panels often attend or participate in trainings funded through CAPTA and Children's Justice Act funds and/or participate on workgroups initiated in part to address the panels' areas of concern.

Colorado's Children's Justice Task Force

The Colorado Children's Justice Task Force is a designated citizen review panel is comprised of volunteers representing agencies and professionals involved in children's justice issues. The Task Force is a requirement of the Children's Justice Act which provides grants to States to improve the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim and the victim's family. This also includes child fatality cases in which child abuse or neglect is suspected and specific cases of children with disabilities and serious health problems who are victims of abuse and neglect.

In the past year, CDHS has worked to revitalize and focus the efforts of Colorado's Task Force. To this end, meetings have increased from quarterly to bimonthly, membership has been expanded, and purpose documents have been crafted to align federal guidelines with Colorado's context. In addition to this work, the Children's Justice Task Force panel provides ongoing input and oversight to Colorado's progress on the CFSR, Child Welfare Action Committee Recommendations, PIP progress, interagency collaboration, the child fatality review process, abuse and neglect outcomes, domestic violence issues, substance abuse issues, and the coordination and collaboration with agencies and professionals with child protective services investigations.

This Task Force has continued to actively review the current practices and statutes regarding the judicial and administrative handling of the investigation of child abuse and child fatalities, as well as proposed legislative changes and model programs. Aligned with the Task Force recommendations, the Children's Justice Act Grant funded, in whole or in part, and often collaboratively with the CAPTA basic state grant, many of the activities described above. These included:

- "Safe and Together" Training.
- Child Protection Team Conference.
- Review of criminal cases for the START Contract.
- Expert Consultation in Child Protection Project.
- Secondary Trauma Project.

CAPTA funded training supporting family engagement in child protection and systems of kinship care and Children's Justice Act representation at meetings involving CPI implementation.

The Children's Justice Act Task Force's recommendations for 2011-2012 are summarized:

Recommendation 1: Build capacity in rural areas. The challenging geography of Colorado counties and jurisdictions is a constraining factor in statewide resource development and strategy implementation. Rural and frontier communities have particularly scarce resources, and great distances between community service options. The Task Force recommends ensuring that all

Children's Justice Act programming has a statewide focus, and that creative ways to develop new resources in rural areas are considered.

Activities include:

- Continue the Expert Consultants in Child Protection project, which provides critical resources to rural areas.
- Ensure that all available resources are utilized for cases that need more specialized interviews and evaluations, including using consultants to assist with the investigation.
- Contract with a pediatrician to provide assistance and training to physicians and caseworkers, to assist with evaluating and determining abuse and neglect and to provide expert medical testimony to the court on difficult cases when necessary.
- Explore the potential of mobile pilot programs that can have an expanded reach in rural areas.
- Develop a needs-assessment tool for rural areas.

Recommendation 2: Develop resources that ensure procedural fairness in the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Activities include:

- Examine the role of respondent parent counsel in child abuse and neglect cases.
- Explore linkages and training opportunities with interpreters who work with monolingual clients in child welfare cases.
- Work with the Office of the Child's Representative to develop a Colorado Dependency Quick Guide for Attorneys.

Recommendation 3: Training opportunities. Continue to develop and support training opportunities for child protection caseworkers, domestic violence advocates, law enforcement officers, Guardians Ad Litem, and judges to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, as referenced in CAPTA, Sec. 107(e)(1)(A).

Activities include:

- Multidisciplinary professional development opportunities that bring together disparate parts of the system, including topics such as substance abuse, domestic violence, and initial assessment.
- Strengthen connections to both the Chiefs and Sheriffs Associations.
- Explore options for building the capacity of county workers who conduct supervised visitation.
- Provide support to improve child welfare staff performance, and prevent staff turnover by offering training and debriefing for staff involved in child abuse and child fatality investigations.

Recommendation 4: Support the activities of the State Fatality Review Team in disseminating information statewide. The Colorado Child Fatality Review process is comprised of Child Fatality Review Teams, with counties and multidisciplinary professional representation, from both CDHS and Colorado Department of Public Health and Environment. State program staff under authority granted by CRS Section 25-20.5-407 conducts regular team reviews and on-site

reviews. Cases are reviewed in which the county department had prior or current involvement within five years preceding a suspicious child death. The Colorado Department of Health and Environment Child Fatality Review Team reviews all known Colorado child deaths resulting from accidental and non-accidental trauma or causes. Both review processes have the purposes of providing a broad, comprehensive quality assurance review and the opportunity to learn from risk indicators and case decisions made prior to fatal child maltreatment. The reviews help focus identification of opportunities for meaningful systemic change. The goals of the Task Force related to this topic include:

- Describing patterns of child death in Colorado.
- Identifying the prevalence of risk factors for child death.
- Characterizing high-risk groups in terms compatible with the development of public policy.
- Evaluating system responses to children and families who are at high risk.
- Offering recommendations for improvement in those responses.
- Improving the quality of data necessary for child death investigation and review.

Activities include:

Continued use of the Children's Justice Act grant to help maintain the Colorado Department of Health and Environment Child Fatality Review Team.

- Collaborative efforts to distribute new information related to the standardization of Fatality Investigations.
- Continued dissemination of the information learned through the review process, including a better understanding of the occurrence of Colorado's child abuse and neglect fatalities.
- Accountability among professionals.
- Participation in the development of prevention strategies.
- Statewide child death investigation training, stimulation of policy assessment.
- Improvement in media relationships.

CAPTA/Children's Justice Act funding remains a shared funding that supports this endeavor.

Recommendation 5: Coordinate efforts with other recommending bodies to identify areas that support systems responses to child abuse and neglect.

Activities include:

- Review data sources, including the Children's Bureau Outcomes Portal, CFSR reports, and other available reports to identify priority areas for Child Justice Act funding.
- Continue to review CFSR, PIP, and Child Welfare Action Committee recommendations that affect the investigative, administrative, and judicial handling of cases of child abuse and neglect.
- Review Institutional Abuse Review Team and Child Fatality Review reports for child protection recommendations.

Recommendation 6: Collaborate with interagency and intra-agency efforts to improve the coordination of systems involved in child protection cases.

Activities include:

- Increase the presence of Children's Justice Act issues at multidisciplinary events by supporting guest speakers and lectures. Events may include Judicial Conferences, Mental Health Coalition Meetings, trainings put together by the Sex Offender Management Board, and others.
- Support the involvement of Children's Justice Act representatives in CPI.
- Explore the benefits of contracting with an organization to provide 'Life of a Case' system mapping to gain insights on improvement of the system's response to cases of child abuse and neglect.

2010-2011 Institutional Abuse Review Team Annual Report

The Institutional Abuse Review Team meets monthly to review reports of investigations of abuse and neglect in 24-hour OOH placement. These referrals/assessments are completed by the counties and submitted for review. The Team reviews cases of alleged incidents of abuse and neglect, including child fatalities and near-fatalities. Investigations are completed on children in CDHS licensed and certified OOH placements such as county certified foster care and kinship foster homes, Residential Child Care Facilities, Secure Residential Treatment Facilities, Child Placement Agency Foster or Group Homes, as well as the Division of Youth Corrections. The Team is made up of volunteers who are representative of the community at large as well as those who possess expertise in the prevention and treatment of child abuse and neglect and it reviews an average of 50-55 cases per month. The Team reviewed 781 reports from April 2010 to March 2011.

All institutional abuse intakes are completed on a standardized computer-generated referral/assessment (intake) report, which when completed and approved by the supervisor is sent automatically and electronically from the counties to the state. The purpose of this change, completed in 2006, ensures statewide consistency in institutional referral/assessments and to assure that the Institutional Abuse Review Team reviews all OOH investigations. Enhancements have been made to Trails to insure all institutional referral/assessments are being sent to the state for review. The Team completes a specific set of questions related to the review and makes findings and recommendations. The Institutional Abuse Review Team report on each referral/assessment is sent via Trails to the investigating county intake supervisor who approved the closure. When the Institutional Abuse Review Team does not support the assessment findings, the county supervisor who approved the assessment closure must respond with additional clarifying information within 30 days.

2010 Recommendations and progress

1. Continue bi-annual training for county caseworkers regarding child abuse/neglect fatality investigations and all other types of OOH care abuse and neglect that drives review by the Institutional Abuse Review Team.
    - This training occurred in coordination with the Colorado Association of Family and Children's Agencies.

- Institutional Abuse Review Team meetings have been opened to other state staff and county staff so that they may observe how the Institutional Abuse Review Team process works and how assessments are reviewed. Attendees have provided positive feedback.

2. Consider changing Volume 7 to increase the Residential Child Care Facility staff/child ratio required to supervise children while transporting.
   - Recommendation forwarded to Division of Child Care Licensing and Monitoring Unit.
3. Consider changing the statute regarding the definition of child abuse or neglect to incorporate "age 18-21" for children in the care and custody of the Department of Human Services.
   - Recommendation forwarded to the Colorado Attorney General's Office for consideration.

2010-2011 Institutional Abuse Review Team Recommendations

1. Provide ongoing training to county staff, Institutional Abuse Team representatives, and OOH providers regarding Volume 7 Institutional Abuse investigation policies and procedures.
2. Provide training to county institutional abuse intake supervisors and workers regarding assignment of the third report of suspected child abuse or neglect within a two year period where the two previous reports were not accepted for investigation, and the current referral meets specific conditions as outlined in Colorado's Volume.
3. Consult with the Colorado Attorney General about the feasibility of the county intake workers reporting to the Department of Regulatory Agencies when there is founded abuse/neglect by medical staff who are employed by placement facilities.
4. Expand the reach of Institutional Abuse Review Team by through continued extension of the invitation to state and county staff, and by encouraging county staff attendance.

Pueblo County Child Protection Team 2010 Yearly Report

The Pueblo County Child Protection Team meets weekly to review all referrals of child abuse (physical and sexual), fatal child abuse, emotional abuse, neglect, domestic violence and institutional abuse/neglect incidents received by the Pueblo County Department of Social Services that were assigned to a caseworker for further assessment. Recommendations are made addressing the assessment and its proposed disposition. The Pueblo County Child Protection Team evaluates, as per statute, the timeliness and appropriate response of the Department. It functions as both a review and resource panel. Guidance and suggestions are provided to the reporting intake or ongoing caseworker by the members of the team, comprised of medical, mental health, educational, law enforcement and legal experts. The Pueblo County Child Protection Team reviews approximately 20-30 assessments per week.

The Team's membership represents diverse disciplines, ethnicity, socioeconomic status, and personal views. The panel is made up of professional and non-professionals, all of which are dutiful individuals who take their panel roles very seriously. Members consist of representatives from: Pueblo City Schools, foster parents, a judicial liaison, Pueblo County Health Department, El Pueblo…an Adolescent Treatment Community, Spanish Peaks Mental Health Center, Pueblo Child Advocacy Center, representative of the largest minority population within the community, Pueblo Police Department, Pueblo Sheriffs Department, and the Pueblo Department of Social Services.

The assigned caseworker or the supervisor presents the assessments investigated. The team reviews all the information available in regards to the outcomes of the assessments. From the synopsis, the team makes recommendations to include but not limited to filing a Dependency and Neglect petition with the court, seeking additional medical or mental health information, whether to confirm an individual as responsible for abuse/neglect in Trails, or if the assigned caseworker needs to provide additional information. They will also make recommendations for referrals to obtain needed services. The Team will occasionally request the ongoing caseworker and the supervisor attend the review so they are available for questions or recommendations.

The Team reviews a large number of assessments and they have become aware of the strengths and deficits in the system, including various trends in the community that have had a major impact on the Pueblo County Department of Social Services' Child Welfare Division. The trends consist of the following:

Unresolved custody disputes generate many reports of child abuse and neglect. Parents use reports to Department of Social Services as a weapon against each other and put the children in the middle. The courts are also ordering more Department assessments through Domestic Relations cases regarding allegations made in custody cases.

- The lack of services to parents who are developmentally delayed.
- Younger children (12 years old and younger) being out of their caregiver's control continues to be an issue for the community.
- The continuation of infants born with narcotics in their systems.
- The continuation of the abuse, selling and availability of prescribed narcotic medications for youth and adults.

In addition to the above, the team members discussed how their participation on the Pueblo County Department of Social Services' Child Protection Team has increased their knowledge of the Child Welfare Division's practice and understanding about how and why decisions are made. They also felt they can assist in educating others in their agencies and the public about child safety and processes of child protection.

Response to Citizen Review Panel Reports

DCWS engages in ongoing dialogue with the Children's Justice Act Task Force at their quarterly meetings throughout the year about the status of their recommendations. Regular reviews of the Institutional Abuse Review Team's recommendations occur throughout the monthly meetings. Discussion with State Child Protection Staff will be facilitated concerning Pueblo County Child Protection Team recommendations and the need for further actions will be determined.

XIII. Chafee Foster Care Independence and Training Vouchers Program

CFIP FFY2010 Annual Report

Colorado Chafee Foster Care Independence Program's (CFCIP) goal is to prepare eligible foster/adoption and guardianship assistance youth for adult self-sufficiency through activities that promote secondary and post-secondary education, employment, financial and housing stability and permanent connections. Twenty-seven Chafee counselors provide services to youth in forty-four counties. Youth in all sixty-four counties have availability to Chafee Program services through special events such as the Celebration of Educational Excellence and application to the College Connect/Teen Conference. DCWS receives annual plans from county departments describing how services are provided to eligible transitioning/transitioned youth. These plans vary because of the uniqueness of counties, their constituents, resources, and the needs of youth being served. CFCIP program goals guide all Chafee services.

Room and Board in Colorado is defined as costs associated with provision of rent, rent deposits, furniture, household start-up, and shelter for emancipated youth 18-21.

A Medicaid expansion option is available for Colorado youth that were in foster care or adoption assistance in Colorado on their 18th birthday and are under age 21.

The Colorado Youth Leadership Team is an active partner in increasing youth awareness and involved in outreach to CFCIP eligible youth. Additional counties have developed youth leadership and advisory boards through training and collaboration with the Youth Leadership Team.

The State has consulted with Indian Tribes as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Program Act.

CFCIP collaborated with the Supportive Housing and Homelessness Program; Advisory Committee for Homeless Youth; Colorado; "Safe Places" Rural Collaborative for Runaway and Homeless Youth; Urban Peak; and, Mile High United Way/Bridging the Gap, to support and vend housing vouchers for eligible youth experiencing homelessness or unsafe housing.

Served Population

The Colorado CFCIP served populations that are comprised of:

- Youth age 16 and under in out-of-home placement.
- Youth in out-of-home placement age 16 to 21 with a permanency goal of other permanent living arrangement/emancipation or other permanent living arrangement/long term foster care;
- Emancipated young adults age 18 to 21, who were in out-of-home care on their 18th birthday;
- Youth that entered guardianship assistance or adoption assistance at age 16 to 21.

OOH placement is defined as placement when custody resides with a county department of human/social services or when there is a placement through a voluntary placement contract between the county and the parent.

It is estimated that to date, **700** youth have been provided CFCIP services for FY 2011.

981 youth were served through CFCIP in FY 2010.

- 434 or 44% were female
- 547 or 56% were male

The CFCIP eligible youth served were:

- American Indian/or Alaska Native 04%
- Asian 02%
- Black or African American 16%
- Native Hawaiian/ Other Pacific Islander 0%
- White 70%
- Hispanic Origin 26%

Of these:

- 223 or 23% were in special education
- 410 or 42% completed secondary education
- 216 or 22% where in post-secondary education
- 449 or 46% were employed
- 211 or 22% were adjudicated delinquent
- 122 or 12% were parents
- 14 or 01% were married

Youth Development Activities

CDHS/Youth Leadership Team participated in numerous activities:

- The Family Leadership Training Institute
- The CPI workgroup for the Base Practice Model
- The Information Sharing Collaborative Committee
- The Rural Collaborative for Homeless Youth Conference, as panel members
- The Advisory Committee for Homeless Youth Planning Committee, as regular committee members
- Attended the National Independent Living Conference in Washington D.C.
- Participated in the Denver Feed A Family
- Participated in the Colorado Homeless and Runaway Awareness Month Kick-Off events
- Participated in the State sponsored College Fair
- Chafee Work Experience
- Strive for Students CareerQuest
- Mother's Day Photo Project
- Exempla West Pines Ropes Course
- Special OPPS (Operation Peer to Peer Support)
- Various County Youth Advisory Boards (State and counties)

- Interstate College Fair
- Youth speaker Celebration of Educational Excellence (CDHS and counties)
- Youth facilitators Colorado Chafee Teen Conference (CDHS and counties)
- Multidisciplinary Team meetings that include youth (State and county)
- Chafee Voice News Letter (Adams County)
- Workforce Summer Leadership Program (Broomfield County)

Youth Outreach Activities:

- Queer Youth Summit
- Safe City Youth Summit
- National Runaway Switch Board Street Outreach Project
- Foster Care Awareness Month
- College Connect/Teen Conference
- Celebration of Educational Excellence
- Birthday and Holiday Cards
- Phone calls/letters
- Colorado Rural Collaborative
- Youth to Youth (Word of Mouth)
- Foster Care Alumni of America
- El Paso County Youth Advisory Board
- Brochures
- Home-kits for Chafee youth moving into their first apartment
- Special OPPS for emancipated youth in the Armed Services
- Community outreach with congregate care providers
- County phone consultation with general public
- Court Appointed Special Advocates Legacy Group
- Planned Parenthood
- Post-secondary admissions offices
- Holiday events in various counties

Training and Technical Assistance Provided

- Ansell-Casey Life Skills Assessment Training by Adams County for Adams and Weld County staff
- Four regional trainings on runaway and homeless youth prevention strategies
- Four regional trainings on OPPLA permanency option reduction strategies prevention strategies
- Training for the Colorado Youth Leadership Team
- Training for the Youth Empowerment System (YES!) Academy
- Colorado Chafee Teen Conference
- Colorado Chafee Supervisor and Coordinator Quarterly Meetings
- Technical assistance to county directors, administrators, supervisors and caseworkers by phone, email and in person
- Colorado Adolescent Supervisor's Roundtable
- Five NYTD Webinars

- NYTD Training for two large counties
- Positive Youth Leadership and Development technical assistance provided to three county departments
- Monthly leadership technical assistance provided to the Colorado Youth Leadership Team
- General public and youth
- Community partners

DCWS Collaborations

- Denver Indian Family Resource Center
- Mile High United Way/Bridging the Gap
- Adoption Exchange
- Advisory Committee to the Colorado Disparities Resource Center
- Denver Feed a Family
- CDHS, Supportive Housing and Homeless Program
- Sex Offender Management Board
- Urban Peak Youth Shelter
- Family Tree Shelter
- Volunteers of America
- Metro Mayor's Youth Housing Program
- CDHS, Office of Behavioral Health Youth/Young Adult Transition Committee
- CDHS, Supportive Housing and Homeless Program
- County Departments of Human/Social/Housing Services
- Forward Steps
- Foster Club and All-Stars
- Metropolitan State College, Social Work Student Association
- Colorado universities, colleges and technical schools
- Court Appointed Special Advocates
- Guardians ad Litem
- Arapahoe County Bar Association
- Arapahoe County Court Administrators Office
- Colorado State Judicial
- Colorado Department of Health Care Policy and Finance
- Bethany United Methodist Church
- Colorado Department of Revenue, Division of Motor Vehicles, Colorado ID
- Colorado Department of Public Health and Environment, vital records
- Colorado Department of Public Health and Environment, for health, safety and youth leadership programming and projects
- Colorado Workforce Development
- Colorado Division of Youth Corrections
- Advisory Committee for Homeless Youth
- Denver County Youth Advisory Board
- Alamosa County Youth Leadership Team
- Montrose County Youth Leadership Team
- Moffat County Youth Leadership Team

- Adams County Youth Advisory Board
- Denver County Youth Advisory Board
- El Paso County Youth Advisory Board
- Daniels Scholarship Fund
- TKG Law Office
- Governor's Office of Information and Technology
- Foster Care Alumni Association, Colorado Chapter

County Collaboration

- Adams County Community Reach/Youth in Transition Program
- Adams County Workforce and Business Center
- YES! Academy
- Colorado Youth Leadership Team
- Academy for Urban Learning
- Adams County Client Service Marketing
- National Youth in Transition Database/Trails/CDHS Development Committee
- Exempla West Pines Training Center
- Marines, Air Force and Navy recruiters
- Consumer Credit Counseling Services
- Educational Opportunity Center
- Richard Hartnett, public speaking
- Strive for Students
- Forward Steps
- Metro Community Provider Network
- Arapahoe Bar Association
- Aurora Recreation Department
- Local Departments of Motor Vehicles
- Terrace Park Apartments
- Permanency Planning Review Teams
- Foster parents
- Universities, colleges and technical schools
- Colorado Workforce Centers
- Rural Runaway and Homelessness Youth Project
- Life Choices Center
- Family Tree Shelter
- TBRA transitional housing
- Educational Opportunity Center
- La Gente Self Sufficiency Program
- La Puente Outreach Homeless Prevention
- Transition Interagency Group Envisioning the Realization of Self (Tigers)
- Volunteers of America
- Dale House
- The Matthews House
- The Jacob Center

- Lutheran Family Services, Teen Parent Program
- TANF
- Larimer County Food Stamps
- WIC/Nurse Partners
- Medicaid
- Social Security Office
- Mountain Crest
- Homeless Gear
- Child Safe
- Larimer County Mentor Program
- Two Hearts for Lacy
- Boys and Girls Club
- The Alpha Center
- Care Housing
- Steppin Out Inc.
- Neighbor to Neighbor
- Adoption Dreams Come True
- Bi-County Family Resource Center Of Huerfano and Las Animas
- Metro Mayor's Youth Housing Program
- Old Navy Camp
- AVP programs
- ADI Customer Service
- 1st Visitor Program
- Fresh Start program
- The Road
- Foster Parent Associations
- Jefferson County Sheriff's Department
- SWAP, school to work program
- Gateway Life Skills Program
- School to Work Alliance Program
- Tax consultants
- Grand Junction Housing Authority
- Hilltop Community Resources
- Catholic Out Reach
- Family Unification Program Vouchers
- Community Court Appointed Special Advocates
- Colorado Division of Vocational Rehabilitations
- Colorado Division of Youth Corrections
- Daniel's Fund
- Academy of Natural Therapy
- High Horizons
- TIGHT program
- Departments of Probation
- Public High Schools/Special Education/BOCES

- LensCrafters
- CSU Extension county offices
- North Metro Community Services, services for developmentally disabled/delayed
- Mile High United Way/Bridging the Gap
- Life Choices Center
- Forward Steps transition program
- Planned Parenthood
- Municipalities/utilities and recreation
- Community Departments of Health
- Community Mental Health Centers
- Community Alcohol and Drug Programs
- Medicine Horse Equine Center
- Academy for Urban Learning
- Young American's Bank
- Various local banks, finance
- Arapahoe/Douglas Works
- Rainbow Alley, GLBTQ
- Governor's Summer Job Hunt
- Job Corp
- Americorp
- School to Work Reliance Program
- Partners and Art Partners mentoring program
- Chafee Transitional Apartments (El Paso County)
- Faith Communities

Chafee Foster Care Independence Program Goals and Outcomes
FY 2010-2014 CFCIP Goals

1. **Measure outcomes for youth services through the NYTD data elements**.
   - Colorado NYTD will be accessible on June 29, 2010
     Colorado NYTD was accessible on September 30, 2010
   - Full Colorado NYTD implementation will be on October 1, 2010
     Full Colorado NYTD implementation was on October 1, 2010

2. **Evaluate performance and implement disciplinary action as appropriate.**
   - Prior to NYTD implementation, county departments are being evaluated on their performance and youth outcomes based upon their county annual reports and success in completing corrective action, when one is required.
     The first NYTD data submission for just now being accomplished, therefore, there is no NYTD outcome data to provide for this year.
     Technical assistance, consultation and training are provided in specific areas identified by requests from counties and as DCW internal data indicates a need.
     In FY 2010 - Disciplinary action was not required based upon internal data, and county reports.

3. **Ensure that youth know how to access available community and government resources after leaving foster care. Specifically, the following:**
   - Participants will be provided with written resources.
   - FY 2010 - Written resources are provided to Chafee youth through county staff.
   - State and community resources are provided to youth through county departments, state and county resource fairs and state and county events such as the Colorado Teen Conference, the Celebration of Educational Excellence and Career Fair, and the Adams County Education and Financial Aid Fair.
   - FY 2010 - State and community resources are being provided to youth during State and county resource Fairs and events such as the Celebration of Educational Excellence and College Fair, College Connect, county education and financial aid fairs, State and county outreach activities and events and Chafee counselors and county caseworkers.
   - Participants will be provided with verbal information through individual or group training in 2010:

     Counties have provided resource information as indicated in the county Chafee annual reports.

     Counties reported attending and participating in various permanency groups and provided resource information during meetings.

     DCWS provides counties with resource information for youth at the Chafee Coordinators/Supervisors Quarterly meetings, through e-mails and by phone.

     Program participants will know how to access community and government resources for both emergency and ongoing assistance upon program completion.

     Ansell-Casey results demonstrate the youth knowledge of resources.

     Improvement is assessed by the results of the Chafee pre-and post-testing and the NYTD Outcomes Surveys during the federally prescribed years.

4. **Establish partnerships and collaborations that result in providing independent living skills:**
   - Providers will teach appropriate independent living skills.
   - All CFCIP counties are providing training and teaching of the skills needed for self-sufficiency as indicated in their annual reports. Typical topics include transportation experiences, internships, household management, communication skills, financial management, academic success and healthy choices and activities.

     CFCIP counties have a variety of collaborations as indicated in the county collaborations list in this report.
   - CFCIP participants will have a concrete transition plan.
   - DCWS is monitoring county completion of transitions plans, implemented in 2009, through ARD review findings and ad hoc reports.
   - County CFCIP providers are required to have, at a minimum, monthly contact with the participant. Upon NYTD implementation, each contact and independent living service provided during the contact will be entered into the database.

     NYTD implementation was effective in FY 2011. Independent living services are increasingly reflected in Trails.

- Counties report that youth are provided CFCIP contacts that include personal finance awareness, healthy living and relationships, education support, internships and mentorship, positive youth leadership skills, accessing community resources.
  NYTD services include the above and services are expanded to meet the NYTD service elements.

5. **Promote secondary and post-secondary education**; **employment**; **permanent connections**; **and, safe and stable housing by increasing awareness and educating providers and caregivers on strategies to support youth in successful emancipation**. (Goal #5 is revised to incorporate "Strengthening Program Goals" and "County Department and State Department Strategies")

Youth participated in a variety of educational activities in 2010:

- 223 were in special education with the support of their CFCIP.
- 410 youth completed their secondary education.
- 216 youth attended post-secondary education.
- 449 youth were employed either halftime or fulltime (increased from 291 in 2009).

Additional 2010 Activities include:

- 715 youth received Youth Direct funds as incentives for reaching planned goals or to support stability

The collaboration between the Colorado Supportive Housing and Homeless Program, State Chafee, the 10 large counties and Mile High United Way/Bridging the Gap to vend vouchers continues to be in place. Collaborations between the Colorado Collaborative for Homeless Youth and the Rural Collaborative Youth Leadership Team continue to provide information and supportive services to reduce rural homelessness.

Strengthening Program Goals

See Goal #4 and #5

County Department and State Department Strategies

See Goal #4 and #5

Statewide Initiatives

DCWS provides additional statewide activities and initiatives to promote increased public/private partnerships in meeting the needs of transitioning youth. These 2010 activities and initiatives include:

- Develop and provide trainings to county departments about the use of OPPLA.
  DCWS provided technical assistance for permanency solutions to individual counties to enhance the prior trainings.
- Incorporation of the Ansell-Casey Life Skills Assessment Tool in caregiver trainings, providing a developmentally-based assessment of children's and young adults' study, money management, and work skills.
  Four of the ten large counties have incorporated Ansell-Casey Life Skills Assessment Tool into caregiver training.

DCWS, in partnership with youth, caregiver and county staff, is developing training that focuses on the various assessment tools, independent living and transitional plan development and service delivery 2011.

- State survey of county programs for compliance and to assess: program design; consumer satisfaction; identification of barriers to program success; identification of new resources, and, program effectiveness and efficiency.

- The annual conference rebranded as the College Connect Conference ,hosted by DCWS, focuses on preparation of youth for successful post-secondary education.
- Assistance to county departments for referrals of current and former foster care youth to the Orphan Foundation of America (OFA) and public and private scholarships, providing funding for post-high school educational programs.
- DCWS collaborated with a foundation for post-secondary scholarships for the 2011-2012 school year and announced the opportunity to county departments and organization that serve CFCIP eligible youth.
- Facilitation of the 12th Celebration of Educational Excellence, acknowledging youth in foster care that have obtained a GED, high school diploma or vocational certificate.
- Changes completed to the Trails FSP, Part IV-D Independent Living Plan, to include the youth-driven "90 Days Pre-Emancipation Transition Plan" for emancipating youth.
- Expansion of the ding the Chafee Youth Empowerment System (YES!) Academy program, to include a wider rural county representation and out-of-state youth. The number of interns was also increased.
- The State Youth Leadership Team has had an increase in participants, activities and responsibilities, including promotion of the development of county leadership team and boards.
- Chafee YES! Outreach and referral statewide network is expanded to serving transitioning emancipated youth who are homeless and using Colorado's shelters and transitional living programs.
- Collaboration with the runaway and homeless youth outreach services of the statewide Rural Collaborative for Homeless Youth involving six widely dispersed rural sites that serve 13 counties in partnership with the urban transitional living program at Urban Peak-Denver and the DCW and SHHP.
- Collaboration, with youth, facilitating publication of the monthly statewide e-newsletter on best practices in serving runaway and homeless youth to educate, equip and empower communities to invest in the safety, permanency and well-being of their youth for healthy youth, families, communities, and labor force.
- Collaboration with the Colorado Department of Education, Department of Higher Education, Colorado Community College System, the Office of Work Force Development and others to provide knowledge of services available to CFCIP youth.

Stakeholders Sampling

Ongoing stakeholder sampling occurs and will continue to occur in the following venues:

- The county CFCIP Coordinators participated in the development of the CFCIP 5-Year Plan.
- Shaping Our System (SOS) survey with the State Leadership Team (ongoing).

- CFCIP Quarterly meetings.
- Annual College Connect/Teen Conference.
- Youth Advisory Boards.
- Celebration of Educational Excellence.
- The Shared Youth Network.

ETV ANNUAL REPORT

Program Report

Colorado Education and Training Vouchers (ETV) support self-sufficiency through post-secondary education and connections for youth entering adoption assistance or guardianship assistance at age 16 or older; foster care/ emancipated foster care youth and emancipated DYC youth that were in community corrections placement types. Foster care is considered to be those in OOH placement and custody resides with a county department of human/social services or when there is a voluntary placement contract between the county and the parent.

To increase student matriculation into post-secondary education, Colorado hosted and continues hosting the College Fair in conjunction with the Celebration of Educational Excellence.

Promotion of ETV includes collaboration with post-secondary institutions, Mile High United Way/Bridging the Gap, county departments, the Office of the Child's Representative, Court Appointed Special Advocates and Judicial.

Orphan's Fund of America is a national non-profit organization contracted by Colorado to provide ETV student fund administration and support services. The Fund assists in increased freshmen success, retention and graduation rates. It also provides students with various recognitions and opportunities, including mentoring, internships, care packages; and, birthday and holiday cards.

Student Services

The Orphan's Fund of America's Student Services team works with Colorado ETV recipients to increase their post-secondary retention rates so recipients can advance and ultimately graduate, ready to enter the workforce with skills and credentials. Ongoing outreach to students helps students with early problem identification and location of appropriate resources, on-campus and community based, to address barriers. Student Services' goal is for the student to be fully engaged in problem solving.

OFA recruits students for InternAmerica, the annual summer intern program for foster care alumni. The selected students are offered an all expenses-paid six-week internship on Capitol Hill, at a federal agency, or in the private sector. This opportunity offers networking, branding one's self as a college graduate, and financial planning. The full benefit of a prestigious Washington D.C. internship may lead to employment opportunities, school credit, and the establishment of a network of professionals who may provide graduate school references and recommendations.

XIV. STATISTICAL AND SUPPORTING INFORMATION
Education and Training Vouchers

Student Information

FY 2011

It is estimated that 280 students have received ETV funding to date.

Total FY 2010 Colorado ETV Applicants: 424

Number of Students Funded: 186

- 96 (52%) were New 2009-10 Students
- 90 (48%) were Returning 2008-09 Students

All eligible Colorado youth who completed the application and attended school were funded.

Reasons for Ineligibility:

- 1st time applicants over 21
- Previous recipients over 23
- Not attending college
- Ruled ineligible
- Unable to contact
- Graduated
- In high school
- Not eligible as per the federal program instructions example: "never in foster care"

The overall retention rate: 42%

Age of Funded Students Number of Students

Age	Number	Percentage
18	72	39%
19	42	23%
20	45	24%
21	19	10%
22	8	4%

Race/Ethnicity

Race/Ethnicity	Number	Percentage
African-American	44	24%
Asian-American	8	4%
Caucasian	87	47%
Latino	22	12%
Mixed-Race	21	1%
Native-American	4	2%

Student Status

- Marital Status: Married: 9 (5% of funded students) (8 Female, 1 Male)
- Not Married: 177 (99% of funded students)

Parental Status

- Students who are parents: 32 (17% of funded students)
- Students who are not parents: 154 (83% of funded students)

Student Employment

- Students who currently work: 86 (46%)
- Students who do not work: 100 (54%)

Number of Juvenile Justice Transfers

There were 231 Juvenile Justice Transfers for SFY 2009 from DCWS to Division of Youth Corrections. Both Divisions enter child information into the Trails system, from which this information is drawn.

Inter-Country Adoptions

There were 291 children adopted from other countries in CY 2010.

Trails data reflects forty-eight children identified as non-Trails foreign adoptions as of April 13, 2011 for SFY 2010. The demographics are:

- 6 were reported in referrals
- 12 were in Child Welfare or Youth Corrections cases
- 6 had been removed from their homes
- 10 received OOH, Core or Casework Services

These numbers are significantly lower than numbers reported for 2009. The numbers for 2009 contain domestic adoption files that were inadvertently included with foreign adoption files.

Annual Progress and Services Report

APPENDICES

Appendix A Names and Titles of Stakeholders

Children's Justice Task Force Members 2010

- Kittie Arnold, MSW, CPS Consultant
- Antonia Chiesa, M.D., Senior Instructor, Department of Pediatrics, Child Protection Team, The Children's Hospital
- Pamela Gorden-Wakefield, Chief Deputy District Attorney, Arapahoe County Office of District Attorney
- Andi Leopoldus, MPA, Statewide Coordinator, Colorado Children's Alliance
- Toni Miner, Parent Representative
- Lori Weiser, Assistant Denver City Attorney, Denver County
- Vivian Burgos, Guardian Ad Litem
- Susan Colling, Juvenile Programs Coordinator, Colorado Division of Probation Services
- Pamela A. Gagel, Assistant Director, Institute for the Advancement of the American Legal System, University of Denver
- Jennifer Richardson, LPC, CAC III Parent Group Representative, Families First
- Detective Faith Stevens, Law Enforcement, Arvada Police Department
- Lee Wheeler Berliner, Executive Director, Colorado CASA
- Diane Waters, Rural Program Manager, Colorado CASA
- Pat Sweeney, MSW, LCSW, Administrator Douglas County
- Elizabeth Turner, JD, Deputy State Public Defender Arapahoe County Public Defender's Office
- The Honorable Anthony F. Vollack, Senior Judge Program
- The Honorable Dana Wakefield, Denver Juvenile Court
- The Honorable Mary C. Hoak, District Court Judge
- The Honorable Jill-Ellyn Straus, 17th Judicial District Attorney's Office
- The Honorable Karen Ann Romeo, District Court Judge
- Bill DeLisio, Family Law Program Manager, Colorado State Court Administrator's Office
- Diana Goldberg, Executive Director, Sungate, Children's Advocacy and Family Resource Center, Inc.
- Pamela Neu, Manager, Adolescent Mental Health Programs, DBH
- Toni M. Rozanski, Child Protection and Safety Division Director, Denver Department of Human Services
- Andrew Sirotnak, M.D. Professor, Department of Pediatrics, The Children's Hospital
- Ashley Tunstall, Director of Clinical Services, DYC
- Mary McGhee, Director, (Disability) Boards and Commissions, CDHS
- Elizabeth Collins, Advocacy Director (Domestic Violence), Colorado Coalition Against Domestic Violence
- Kristiana Huitron, Advocacy and Resources Team Specialist, Colorado Coalition Against Domestic Violence
- Connie Fixsen, CHRP Waiver Coordinator, DCWS
- Carol Wahlgren, LCSW, Task Force Chair, Children's Justice Act Grant Child Protection Prevention and Treatment Program Administrator, DCWS

State Institutional Child Abuse Review Team Members 2010

- Alicia Calderon, JD, Assistant Attorney General, Department of Law
- Dan Casey, Child Care Licensing, CDHS
- Dr. Antonia Chiesa, Pediatrician
- Sheri Dowler, Denver County DHS
- Mary Griffin, Foster Care Program Administrator, DCWS
- Sarah Kopic, Boards and Commissions, CDHS
- Kittie Arnold, MSW Executive Director, Human Services Managing Enterprises
- Sandra Kirby (Alternate) Child Welfare Monitoring Supervisor, CDHS
- Joe Sprague, Executive Director, Center for Governmental Training and Community Learning Centers
- Cynthia Owen, Director of Quality Assurance, DYC, CDHS
- Bonnie McNulty, Executive Director, Presidio, Inc.
- Pam Neu, Residential Mental Health Liaison, Division of Behavioral Health, CDHS
- Terrie Ryan-Thomas, Boulder County HHS
- Lucy Sloan, Adams County DHS
- Berna Smith CPS Intake, Jefferson County
- Corinne Parisi, MA, CPS Intake Supervisor, El Paso County

Child Protection Team – Pueblo

- Diana Belarde, Chairperson Lay Community- Minority Representative
- Jim Cardinal, Lay Community- El Pueblo Boys and Girls Ranch
- Ellen Cooney, Lay Community, Pueblo Advocacy Center
- Amanda Aragon, Lay Community, Pueblo Advocacy Center
- Jessica Belisle, Spanish Peaks Mental Health Center
- Sgt. Darren Velarde, Pueblo Police Department
- Det. Byron Franklin, Pueblo County Sheriff's Department
- Erica Kindred, 10th Judicial Court Representative
- Linda Gonzales, Pueblo School District #60
- Cindie Phillips, Lay Community- Foster Parent
- Lynn Procell, Pueblo City-County Health Department
- Annette Zimmer, CPS Intake Administrator, Pueblo County DSS
- Linda Potter, Family Service Center Pueblo County DSS

CFCIP Stakeholders:

- Susan Adams, Adams County
- Brenda Redding, Adams County
- Shawna Hayden, Arapahoe County
- Christina Pospeck, Arapahoe County
- Nicole Kuzma, Boulder County
- Brant McClung, Boulder County
- Vanessa Oldham-Barton, Broomfield County
- Rod Schear, Denver County
- Georgina Becerril, Denver County
- Jennifer Rice, Denver County

- Colin Minor, Denver County
- Lee Hodge El Paso County
- Stacy Frost, El Paso County
- Courtney Wilson, El Paso County
- Kari Markgraf, El Paso County
- Brenda Rall, Fremont County
- Roxanne Sabin, Jefferson County
- Bret Simon, Garfield County
- Kristen Waites, Jefferson County
- Anne Powley, Jefferson County
- Lindsey Ishman, Lake County
- Arlene Lopez, Las Animas County
- Denisa Derrick, Las Animas County
- Jed Gilden, La Plata County
- Thad Paul, Larimer County
- Nicole Armstrong, Larimer County
- Sara Mitchell, Larimer County
- Karen Sightler, Mesa County
- Chandra Panther, Montrose County
- Shelly Serfoss, Morgan County
- Robin Thielemier, Pueblo County
- Linda Larson, Weld County
- Tamy Ingram, Weld County
- Kathie Ulmer, Weld County
- Hollie Hillman, Yuma County
- Orphan Foundation of America
- YES! Academy
- Colorado Youth Leadership Team
- Urban Peak Denver
- Mile High United Way, Bridging the Gap
- Supportive Housing and Homeless Program
- Adams State College CASA of the Continental Divide

Promoting Safe and Stable Families

- Scott Bates, Program Director, Colorado Department of Health and Environment
- Deborah Cave, President, Colorado Coalition of Adoptive Families
- Claudia Zundel, Early Childhood Mental Health Specialist CDHS, Division of Behavioral Health
- Margaret Booker, Administrator, Denver County
- Carla Knightcantsee, Program Director, Ute Mountain Ute Tribe
- Bunny Nicholson, Chief Executive Director, Nicholson and Associates
- Connie Vigil, Adoptions Program Administrator DCWS
- David Carson, Assistant Director, La Gente
- Rich Batten, Family and Fatherhood Specialist, CDHS

- Alvin Simpkins, Pastor, Emmanuel Christian Center
- Jeri Spear, Field Administration, CDHS
- Dan Makelky, Manager, DCWS
- Sister Michael Delores Allegri, Foster Parent, President, Colorado State Foster Parent Association

CFSR Executive Oversight Committee Membership

- Karen Ashby, Judge Second Judicial District
- Skip Barber, Executive Director Colorado Association of Children and Families
- Brandi Mason, Youth Representative
- Frank Bennett, COCAF/ Adoptive Father
- Bill DeLisio, Court Improvement Office Administrator, State Court Administrator's Office
- Betty Donovan, Director Gilpin County
- Linda Wienerman, Staff Attorney, Office of the Child's Representative
- John Gomez, Director Division of Youth Corrections
- Al Estrada, Deputy Director, Division of Youth Corrections
- Robert Lowenbach, Retired Judge
- Lloyd Malone, Director DCWS
- Sam Martinez, Region 8 Liaison, ACF, Children's Bureau
- Michael O'Hara, Chief Judge Fourteenth Judicial District
- Stephen Patrick, Chief Judge Seventh Judicial District
- George Kennedy, Deputy Executive Director Children Youth and Families, CDHS
- Sister Michael Delores Allegri, Colorado State Foster Parent Association
- Judy Rodriguez, Child Welfare Manager DCWS
- Shirley Rhodus, Child Welfare Administrator, El Paso County
- Debra Campeau, Attorney Office of the Child's Representative
- Allen Pollack, Director Youth and Family Services Denver County
- Janet Rowland, Commissioner Mesa County
- Sheri Heath, Supervisor, Mesa County
- Treva Houck, Administrator, Mesa County
- Pam Neu, Office of Behavioral Health and Housing
- Roy Reed, ARD
- Ron Ozga, Governor's Office of Information and Technology
- Roni Spaulding CFSR Coordinator, DCWS

Appendix B Colorado CFSR Ratings for Safety and Permanency Outcomes

Outcomes and Indicators	Outcome Ratings			Item Ratings	
	In Substantial Conformity?	%Substantially Achieved*	Met National Standards?	Rating**	Percent Strength
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	No	73.0	Met 1 of 2		
Item 1. Timeliness of investigations				ANI	73
Item 2. Repeat maltreatment				Strength	100
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	No	66.2			
Item 3. Services to protect children in home				ANI	80
Item 4. Risk of harm				ANI	68
Permanency Outcome 1: Children have permanency and stability in their living situations	No	37.5	Met 3 of 4		
Item 5. Foster care reentry				Strength	93
Item 6. Stability of foster care placements				ANI	67.5
Item 7. Permanency goal for child				ANI	75
Item 8. Reunification, guardianship, and placement with relatives				ANI	65
Item 9. Adoption				ANI	26
Item 10. Other planned living arrangement				ANI	87.5
Permanency Outcome 2: The continuity of family relationships and connections is preserved	No	75.0			
Item 11. Proximity of placement				Strength	100
Item 12. Placement with siblings				ANI	68
Item 13. Visiting with parents and siblings in foster care				ANI	69
Item 14. Preserving connections				ANI	77.5
Item 15. Relative placement				ANI	65
Item 16. Relationship of child in care with parents				ANI	68

- 95 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial
- Conformity with the outcome.** Items may be rated as Strengths or as Areas Needing Improvement (ANI). For an overall rating of Strength, 90 percent of the cases must be rated as a Strength.

Table 2. Colorado CFSR Ratings for Child and Family Well-Being Outcomes and Items

Outcomes and Indicators	Outcome Ratings		Item Ratings	
	Substantial Conformity?	%Substantially Achieved	Rating**	Percent Strength
Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs	No	47.7		
Item 17. Needs/services of child, parents, and foster parents			ANI	51
Item 18. Child/family involvement in case planning			ANI	62
Item 19. Caseworker visits with child			ANI	69
Item 20. Caseworker visits with parents			ANI	59
Well-Being Outcome 2: Children receive services to meet their educational needs	No	86.0		
Item 21. Educational needs of child			ANI	86
Well-Being Outcome 3: Children receive services to meet their physical and mental health needs	No	82.0		
Item 22. Physical health of child			Strength	94
Item 23. Mental/behavioral health of child			ANI	81

* 95 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

** Items may be rated as Strengths or as Areas Needing Improvement (ANI).

For an overall rating of Strength, 90 percent of the cases reviewed for the item (with the exception of item 21) must be rated as Strength. Because item 21 is the only item for Well-Being Outcome 2, the requirement of a 95-percent Strength rating applies.

Table 3. Colorado CFSR Ratings for Systemic Factors and Items

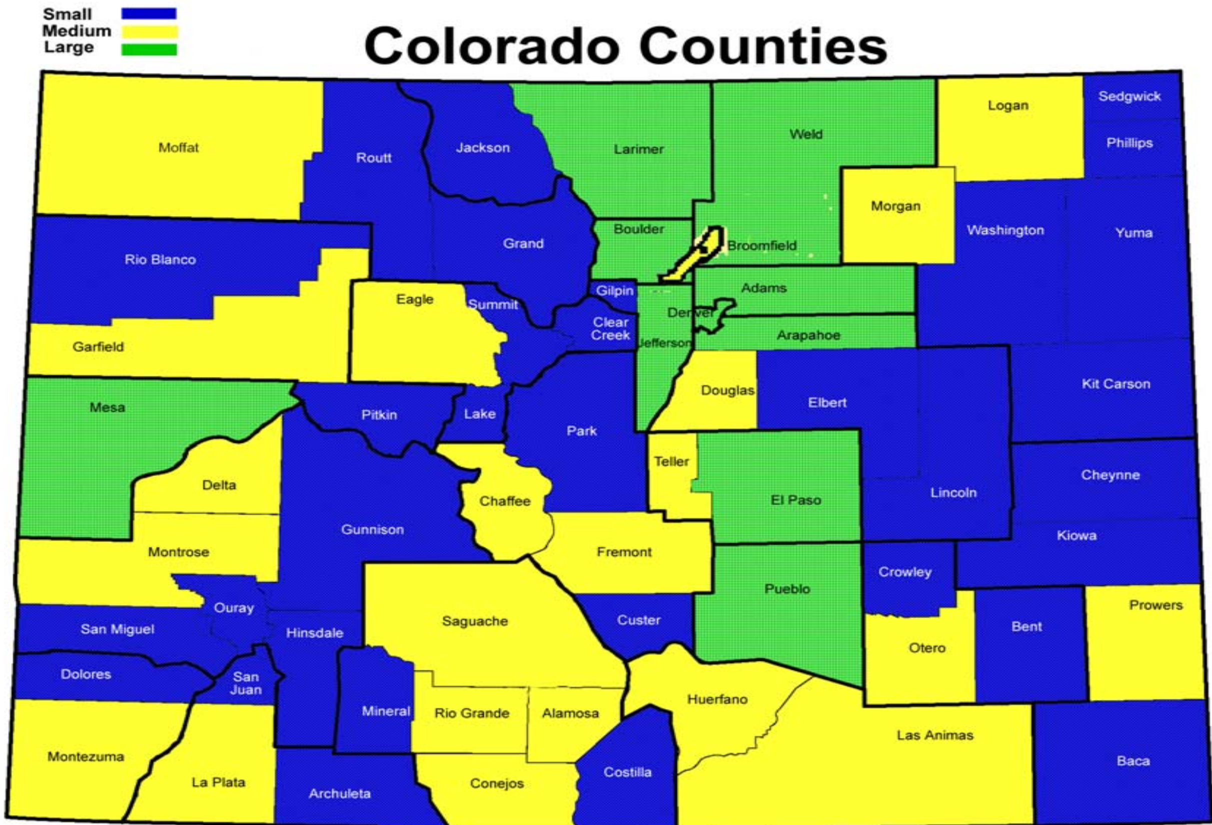
Systemic Factors and Items	Substantial Conformity?	Score*	Item Rating**
Statewide Information System	No	2	
Item 24. The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care			ANI
Case Review System	No	2	
Item 25. The State provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions			ANI
Item 26. The State provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review			Strength
Item 27. The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter			Strength
Item 28. The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act			ANI
Item 29. The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child			Strength
Quality Assurance System	No	2	
Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children			Strength
Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented			ANI

Staff and Provider Training	No	2	
Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services			ANI
Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP			Strength
Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children			ANI
Service Array and Resource Development	No	2	
Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency			Strength
Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP			ANI
Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency			ANI
Agency Responsiveness to the Community	Yes	4	
Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP			Strength
Item 39. The agency develops, in consultation with these representatives, Annual Progress and Services Reports delivered pursuant to the CFSP			Strength
Item 40. The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population			Strength
Foster and Adoptive Parent Licensing, Recruitment, and Retention	Yes	3	
Item 41. The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards			Strength
Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions			Strength

receiving title IV-E or IV-B funds			
Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children			Strength
Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed			ANI
Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children			Strength

* Scores range from 1 to 4. A score of 1 or 2 means that the factor is not in substantial conformity. A score of 3 or 4 means that the factor is in substantial conformity.
** Items may be rated as Strengths or as Areas Needing Improvement (ANI).

Appendix C County Map



Appendix D Health Oversight and Coordination Plan

Colorado Department of Health Care and Policy Financing

Children's Advisory Committee

Health Care Oversight and Coordination Plan
For Children in Foster Care

INTRODUCTION

The Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351, Section F (P.L. 110-351) requires the development of a Health Care Oversight and Coordination Plan of health care services for children in foster care. The plan is to include the following:

- **An outline of a schedule for initial and follow-up health screenings.**
- **A description of how medical information for children will be updated and shared.**
- **Steps to ensure the continuity of health care services.**
- **The oversight of prescription medications.**
- **The process used to actively consult and involve other professionals in assessing the health and well being of children in foster care and determining the appropriate medical treatment for children.**
- **Steps the agency responsible for the foster care program will take to meet health care components that describe the options for health insurance and health care treatment decisions of the transition plan for youth aging out of foster care.**

Additionally, the Medical Homes for Children Act (SB 07-130), signed into law created a framework for linking children enrolled in public health insurance to a Medical Home, which includes foster care children by virtue of their Medicaid eligibility. Together, these two pieces of legislation provide a roadmap for ensuring that all foster children have access to needed health care services through the Medical Home framework.

The Children's Advisory Committee, established in 2001, serves as the convening body to develop the Health Care Oversight and Coordination Plan for Children in Foster Care as outlined in P.L. 110-351. The following plan is a document that will guide the reconfiguration of services to improve the continuity of care for both providers and foster children youth. The committee has identified gaps and has recommended changes that include implementation of a team approach that will eventually support caseworkers with oversight and coordination of health care services. Central to the work of the committee is the need for the Colorado Department of Human Services (CDHS) and the Colorado Department of Health Care Policy and Financing to look at best practices in assessment of the overall costs to the delivery system in an effort to provide physical, behavioral and oral health to children. Colorado is ideally positioned to advance feasible solutions based on the strength of the following programs and policies:

1. Medical Homes for Children

2. Solid Early and Periodic, Screening Diagnoses and Treatment (EPSDT) Program
3. Assuring Better Child Health and Development Project (Colorado ABCD Project)
4. Several successful county pilot programs for children in foster care

MEDICAL HOMES FOR CHILDREN

A Medical Home is not a house, office, or hospital, but rather a team who will provide comprehensive primary care. In a medical home, a medical provider or clinic, including mental health and oral health providers, works with the family/patient to assure that the medical and non-medical needs of the child or youth are met. Through this partnership, the provider can help the family access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child and family.

> Over 500,000 children in the U.S. currently reside in some form of foster care. Placements in foster care have dramatically increased over the past 10 years. Despite the increasing numbers, children in foster care and foster parents are mostly invisible in communities and often lack many needed supports and resources.
>
> - The American Academy of Child and Adolescent Psychiatry

The American Academy of Pediatrics (AAP) describes the ideal Medical Home as one that provides "accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective care." While initial Medical Home initiatives focused on children with special health care needs, the AAP has concluded in its policy statement "every child deserves a Medical Home." [1]

Without medical homes, children can be expected to have:

- Poor health outcomes;
- Providers who may not want to serve children who are in the foster care system; and,
- Foster parents who no longer want to participate in the foster care system.

Medical homes address preventive, acute, and chronic care from birth through their transition to adulthood. A medical home facilitates an integrated health system with an interdisciplinary team of patients and families, primary care physicians, oral health providers, mental health providers, specialists and sub-specialists, other health professionals, hospitals and healthcare facilities, public health offices and the community.

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[1] AAP Policy Statements ([American: 2004], [Rushton: 2005], [Cooley: 2004], [Council: 2005])have codified the role of pediatricians and other primary care clinicians in providing comprehensive care for children with chronic and complex conditions and defined the Medical Home concept. A 2007 article emphasized the importance of care coordination in providing a medical home. [McAllister: 2007]

Medical homes in Colorado have also shown to be cost effective. For example, 47% of the children in a certified medical home had a well-child visit in the 6-month observation period compared with 35% of children who were not in a medical home. This difference is valid across all age groups and in children with a chronic condition. Preliminary data analysis from the Department shows that children in a medical home could save as much as $300.00 per child per year.

EPSDT PROGRAM

The EPSDT Program is a required benefit for all "categorically needy" children receiving Medicaid. EPSDT's rules reflect the greater health needs of low-income children, as well as children whose special health needs qualify them for assistance. Low-income children covered by public insurance are more likely to be born at low birth weight, which increases the risk for lifelong disability, and more likely to be in fair or poor health, to have developmental delays or learning disorders, or to have medical conditions (e.g., asthma) requiring ongoing use of prescription drugs. Serious health conditions affect 80% of children in foster care. For these children, Medicaid is essential to ensure access to preventive and developmental services.

In 1965, Congress enacted Medicaid, extending medical benefits to all children in households receiving Aid to Families with Dependent Children. The original legislation also gave states the option of extending coverage to all very poor children under age 21, regardless of welfare status.

In 1967, EPSDT was added to expand coverage for children beyond adult limits and to ensure availability of treatments for conditions affecting growth and development. Congress further mandated that the program be a comprehensive, coordinated, family-centered system of care (medical home).

In 1989, EPSDT was further broadened to ensure access to all treatments within the federal definition of "medical assistance." EPSDT focuses on comprehensive care that treats potentially disabling conditions as early as possible.

EPSDT is designed to help ensure access to needed services, including assistance in scheduling appointments and transportation assistance to keep appointments. As described in federal program rules, the EPSDT program consists of two, mutually supportive, operational components:

1. Assuring the availability and accessibility of required health care resources; and,
2. Helping Medicaid recipients and their parents or guardians effectively use them.

Accessibility - Provider Recruitment and Retention

In conjunction with HCPF, Family Voices Colorado and the Colorado Child Healthcare Access Program (CCHAP), Colorado is meeting the goal of enrolling providers as medical homes. These providers are responsible for ensuring health maintenance and preventive care as measured by the EPSDT 416 report; anticipatory guidance and health education; acute and chronic illness care; coordination of medications, specialists, and therapies;

provider participation in hospital care; and, twenty-four hour telephone care for all clients enrolled. Medical home providers, who are eligible to do so, also participate in the Vaccines for Children Program (VFC) and utilize the Colorado Immunization Registry (CIIS).

SB 07-130 did not contain any appropriation for the express purpose of raising provider rates associated with medical home services. Local, private foundations gave HCPF funding to assist in the development of a pilot program. Those funds were used to provide a pay for performance (P4P) increase paid to providers for well child visits. By funding the P4P, these specific medical home providers are able to provide necessary, but non-reimbursed services, of a medical home. For instance, phone consultation with specialists as to appropriate treatment or access to timely appointments; consultation with community partners such as Early Intervention Colorado (Part C) and ChildFind (Part B), public school districts, and Boards of Cooperative Educational Services (BOCES) regarding a child's Individualized Family Service Plan or Individualized Education Program, or consultation with a mental health specialist as to possible drug interactions or medication management for those with dual diagnosis. While the limited additional funding does not cover all expenses incurred by providers for these activities and others, providers have expressed a willingness to work with HCPF in order to provide the highest possible care to the eligible children and youth enrolled in Medicaid.

Helping Families Effectively Use the EPSDT Benefits

The EPSDT program is known in Colorado as the Healthy Communities Case Management and Outreach Program. The program identifies eligible children and families in order to:

- Encourage their participation in Medicaid Medical Homes and EPSDT;
- Inform them of the availability and benefits of preventive services;
- Provide assistance with scheduling appointments and transportation;
- Help families use health resources effectively and efficiently; and,
- Monitor and evaluate the quality of services provided to beneficiaries.

For children in foster care, it is the responsibility of the county departments of human /social services to ensure that foster children are provided with preventative health care, transportation assistance, early diagnosis, and treatment of conditions that threaten their health. The county human or social services agency engages birth parents of children in foster care, when possible, in the routine care and treatment decisions. Foster parents are also active participants in decisions and activities regarding their children's health care needs.

Based on the most recent data, below, it appears that Colorado needs to do more to meet the minimal federal requirements for care under the EPSDT Program regulations.

PHYSICAL HEALTH

The federal requirements for children: A minimum of 80% of the children enrolled in Medicaid Medical Assistance Programs are required to receive a physical exam each year. Currently, 73% of all eligible children during federal fiscal year 2008-2009 received a physical exam. 59% of the children in foster care received a screening during that same time frame.

A 2009 survey of parents or legal guardians of children with special health care needs 47% of the children had a medical home, and the children with a medical home had "less delayed or forgone care and significantly fewer unmet needs for health care and family support services" than the children without a medical home. [2]

"Studies have shown that patients who maintain an ongoing relationship with a primary care facility or provider, also known as a usual source of care or a medical home, are more likely to use preventive health care, not use emergency services and have shorter hospital stays."

During state Fiscal Year (FY) 2008-2009, 64% of children and adolescents in foster care had a usual source of care for their physical health care needs. Over the past three fiscal years on average, 66% of children/adolescents in foster care have had a usual source of care. The National Health Interview Survey found in 2006-2007 that the average percent of all children under the age of 18 with a usual source of care was 94% regardless of insurance type or status and the average for children with Medicaid was 96%.

ORAL HEALTH

47% of all eligible children in foster care received a dental care service in contrast to 56% of eligible children with Medicaid in state FY 2008-2009. Additionally, there was a 5% decrease in the number of foster children receiving a dental care service from state FY 2007-2008 to state FY 2008-2009 in spite of a 2% increase in the number of eligible foster children during state FY 2008-2009.

MENTAL HEALTH

During state FY 2008-2009, only 31% of eligible children and adolescents in foster care received mental health services through a Behavioral Health Organization (BHO). Over the past three fiscal years, an average of 32% of eligible children and adolescents in foster care received a mental health service through a BHO provider. Children and adolescents receiving mental health services had an average of 21 visits with a BHO provider.

[2] (Strickland BB, Singh GK, Kogan MD, Mann MY, van Dyck PC, Newacheck PW. Access to the medical home: new findings from the 2005–2006 National Survey of Children with Special Health Care Needs. Pediatrics 2009 Jun; 123(6):e996-1004. PMID 19482751. Accessed 2009 Jul 12.)

30% of all mental health services for foster children represent case management activities, which are an important and significant part of coordinating good care for foster children, but also reduce the actual number of direct treatment services to an average of 15 per child or adolescent.

Inpatient psychiatric hospital claims increased 27% from state FY 2007-2008 to state FY 2008-2009.

Outpatient mental health claims increased 3% from state FY 2007-2008 to state FY2008-2009.

PHARMACY

The use of multiple medications can sometimes be an effective clinical intervention. However, the degree of risks and benefits associated with multiple medications varies depending on the medications used and the characteristics of the patient. A child in a medical home would have someone monitoring for possible interactions and reactions.

Overall, 12% of children and adolescents in foster care were prescribed five or more prescription medications during state FY 2008-2009. 20% of adolescents age 15-18 and 18% of adolescents age 19-20 were prescribed five or more prescription medications during state FY 2008-2009.

The number of children and adolescents in foster care who were prescribed five or more prescription medications increases by 50% from ages 6-9 to ages 10-14 and then increases 49% from ages 10-14 to ages 15-18. This is certainly an indicator of a complex clinical picture with increased health challenges and needs as children in foster care age.

Psychotropic Medications

Nine of the top 10 pharmacy claims and expenditures for foster children are psychotropic medications used to treat psychiatric disorders. Over the past three fiscal years, psychotropic medications have represented an average of 55% of all pharmacy expenditures for foster children.

Three of the top 10 pharmacy claims and five of the top ten pharmacy expenditures are atypical antipsychotics that represent an average of 39% of all pharmacy expenditures for children and adolescents in foster care over the past three fiscal years. This is just one indication of the significant emotional, behavioral and psychiatric needs of foster children and adolescents.

Atypical antipsychotics are prescribed to 12% of eligible children and adolescents in foster care. The number of children and adolescents prescribed atypical antipsychotics tends to increase with chronological age.

- Increases can be observed between age groups 6-9 and 10-14 with an increase of 43% and between age groups 10-14 and 15-18, an increase of 59% is observed.

Atypical antipsychotics represent 16% of all pharmacy claims for children and adolescents in foster care and represent 40% of all pharmacy expenditures for children and adolescents in foster care.

- Antipsychotic drugs can also have severe physical side effects, causing drastic weight gain and metabolic changes resulting in lifelong physical problems.

COLORADO ABCD PROJECT

The Assuring Better Child Health and Development (ABCD) Project is a national effort to increase the use of standardized screening tools in primary care settings. In a recently published report, the American Academy of Pediatrics Committee on Disabilities reported that 12-16% of all children have some type of disability, including speech/language delay, mental retardation, learning disabilities and emotional/behavioral problems. As a part of the Medical Homes and the EPSDT Programs, Colorado has an important partner in the Assuring Better Child Health and Development Project housed within the Department of Public Health and Environment.

This project provides training for medical providers, to administer the screenings to children. The earlier intervention is provided, the better chance a child has of making significant strides in improvement. Screening might highlight a possible delay in instances where none was suspected, or where a parent or caregiver might begin to have concerns. In either case, early intervention may mean that more serious delay(s) can be avoided.

Even when there are no developmental delays, the use of a screening tool can be helpful in structuring discussions between (foster) parents and health care providers about a child's development. Use of a screening tool means the care provider gets more than a snapshot of the child. It also means biological and foster parents may be able to access these screenings to help assure children are obtaining appropriate and necessary services, even as a child transfers from home to home.

PROMISING PILOT PROJECTS

Denver County

To meet needs of children in foster care in Denver County, the Denver Department of Human Services and Denver Health have teamed up to develop the Growing Connections for Kids project (GCFK). The GCFK takes a 3-pronged approach to providing medical care for Denver County foster children. The GCFK program has improved health care by establishing a coordinated team approach for each Denver County foster child. The Denver Department of Human Services has traditionally utilized Denver Health providers who evaluate children for abuse and neglect when they enter foster care (first prong of this approach). However, this clinic has been expanded so that it can more completely track medical histories and provide more comprehensive care management. The second prong of this approach is the development of a Medical Passport Team to more fully gather and track children's medical histories by using Child Health Passports. These passports track a child's immunizations, illnesses and treatments through a database that is integrated with the existing Colorado Statewide Child Welfare Database. This makes it possible to ensure that all medical information

for a child in foster care is collected into a single record, no matter how many times a child changes placement. Additionally, a nurse care coordinator provides case management children with high medical needs.

Finally, the third prong is the provision of medical care for all Denver County foster children placed in the Denver Metro area through a specialized Denver Health clinic called Connections for Kids Clinic (CFKC). A nurse care coordinator has been hired to monitor the health care needs and services provided to each child seen at CFKC. Since all care is provided through a single clinic, the clinic can ensure these children receive all necessary care. Data from the program indicates more children are receiving timely medical and dental care. Also, these children are now receiving routine developmental screening. This is particularly important since early data indicate that up to 66% of children screened is either currently receiving care for a developmental concern or should be referred for a more comprehensive developmental screening. The Denver Department of Human Services has mandated that all Denver County children placed in foster care in the Denver Metro area be seen at the CFKC.

The next steps for the project include expanding efforts to address the mental health needs of children in foster care through this continued coordination between Denver Health and the Denver Department of Human Services.

Mesa County

Mesa County utilizes public health nursing staff to provide care coordination and case management for all children and youth in the foster care system. This public health nurse is responsible for accessing and coordinating medical records as well as records from other community and non-medical resources. The nurse assures that foster parents are aware of the child's previous medical home. Should the foster parents choose not to use this provider, the nurse assures records are transferred to the new provider and the information is appropriately entered in the foster care database, Trails.

Larimer County[3]

Beginning in March 2010, children and families in Larimer Country's foster care system have had access to an unprecedented source of comprehensive, coordinated primary care. "Healthy Harbors," an innovative pilot program funded in part by The Colorado Health Foundation, is targeting approximately 30 percent of Larimer County's children living in out-of-home placements who lack primary medical, dental and/ or mental health care. The success of the model relies heavily upon strong collaborative relationships between community, mental health, dental and primary care partners—and the skillful use of a patient navigator. The navigator coordinates start-up medical and dental data-gathering and evaluations early in the foster child's placement, assists with collecting health histories to use for future planning, acts as a conduit for communication between families and all partners involved with the child's care, and when legally possible, aids in the creation of a "Health Passport" which will allow for the child to continue to receive

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[3] Healthy Harbors: A "Medical Home" For Kids In Frequent Transition, Deb Barnett, RN, MS, FNP—Health TeamWorks, Donna Sullivan, M.D., FAAFP—Fort Collins Family Medicine Residency Program

comprehensive services regardless of future placements.

Housed at the Fort Collins Family Medicine Residency Program/PVH Family Medicine Center, "Healthy Harbors" has been able to provide comprehensive, coordinated services for 30 foster- and kinship-care children and families who have not previously had a reliable source for primary care and have shown evidence of needing further medical/ dental/mental health care services beyond what their current care situation can adequately provide. The first year goal of this pilot project is to engage 50 Children, implement a documentation template that is comprehensive – and yet time efficient, coordinate all levels of care in a timely manner, create a regular communication pathway with the county Department of Health Services, and evaluate the general impact of engaging a patient navigator to coordinate care. The goals for the second year of the project will be to engage 75 children and their foster/ kinship-care families, streamline the documentation process to maintain comprehensiveness and increase efficiency, facilitate the communication of comprehensive patient health histories to receiving health care providers when patients transfer from the area, document the economic impact of providing comprehensive care to this highly complicated and vulnerable population group, and provide ongoing resources for care when they transition back to families of origin.

CHILDREN'S ADVISORY COMMITTEE Recommendations—Years 1-4

1. **CDHS should utilize the Children Services Advisory Committee for input and recommendations for care and care management of children and adolescents in foster care.**
   The committee consists of pediatric providers; developmental specialists; mental health providers, including infant mental health; public health providers; oral health providers; parents and foster parents; state agency partners; and, community partners.

   Members (the developmental pediatrician, infant mental health provider, county foster care staff and managed care entities) are working on a flowchart for prescription oversight, including, but not limited to, psychotropic drugs.

   - Please see Attachment B for further information on our membership.
2. **Steps CDHS will take to meet the health care component required by the Administration for Children and Families Program Instruction (ACY F-CB-PI-10-10) for Youth Aging out of Foster Care.**
   CDHS has taken the following steps to ensure that youth aging out of the foster care system are provided information during their involvement in transition planning to meet the requirements of section 322(b)(15)(A) of the Social Security Act, as amended by Patient Protection and Affordable Care Act (P.L. 111-148):

   - Former Governor Ritter signed the Title IV-E, Section 477 New Certification for the Chaffee Foster Care Independence program on December 3, 2010.
   - All County Directors were informed of the requirements of the ACYF-CB-PI-10-10 with Agency Letter CW-11-01-P, issued January 5, 2011 that included an information toolkit for caseworkers to use in discussing health insurance and selection of a health care proxy during the Emancipation Transition Plan development.

- CDHS has initiated contacts with Colorado Legal Services for the provision of services to youth in their health proxy planning and decision making.
- CDHS is making changes to Volume 7 Rules, which are in progress and anticipated to be adopted August 2011.
- Trails changed will be completed, as funds are available, for documentation that information concerning health proxy planning was provided to the youth.

3. **The Colorado EPSDT Periodicity Schedule should be implemented immediately for all children in foster care.**
   Every child in Colorado is required to have physical, oral and mental health care at the following intervals:

   Physical: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months and every year between the ages of 3 and 20.
   Oral: Children are also required to have a dental visit with a dentist every 6 months beginning at age 1.
   Mental Health: Children are required to have developmental screenings, social emotional screenings and depression screenings at appropriate ages, beginning with infants up to adulthood, as needed.

To ensure this is completed, the following needs to occur:

Utilize HCPF EPSDT staff to train case managers and health professionals on the periodicity requirements and monitor records to assure that follow-up with health professionals were completed.

Inform case managers and health professionals about the spectrum of benefits available to children in the foster care system, such as waivers, orthodontia and transportation.

- Information on where to access these benefits is available from the HCPF Healthy Communities staff in each county.

Provide the same information to parents providing foster care by informing them about the medical and dental benefits throughout the child's life and not just at initial placement visits.

- Information to include: immunizations, behavioral health screens, depression screenings, oral health care and screenings, and equipment or supplies, when needed.

Provide foster parents a list of providers who are willing to see children and youth in foster care.

- This information could be added to the web based HCPF Medicaid provider locator under a special search topic for these providers.

The committee has seen significant advances in Trails as to medical tracking, however, there continues to be a lack of a clear, state approved periodicity schedule tracking system in the database. Changes to Trails are needed. As funds become available, the following changes should be considered for inclusion:

- EPSDT Periodicity schedule and a reminder recall system for all scheduled preventative care.
  - Systems such as "Call 'Em All" are less than $0.04 per call and can be programmed by individual caseworkers as needed.

- The health passport component of the program is under utilized by caseworkers. The process is dependent on the caseworker to receive medical information from the foster parent and then requires input of that medical information into the system. Use of scanning software would address some of

these issues, however having an oversight care coordinator would remove all the gaps to review cases and ensure documentation is up to date and managed in a timely manner.

- Similarly, Trails lacks the ability to track:
  - Developmental screenings,
  - Depression screenings and follow-up, and
  - Medication management

4. Medical Home teams consist of parents, providers and payers.
Currently, these key components are not an integral part of the foster care team as defined by CDHS or tracked in Trails. The committee feels these additions are necessary to assure the success of the program.

As the Committee addressed the information exchanged in the foster care system, we found a need for foster children and their parents to access increased medical follow-up. Following the medical home concept where the parent is the center of the medical home, it follows that the foster parents have access to medical as well as non medical information related to the children placed in their care. The Committee found ways to share information to ensure more placement permanence of children with unique challenges. Often the day-to-day information is not provided and the receiving caregiver struggles to be successful. There is a need to look at the non-medical and psychosocial needs and information transfers and the following are recommended for ongoing consideration:

- The Caregiver 360° tool [4]or other model of web based record keeping would allow parents and case workers to monitor a child's needs and wishes (i.e. do not put anything green on the dinner plate, child needs blanket and quiet place to calm themselves) via written word and/or video that can transfer with the child at a moment's notice, 24/7.
- Provide increased training opportunities to foster parents as team members. The insight and energy of foster parents will be utilized for the success of children.
- A pilot to measure ability and satisfaction of system with parents and a trial of the Caregiver 360° tool for children with retention problems.

Foster parents and providers work closely together to help the children and youth grow and thrive. Foster parents and providers should be trained in the child welfare system in order to become a knowledgeable partner. Many stories of failed placements could have been avoided had the foster parent been made aware of medical and mental health needs and given the name of the medical home team to help manage the issues. CDHS should begin dialogues with foster parents for a full implementation plan by year 5.

Due to the level of need as concluded by the Committee, members have already begun to explore options of pilot funding for a project to measure the effectiveness of a tool as described above.

5. Willing providers should be trained in special issues related to children in foster care and given resources to help them manage the issues should they arise.
In conjunction with recognized experts, CDHS should provide yearly training on system issues, placement issues and medical issues to providers and foster parents. A medical home community needs to be built for the foster child. Each community will look a bit different depending on the individual needs of the child

[4] www.**caregiver360**.com/

and family and the availability of services. CDHS should begin a dialogue with providers for a full implementation plan by year 5.

- Every county should have a medical home practice or practices that are familiar with foster children/youth as well as and an understanding of the CDHS system.
  - If not a practice, every county should have the ability to access a nurse or case manager for the kids to assure that the guidelines are being met

- A common data system for all programs is necessary.
  - The Governor's Office of Information Technology is currently testing a pilot system with data from juvenile justice and it is currently planned to cross state agencies.

- Community Understanding and Community Teams
  - Public health, mental and physical health providers in some areas have been critical of CDHS
    - Need cross-training on how decisions are made (transparency)

6. Medical Care Coordination is needed.

The Care Coordinator, as a health professional, would oversee the Medical Home Team for children. He/She would have responsibility to oversee tracking and data input, investigate access problems, track prescription usage, provider information and medical history ensuring continuity of care. The ultimate goal is to provide continuity and coordinated care for children in foster care under a true Medical Home model. As children in foster care are the most vulnerable population, it is this Committees' goal to ensure a Medical Home approach for this population through coordinated and quality health care.

The Committee suggests CDHS explore the option to utilize the HCPF Accountable Care Organizations (ACC) in Colorado as the care coordination needed for this population and could be provided through this new pilot program.

The ACC is a client-centered approach to managed care that is focused on delivering efficient and coordinated care that improves the overall health of clients. This model of care differs from capitated managed care by investing directly in community infrastructure to support care teams and care coordination and creates aligned incentives to measurably improve client health and reduce avoidable health care costs.

7. Agency Communication and Coordination are needed.

Because of the broad scope of the Fostering Connections to Success and Increasing Adoptions Act, a variety of agencies are responsible for implementing the provisions of this law. While these agencies do not have to coordinate their efforts, these agencies can improve the outcomes for children in the foster care system as well as realize considerable cost savings by working together. In order to help agencies coordinate their efforts, the Committee is in the process of developing a summit to ensure that information about this legislation is shared throughout the state. This summit will include representatives from all systems that affect the health care for children in the foster care system. This summit will include not only information about the national issues, but will also provide information on how county child welfare

agencies can meet the requirements of this act. The summit will include presentations from model programs around Colorado that are effectively addressing the health care needs of children in foster care.

We believe that information sharing is just the first step in this process. In order to realize any lasting change, these agencies will need technical assistance to help them coordinate their efforts. Therefore, we also intend to explore ways to pair the summit with a system to provide technical assistance to agencies on an as needed basis as they implement the requirements of this legislation.

CHILDREN'S ADVISORY COMMITTEE Recommendations -Year 5 and Beyond

1. **By year 5, all children in foster care will be in a recognized medical home.**

Every county should have an established medical home practice or practices that are familiar with foster children/youth as well as an understanding of the CDHS system. Practices will understand the need to utilize all available screening tools and have a high level of comfort providing health care services to foster children/youth. Curriculum will be designed or purchased to help practices understand the foster care system, not only basic training but grand rounds to keep people up to date, to provide case studies, and to help in a learning collaborative model.

2. **CDHS staff should have a sustainable plan for the braiding and blending of the available funding for children in foster care to access all necessary programs, medical and non-medical.**

In conjunction with HCPF, CDHS staff should explore a possible case rate for foster care services ensure psychiatric appointments, along with pediatric well care appointments, have been completed and are able to be billed together as needed.

3. **CDHS staff should explore the option of utilizing home visitation funding set in health care reform for this population.**

4. **CDHS staff should explore funding for a crisis hotline for foster parents.**

Such a hotline will help with the retention of foster parents as well as help sustain placements for children and youth with special needs.

5. **CDHS staff should explore the California Teen Website for re-creation in Colorado.**

This website allows teens to access information needed to obtain a driver's license, choose a medical provider, house medical and school records and speak with other teens that have left or are leaving the system. These systems, and others like it, are needed to assist teens in their transition periods. This site also allows teens to store their information and documents in a secured environment that can be accessed at a later date. This type of service would allow teens to have peace of mind knowing their life documents are safe, yet accessible.

CDHS staff should also explore the use of the Ansell-Casey Life Skills assessment tool for all adolescents leaving the foster care program.

CDHS staff should have a strong relationship with the local teen advisory groups already in existence to help develop a website and other tools they feel are needed for transition times as well as emancipation planning.

6. **Pilots and analysis of the following will be developed and completed:**

- Non-medical and psychosocial needs and information have a clear, accurate and useful way to transfer between foster parents, birth parents, case managers and providers.
- How to provide increased training opportunities to foster parents as team members.
- Common data systems as evidenced by current, working partnerships with juvenile justice, Medicaid, etc

SUMMARY

In summary, it is the work of this Committee to provide recommendations that ensure the well-being of children/youth in foster care, gain understanding about the foster care system, communicate ideas to increase the capacity, provide training support for infrastructure and ensure technical assistance be available to providers throughout the state within the systems. There are many suggestions within this report that could be explored at low cost or no cost to CDHS.

In order to evaluate the programs, pilots and outcomes, good data is needed. The Colorado Children and Youth Information Sharing Collaborative may provide future improvements in data sharing between agencies. The committee may engage in future research to determine the cost benefits of providing timely and appropriate health care services for children in foster care. The care coordination is anticipated to result in cost savings and well being for the children in foster care.

Psychotropic medications prevention and management as well as and ensuring medication monitoring, topics spelled out in the Fostering Connections legislation are not the only solution needed for this population There is a need to integrate mental health providers in all medical settings. CDHS staff should be able to rely on core team of trans-disciplinary partners to provide assistance, including a psychiatrist and pediatricians trained in foster care, to call for support while having a foster care warm line with families for prescription interactions, signs and systems. There is a need for ongoing medication management by both physical and mental health providers and communication between the medical home community members.

Committee members are willing to provide resources to CDHS should they be needed. As such, this Committee respectfully requests that CDHS respond with feasibility, recommendations and resources necessary, as well as additional options, by June 30, 2011.

Respectfully Submitted,

Children's Advisory Committee Members

Appendix E PIP Strategies and Action Steps

PIP Overall Strategy

The PIP was developed and revised with state-county collaboration. ACF-CB and Region VIII have guided the revisions as they have been submitted. The PIP strategies, action steps and benchmarks will be integrated into the APSRs.

The PIP's three Primary Strategies are overarching, selected to target multiple areas needing improvement. They are synthesized in purpose and timing and each strategy reinforces the others:

- CPM implementation is critical to the development of a continuous quality improvement process that involves the State and counties.
- CQI is key to improving all safety, permanency and well-being outcomes.
- Improvements in permanency and individualization of services are critical to the well-being of children and families.

The PIP Primary Strategies are achieved through goals, action steps, consisting of both targeted and statewide operational benchmarks, as defined in the PIP Work Plan. The three primary strategies are:

- Primary Strategy (PS) 1: Improve Consistency in Practice and Performance on Outcomes for Children, Youth and Families.
- Primary Strategy (PS) 2: Strengthen and Reinforce Safety Practices.
- Primary Strategy (PS) 3: Improve Permanency and Well-Being Outcomes by Increasing Access to Consistent Services Irrespective of where in the State the Children, Youth, and Family Live.

Each of the Primary Strategies contains a "core activity" that is the foundation of its benchmarks:

- PS 1:CPM implementation is the foundation of all CQI processes that will shift the State and counties to outcomes management.
- PS 2: State oversight of child safety is instituted and maintained.
- PS 3: Family engagement and engagement of systems external to child welfare services are critical to children, youth, and families receiving the services they need.

All three strategies reflect the effort to establish consistency in child welfare services, while maintaining the local flexibility of state-supervised, county-administered system.

The Primary Strategies are outlined in the next section. Each strategy contains information about specific areas needing improvement as identified in the 2009 CFSR Final Report and information about the activities in which the State and counties have engaged since the review. Each strategy is detailed with Goals, Action Steps and Benchmarks in the PIP Work Plan Matrix, followed by the:

- Key Concerns and TA Plan
- PIP Measurement Matrix
- Appendices (includes CFSR Review Tables)

Primary Strategy (PS) 1: Improve consistency in practice and performance on outcomes for children and families.

CFSR Items: Systemic Factor (SF) Quality Assurance; SF Item 31, P1- Items 7, 10, WB2 - Item 21, and WB 3 - Item 23. Concerns from the CFSR Onsite Review are:

- The State's Quality Assurance process is not integrated into a larger Quality Assurance system and it is focused primarily on the 10 largest counties.
- Children's education and mental health needs were not met.
- Children's permanency goals were not established timely.

Post Onsite Review Activities and Accomplishments

Efforts to strengthen Continuous Quality Improvement (CQI) include:

- CPM development with emphasis on development of a continuous quality improvement process both for individual counties and between the state and counties.
- Facilitation of changes to ARD's OOH and In-Home Review Instruments, with closer alignment to the CFSR instrument, by a state/county workgroup.
- The new instruments were operationalized July 1, 2010.
- Development of new rules to Volume 7 by ARD, which require county written response to case review issues that are identified. The rules are a response to CFSR findings of the lack of follow up to ARD review concerns and include:
- Based in Trails, the process requires the county to be notified of "any unresolved issue directly impacting a child's safety, permanency, or well-being."
- Counties and regions do not have to follow the reviewers' recommendations, but must enter a response indicating agreement or disagreement with a finding. The county provides email notification of the response to the assigned reviewer for the county.
- The ARD Review Team reviews the response, determines if the issue has been adequately addressed and notifies the county of the determination. The information is permanently stored as part of the case file in Trails.
- In the event of lack of response or timely response or determination that the concern has not been adequately addressed, ARD forwards the issue to DCWS Associate Director of Program for follow-up with the county department.

Focus on data integrity by the Research and Evaluation Team and Colorado Trails Users Group.

- **Agency Letter CW-09-24-P, issued May 21, 2009 to counties with specifications for Trails entry of OOH Service Authorization data. The entry has improved from over 30 days delayed to 14 days, as established with Trails Reports of Service Authorizations. This activity is aligned with SF Item 24, improvement has been monitored; and is in substantial conformity.**
- The Sub-PAC Child Protection Task Group has focused on Timeliness of Investigation Reports, produced by the DCWS Research and Evaluation Team, for the last 18 months.
  - The report consists of both county and statewide performance.
  - It provides a platform for discussion of the data and the solutions for improvement.
  - Counties have also assessed their data, determining data systems issues, caseworker performance issues and systemic/policies issues. The State and the counties have

synchronized the use of data fields, to ensure that the same information is being used by both entities.
    - Simultaneously, the state Child Protection Team and the Research and Evaluation Team have followed up with counties with data entry issues and data runs with county-specific issues, such as furlough days, and Intake/Ongoing assessment issues.
    - **Timeliness of Investigations has improved from the onsite result of 73% to 83%, as evidenced by Trails reports and ARD findings for the first and second quarters (92.6%; 92.7%, respectively) of SFY 2011. The activities are closely aligned with CFSR Items 3 and 4, and improvement has been monitored; and is in substantial conformity.**
    - **Colorado has maintained improvement in meeting the mental health needs of children, according to ARD data, for 2 quarters, both in assessing mental health needs (Qtr. 1, 98.8%; Qtr. 2 98.2%), and in providing mental health services (Qtr. 1, 83.3%; Qtr. 2, 81.4%). These items are closely aligned with the activities of CFSR Item 23, and is in substantial conformity.**
- Formation of the CPI Performance Management Work Group, comprised of state and county staff, to develop high-level domains and both the process and outcomes measurement of the CPM.

PS 1 establishes development of an effective continuous quality improvement system that links the State and the counties and provides the foundation for management by outcomes. It is a significant reform that blends the implementation of the CPM with the establishment of a permanent CQI plan and builds on the work of ARD. It establishes the responsibility for and the accountability by DCWS for monitoring and maintaining reporting processes for the PIP. A new state level of monitoring is established in which the performance of 22 counties, comprising 91% of the total child welfare workload, will be regularly reviewed by state child welfare program staff. The monitoring continues the use of reports that were developed for establishment of baselines and processes for improvement upon receipt of the 2009 CFSR Final Report. These reports include Timeliness of Investigations, Adolescent Care Exceptions, Caseworker Visits and Entry of Service Authorizations. The reports have been effective in working with the counties to improve performance through identification of barriers. They are instrumental, in addition to ARD data in a continuous monitoring process. The key to the State's accountability in regular monitoring is assignment of key staff with the responsibility to distribute reports and to coordinate follow up and completion of any performance improvement plans or corrective actions that may be necessary. Colorado is prepared maintain accountability for monitoring of all CFSR items and systemic factors needing improvement and the communications needed to correct trends and negative performance.

The need for good data production as a framework for CQI development between the State and the counties is well established. One of the barriers to an effective data system has been the need for reconciliation of key data between the State and the counties. It is a task that requires persistence in focus, dialogue and matching of data elements. Since the onsite review, CQI has been evolving. It has involved prolonged discussion and adjustment of reports, and the need for a multi-inquiry approach to the data and solutions for improvements. The quest for consistency has not resulted in a singular finding or solution, as determined through individual county consultation.

PS 1, Goal 1: Implement the Colorado Practice Model

Action Step 1.c: Customize the Colorado Practice Model (CPM) in 6 Phase One counties.
Operational Benchmarks (targeted): Action Step 1.c encompasses the initial activities of the CPM Implementation: It establishes a repeatable process for the subsequent three phases of implementation.

- Counties establish QPTs and begin to analyze business processes for strengths and areas need improvement.
- Examine processes leading to positive safety and permanency outcomes.
- QPTs forward county safety and permanency practices to the State Practice Initiative Group (SPIIG) for review, approval and selection of practices for the Compendium of Practice, for dissemination to Phase Two counties.

Action 1.d: Customize the Colorado Practice Model in Phase Two counties.

Benchmarks: Repeat all of the Benchmarks contained in Action Step 1.c to the mapping of safety practice.

PS 1, Goal 2: Establishment of a Quality Assurance Process that Supports the Colorado Practice Model and Statewide Incremental Improvements

Action Step 1.e: Develop and implement a child welfare quality assurance and quality improvement process that builds on existing processes.
Operational Benchmarks (statewide): Action Step 1.e is designed to improve statewide continuous quality improvement, concurrent with CPM implementation and through the PIP reporting period. It builds on:

- Development of a quality assurance process framework, with county participation, used by DCWS and the counties, that is based on Trails reports, ARD reports and quality assurance mechanisms.
- The quality assurance framework is both specialized to county QPTs and generalized to ensure CFSR items needing improvement are consistently tracked and evaluated by DCWS. It ensures that areas needing improvement receive focus throughout the PIP reporting period, starting in the first quarter, and limits additional activities for counties that maintain performance standards.
- The framework establishes a regular reporting/monitoring process for CFSR items needing improvement that may be measured quantitatively: #'s 7, 10, 12, 21 and 23.
- Dissemination of information to all counties about baselines for statewide improvements, quarterly reporting placements and a copy of the approved PIP will be completed via Agency Letter.
- Quarterly review of PIP measures by the DCWS Leadership Team.
- Counties with declining performance below the established PIP standards will receive follow up by assigned state program staff.
- Counties that demonstrate declining performance for two consecutive quarters will follow the Volume 1 corrective process to determine appropriate actions.

Primary Strategy (PS) 2: Strengthen and Reinforce Safety Practices

CFSR Items: S1, S2, Items 1,3,4. Key concerns identified during the onsite review:

- Lack of consistency across review sites in the use of the Colorado Assessment Continuum (CAC) throughout the life of the child.
- Lack of consistent safety and risk assessments throughout the life of the child's experience with the county.
- Lack of documentation of safety and risk assessments in the case record (Trails) that would enable any county working with the family to obtain necessary case history to assure child safety, and to facilitate evaluation of the quality and comprehensiveness of the use of the safety and risk assessments.
- Lack of accountability of county departments in the use of the CAC.

Post Onsite Review Activities and Accomplishments:

- Thirty-five of the 64 counties have been visited, and the schedule is structured for the remaining county visits.
- Training in the CAC has been provided as needed.
- Consistency in the understanding and the use of the CAC has improved.
- State Child Protection Staff has provided ongoing consultation as requested by counties.
- Alignment of the Research and Evaluation and the State Child Protection Team to assess the impact of the CAC on child safety.
- Collaboration between ARD and the State Child Protection Staff on county child safety issues.
- Timeliness of investigations statewide has improved from 73% in 2007 to 83% for 2010, as measured with Trails Timeliness of Investigations Reports, from September 2009 to present.

PS 2 establishes the state's lead role in reprioritizing child safety, building on the strength of its safety/risk protocol, the CAC, developed and implemented during the 2002 CFSR PIP. With the onsite review finding of inconsistent use of assessments and lack of matching of services to needs, it was recommended that the State improve its monitoring role. Initial monitoring was predicated on determining how the protocol is used prior to developing a solution. The plan to visit all counties was established to gather information, provide support and training. To date, it has been consistently determined that counties are using the CAC, but there is confusion about the instructions for the protocol. With county input, changes were made to the instructions. Throughout the visitation with counties and provision of technical assistance, safety practices have improved. It has been demonstrated by the state program staff that relationships that support the county safety practices have been effective in improving outcomes. There were no performance improvement plans developed as a result of the visitation that has occurred in the last 18 months, and improvement in the use of the protocol is now monitored quarterly with ARD data by state program staff. State Child Protection Program Staff remain assigned to specific counties. With PIP approval, state program staff, under the direction of the State Child Protection Administrator, will monitor quarterly reports for CAC utilization and monthly Timeliness of Investigation Reports to ensure safety practices are maintained. Matching families' assessed needs to appropriate services is a more complex issue, and will require additional improvements and monitoring evolving through PS 3.

PS 2, Goal 1: State Supervision of Counties Will Assure That Child Safety is the Priority of Staff During Each Contact With A Child.

Action Step 2.a: Assessments will be completed according to State Policy.
Operational Benchmarks (targeted): Action Step 2.a formalizes the state/county collaboration in determination of thresholds for county performance (Sub-Pac Child Protection Task Group). It continues the State Child Protection Program Staff (SCPPS) supervisory role in its work with the counties and its collaboration with ARD to improve statewide outcomes in child safety:

- The Child Protection Task Group of the Child Welfare (CW) Sub-PAC will develop the threshold of county performance related to safety measures including timeliness of investigation, services to prevent removal and completion of the CAC.
- SCPPS will complete the Safety and Risk Coaching Schedule, completing visits to thirty-two counties in the next two years, visiting six counties per quarter, and completing written summaries.
- Additional visits or changes to the schedule will be made based on notification of safety concerns expressed by ARD, stakeholders and/or community individuals.
- Technical assistance is provided to counties based on the review of ARD safety and well-being findings, specific concerns arising from a referral to DCWS, and contact with county administration to determine assistance that is needed.
- SCPPS accompanies ARD staff for In-Home and Safety Assessment Reviews when potential issues are identified prior to the review.
- Formal follow up is initiated as needed, with SCPPS and the county developing a corrective action or performance improvement plan when performance, as measured by ARD, remains consistently low or declines over two quarters.
- SCPPS maintains monitoring, oversight and support to the county until the performance issues are successfully completed.
- Four State DCWS program staff attends the Training Academy for certification or re-certification at either the caseworker or supervisory level.

Primary Strategy (PS) 3: Improve Permanency and Well-Being Outcomes by Increasing Consistent Services Irrespective of where in the State the Children, Youth and Family Live

CFSR Items: Systemic Factor Staff and Provider Training, SF Items 31, 32, 44; Systemic Factor Service Array and Resource Development; SF Items 35, 36, 37; Systemic Factor Case Review System, SF Items 24, 25, 28; P1, Items 6, 8, 9, P2, Items 12,13,14,15,16; WB1, Items 17,18,19, 20. Key Concerns from the CFSR Onsite Review:

- ASFA requirements are not met in the areas of achieving termination of parental rights (TPR), documentation of compelling reasons, permanency goal establishment, and adoptions.
- There is a lack of accessibility and quality of some key services in the state, particularly mental health services. The lack of services may contribute to placement instability and delays in permanency.
- There is a shortage of foster parents in the state that creates challenges in placing children in OOH placements that are carefully matched to their needs. This lack of adequate matching may contribute to placement instability and to delays in permanency. Some county-certified foster parents may not be attending ongoing training.
- Diligent efforts to maintain family connections were found to be inconsistent, siblings were not consistently placed together, visits with parents and siblings were not consistently occurring.

- There were placement issues involving multiple and unstable placements for children and youth and inconsistent timely Trails entries of placement information.
- Independent living services were not consistently provided to youth who were likely to transition from foster care to independent living.

Post Onsite Review Activities and Accomplishments:

- Development of the Statewide Foster and Adoptive Recruitment and Retention Plan (Appendix E) with the assistance of the National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids. **The completion of the Plan is aligned with the activities of SF Item 44, and is in substantial conformity..**
- The DCWS Quality Assurance Team's increased county foster care certification program oversight of ongoing foster parent training. Program review results indicate the need for training resources for small counties. **Improvement is evidenced by a 2007 total of 38% of ongoing foster care certification files with missing or incomplete ongoing training hours, reduced to 14.41% for 2010. It is determined that the activities to improve performance are aligned with the activities of SF item 36, and is in substantial conformity.**
- Development of the rural foster care coordinators website, increasing the network of support and resources with the involvement of 39 rural counties.
- County support and technical assistance provided by DCWS Recruitment and Retention Specialists.
- Development and publication of the Colorado Kinship Resource Guide and Kinship Connections website.
- Completion of three annual exit surveys of foster parents who are leaving the system, determining retention trends of foster/adoptive/kinship resource families.
- Implementation of the Relative Guardianship Assistance Program (RGAP) effective October 2009:
    - Rules adopted February 2010, with eligibility backdated to October 2009.
    - RGAP is open to both IV-E (federal/state/county) and non-Title IV-E (state/county) eligible youth and children whose permanent goal of reunification or adoption is no longer appropriate based on their individual needs.
    - The youth/child must have lived at least six (6) consecutive months with a relative in the fifth (5th) degree of kinship and who was fully certified as a kinship foster home.
    - The child must have a significant relationship with the prospective guardian.
    - The guardian must be committed to the permanency of the youth/child.
    - The guardian must be fully informed about the benefits of permanency and the merits of adoption as a more permanent living arrangement for the youth or child.
    - The amount of reimbursement (less respite amounts) is achieved through negotiation, based on the child's needs. Daily rates are established in Volume 7 Rule.
    - The guardian may receive reimbursement in an amount of up to $2000.00 for non-recurring expenses.
    - The Juvenile Court agrees to the petitioning of the Probate Court by the guardian.
    - A three-year agreement is developed with the guardian, who must also submit annual reports verifying that the child is still in his/her care. The county manages the agreement and it is renewed every three years.

- Colorado has focused on improving Monthly Caseworker Visits with a combination of strategies, including monitoring by the Sub-PAC Child Protection Task Group. Accomplishments include:
  - Surpassing yearly Monthly Caseworker Visits targets.
  - New Volume 7 Rules passed for the Designated Visitation Caseworker.
  - Hands-on Trails training session provided to all counties for the Designated Visitation Caseworker documentation.
  - County visits by State Child Protection Team Program Staff for consultation on methods counties are using to improve visitation rates and data entries.
  - Established regular reviews of Trails Caseworker Monthly Visitation Reports by the Sub-PAC Child Protection Task Group.

- Although National Standards for Placement Stability were met, Colorado continues to focus on improvement in this area. The youth population has been targeted with improving the placement stability for youth with trainings in runaway prevention and the delivery of independent living services. The Adolescent Care Exceptions/Summary Batch Report has been developed to provide better tracking of all children, age 15 years, 9 months in OOH Placement. The report provides concise information on Independent Living Plans, Emancipation Transition Plans, adjudications and placements (including history). The report is provided to counties to assist with their CQI processes and caseload management.
  - **Improvements, according to ARD data, have been made in the following CFSR items, as a path to placement stability.**
  - **item # 13: Parent and Sibling Visitation**
  - Qtr. 1, mother –81.2%; father–70.1%; siblings–87.1%
  - **item # 14: Preserving Connections**
  - Qtr. 1, 99.0%; Qtr. 2, 99.5%
  - **item # 15: Relative Placements**
  - Qtr. 1, 97.6%; Qtr. 2, 98.6%

The activities of these items are closely aligned with the CFSR and are in substantial conformity.

PS 3 is a multi-pronged strategy encompassing both permanency and well-being domains. It is comprised of three separate goals:
- Increase Family Involvement in Case Planning (Items 6,13,14,15,16,18,20,21, SF 25)
- Address service array for children in out of home placement (Items 12, 23, SF 36, SF 37)
- Reduce barriers to timely and appropriate permanency for youth and children (Items 8, 9, SF 28)

The strategy involves the complex nature of relationships: of children with their families, families with county agencies; and with the external systems that are critical to children youth and families receiving child welfare services. Each goal addresses an area that is at the heart of permanency, starting with the child, youth and family, the services that are needed to improve individual and family functioning, and out to the external systems that are intertwined with but not controlled by, the child welfare system. The goals, action steps and benchmarks address the largest group of items and systemic factors requiring improvement, with many of the measures being qualitative and accomplishment of the work being dependent upon collaboration with other systems and their resources. PS 3 is concurrent with the work of the CPM implementation counties in PS 1 as they identify their promising practices and areas needing improvement.

PS 3, Goal 1: Increase Family Involvement in Case Planning

Action Step 3.a: Develop, implement and monitor Family Engagement Policy.

Operational Benchmarks (statewide): Action Step 3.a initiates the establishment of state basic standards for family engagement, through the Sub-PAC Permanency Task Group, resulting in:

- Development of a threshold of county performance related to permanency and well-being measures that include
  - Visiting with parents and siblings in care;
  - Relationship of children in care with their parents;
  - Needs and services of children and parents;
  - Child and family involvement in case planning and,
  - Caseworker visits with children and parents.
- State-county representation of both the existing and future family engagement strategies and principles.
- Establishment of the basic standard/expectations for family engagement by all counties.
- Description of appropriate family engagement caseworker practice.
- Determination of policy/rules changes to effect improved outcomes.
- Revision of the Training Academy's training curriculum will be reviewed to ensure that the family engagement defined standards included reflect the most current standards for new caseworkers and supervisors.
- Training of ongoing caseworkers and supervisors.

PS 3, Goal 2: Address Service Array issues for Children in OOH Placement

Action Step 3.b: Improve access to placement resources for sibling groups.
Operational Benchmarks (statewide): Action Step 3.b impacts resources for sibling groups with the State Recruitment and Retention Plan, developed with the National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids. The State will have a dual focus with information sharing from the Plan and work with county departments on their annual plans that include recruitment of the sibling group resources.

Action Step 3.c: Improve access to mental health services for children in placement.
Operational Benchmarks (targeted): Action Step 3.c engages DCWS and DBH in a joint needs assessment of the mental health needs and access to services for children, youth and families receiving child welfare services and will:

- Build on the information in the Colorado Population in Need 2009 (COPIN) report completed by the DBHH that includes Medicaid data.
- Involve sectors of Colorado's regionalized system of community mental health services delivery, Behavioral Health Organizations (BHOs) that provide services to families with Medicaid, combined with the availability of DCWS Core Services Program, in an assessment of the reasons for the determination that the population was in need.
- Implement an action plan to improve services access.

PS 3, Goal 3: Reduce Barriers to Timely and Appropriate Permanency For Children

Action Step 3.d: Partner with the judicial system and external service providers to improve outcomes for children, youth and families.
Operational Benchmarks (targeted): Action Step 3.d combines the expertise of the CFSR Executive Oversight Committee (EOC) and the Court Improvement Program (CIP) in the assessment of current and historical Family Justice Information System (known as FAMJIS) data to determine the evaluation process for three judicial districts, resulting in the:

- Determination of barriers to consistency and timeliness of permanency practices.
- Evaluation of the need for changes to existing judicial directives.
- Dissemination of information to all other judicial districts for information and comparison with their individual jurisdictional practices.

Action Step 3.e: Improve timely completion of adoption home studies and associated paperwork.
Operational Benchmarks (statewide): Action Step 3.e establishes procedure for regular monitoring, of the timeliness of adoption home studies and the provision of training and technical assistance to adoption supervisors. The focus is on the training of adoption supervisors to requirements for timely completion of home studies and the associated paperwork, followed by monitoring of county actions and follow-up, including program improvement or corrective action.