

**2014 Annual Progress and Services Report
and
Final Report**

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COLORADO
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Glossary of APSR Acronyms

ACF-CB	Administration for Children and Families, Children's Bureau
APSR	Annual Progress and Services Report
ARCH	Applied Research in Child Welfare
ARD	Administrative Review Division
BHO	Behavioral Health Organization
BPCT	Best Practice Court Team
CAC	Child Advocacy Center
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CCR	Colorado Code of Regulations
CDHS	Colorado Department of Human Services
CFCIP	Chafee Foster Care Independence Program
CFRT	Child Fatality Review Team
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CPA	Child Placement Agency
CIP	Court Improvement Program
CJA	Children's Justice Act
CCJTF	Colorado Children's Justice Task Force
CMHC	Community Mental Health Center
CME	Care Management Entity
CMO	Central Management Organization
CMP	Collaborative Management Program
CSFPA	Colorado State Foster Parent Association
CPM	Colorado Practice Model
CQI	Continuous Quality Improvement
CCR	Colorado Community Response Program
C.R.S.	Colorado Revised Statutes
CWTS	Child Welfare Training System
DIFRC	Denver Indian Family Resource Center
DCW	Division of Child Welfare
DR	Differential Response
DYC	Division of Youth Corrections
DVP	Domestic Violence Program
ETV	Education and Training Vouchers
FAR	Family Assessment Response
FFY	Federal Fiscal Year
HCPF	Health Care Policy and Financing
HB	House Bill
IART	Institutional Abuse Review Team
ICWA	Indian Child Welfare Act
IH	In-Home

MCV	Monthly Caseworker Visits
MOU	Memorandum of Understanding
MPQWIC	Mountains and Plains Child Welfare Implementation Center
NCANDS	National Child Abuse and Neglect Data System
NFP	Nurse–Family Partnership
NYTD	National Youth in Transition Database
OBH	Office of Behavioral Health
OCYF	Office of Children, Youth and Families
OEC	Office of Early Childhood
OPPLA	Other Planned Permanent Living Arrangement
OOH	Out-of-Home
PMD	Performance Management Division
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
QA	Quality Assurance
QPT	Quality Practice Team
RTAC	Regional Training Advisory Committee
RED Teams	Review, Evaluate, Direct Teams
RFA	Request for Application
ROM	Results Oriented Management
SAMSHA	Substance Abuse and Mental Health Services Administration
SafeCareCO	SafeCare Colorado
SB	Senate Bill
SFY	State Fiscal Year
Sub-PAC	Subgroup of Policy Advisory Committee
START	State and Regional Team
TISOC	Trauma-Informed System of Care
Trails	Colorado’s Statewide Automated Child Welfare Information System
T/TA	Training and Technical Assistance

Introduction

This 2014 Child and Family Services Annual Progress and Services Report (APSR) describes Colorado's accomplishments through the current state fiscal year (SFY) 2014. The report reviews Title IV-B Subparts 1 and 2, Child Abuse Prevention and Treatment Act (CAPTA), Adoption, Chafee Foster Care Independence and Education and Training Vouchers Programs, Indian Child Welfare, Kinship Care and Title IV-E and Non-IV-E Foster Care Programs. All requirements of 45 CFR 1357 are included within the report.

This APSR also updates the 2010-14 Child and Family Services Plan (CFSP) objectives and describes how federal IV-B, CAPTA and CFCIP funds are used to accomplish the plan's priorities. The 2010-14 CFSP outlines Colorado's vision, mission, guiding principles and programs/services that constitute the state's work with children, youth 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. Together, the CFSP and APSR contain the performance improvement planning elements of the Child and Family Services Review (CFSR). Information on state achievement of national performance standards and case-related outcomes are included in this APSR. The 2010-14 Child and Family Services Plan may be accessed at: <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601>.

In accordance with 45 CFR 1355.53, Colorado utilized its Statewide Automated Child Welfare Information System, Trails, in developing the 2014 APSR. The CDHS Office of Children, Youth and Families (OCYF) also relied on C-Stat, the CDHS performance management process, and Results Oriented Management (ROM) to write this report.

The Colorado Department of Human Services (CDHS) is responsible for the program areas of child and family services, youth corrections, behavioral health, economic security, child care licensing, adult protection, veterans' nursing homes, adult assisted living, and child care subsidy. CDHS is also the administering agency for Title IV-B, Title IV-E, the Child Abuse Prevention Treatment Act (CAPTA), Children's Justice Act Grant, Chafee Foster Care Independence and, the Education and Training Vouchers (ETV) Programs. The Office of Children, Youth and Families (OCYF) administers Colorado's child welfare program.

The OCYF is comprised of the Division of Child Welfare (DCW), the Division of Youth Corrections (DYC), and the Domestic Violence Program (DVP). Colorado's child welfare program is a county administered, state supervised system in which the DCW oversees a group of services intended to protect children from harm and to assist families in caring for and protecting their children. Services are provided directly by county departments of human/social services and their contracted providers. The DCW provides policy guidance and leadership on child protective services, youth in conflict services, and permanency services. Youth detention and corrections are delivered through regional systems, which are state owned and operated, or state owned and privately operated. Domestic violence programs funded through the OCYF are delivered through forty-seven contracted providers.

The state and federal government provide 80% of the funding for child welfare services through an allocation formula statutorily established by the Child Welfare Allocation Committee. Counties contribute approximately 20% of the funding through local revenues. Title IV-E is the primary federal funding source

for county departments to provide child welfare services. The Child Welfare Allocation Committee has approved a new funding allocation model that supports child welfare services in all counties. This new “Outcomes Model” is based on drivers and sets aside 2% of the child welfare allocation to fund incentives for positive performance in the areas of safety, permanency and timeliness and accuracy of child abuse and neglect assessments. Specifically, the new model incentivizes and allocates to counties during the reporting period for the percentage of children/youth achieving permanency, the percentage of children who do not have a recurrence of maltreatment within six months and for the percentage of child abuse and neglect assessments closed within 60 days.

The 2013 Colorado Legislature approved several child welfare reforms identified in Governor Hickenlooper’s Child Welfare Plan 2.0, investing a total of \$23.3 million dollars to implement prevention initiatives, provide updated mobility devices for caseworkers, increase county and public access to data, support new training programs, create a central hotline for reporting child abuse and neglect, and establish a public awareness campaign to publicize the new hotline. With a recovering economy and a growing population, the state and counties continue to achieve significant accomplishments in improving outcomes for children, youth, and families.

The Legislature also passed several bills in 2013 that aligned child development programs and, in 2014, transferred the Division of Intellectual and Developmental Disabilities from the CDHS Office of Long-Term Care to the Colorado Department of Health Care and Policy Financing (HCPF). New behavioral health funding was appropriated in 2013 for a crisis hotline and “walk-in” behavioral health crises systems that include services for youth. This legislation is important to Colorado’s child welfare continuum of services because it creates a broad foundation of support for prevention services for children and families and it will reduce some of the permanency barriers confronting youth and families. Legislative information, and its relationship to the child welfare system, is included throughout the report in their relevant sections. Summary information regarding the 2013 legislation is in Appendix A.

Closely aligned with the OCYF is the Office of Early Childhood (OEC), which was created as an office within CDHS in 2012. House Bill (HB) 13-1117 allocated funding for the OEC and aligned several child development, child abuse prevention, and family preservation programs. In addition, the OEC is strategically partnering with the OCYF in implementing a number of the state’s child abuse and neglect prevention efforts. The OEC administers Title IV-B, Subpart 2, Promoting Safe and Stable Families (PSSF), which aligns with the new child welfare prevention initiatives described in subsequent sections. The OEC’s structure brings together ten programs from four CDHS divisions and from the Colorado Department of Health and Environment that positively impact the lives of young children and their families:

- Child Care Licensing
- Child Care Quality Initiatives
- Early Childhood Councils
- Colorado Child Care Assistance Program
- Early Childhood Mental Health Specialists
- Early Intervention Colorado
- Nurse Family Partnership Home Visitor Program
- Maternal, Infant and Early Childhood Home Visiting Program
- Colorado Children’s Trust Fund
- Family Resource Centers Program

The OEC demonstrates the shared commitment of the administration and state stakeholders to advance and improve early childhood supports and education, school readiness, and services in an effort to prevent child abuse and neglect.

Child Welfare Demographics

In SFY 2013, there were 83,045 calls referred to child welfare; 33,443 of which were opened for assessment (investigation) and 49,602 were screened out. The assessments of families involved 57,069 children. In SFY 2013, there were 37,524 total open involvements (case opened for services), with 12,237 as new open involvements. Of the open involvements, 9,687 were unduplicated out-of-home (OOH) placements.

Race and ethnicity for the 37,524 children in open involvements are similar to that in previous years. Reports on race indicate that the majority of children are Caucasian (76.4%); followed by African American (10.4%), Native American (1.3%), Asian (0.6%), Hawaiian (0.2%), two or more races (5.2%), missing (5.7%), declined to answer (0.2%), and abandoned child, race not determined, (0.0%). Of these 37,524 children, 33.8% are Hispanic, 56.6% are not Hispanic, 5.2% are missing data, and 4.4% are unknown.

Colorado's gender distribution of children in open cases is 53.1% male and 46.9% female. The age distribution is:

- Birth to 3 15.5%
- 4 to 6 years 15.2%
- 7 to 10 years 20.4%
- 11 to 13 years 14.7%
- 14 to 17 years 23.4%
- 18 and Over 10.8%

1. Program Service Description

Title IV-B is the federal block grant that is used for a broad range of child welfare services. The funding includes Stephanie Tubbs Jones Child Welfare Services, Title IV-B, Subpart 1; PSSF, Title IV-B, Subpart 2; and Chafee Services. The funding is provided to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children to safely remain with or return to their families in a timely manner; promote the safety, permanency and well-being of children in foster care and adoptive families; and provide professional development, support, and training to ensure a well-qualified child welfare work force. This section of the report describes Title IV-B, Subparts 1 and 2.

Stephanie Tubbs Jones Child Welfare Services—Title IV-B, Subpart 1

The Colorado Services Continuum funded by Subpart 1 funds, described in the 2010-14 Child and Family Services Plan (CFSP), includes a broad array of services that are supported and enhanced by community partnerships and collaborations. The continuum is available in varying degrees across the state depending on 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
- Youth in conflict services
- Foster care

- Permanency
- Aftercare and post-permanency needs

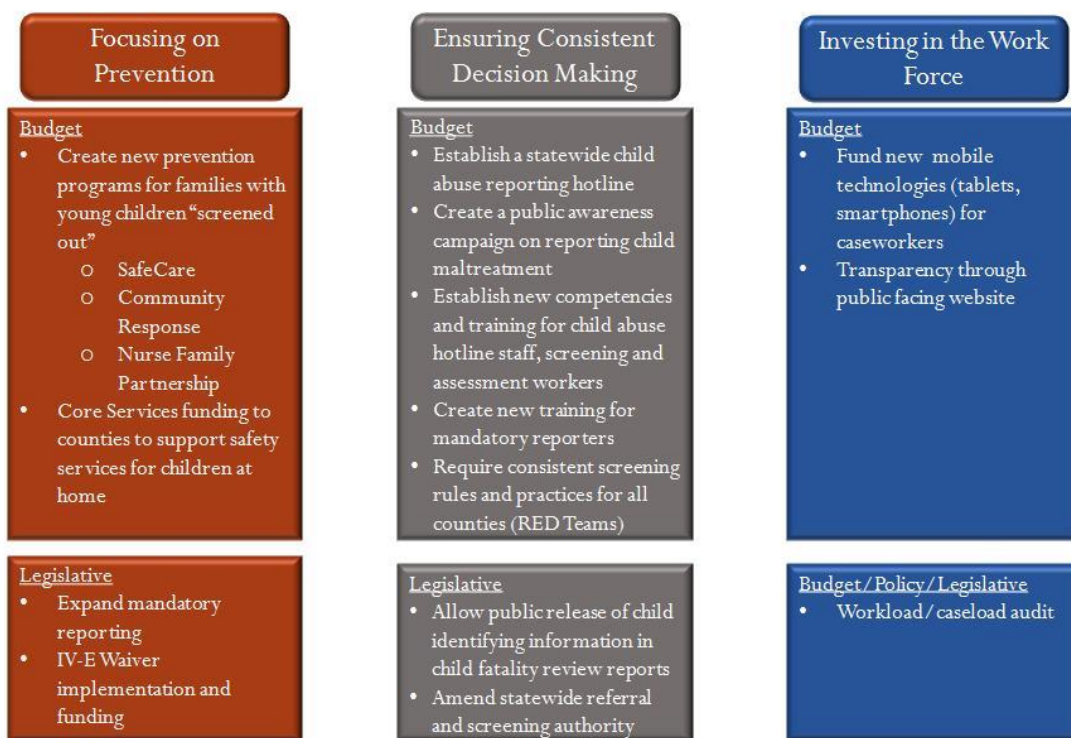
In 2012, Governor John Hickenlooper first introduced “Keeping Kids Safe and Families Healthy” in support of the commitment that children living anywhere in the state should be entitled to the same level of protection from abuse and neglect. The plan modernized and expanded training; enhanced performance management; aligned funding with outcome priorities; and increased transparency of the system to the public. The plan also incorporated the 2010-14 CFSP goals and the Children and Family Services Review (CFSR) Performance Improvement Plan (PIP) performance goals.

In 2013, the Governor directed an expansion of the plan, “Keeping Kids Safe and Families Healthy 2.0”. The plan has spurred new funding for prevention and early intervention; planning for a statewide public awareness campaign and child abuse and neglect hotline; implementation of the Title IV-E Waiver; mobile technology for caseworkers in the field; and increased transparency and public engagement. The Department, in partnership with counties, is in its second year of plan implementation, guided by steering committees that serve as advisory bodies for their respective parts of the plan. The committees have been instrumental in the selection of sites that have rolled out the State’s new prevention programs; implementation of mobile technology in nearly all the counties; research and identification of solutions for the statewide child abuse and neglect hotline and public awareness campaign; development of new curricula and training related to enhanced child protection practices; and implementation of family engagement, permanency roundtables, and kinship support interventions in the Title IV-E Waiver counties.

The second year of implementation also includes launching SafeCare Colorado (SafeCareCO) sites across the state and, in collaboration with the OEC, expanding prevention efforts through the Nurse Family Partnership (NFP) and the Colorado Community Response Program (CCR). In addition, the Department with its county partners has selected the vendors who will build the statewide child abuse and neglect hotline and corresponding public awareness campaign; thoroughly reviewed policy and rules guiding front-end child welfare practice and recommendations for necessary changes; developed an online mandatory reporter training; expanded Title IV-E Waiver implementation to more counties, adding two new waiver interventions related to trauma-informed assessment and treatment of children in open child welfare cases; initiated a statewide rollout of the mobile technology project; and increased transparency through the development of a public-facing website displaying statewide and county-specific child welfare data.

The following chart, “Keeping Kids Safe and Families Healthy 2.0,” provides an overview of the plan.

Keeping Kids Safe and Families Healthy 2.0



Focusing on Prevention

Primary and secondary prevention services have been expanded with state-funded evidence-based programs that target families with children from birth to five years of age. Child fatality trend analyses indicate that children of this age with young parents are most at risk of abuse and/or neglect.

- “Program Area 3” is the newest CDHS program area, which allows funding to be used flexibly for prevention services. Operationalized in January 2014, Program Area 3 (PA3) is Colorado’s first prevention services program defined in rule as part of the child welfare services continuum. Under HB 11-1196, counties have more flexibility in the use of their child welfare block and core services funding for prevention, intervention, and post-adoption services. These funding sources were previously restricted to placement prevention, family preservation, and other treatment services. Prevention services provided through PSSF funding will be monitored and accounted for under PA3.
- SafeCare is an evidence-based, behavioral parent-training program for families at risk of being reported for child abuse or neglect. Under SafeCare, counties have the opportunity to provide services, via community providers or public health, to at-risk families to prevent entry to the child welfare system. SafeCare focuses on prevention, parent-child interaction, home safety, and medical care. The program, developed in 1979, consists of 15 to 20 weeks of 90-minute sessions with families and has been shown to reduce maltreatment by 26%. SafeCareCO was rolled out to four sites, consisting of eighteen counties and two tribes: 1. Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma; 2. Mesa; 3. Denver and Jefferson; and 4. Archuleta, Dolores, La Plata, Montezuma, and San Juan with the Southern Ute and Ute Mountain Ute Tribes. The program will expand to a total of a minimum of ten sites over the next two years, averaging

200 families per site. The “Colorado Community Response Program” (CCR), adapted from a successful Wisconsin program, targets families who are screened out of child protection, but may benefit from information and referrals for economic security, child care assistance and community-based programs. In January 2014, CCR was implemented in Arapahoe, Boulder, Chaffee, Eagle, Larimer, Mesa, Montrose, Otero, Teller and Washington Counties in conjunction with their community partners. Over the next two years, the program will roll out to a total of 18 county sites, reaching a potential of 250,000 Coloradoans.

- The “Nurse-Family Partnership” program (NFP) will increase opportunities for families at risk for child abuse and neglect to obtain a service designed to increase maternal and child health. DCW is working with Dr. David Olds and staff of NFP to augment the program for greater referrals by child welfare, increased awareness of child abuse and neglect risk factors among service providers, and improving the communication between county departments and local nurse programs. The augmentation is offering enhanced screening tools and facilitating cross-training between departments of human/social services and the NFP administering entities.
- CDHS has been working with Ascend/The Aspen Institute to develop a “Two-Generation” approach. This strategy focuses on creating opportunities for and addressing needs of both parents and children together, using a framework of economic supports, education and skills building and social supports. The approach is applied to programs, policies, systems and research to break the cycle of social and economic problems being handed down from one generation to another.

Ensuring Consistent Decision-Making

Colorado is working to ensure there is a consistent decision-making process on child abuse and neglect referrals. Several strategies target improvement:

- Child Welfare Training Academy Alignment: Colorado’s training vendor consists of the Kempe Center and its partners; the Butler Institute for Families at the University of Denver, Ridgewood Associates, and the Colorado State Foster Parent Association. These partners along with counties and CDHS have completely updated the child welfare curriculum. The new curriculum covers child welfare casework training including the Colorado initiatives and updated practices. The Regional Training Centers have been established in the Metro-Denver, Northeast, Southeast, and West Regions, and have resulted in greater accessibility and closer proximity for county staff to obtain training on current practices.
- Implementation of an enhanced screening protocol that gathers additional safety information during the screening process and new statewide training for the use of the enhanced screening guide.
- Statewide implementation of RED (Review, Evaluate, Direct) teams to review new child abuse and neglect referrals. RED Teams, a practice component of Colorado’s Differential Response Program (DR), uses a multidisciplinary collaborative approach to evaluating referrals and choosing the appropriate course of action. The program has been expanded to roll out in all counties, whether or not they are implementing DR.
- Design and implementation of a statewide hotline for reporting child abuse and neglect to improve access for mandatory reporters and the public as well as to improve consistency of receiving and screening calls.
- A Child Abuse Hotline Public Awareness Campaign and new training for mandatory reporters of child abuse and neglect that includes information about RED Team procedures.

Investment in the Child Welfare Work Force

Child welfare caseworkers are expected to manage multiple tasks and case documentation requirements. In 2013, Colorado's Legislature appropriated over \$1.9 million for child welfare field staff and caseworkers to receive new technology. The funding increases work efficiency in the field through the use of updated mobile technologies, such as tablets, phones and internet access to Trails. To date 60 of 64 counties have applied for and received funding for mobile technologies.

On June 4, 2013 two audits were approved by Colorado's Legislative Audit Committee: a child welfare performance audit and a workload/caseload study. The Child Welfare Performance Audit is being conducted by the Colorado Office of State Auditors, and looks at child protection practices and the Collaborative Management Program. The performance audit is scheduled for a November 2014 release. The child welfare workload/caseload study was contracted by Office of the State Auditor to ICF International, who partnered with Walter R. McDonald and Associates, to complete the study. The child welfare caseload and workload size has been a long-standing concern for the state and counties, and this is the first workload study of child welfare caseworkers of its kind in Colorado. The Colorado Child Welfare County Workload Study was completed August 2014.

Colorado is utilizing performance management tools to increase the efficiency and effectiveness of its workforce. In 2013, Colorado launched its Results Oriented Management (ROM) program, which allows the state and counties to access data on their performance for child welfare practice measures. The program allows management and supervisors to track the performance at the state, county, unit, and caseworker level. Managers and supervisors can drill down to the performance of the supervisor or caseworkers. In April 2014, the state, county, and judicial level of aggregated data was made available to the public through the CDHS Community Performance Center website.

As "Keeping Kids Safe and Families Healthy 2.0" moves Colorado's child welfare systemic changes and safety initiatives forward, Colorado's Title IV-E Waiver Demonstration Project (Title IV-E Waiver) aims to improve permanency outcomes for children and youth. Collectively, "Keeping Kids Safe and Families Healthy 2.0" and the Title IV-E Waiver are aligning Colorado's child welfare system with its vision through county-state initiatives and evidence-based practices.

Colorado's Title IV-E Waiver Demonstration

Colorado's Title IV-E Waiver Demonstration (Title IV-E Waiver) is a key strategy of the "Keeping Kids Safe and Families Healthy Plan." Colorado's Title IV-E Waiver, awarded by the Department of Health and Human Services, Administration for Children and Families (ACF) on October 23, 2012, rolled out on July 1, 2013. The waiver consists of, on average, \$47.9 million per year, over five years, to promote funding reform and implement new and expanded child welfare initiatives. As out-of-home (OOH) care numbers have continued to decline, decreasing Title IV-E revenues, the waiver provides an opportunity for Colorado to re-align funding with practices that help children. The waiver includes five interventions, targeted at improving outcomes for children:

- Family Engagement,
- Kinship Supports,
- Permanency Roundtables,
- Trauma Informed Assessment (July 1, 2014 implementation), and
- Trauma Informed Treatment (July 1, 2014 implementation).

The Title IV-E Waiver interventions are being evaluated by Human Services Research Institute (HSRI).

Family Engagement

Thirty-six county departments implemented the Family Engagement Intervention in 2013, the first year of the waiver, far exceeding the projections for the end of Year 2 of the project. Although many counties have family engagement programs, this was the first time county departments partnered with the state to develop a statewide model for facilitated family meetings. The model improves consistency in statewide practice by including timeframes and having key participants at the meeting. A Trails section was developed to improve documentation of family engagement efforts. It is anticipated that the improved Trails documentation will improve the state's ability to track outcomes for participating families.

Kinship Supports

Kinship Supports is one of the Title IV-E Waiver interventions. The state and counties worked together to establish a base model for kinship supports. Children in kinship caregiving families who receive the needed supports are more likely to have stable placements, permanent connections and are less likely to re-enter the child welfare system. Kinship Supports target:

- Children and youth in out of home care, including those in congregate care, who can be stepped down or safely transitioned to a kinship caregiver with services and supports, and
- Children and youth at risk of entry or re-entry into out of home care that can be prevented through services and supports to the kinship placement or guardianship.

Eighteen counties implemented the Kinship Supports intervention in 2013. The Kinships Supports model has three components: 1) basic and consistent level of services to kinship families 2) Kinship Needs Assessment to determine the family's current needs to sustain placement, and 3) case management services and navigation. The base model also contains a second category of services that may provide:

- Respite,
- Child care,
- Basic Needs (food, clothing, shelter, furniture, baby items),
- Transportation,
- Access to recreational activities, and
- Therapeutic and educational needs not covered by private or public insurance or the educational system.

New Trails documentation fields for Kinship Supports allow the counties and state to track outcomes for project evaluation performance management purposes.

Permanency Roundtables

Permanency Roundtables is another first year Title IV-E Waiver intervention. The goal of the Permanency Roundtable process is to achieve legal permanency. If it is not possible to attain legal permanency, the process will improve relational permanency through increased permanent connections. Forty-four counties have implemented and are practicing Permanency Roundtables and Colorado is one of six states implementing Youth-Centered Permanency Roundtables. The DCW recruited a Permanency Roundtable Coordinator who assists counties by providing technical assistance around maintaining fidelity to the model.

The long-term Permanency Roundtable outcomes are being measured through the use of the legal permanency status rating. Youth over the age of 16 and children with Other Planned Permanency Living Arrangement (OPPLA) permanency goals as well as those children/youth that have been in OOH care 12 months or longer and are over the age of 16 are being prioritized for Permanency Roundtables.

Trauma-Informed Services

Starting in July 2014, DCW, in partnership with the CDHS Office of Behavioral Health (OBH) and Department of Health Care Policy and Financing (HCPF), will provide trauma-informed screening, assessment and treatment for children/youth and their caretakers. A Memorandum of Understanding (MOU) between CDHS' OBH and OCYF with the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) afforded Colorado to develop a "Trauma-Informed System of Care". CDHS, county child welfare departments, Community Mental Health Centers and BHOs from the eight "Communities of Excellence" pilot counties convened to formulate and operationalize the Child Welfare Trauma-Informed process. It is estimated that 51% of children/youth screened for trauma will continue to a trauma-informed assessment. Of the 51% assessed, approximately half will move on to trauma-informed treatment.

Child Welfare will screen all children/youth when open for services to determine if they ever have or currently are experiencing trauma. This population includes children with both in-home and out-of-home open involvement. In addition, the youth in Program Area 4 (PA 4), Youth in Conflict, cases will also be screened as determined by the individual county plans and may include Medicaid eligible children/youth. Southwest Michigan Children's Trauma Assessment Center's Screening Checklists will be utilized to determine the need to refer children/youth/caretakers for a trauma-informed assessment. There are two checklists: (1) Screening Checklist: Identifying Children at Risk Ages 0-5 and (2) Screening Checklist: Identifying Children at Risk Ages 6-18. Based on the outcome of the trauma screening, the child/youth will be referred for a trauma-informed assessment. If a child is screened as being exposed to trauma and the trauma is negatively impacting their functioning, then the parent/caretaker will be referred for treatment.

Initially, children, youth and caretakers who are Medicaid eligible will be referred based on eligibility to a Medicaid-approved behavioral health provider. Those not Medicaid eligible will be referred to either the Community Mental Health Center (CMHC) or other qualified providers identified by the county department. Children, youth and/or caretakers assessed to be in need of services will then receive evidence-based trauma-informed treatment. Depending on need, a variety of interventions may be offered. The interventions will be based on the developmental level of the child/youth and the nature and severity of the trauma experience.

Through this effort the following outcomes are anticipated:

- Increase in provision of trauma-informed treatment when an assessment indicates trauma is present and impacting a child/youth/caretaker's life;
- Improvement in child/youth/caretaker functioning;
- Increase in the likelihood that children/youth removed from their home achieve safe permanency through reunification; and
- Decrease in the likelihood that children/youth requiring placement are placed in congregate care and in over-reliance on psychotropic medications for children and youth.

The remaining 56 counties will be surveyed annually with an implementation index to determine current activities supporting trauma-informed practices and the degree to which counties are implementing the core components of the intervention. Trails has been updated to capture the screening and process of referral for assessment.

Promoting Safe and Stable Families—Title IV-B, Subpart 2

Program Description

The Promoting Safe and Stable Families (PSSF) program, administered by the OEC seeks to:

- Secure permanency and safety for children by providing support to families in a flexible, family-centered manner through collaborative community efforts;
- Enhance family support networks to increase well-being;
- Prevent unnecessary separation of children from their families;
- Help reunite children with their parents, or provide other permanent living arrangements through adoption or kin; and
- Support preservation efforts for families in crisis who have children at risk for maltreatment or re-abuse.

There are thirty-two PSSF sites in Colorado serving forty counties; one adoption agency that provides services statewide; and one tribe. These sites serve more than 95% of Colorado's children ages 0-18. The current process for allocating funds is being reviewed by the OEC.

PSSF site project components are:

- Collaborative Councils – Community/advisory councils provide guidance to the local programs.
- Family Advocates – Staff members who engage family members to identify strengths and navigate systems as well as promote linkages between service providers.
- Partnerships – Focus on building strong collaborative relationships between local departments of human/social services, mental health, school systems and community based organizations to provide comprehensive, non-duplicative services for families.
- Parent Involvement in System Improvements – Families are actively involved at every level, from sitting on the collaborative council, to working as advocates, providing support to other parents as mentors, and developing their individualized family service plans.

All PSSF sites promote partnerships between community-based organizations and county departments of human/social services. Collaborations may involve the following:

- Service agreements;
- Mechanisms for parent and professional partnerships and the provision of multi-disciplinary expertise;
- Strength-based assessments and treatment plans;
- Individualized treatment plans;
- Formal and informal supports and services for families from community-based networks;
- Flexible or pooled funding;
- Ongoing consumer input; and
- Flexibility of programs to address changing community and family needs.

Local programs provide service, spending approximately 20% of funds in each of the four service categories that the grant requires: family support, time-limited reunification, family preservation and adoption promotion and support services. Each local PSSF program submits a plan delineating the services that will be provided, yearly budgets, and the year's goals and objectives:

Family Support

Voluntary preventative services include respite care, budget training, positive parenting, legal help, nutrition education; emergency funds, support groups for a variety of caregivers, family engagement meetings, and

case management. Innovative services provided by local programs include ongoing collaboration with community agencies for continued community service projects, forming partnerships to provide resources, and soliciting donations from local businesses to fill school backpacks and holiday stockings.

Time-Limited Reunification

Services to facilitate reunification are offered during the 15-month period beginning on the date that the child entered foster care. Services may include family orientation meetings to help families understand the system; individual, group, or family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental/behavioral health services; assistance to address domestic violence; temporary child care/crisis nurseries; and transportation to or from any of the services.

Family Preservation

Services are provided to families whose children are at risk of OOH placement because of abuse, neglect, or parental inability to care for their children. Services help to maintain the child in their own home and assist families in alleviating crises that may lead to OOH placements.

Adoption Support and Promotion

Post-adoption services are delivered through a contract with Adoption Exchange. Services include, but are not limited to the following:

- Enhancing relationships between counties and private agencies to provide post-adoption services and reduce service duplication;
- Maintaining 24-hour access through email and a 1-800 hotline to respond to post-adoption inquiries in English and Spanish;
- Maintaining a website devoted to post-adoption resources;
- Providing bi-lingual support materials to help families with adoption-related paperwork;
- Enhancing existing resource lists to distribute to providers and adoptive families;
- Creating new and supporting existing post-adoption support groups;
- Training for mentors and respite providers;
- Conducting seminars for parents and service providers;
- Maintaining benefits information for families who have children with special needs; and
- Publishing and distributing a semi-annual newsletter on post-adoptive services.

The SFY 2013 outcomes highlight the critical role PSSF has in keeping children safely in their own homes, improving permanency and providing for the well-being of families: 9,084 children were reported as receiving PSSF services:

- 96% of children served did not have a confirmed report of maltreatment.
- 96% of children receiving prevention services did not enter OOH placement.
- 690 children received adoption support services.
 - 52% of the group was adopted
- 2,196 children were provided time-limited reunification services.
 - 65% of these children were reunited with family or kin.
- 4,018 children received family support services.

- 97% of these services resulted in positive outcomes, such as increased parenting capacity and family stability and self-sufficiency.
- 984 families received post-adoption services.
 - 98% of children remained with their adoptive families.
- 13,246 one-time direct services were provided to Colorado families to help with basic needs for their children, improving the circumstances of the families and alleviating stressors.

Final Report 2010-14 CFSP

The Final Report is a review of Colorado’s performance on the 2010-14 CFSP Goals and Objectives, which integrate the CFSR PIP strategies. The report is comprised of the required information:

1. Assessment of Progress on 2010-14 Goals, Objectives and Service Array,
2. Collaboration,
3. Program Support,
4. Consultation and Coordination Between Tribes and States,
5. Foster and Adoptive Parent Recruitment,
6. Adoption Incentive Payments,
7. Child Waiver Demonstration Activities, and
8. Child Abuse Prevention and Treatment Act (CAPTA).

Assessment of Progress on the 2010-14 Goals and Objectives

Two sections comprise the Assessment of Progress. The first section reviews the status of each 2010-14 CFSP goal and objective. The second section describes Colorado’s progress in the CFSR Safety, Permanency and Well-being outcomes. The timing of several events necessitates this presentation: the June 30, 2009 submission date for the 2010-14 CFSP; Colorado’s Onsite Review (March 2009); the CFSR PIP approval (May 2011); the PIP Measurement Matrix approval (September 2012); and the implementation of the “Keeping Kids Safe and Families Healthy Plan” (2012, 2013.) The time span between the Onsite Review and the PIP Measurement Matrix approval meant that baselines and measurements were not available for the development of the 2010-14 CFSP and subsequent APSRs.

The 2010-14 CFSP goals and objectives were developed prior to Colorado’s receipt of the CFSR Final Report and were based on feedback obtained during the Onsite Review. The PIP’s primary strategies encapsulated these goals. PIP baselines were not included in the initial goal due to their 2012 approval. Colorado completed its PIP in July 2014.

The “Keeping Kids Safe and Families Healthy Plan” integrated the CFSP and PIP goals and introduced C-Stat, the CDHS performance management initiative. The new approach resulted in the development of additional goals focused on child and family outcomes. C-Stat is an evolutionary step in Colorado’s Quality Assurance-Continuous Quality Improvement (QA-CQI) system and the DCW goals are illustrative of the processes that have been undertaken over the last five years to improve child, youth and family outcomes. Most C-Stat goals are aligned with the federal CFSR goals. An overview of PIP performance and C-Stat goals is located in Appendix B.

CFSP Goals and Objectives

The 2010-14 CFSP set forth the following:

- Management by child and family outcomes
- Theme #1: Engaging families
- Theme # 2: Enhanced permanency achievement for children
- Theme # 3: Assuring that children receive adequate services for their well-being

The PIP overarching strategies integrated the CFSP requirements, and are reflected in this section

Management by child and family outcomes

As a result of the 2009 CFSP Onsite Review, the ACF Children’s Bureau (ACF-CB) recommended that Colorado develop a state-county CQI system linked to the ARD case review. As the first step in creating the State’s QA-CQI system, the Colorado Practice Model (CPM) was implemented in 2010. The CPM is a consensus-based practice model which uses county CQI processes to drive improvement.

CFSP requirement: DCW will transition to management by child and family outcomes for the duration of this CFSP and the 2009 PIP.

Objective 1 Orientation and involvement of the counties in the transition planning.
 Response 1 **This objective is achieved.** Supported with the resources of the Mountains and Plains Child Welfare Implementation Center (MPCWIC), Colorado began implementation of the CPM in 2010. Implementation started with the development of Colorado’s Base Practice Model, by a diverse group of state, county and community stakeholders. The Base Practice Model is a living document that outlines Colorado’s child welfare practice standards. The CPM implementation continued with the roll out of three county cohorts. During each roll out, state and county staff and the Southern Ute Tribe were trained in CPM implementation and CQI processes. As of December 2013, the CPM was fully implemented in all counties and one tribe.

The 2012 CDHS launch of C-Stat examined outcomes and the processes that assure positive performance. DCW is currently tracking eleven outcomes in safety and permanency that integrate the CFSP and additional measures. C-Stat involves regular communication between the state and counties to review and improve monthly performance. DCW safety and permanency liaison staff are assigned to counties to obtain case-related information, discuss the areas of strength, and those needing improvement. C-Stat outcomes are reviewed in a monthly meeting by the CDHS Executive Management Team and the OCYF Director.

Objective 2 Involvement of Administrative Review Division (ARD) and Field Administration in planning and protocol development.
 Response 2 **This objective is achieved.** ARD has been involved throughout planning and implementation of CPM. ARD participated in the CPM Performance Management Work Group and now co-facilitates the CPM CQI Work Group, which continuously reviews and improves Colorado’s CQI framework.

CDHS re-purposed the Field Administration Unit in 2011, replacing regional field administrators with County Liaisons. The County Liaisons assist with county and tribal communication concerning the APSR and CFSP as needed.

- Objective 3
Response 3 Orientation for DCW staff about data and data trends.
This objective is achieved. All state and county staff were oriented in data and data trends through CPM implementation, as described in Objective 1. A list of training dates is located in Appendix C.
- Objective 4
Response 4 Prioritization of data analysis options
This objective is achieved. The CPM Performance Management work group selected the County Scorecard as the primary presentation of data analysis, and prioritized outcomes. The workgroup agreed on twenty-one federal and state measures that comprise the County Scorecard. An example of the statewide County Scorecard is located in Appendix D.
- Objective 5
Response 5 Development of protocols for working with counties on outcomes.
This objective is achieved. The CPM implementation protocol required the formation of a county quality practice team (QPT). The QPT is comprised of county staff and a CPM State Implementation Specialist, whose role it is to provide technical assistance and support with county QPT and CQI processes.
- Objective 6
Response 6 Cross-systems coordination for follow up work with counties.
This objective is achieved. DCW and ARD have coordinated work with the counties and the C-Stat team on training and technical assistance for counties for areas needing improvement prior to their next ARD review. An ARD review schedule is located in Appendix E.
- Objective 8
Response 8 Systemic involvement in planning and implementation.
This objective is achieved. State, county and stakeholder involvement in the development and implementation of the CPM and CQI processes is complete. Many counties have involved community stakeholders as QPT members. The CPM Project Operations and Implementation Team, is shifting its role from implementation oversight to practice management. It is now known as the Practice Advancement Group, is led by state and county co-chairs and will now focus on Colorado's child welfare practice, including oversight of the 2015–19 CFSP.
- Objective 9
Response 9 Coordination between ARD and DCW's quality assurance system and county quality assurance programs.
This objective is achieved. ARD maintains a critical role in communicating with the counties and DCW concerning county performance issues and training needs. The 2014 ARD Review schedule is located in Appendix E.
- Objective 10
Response 10 Involvement of National Resource Centers (NRCs) and other technical assistance with the transition.
This objective is achieved. From 2010 to 2013, the MPCWIC was involved with the implementation of CPM. The MPCWIC supported and provided guidance around early decision-making regarding implementation, and provided technical assistance throughout the three cohorts of county implementation.

The implementation of Colorado's performance management system meets the CFSP requirements. The current focus is on sustaining and strengthening the system.

CFSP requirement: Theme # 1: Engaging Families

The ACF-CB 2009 CFSR Onsite Review feedback indicated that initial and ongoing family assessments needed improvement, and to ensure that services provided to the family matched the needs identified during the assessment process. Family engagement was selected as the crosscutting goal to improve assessments and services provided to children, youth and families.

Objective 1 Enhance the availability of family engagement strategies statewide.

Response 1 **This objective is ongoing.** This objective was incorporated in the PIP strategies. As a PIP requirement, a new rule was operationalized effective March 1, 2012, in The Department of Human Services Rules and Regulations, CCR 2509-3 (hereafter referred to as CCR 2509-3) that required counties to adopt the principles and guidelines for family engagement. The purpose of the rule is to ensure that counties were implementing family engagement processes that included facilitated family engagement meetings, and family engagement principles.

The facilitated family meetings requirement has been a barrier to implementation of family engagement for many small and outlying counties with limited staff resources. The State provided skills training on meeting facilitation to department/community staff, with the goal of increasing facilitator capacity.

With the implementation of the Title IV-E Waiver Family Engagement intervention, it is anticipated that resources will be available to assist counties with family engagement implementation. The intervention started with the development of a base model for facilitated family meetings by a state-county work group. The model has been adopted by the Title IV-E Waiver counties. The implementation of the family engagement strategies is being evaluated by HSRI, and further adjustments to the model and family meetings will be determined.

Objective 2 Assess all families initially and on an ongoing basis.

Response 2 **This objective is ongoing.** Families that are referred for child maltreatment are assessed by caseworkers using safety and risk assessment tools. Caseworkers complete a new assessment at key points in the life of the case, such as reunification, addition of household members and case closure. Analysis of C-Stat safety outcomes and ARD review findings indicate that Colorado continues to need improvement in the area of accurately completing assessments.

The State is adopting a new Safety and Family Risk Assessment Tool in fall 2014. During 2011-13, all counties were visited by the DCW Child Protection unit and provided technical assistance and support with the existing safety and risk assessment. County staff reported that the assessment's terminology was confusing. The assessment continued to be applied inconsistently after technical assistance was provided. There was a lack of improvement in ARD review findings regarding the completion of the safety

assessment forms. Using this feedback, a modified tool was created and tested for reliability and validity. Probing further, the DCW Child Protection Unit engaged in a program assessment, using the National Resource Center for Child Protection self-assessment tool. Completed January 2014, the process identified gaps in Colorado's safety and risk assessment that require statute and rule changes to achieve an improved level of practice. Changes to CCR 2509-3 will be completed in two phases starting July 2014, with rules effective December 1, 2014. The second phase will begin by July 2015, with an effective rule date of November 1, 2015. Statute changes will follow as necessary. The new Safety and Family Risk Assessment Tools will roll out fall 2014.

Objective 3 Increase family involvement in Family Services Plan (FSP) development and implementation.

Response 3 **This objective is ongoing.** Prior to the new CCR 2509-3 rule regarding family engagement, family involvement was measured as complete by the signature on the Family Services Plan. The signature was construed to mean that the family had participated in the plan development. With the expansion of family engagement processes, a signature is just one of many ways family involvement is indicated. Additional methods of documentation include the family's involvement in team meetings, staffings and conferences. Trails was modified in 2013 to provide a new field for the entry of family engagement information, such as dates of family meetings and participants. The modification will improve the tracking and measurement of family involvement.

Objective 4 Provide the services that families and children need to assure child and community safety.

Response 4 **This objective is achieved.** Please refer to Response 5.

Objective 5 Ensure an adequate array of services.

Response 5 **This objective is achieved.** The 2009 CFSR found Colorado's array of services to be a strength, but access to services needed improvement. The services array has been augmented with the implementation of new prevention programs, which families may access prior to involvement with child welfare agencies. The implementation of prevention programs in the small and outlying counties and tribes ensures families in all areas of the state are able to access services. DCW collaborates with the CDHS Offices of Early Childhood, Economic Security, and Behavioral Health, ensuring the cross-collaboration of programs and funding streams.

Objective 6 Reduce the number of children that have a second report of child abuse and/or neglect.

Response 6 **This objective is ongoing.** "Absence of abuse/neglect recurrence," a County Scorecard outcome, is measured within six months of a confirmed report of intra-familial abuse or neglect, and at 12 months, for children who had an abuse/neglect (Program Area 5) assessment closed during the period.

Colorado exceeded the goal at the 6-month level but needs improvement in the 12-month measurement. The Scorecard goal for recurrence of maltreatment is greater than 80%; and the performance for SFY 2012–13 was 76.1%. This measure is also tracked through the CDHS Community Performance website.

Objective 7 90% of all children served through PSSF will not have a confirmed report of child abuse and/or neglect for a confirmed report of maltreatment during the 12 month grant period.

Response 7 **This objective is achieved.** PSSF data indicates that this objective has been met each year as reported in the 2010-2014 APSRs:
 2010 – 92% 2013 – 96%
 2011 – 96% 2014 – 96%
 2012 – 98%

Objective 8 95% of at-risk children receiving PSSF services will not enter a child welfare placement during the 12 month reporting period.

Response 8 **This objective is achieved.** PSSF data, as reported in previous APSRs, indicates this objective has been met each year:
 2010 – 92% 2013 – 96%
 2011 – 96% 2014 – 96%
 2012 – 98%

CFSP requirement: Theme # 2: Enhancing Permanency Achievement for Children.

The ACF-CB 2009 CFPSR Onsite Review feedback indicated that Colorado met the national data standards, but there were a number of permanency areas requiring improvement. Colorado’s March 5, 2014 Data Profile, located in Appendix F, indicates the permanency areas that need improvement:

Objective 1 Increase the percentage of children that are able to remain with their families after reunification.

Response 1 **This objective is ongoing.** Colorado’s performance is measured by the number of children who re-enter foster care after being reunified with their families:

CFPSR Measurement	Federal Standard	2013 Colorado Performance
C1-4 % FC re-entry<=112 months	15.0%	19.5%

Colorado is making efforts to improve the performance of this measure in several areas: First, Colorado is currently collaborating with HCPF to maximize access to Medicaid as well as increase funding flexibility to serve children in the home. In addition, Colorado has made its Core Services and PA3 dollars available to serve children in the home as an effort to avoid re-entry and further penetration into the child welfare system. Colorado has also increased funding to prevention programs that serve children who have exited the child welfare system (SafeCareCO and CCR).

Objective 2 Increase the percentage of children in OOH care who experience two or fewer moves.

Response 2 **This objective is ongoing. Permanency Composite 4, “Placement Stability” is comprised of three measures:**

CFPSR Measurement	Federal Standard	2013 Colorado Performance
C4-1 Two or fewer placement settings for	83.3%	88.1%

children in care less than 12 months		
C4-2 Two or fewer placement settings for children in care 12-24 months	59.9%	62.2%
C4-3 Two or fewer placement settings for children in care for 24+ months	33.9%	28.7%

Colorado is making efforts to improve the performance on *two or fewer placement settings for children in care for more than 24 months*. Currently, Colorado is providing more services in the home and developing treatment foster care with the appropriate support services as an effort to reduce congregate care setting placements and increase stability. Colorado is making efforts to improve the performance on two or fewer placement settings for children in care for more than 24 months. Colorado is providing more services in the home and developing treatment foster care with the appropriate support services as an effort to reduce congregate care setting placements and improve stability family-setting placements. CDHS has also made this measure a priority by incorporating it as a monthly C-Stat measure so DCW can track performance and target resources in counties that are struggling. As a result, the Annie E. Casey Foundation has offered to increase efforts and resources in counties that are performing poorly in this measure.

Objective 3 Increase the number of children who achieve reunification with their birth families or caretakers within 12 months.

Response 3 **This objective is ongoing.** Colorado exceeded the national standard of 122.6 (or higher) for FFY 2010 and 2011, but declined in FFY 2012, with a score of 117.6. The state's national ranking is 19 of 47.

Please see the aforementioned efforts (Response 1) for increasing family supports after the child and family are no longer involved with the child welfare system.

Objective 4 The number of children who exit foster care into adoptive placements within a 24 month period will be increased.

Response 4 **This objective is ongoing.** Colorado has continued to exceed the national standard of 106.4 (or higher) for FFY 2011 (119.4); FFY 2012 (127.6); and FFY 2013 121.8. Colorado's state ranking is 6 of 47.

Objective 5 Children in foster care will have a permanency goal established in a timely manner.

Response 5 **This objective is achieved.** PIP performance for Item #7 indicates that the goal was met in quarter 1 of the PIP reporting. The performance goal was 88.4% and Colorado attained 88.5%.

- Objective 6
Response 6
Twelve Month Permanency Hearings will be held in a timely manner.
This objective is achieved. Analysis of 2013 Court Improvement Program data indicates that 97.9% of the total 1605 cases had a permanency hearing within twelve months of the Petition for Dependency Neglect. In 2010, the caseload was 2,775 and 76.9% of the hearings were held within 12 months.
- Objective 7
Response 7
The percentage of children with Other Planned Placement Living Arrangement (OPPLA) as a permanency goal will be decreased.
This objective is achieved. Children/youth with OPPLA permanency goals were targeted with PIP item # 10. The goal of 88.8% was met in quarter one of the PIP with a score of 89.0%. Although Colorado achieved the PIP performance goal, the State maintains that OPPLA is not an ideal permanency goal and its use should be limited. Changes to rule in CCR 2509-3 were operationalized in 2013 which limits the use of OPPLA goals to children 16 years of age and older.
- Objective 8
Response 8
Ninety percent of children who have been reunited with their families and received PSSF services will not re-enter foster care during the annual report period.
This objective is achieved. PSSF data indicates that this objective has been met each year as reported in the 2010-2014 APSRs:
- | | |
|------------|------------|
| 2010 – 92% | 2013 – 96% |
| 2011 – 96% | 2014 – 96% |
| 2012 – 98% | |

CFSP requirement: Theme # 3: Assuring that Children Receive Adequate Services for their Well-Being

The 2009 CFSP Onsite Review feedback indicated that Colorado's service array is a strength; however, access and individualizing of services are areas requiring improvement.

- Objective 1
Response 1
Assessments of children's needs include foster care and kin caregiver input.
This objective is ongoing. Colorado demonstrates steady improvement in this area, and is anticipated to continue improvement with the implementation of the Title IV-E Waiver Family Engagement initiative. In addition, several initiatives are underway that have youth centered meetings, which kin and foster caregivers are encouraged to attend. Furthermore, Colorado is evaluating different needs assessments tools, which would incorporate the input from caregivers.
- This objective is measured with ARD third quarter review data. The goal is 95%.
- | |
|--------------|
| 2011 – 65.8% |
| 2012 – 71.2% |
| 2013 – 76.2% |
| 2014 – 78.3% |

Objective 2 The needs of all required parties as related to the child will be addressed through services.

Response 2 **The objective is ongoing.**

This objective is measured with ARD third quarter review data. The goal is 95%.

2011 – 85.5%	2013 – 83.3%
2012 – 84.4%	2014 – 88.3%

Please see the aforementioned efforts for Objective 1. In addition, CDHS is working with funding agencies to maximize the funding for care providing to caregivers, including respite care.

Objective 3 Children will receive appropriate services to meet their educational physical and mental health needs. Information concerning health services for children is located in APSR section five.

Response 3 **This objective is ongoing.** CCR 2509-3 requires that children being placed in OOH care receive a medical exam within two weeks of placement and a dental exam within eight weeks of placement. The goal is 95%. ARD county review data is used to measure this objective:

Year	Medical	Dental
2011	74.2%	82.5%
2012	76.8%	80.9%
2013	79.6%	83.2%

Ongoing medical and dental care is also evaluated:

2011	78.3%	81.3%
2012	80.4%	81.8%
2013	79.6%	83.2%

According to ARD data, initial medical and dental exams are affected by the availability of medical providers to see the children and youth within the frames required in rule. As the HCPF Accountable Care Collaboratives continue to provide coordinated care for children in OOH care, it is anticipated these numbers may begin to improve.

The ongoing medical and dental services outcomes are most affected by timely follow through and documentation from the medical provider. As Colorado continues to evaluate well-being outcomes for children and youth, it may be helpful to determine if there are systemic barriers that can be removed.

ARD findings indicate that children in OOH are assessed for mental health services at a rate of 95% or greater. The number of children *not* requiring mental health services is not known, however the provision of mental health services is at:

2011 – 83.1%	2013 – 74.5%
2012 – 75.5%	2014 – 70.6%

The reasons cited for lack of mental health services are “change in the mental health provider” and “delays of two or more weeks for appointments.” Colorado’s 2014 implementation of trauma-informed screening and interventions, are anticipated to improve these outcomes. HCPF and OCYF are collaborating on strategies to improve medical and dental health oversight.

Objective 4	Parents and children interviewed will be involved in case planning.
Response 4	This objective is ongoing. Colorado’s efforts to improve family engagement (Theme #1, see response #1) are anticipated to improve parent and child involvement in case planning, and determining the services that are needed. CCR 2509-3 requires the signature of all parties participating in case planning on the Family Services Plan. Current practice indicates that there are additional means of involving parents and children in case planning. Colorado’s rules were rewritten to be effective July 1, 2014 to include information about other forms of participation.
Objective 5	Monthly caseworker visits (MCV) with children will be face-to-face.
Response 5	This objective is achieved. Colorado has attained the 90% MCV federal goal for FFY 2012-13. The state did not achieve the goal in FFY 2011 and was fiscally sanctioned. Additional MCV information is located in the MCV Formula Grants Section.
Objective 6	Caseworkers will conduct the required visits with parents and discuss services needs and progress and the needs of their children with them.
Response 6	This objective is achieved. Caseworker visits with parents and caregivers, PIP Item 20, was met in quarter 12 of the PIP.
Objective 7	Children will receive timely physical, dental and mental/behavioral health assessments. Services needs identified through the assessment will be provided in a timely manner.
Response 7	This objective is ongoing. Please refer to Objective 3.

Revisions to the 2010-2014 CFSP Goals

Colorado has not revised any of the 2010–14 CFSP goals and objectives, but added a PIP action step to the plan. When PIP goals or action steps are revised and will exceed the timeframe of the PIP, ACF may approve the transfer of the items to the CFSP/APSRs for monitoring or completion. ACF approved the move of PIP Work plan item 1.e.6 to the CFSP/APSR for reporting in November 2012:

- PIP # 1.e.6: “The counties of the largest 22 counties that demonstrate consistently low or declining performance below the established standards for two consecutive quarters will follow the Volume 1 corrective process to determine appropriate actions. This item will be reported in the CFSP.”

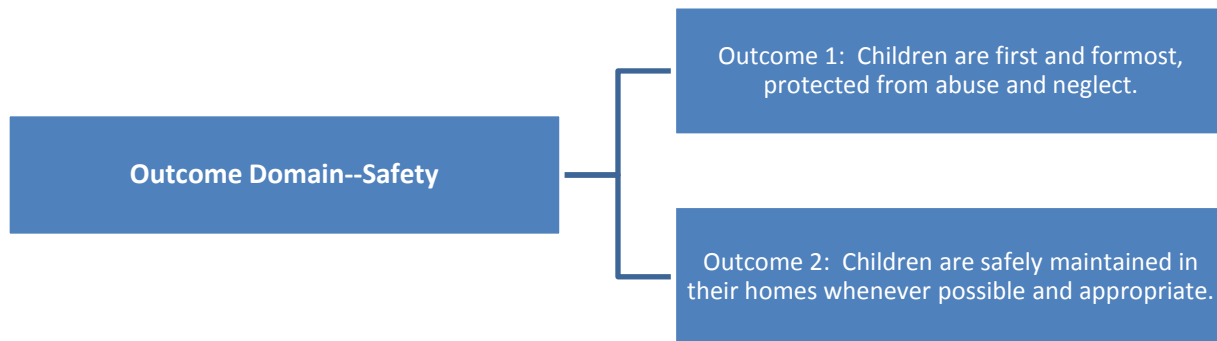
There were no PIP-related county corrective actions between 2012 and 2014. The PIP was completed July 2014, and there are no items that are required to be carried forward in the 2015-19 CFSP.

Safety, Permanency and Well-Being Outcome Domains

This portion of the Final Report contains PIP performance and C-Stat information related to the Safety, Permanency and Well-Being Outcome Domains, and demonstrates the effectiveness of the State’s CQI system. Each outcome contains the PIP performance goals and goal achievement. C-Stat goals and measures represent the data analysis and communication with counties to determine the barriers to improving performance. Each outcome domain section highlights both the barriers and accomplishments over the last five years.

SAFETY

The Safety Outcome domain addresses the safety of children at the time of the initial referral and when they remain in their own homes. The domain is comprised of two outcomes:



Evaluating Safety Outcomes

Colorado developed one PIP strategy and one goal to address the two safety outcomes:

PIP strategy two: Strengthen and Reinforce Safety Practices

PIP goal: State supervision of counties will assure that child safety is the priority of staff during each contact with a child.

Additional C-Stat goals were developed for continual monitoring of state and county timeliness of response and to analyze safety and risk performance. There are a total of six measures: 1) Timeliness of initiating investigations/assessments of maltreatment; 2) Timeliness of Response to initial abuse and neglect Investigations; 3) Services to protect children in the home (IH) and prevent removal (OOH/IH); 4) Risk and Safety management (OOH/IH); 5) Safety assessment forms completed accurately, and 6) Timeliness of assessment closure.

PIP Performance

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect. Safety Outcome 1 is measured using two items:

- Item 1: Timeliness of initiating investigations/assessments of child maltreatment reports
- Item 2: Repeat maltreatment

1. PIP Measure: Item 1 Timeliness of initiating investigations/assessments of child maltreatment reports

Baseline: 75.0% Trails 12 months 10/01/2007-09/30/2008

Negotiated Improvement goal: 75.5%

Goal achieved: 83% (PIP quarter one)

1b. C-Stat Measure: Timeliness of response to initial abuse and neglect investigations performance

State and counties goal: 90%

C-Stat Performance

Timeliness of response for the month of May:

2011 – 87.0% 2012 – 90.3% 2013 – 91.6%

C-Stat analysis of Timeliness of Response by year suggested that performance might be affected by seasonality. For example, if there were fewer referrals in a given month and county staff remain constant, then the counties will be able to meet timeliness. Seasonality is also involved in the caseworker’s contact

with children. School holidays and vacations impact the timeliness of access to the child for the initial interview. Statistical correlations were used to examine the relationships between Timeliness of Response within each month, and May was found to have statistically significant (not due to chance) higher performance than the other months, regardless of year.

2. Item 2 Repeat maltreatment

Repeat maltreatment, as measured by the March 5, 2014 CFSR Data Profile.

Baseline: 94.6% (National Standard)

Goal achieved: 95.5% (FY2013)

PIP Performance

Safety Outcome 2

Children are maintained in their homes whenever possible and appropriate. Safety Outcome 2 is measured using two items:

Item 3: Services to family to protect children and prevent removal or re-entry into foster care.

Item 4: Risk assessment and safety management.

3. Item 3: Services to family to protect children in the home and prevent removal or re-entry into OOH care (OOH)

Baseline: 80.1%

Negotiated improvement goal: 81.2%

Goal achieved: 83.7% (PIP quarter one)

Item 3: Services to family to protect children in the home and prevent removal or re-entry into OOH care (IH)

Baseline: 75.9%

Negotiated Improvement Goal: 78.1%

Goal achieved: 79.2% (PIP quarter three)

4. Item 4: Risk assessment and safety management (OOH)

Baseline: 97.5%

Negotiated Improvement Goal: 98.0%

Goal achieved: 98.1% (PIP quarter one)

Item 4: Risk assessment and safety management (IH)

Baseline: 96.4%

Negotiated Improvement goal: 97.4%

Goal achieved: 97.6% (PIP quarter four)

5. C-Stat measure: Safety forms completed accurately

This measure involves the number of safety forms completed accurately in accordance with state rule. Traditional and Differential Response (DR) cases are analyzed separately. State and counties goal: 95%.

C-Stat Performance: DR cases were at 92.2%, and traditional cases were at 83.0%, based on February 2014 ARD review data. As a result of feedback from case workers, DCW collaborated with Colorado State

University (CSU) to revamp Colorado's safety and risk assessment tools, increasing clarity and reducing redundant questions. The new tool is being implemented fall 2014.

6. C-Stat measure: Timeliness of Assessment Closure

Although not a federal measure, this measure is related to the timeliness and accuracy of the entry of safety information into Trails. The accuracy of information is critical when families relocate and are referred again. Large caseloads with open referrals also create a workload issue for counties. The State's goal is 90%.

C-Stat Performance

The following are the State's measures for the month of August over the last three years:

2011 – 62.1% 2012 – 56.5% 2013 – 88.6%

The State achieved a 90.6% closure rate as of May 2014.

APSR Stakeholder Survey Feedback

In 2013, DCW utilized Survey Monkey to gather quantitative and qualitative input from a variety of stakeholders about a range of issues regarding Child Welfare strengths and areas needing improvement. Stakeholders responded including youth, family members, advocates and members of the legal, child welfare, educational and medical communities. Issues included timeliness, appropriateness, and availability of services. The findings have been reviewed and incorporated into the final review of the CFSP goals and objectives. A copy of the survey is located in Appendix G.

Stakeholder Survey Feedback

Overall, survey respondents indicated that Colorado is doing a good job with child safety. Fifty-three percent of survey respondents agreed and 19.3% strongly agreed that counties respond to reports of child abuse and neglect in a timely manner. Forty-six percent agreed, with 15.3% strongly agreeing, that appropriate services and interventions are provided to protect children/youth in the home and prevent removal.

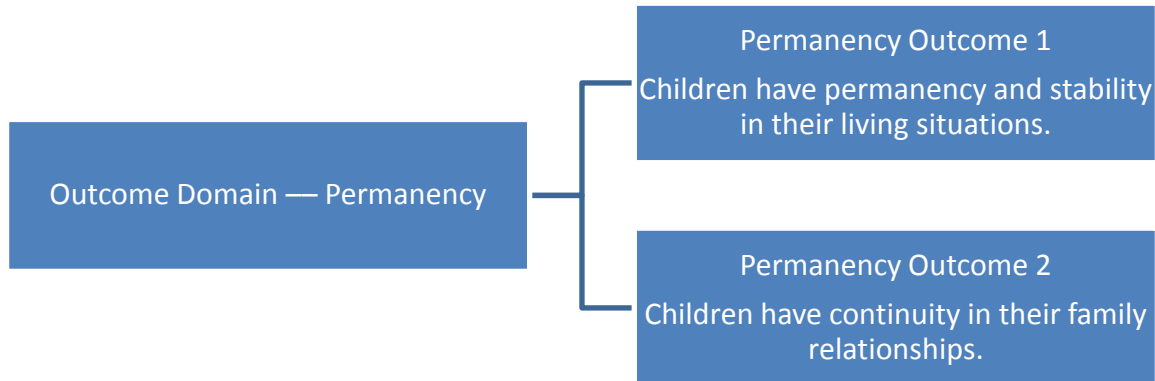
Accomplishments

Starting with the "Keeping Kids Safe and Families Healthy Plan," Colorado has applied substantial effort and resources to improve child safety outcomes:

- Colorado has improved its safety and risk assessment tools. The new Safety and Family Risk Assessment Tools, which guide workers through the assessment process, will be fully implemented by December 2014. It replaces the North Carolina Family Assessment Scales for ongoing assessments.
- Expansion of the Differential Response Program from five counties to eight.
- Implementation of new statewide child abuse prevention programs (SafeCareCO, CCR and NFP.)
- Completion of the DCW Child Protection Self-Assessment to determine gaps in safety processes.
- Statewide implementation of RED Teams.
- Statewide implementation of Enhanced Screening protocols.
- Development of and new funding for the Statewide Child Abuse Hotline.
- Rewrite of CCR 2509 that includes community partners and county departments.
- Development of and new funding for a statewide child abuse media campaign, targeting the general public, regarding reporting child maltreatment.

Permanency

The Permanency Outcome Domain addresses the permanency of children while they are in OOH care and the continuity of relationships with their families:



Evaluating Permanency Outcomes

Colorado developed one PIP strategy and four goals for the permanency outcomes. Well-Being outcomes in the next section reflect additional PIP strategies and goals that measure continuity of family relationships.

PIP strategy three: Improve permanency and well-being outcomes by increasing consistent services irrespective of where in the state the children, youth and family live.

PIP Goals

1. Increase Family involvement in case planning.
2. Address service array issues for children in out of home placement.
3. Reduce barriers to timely and appropriate permanency for children.
4. C-Stat goals and measures were developed to improve permanency outcomes, and are located after the PIP performance goals.

PIP Performance

PIP Strategy three

Permanency Outcome 1, Performance Item 7: Permanency goal for child

Baseline: 87.5%

Negotiated Improvement Goal: 88.4%

Goal achieved: 88.5% (PIP quarter one)

Permanency Outcome 1, Performance Item 10: Other permanent planned living arrangement

Baseline: 87.1%

Negotiated Improvement Goal: 88.8%

Goal achieved: 89.0% (PIP quarter one)

In addition to the PIP goals and strategies, Colorado has a completed detailed analysis of older youth in foster care, as part of the C-Stat initiative. The analysis has helped identify barriers related to timely permanency, which include children approaching their 18th birthdays, youth who walk away from

placements, and the numbers of youth in congregate care. There are three C-Stat goals focused on permanency for older youth:

C-Stat Measure: Legally Freed Children Discharged to Permanency

Colorado has been tracking youth who are legally free and approaching their 18th birthday since January 2013. The measure is more than tracking; it involves profiles developed for each youth that contain their placement history, permanency goals and information about their permanency connections. As of March 2014, a second youth cohort that is age 16 has been identified, for proactive permanency efforts. The goal is to ensure that youth have family and/or community connections before leaving the foster care system.

C-Stat Performance

SFYs 2013-14 year-to-date have included a cohort group of approximately 146 youth approaching their 18th birthday that are in OOH care, and 96 of these youth have an OPPLA goal. DCW is currently analyzing the use of the OPPLA goal and county and state policies and identifying youth-specific barriers.

C-Stat Measure: Child Welfare Walkaways

Youth and children who leave facilities experience disruption of treatment services and permanency and may place themselves at risk of human trafficking. This measure is an extension of the workgroup that started evaluating the youth corrections population for runaway behaviors. The state goal is 0.7% for out of home care.

C-Stat Performance

Congregate care walkaways for February 2014 were 1.0%. In January 2013, they were at 1.2%. DCW has created a provider network group to emphasize the importance of this measure to providers and collaborate on potential solutions to reduce the number of walkaways from OOH.

C-Stat Measure: Congregate Care

Colorado is working with Annie E. Casey to “right size congregate care.” Tracking of children in congregate care started in July 2013. At the time this goal was established, Colorado had the second highest rate (nearly 30%) of congregate care in the country. The 2013-14 goal is 21.7%, and the end goal is 15% by June 2016.

C-Stat Performance

As of April 2014, congregate care placements were at 19.9%. Colorado’s Title IV-E Waiver is aimed at reducing the number of children in congregate care and to reduce the total number of bed days. DCW continues to work with our community stakeholders to construct alternative treatment options to congregate care, including intensive in-home services and treatment foster care.

Stakeholder Survey Feedback

Nearly half of the stakeholder survey respondents agreed (48.1%) that Colorado provides services to help children/youth in OOH care achieve their permanency plan in a timely manner.

Accomplishments

Aided by Casey Family Programs and the Annie E. Casey Foundation, Colorado has engaged in a multi-pronged strategy over the last five years to improve permanency outcomes that include development of youth-based permanency principles and changing the child welfare culture regarding permanency (“No Time to Lose Initiative”). Casey Family Programs has provided an on-site consultant for permanency

issues, and an award in the amount of \$300,000 (up to \$10,000 per youth) to assist with the reduction of congregate care placements. One youth's family received funds for a home modification that prevented the youth's placement in congregate care.

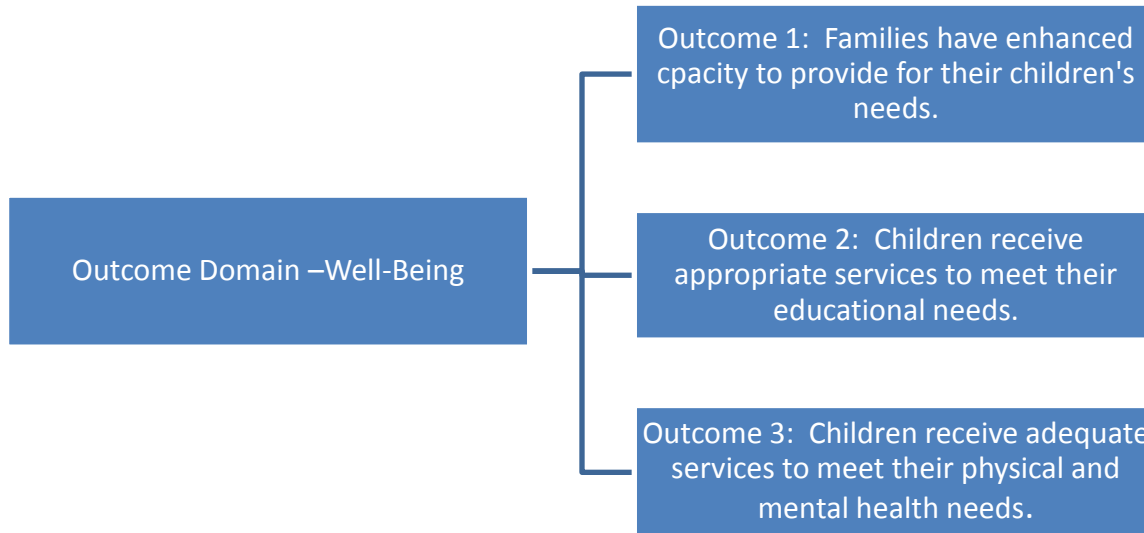
The Annie E. Casey Foundation has worked with counties with the highest congregate care rates. With the foundation's assistance, El Paso County reduced its congregate care rate from 30 to 16%. The foundation is now working with Weld County.

Additional accomplishments include:

- DCW also recognized the need for an aligned youth services focus and restructured the division with a Youth Services Unit.
- The Division and its partners were awarded an ACF Model Youth Planning grant to align the continuum of services for youth with other state programs and to improve permanency outcomes for older youth.
- New CFCIP state and county goals have been developed based on national youth research on outcomes for youth leaving the foster care system.
- The State has identified a group of 146 youth whose permanency status is well-known to program staff, and permanency plans are developed and tracked. Several of these youth have intellectual and developmental disabilities and face barriers to permanency, based on the requirements of the two different systems.
- Cross-systems work between the Divisions of Intellectual and Developmental Disabilities and Child Welfare to determine the barriers to permanency for youth with intellectual and developmental disabilities. It is critical that these youth leave the foster care system with permanency connections that will be important for their well-being as adults.
- Colorado has determined that although OPPLA is a federal permanency goal, that its use should be limited, and operationalized a new rule limiting OPPLA to youth age 16 and over.
- The Relative Guardianship Program, implemented in 2011 as a requirement of P.L. 110-351, The Fostering Connections to Success and Increasing Adoptions Act, has helped many children and youth achieve their permanency through placement with kin.

Well-Being

The Well-Being Outcome Domain is related to the services that children and families need to remain healthy.



Colorado implemented one PIP strategy and two goals to improve child and family well-being.

PIP strategy three: Improve Permanency and Well-Being Outcomes by Increasing Consistent Services Irrespective of where in the State the children, Youth and Family Live.

PIP Goals

1. Increase family involvement in case planning
2. Address service array issues for children in out of home placement

Well-Being Outcome 1, Performance Item 17: Needs and services of child, parents and foster parents (OOH)

Baseline: 87.1%

Negotiated Improvement Goal: 88.8%

Goal achieved: 89.0% (PIP quarter one)

Well-Being Outcome 1, Performance Item 17: Needs and services of child, parents, and foster parents (IH)

Baseline: 75.5%

Negotiated Improvement Goal: 77.1%

Goal achieved: 82.2% (PIP quarter three)

Well-Being Outcome 1, Performance Item 18: Child and Family involvement in case planning (OOH)

Baseline: 88.9%

Negotiated Improvement Goal: 77.1%

Goal achieved: 89.4% (PIP quarter three)

Well-Being Outcome 1, Performance Item 18: Child and Family involvement in case planning (IH)
Baseline: 87.5%
Negotiated Improvement Goal: 89.1%
Goal achieved: 89.4% (PIP quarter three)

Well-Being Outcome 1, Performance Item 19: Caseworker visits with child (OOH)

Baseline: 65.1%
Negotiated Improvement Goal: 66.1%
Goal achieved: 76.3% (PIP quarter one)

Well-Being Outcome 1, Performance Item 19: Caseworker visits with child (IH)

Baseline: 63.7%
Negotiated Improvement Goal: 65.5%
Goal achieved: 70.6% (PIP quarter three)

Well-Being, Outcome 2, Performance Item 20: Caseworker visits with caregiver (OOH)

Baseline: 75.8%
Negotiated Improvement Goal: 76.9%
Goal achieved: 76.9% (PIP quarter eleven)

Well-Being Outcome 2, Performance Item 20, Caseworker visits with caregiver (IH)

Baseline: 73.5%
Negotiated Improvement Goal: 75.10%
Goal Achieved: 77.5% (PIP quarter twelve)

Stakeholder Survey Results

Stakeholder feedback regarding “adequate preparation for youth (14-21) to transition from OOH care” was mixed: 30.6% of respondents agreed; 30.2% were neutral and 21.2% disagreed. The availability of services for children and youth reflecting the culture/ethnicity of children, youth and families receiving child welfare services was more “neutral” than in agreement. In the question concerning the availability of LGBT resources, 40.0% of respondents registered a neutral response and 26.0% agreed. As a result of this feedback, DCW has assigned leads to work with community partners on both youth and Lesbian, Gay, Bi-sexual and Transgender (LGBT) initiatives. DCW staff have held workgroups on key areas for youth transition and have included stakeholders in the planning for the Pathways to Success initiative. In addition, youth and permanency staff have been working with county partners and community organizers to increase attention on the needs of our LGBT youth.

Accomplishments

- Colorado’s ACF award of the Model Youth Planning grant, known as the Pathways to Success initiative, is engaging state, county and community stakeholders and partners in the improvement and alignment of youth services.
- Colorado is implementing Trauma-Informed screenings and services in partnership with the OBH and HCPF.
- Colorado’s Educational Stability Grant, is in its third year, with pilot programs in Denver and Adams Counties.

- CPM has been implemented in all counties; CQI processes are used by County QPTs to determine the reasons for county performance. Counties are submitting their Promising Practices to the CPM Practice Compendium, increasing peer support and learning.

Other Objectives and Focus Areas

Title IV-E Issues

There are no Title IV-E issues outstanding; Colorado successfully passed the 2012 Title IV-E audit. Adoption and Foster Care Automated Reporting System (AFCARS) improvement plan changes continue per agreements with ACF-CB and Central Office.

Populations at Greatest Risk of Child Maltreatment FYs 2011–14

Colorado has determined, via trend analysis of the state's Child Fatality data, that children zero to five (0-5) are at greatest risk of maltreatment. Prevention programs target this population, that families may access prior to child welfare services intervention, as a voluntary case in child welfare, and after their cases have been closed for ongoing involvement. Colorado's Legislature has allocated significant funding for implementation of several programs that are evidence-based and prevention focused.

Children under Five FY 2011-14

Presently, there are 16 children under the age of five for whom permanent homes have not been found. Data is located in Appendix H. Children under the age of five represent one of smallest age groups in OOH care, with school-age children being the largest group. Children under the age of five without a permanent family, in OOH care, have been a priority for Colorado. In 1994, "Expedited Permanency Planning" (C.R.S. 19-1-123) was adopted, which accelerates legal time frames and requires placement in a permanent home at 12 months for children under the age of six, or who are part of a sibling group.

The following items describe the prioritization of services for this group:

- Trails tracks the demographics and services provided to this group of children.
- CCR 2509-3 requires children under the age of five with an incident of founded abuse or neglect to be referred within 60 days of the incident by the county department to the appropriate state or local agency for developmental screening for services as defined by the Individuals with Disabilities Education Act, Part C (34 CFR, Part 303). Part C services are under the purview of OEC, and a Memorandum of Understanding concerning the referrals has been collaboratively implemented with DCW. OEC and DCW evolved the MOU as part of their regular collaboration on early care and education and preventive services.
- Colorado's safety assessment includes this age group as a risk factor and makes appropriate mention in safety planning. Child welfare supervisors review and authorize all safety plans and Family Services Plans upon completion and every 90 days thereafter.
- New and ongoing training for child welfare caseworkers and foster parents address child development, the impact of maltreatment on child development, attachment, and bonding of infants and caregivers.
- The "Keeping Kids Safe and Families Healthy 2.0 Plan", and the NFP, CCR, and SafeCareCO programs target families with children under five years of age.
- CCR 2509-3 provides specific child care licensing requirements for children age two and under; this includes limited ratios, infant/toddler specialized training, Cardiopulmonary resuscitation (CPR), and First Aid training.

2. Collaboration

Colorado's response to the community and collaboration were designated as an area of strength in the 2009 CFSR. The collaborations are vital to the State's capacity to implement new initiatives and the improvement of child and family outcomes. The State has strong collaborations with the Judicial System, the Collaborative Management Program, Colorado Children Youth Information System (CCYIS), the Residential Services Committee, HCPF, Juvenile Justice, and county departments. The collaborations with Judicial, CMP, and CCYIS are highlighted below.

Collaboration between CDHS and Colorado's Judicial System

Colorado is divided into 22 judicial districts that have formed multidisciplinary teams designated as Colorado's Best Practice Court Teams (BPCTs), under the auspices of the Colorado Court Improvement Program (CIP). The collaboration between Colorado's Judicial System and CDHS contributes positively to Colorado's comprehensive, coordinated child and family services continuum and permanency and well-being outcomes. Collaboration includes FAMJIS, the Family Judicial Information System, which exchanges information with Trails as well as the *Training Wheel Curricula*, which is the child welfare/ judicial systems training. CIP is an integral partner in Colorado's CFSR Onsite Reviews and PIP. Current collaboration is focused on CQI implementation, and involves the following:

- Implementation of CQI systems and aligning systemic efforts to improve permanency outcomes for children and youth by working with CIP. Phase I (early 2012) involved work in three sites (Denver, Boulder and Alamosa Counties) and the following was completed:
 - Development of a Permanency Site Visit protocol to implement the requirements of the PIP resulting from the 2009 CFSR. The initial purpose was to use data from both systems to begin the discussion of a cross-system definition of permanency
 - Training stakeholders on CQI processes and sharing permanency data with them.

In Phase II (2013) of the Permanency Site Visits, Judicial, and CDHS staff:

- Revisited each Phase I site where stakeholders identified a goal or plan or to reflect on the barriers that were identified in the initial visits. CDHS and CIP then staff assisted the local teams with the application of CQI methodology to the issues, including planning for improvement or sustainability.
- Convened a meeting (Best Practice Dependency and Neglect Court Teams)for the three sites to discuss lessons learned and share perspectives on the CQI process and tools used in Phase II of the Permanency Site Visits.
- Obtained technical assistance from the Children's Bureau to work with six Colorado jurisdictions to apply CQI principles to permanency goals. The partnership includes Colorado CIP, CDHS, National Resource Center for Legal and Judicial Issues, ACF, Region VIII, National Council of Juvenile and Family Court Judges, and the National Center for State Courts facilitated by the federal Training and Technical Assistance Network (T/TA). They have built logic models for and conducted CQI training for all jurisdictions and have applied the CQI process at each site. This work is ongoing.

Collaborative Management Program

The Collaborative Management Program (CMP) provides incentives for achieving positive outcomes for multi-system children, youth, and families. CMP, created by statute in SFY 2004-05, currently has 35 counties with active programs in Colorado.

The program formally integrates individual services from multiple state funded and community agencies that serve children, youth, and families involved with multiple systems. CMP requires that the involved agencies provide the family with a unified treatment approach as well as identify the best local resources to serve the children, youth, or family. Specifically, the program facilitates collaborative work such as:

- Creating incentives and minimizing disincentives to collaborative work,
- Information sharing and legal avenues to share confidential information,
- Accessing, utilizing, and interpreting data to inform decision making,
- Strategic planning for multiple stakeholders,
- Developing common outcomes and performance-based measures that meet the integrity of the legislation and individual community needs,
- Developing capacity to deliver technical assistance,
- Balancing a unified approach with a desire to maintain flexibility at the local level, and
- Ensuring family engagement and participation at the governance and operational levels.

County government agencies work collaboratively to serve the families and accept mutual accountability for the functioning of the CMP and the quality of its outcomes. The non-legislated CMP state steering committee (composed of the mandatory state agencies, participating counties, family advocates, community agencies, and family members) advises the State on policy and governance oversight for the CMP. The committee emphasizes the following definition of collaboration from the University of Denver's Dr. Carl Larson: "Collaboration is a mutually beneficial relationship between two or more parties who work toward common goals by sharing responsibility, authority, and accountability for achieving results." The committee also works with the program evaluator to produce a yearly outcome report that is distributed to executive directors of varying state departments.

No federal waivers were required to implement this program; however, the statute provides for waiving state rules as needed.

The funding for the program is obtained through two sources. First, incentive funds accrue from divorce docket fees. The second source of funding comes from local cost savings created by the CMP structure. The cost savings amount is determined by the number of children and youth served that would otherwise generate cost for each agency separately.

In addition to serving children, youth, and families, the CMP provides an infrastructure for both the Colorado Children and Youth Information Sharing (CCYIS) and Colorado's Trauma-Informed System of Care (TISOC) initiatives.

Colorado Children and Youth Information Sharing Collaborative

The CMP and CDPHE's Prevention Leadership Council formed the Colorado Children and Youth Information Sharing (CCYIS) Collaborative in March of 2008. Its main purpose is to structure policy and procedures for efficient, appropriate, and timely sharing of information between service agencies at the state and local levels. The CCYIS *Information Sharing Release* rolled out in April 2013, and statewide training completed in July 2013. The CCYIS's ability to ease data access plays a critical role in the statewide coordination of services.

Trauma-Informed System of Care

The vision of the Trauma-Informed System of Care (TISOC) is “Colorado’s children with behavioral health challenges will reach their full potential through effective and efficient services and supports.” TISOC seeks to implement in Colorado a trauma-informed child and family service system. As defined by the National Child Traumatic Stress Network, such a system involves parties who recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within the aforementioned system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

Building on the CMP structure, the TISOC involves the public mental health, child welfare, juvenile justice, and education systems. The goals of the TISOC are implemented in Colorado through a cohort community based model, Communities of Excellence that allows cohorts of communities to plan and implement TISOC together while also identifying possible local adaptations for the base TISOC services and supports. Currently, the TISOC supports 16 Communities of Excellence in 20 counties throughout the state. Future TISOC expansions will continue in the remaining CMP counties.

A statewide goal for the TISOC is to develop a sustainable infrastructure to coordinate and pay for services for families of children and youth with complex needs, many of whom are involved with child welfare. Each Community of Excellence receives funding to support wraparound facilitators, family advocates, infrastructure development, and flexible services for families. Currently the 16 communities have 18 trained wraparound facilitators and 13 family advocates working with families. Based on the recommendations of a meta-analysis of Colorado reports and evidence from other states, Colorado is piloting the wraparound model through the care management entity (CME) in El Paso County. A CME is a centralized organization that blends funding, organizes services and supports, and serves as a locus of accountability across agencies.

TISOC is supported by a cooperative agreement between CDHS and SAMHSA, and is administered by the Office of Behavioral Health (OBH) in partnership with OCYF.

Residential Care Collaborative

The Residential Care Collaborative is a committee led by CDHS and includes representatives from provider agencies, state and county child welfare departments, the OBH, HCPF, and a Behavioral Health Organization (BHO). The group, initiated in 2005 through HB 05-1084, has quarterly meetings open to the public, and guests in attendance primarily include residential care providers and county utilization managers. The collaborative has a critical role in aiding Colorado’s plan to “right size” congregate care over the next five years. The group reviews current policy and practice to ensure that residential care placements are utilized as an appropriate service and not a permanent placement. Specifically, they review new initiatives, policies, and strategies that impact residential care to ensure that providers, counties, and the state maintain the direction of best practice for the treatment and service of children and youth.

CDHS Collaborations

State-county and CDHS cross collaborations have a critical role in maximizing resources available for child welfare reform and in improving outcomes for children and families. Examples of current collaborative

efforts include the Title IV-E Waiver, Differential Response, Permanency Roundtables, Trauma Informed System of Care, Educational Stability, Agency Interoperability, Pathways to Success initiative, and CPM. Information about these collaborations is documented throughout this report.

Stakeholder Survey Results indicate that Colorado is performing well in the area of collaboration, with 39.4% in agreement and 30.9% of respondents in strong agreement that departments of human/social services collaborate with the courts and community partners. The following is a list of committees in which DCW and CDHS partner with counties and community stakeholders:

County/CDHS Specific

- Policy Advisory Committee (PAC)
 - Economic Security subPAC
 - Finance subPAC
 - Child Welfare subPAC
 - Child Protection Task Group
 - Kinship Task Group
 - Permanency Task Group
 - Provider Rates Setting Task Group
 - Continuum of Care- Level of Care Tool Task Group
 - DIDD/DCW Task Group

Child Welfare Specific

- Training Steering Committee
- Hotline Steering Committee
- Psychotropic Committee
- Title IV-E Waiver Demonstration Project Oversight Committee
- CMP State Steering Committee
- CDHS Prevention Steering Committee
- Child Welfare Allocation Committee
- Mitigation Committee
- Licensing Advisory Committee
- Affordable Care Collaborative Quality Sub-committee
- Colorado Post Adoption Resource Center (COPARC) Advisory Committee
- Project Operations and Implementation Team (POIT; CQI/CPM oversight committee)
 - Promising Practices Work Group
 - CQI Work Group
- Differential Response Leadership Council
- PA 3 Work Group
- Treatment Foster Care Work Group
- Educational Stability Grant Executive Team
- Permanency Roundtable Advisory Board
- Adoption Intermediary Commission
- Children's Justice Act Task Force
- Grandfamilies National Partnership and Advisory Group Convening
- Oral Health Collaborative

Multi-disciplinary Purpose with Child Welfare Involvement

- Children’s Advisory Committee
- Colorado Interagency Coordinating Council
- Juvenile Justice and Delinquency Prevention Council
- Commission on Criminal and Juvenile Justice
- Bridges Adolescent Substance Abuse Grant Steering Committee
- Developmental Diagnostic & Capacity Work Group
- Trauma Informed Systems of Care Work Group
- Sex Offender Management Board
- CHSDA Human Trafficking Taskforce
- DATA Human Trafficking Public Policy Group
- Substance Abuse Task Force
- State Youth Council
- Pathways to Success Steering Committee
- Advisory Committee for Homeless Youth
- Colorado Behavioral Health Transformation Council, Under 26 Workgroup
- Colorado Youth Sexual Health Team
- Tony Grampsas Youth Services Program Board
- Colorado Youth Leadership Network
- Colorado Hosting Program Advisory Committee
- Refugee Youth Provider Forum
- Bridging the Gap at Mile High United Way Community Partnership Meetings
- Casey Family Programs Older Youth Learning Collaborative
- Colorado Special Education Advisory Committee

3. Program Support

A key element of the “Keeping Kids Safe and Families Healthy Plan” involves the modernization the State’s child welfare training system; basing it on current research and the State’s new initiatives. The system is now in its first year of implementation of the redesign of its Child Welfare Training Academy, with its new vendor, The Kempe Center. The Kempe Center was awarded the CDHS contract to design and implement the new Child Welfare Training System and is referred to as the Central Management Organization (CMO). The CMO has partnered with other experts in the field of Child Welfare: the University of Denver Butler Institute for Families, the Colorado State Foster Parent Association (CFSPA), and Ridgewood and Associates.

Each of the training partners contributes expertise and support in fulfilling the training needs of Colorado’s child welfare staff and foster parents. University of Denver Butler Institute for Families designed and implemented the curriculum for the Colorado New Worker Pre-Service Academy in 2010. They continue to develop other in-service training offerings throughout the state and train child welfare staff with relevant and timely training content. They have partnered with Kempe to provide content-expert input and training services to the state’s child welfare staff. The CFSPA contributes the expertise in training current and potential foster parents to understand and execute their crucial role in the child welfare system. They are partnering with Kempe to design responsive training about the issues affecting foster parents throughout the state. Ridgewood and Associates’ role in the redesign is to deliver engaging, powerful, and user-

friendly communications. They have partnered with Kempe, re-designing the public face of the training offerings.

The training redesign led by the Training Steering Committee (TSC) is comprised of a broad representation of community partners including elected county officials, state and county department of human/social services staff, court representatives, and other community stakeholders. It is charged with the advisement, oversight, and approval of changes to Colorado's child welfare training system. TSC also monitors current trainers and training, reviews regional training needs assessment results, determines the topics to be added to existing training offerings, approves major changes within the existing training contract, communicates the changes to regions and counties, and approves structural changes to the Child Welfare Training Academy.

The Child Welfare Training Academy is part of what is now known as the Child Welfare Training System (CWTS). This training redesign builds on the Child Welfare Training Academy accomplishments and modernizes the system by updating the curriculum and using updated technology in the delivery of new research and practice information.

Structural and procedural improvements to this redesign include:

- Implementation of the regional training model—there are four regional training centers in the state: Garfield County (West), Fremont County (Southeast), Larimer County (Northeast), and a temporary location in Denver (Metro). All pre-service trainings are held at these regional training centers, including training for new caseworkers, new supervisors, and foster parents. Many of the in-service trainings are held at these centers as well.
- A Regional Training Coordinator for each center, under direct supervision of the Regional Training Manager: These coordinators meet regularly with county staff, lead Regional Training Advisory Committee (RTAC) meetings, assess training needs within their region, and provide technical assistance during trainings.
- RTAC meetings: These committees are comprised of county staff within the region as well as community partners, CDHS staff, and other invested stakeholders. The committee members communicate to the Regional Training Coordinators about training needs within the regions.
- Training Needs Assessment: The CMO is in the process of formally surveying all existing child welfare staff (including caseworkers, supervisors, administrators, and foster parents) to assess their satisfaction with existing training offerings and identify gaps in training needs. This process, known as the Regional Training Needs Assessment, is providing valuable feedback to the RTAC committees, the CMO, and the TSC to inform content and process changes in training offerings.
- Training Content Assessment Review: Each RTAC has recruited community members, content experts, and county staff to review existing training curriculum. Beginning with New Worker Pre-Service Training, New Supervisor Pre-Service Training, and Foster Parent Core Training, these work groups will be using a standardized review tool to review and update current curriculum according to the standards of the CPM.
- Competencies Review: The Caseworker, Supervisor, and Foster Parent Competencies have been reviewed and updated. These competencies will be integrated into the second phase of the Training Content Assessment Review, will be drafted by the CMO and are scheduled for a July 2014 completion.
- Improved training website: Ridgewood and Associates transitioned the existing training website to a new, expanded, and improved website platform on January 1, 2014. The website,

www.coloradocwts.com houses all information relating to community trainings (including the newly developed mandatory reporter training), caseworker trainings, supervisor trainings, foster parent trainings, hotline screening trainings, web-based trainings, and other training options. The website is easier to navigate and access needed information. With its links and toolkit functions, the website is a resource with which to access all information related to child welfare practice in Colorado.

- Caseworker Coverage/Fill-In List: Policy finalization for the caseworker coverage/fill-in list was completed in March 2014. The DCW Training Unit administers this coverage list, which involves monitoring of current casework certification and ensuring adherence to ongoing training expectations. This is the first state-administered coverage list, and it is provided to counties on an as-needed basis.
- Mandatory Reporter Training: CWTS finalized the first web-based mandatory reporter training.
- Hotline Screener Training and Certification: Training and certification for workers who perform screenings for initial hotline calls reporting suspected child maltreatment was finalized May 2014. This is Colorado's first screener training and certification process.

Training Requirements

Newly hired social caseworkers and newly hired or promoted social services supervisors are required to successfully complete Child Welfare Training, which consists of three web-based modules and four classroom modules (13 days), coupled with on-the-job activities conducted by the caseworker's supervisor at the county department. Foster parents are also required to complete pre-service training through the Child Welfare Training Academy.

Experienced child welfare caseworkers and supervisors are required to complete at least 40 hours of ongoing in-service training per year. The in-service training is focused in content areas including, but not limited to:

- Assessment,
- Interviewing,
- Family engagement
- Legal issues,
- Foster care and adoption,
- Effects of child abuse/neglect on child development,
- Principles of strength-based, family centered, culturally relevant case planning and management,
- Sexual abuse issues,
- Behavioral health issues,
- Domestic violence issues, and
- Cultural disparity.

At a minimum, 16 of the in-service training hours are to be focused in the area of the caseworker's primary job responsibilities. Additional topics for supervisors are worker safety, and leadership and management. A list of the state's sessions for both new caseworker/supervisor/foster parents and ongoing trainings is located in Appendix I.

Technical Assistance and Other Program Support

DCW has established a process, in collaboration with ACF Region VIII, for the processing of approval and selection of training and technical assistance (T/TA). All requests for federal T/TA are reviewed by DCW, to determine that the requests are aligned with the current CFSP goals and objectives, and state initiatives.

A county request must include a plan for dissemination and/or statewide participation. Upon DCW approval, the requests are forwarded for OCYF approval and then to the ACF Region VIII office for approval and/or modification. DCW and county representatives coordinating T/TA projects participate in the Training and Technical Assistance Coordination Center at JBS International, Inc. quarterly technical assistance telephone conferences to provide progress updates.

The State has benefitted from several sources of T/TA in SFY 2014:

- Mountains and Plains Child Welfare Implementation Center—CPM implementation and sustainability.
- The National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids—Foster Care Recruitment and Retention Market Segmentation Project and project assistance to Denver County with foster care recruitment.
- Casey Family Programs—“Permanency by Design” and “No Time to Lose” projects.
- Annie E. Casey Foundation—Increasing the use of Kinship and Family Foster Care resources, identifying and improving the continuum of services, and appropriate use of congregate care.
- National Resource Center for Child Protective Services for assistance for the implementation of Colorado’s central reporting hotline. This referral was closed out, due to the rapid progress of the project, but may be reopened if needed.
- National Resource Center for Adoption, June 2013. County trainings, focused on providing adequate information to prospective adoptive families, to help inform their adoption decisions and, preparing children for the transition to adoption. Counties were offered a choice of training sessions in November 2013 and January 2014.

The redesign of Colorado’s Child Welfare Training System is the first major change since the 2009 implementation of the Child Welfare Training Academy. It represents the CDHS commitment to its child welfare staff, stakeholders and children youth and families.

Research

Colorado has a decade-long history of using research to guide its child welfare practice. DCW and its county partners determine the issues to be researched with the Applied Research in Child Welfare (ARCH), a program of the CSU Social Work Research Center, School of Social Work. Colorado has also been online with Chapin Hall, University of Chicago, since 2010, contributing OOH placement and client data. The State and counties use Chapin Hall data for both cohort and longitudinal analyses. A collaboration of the State and 11 counties, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo and Weld financially support the collaboration with ARCH and Chapin Hall.

CSU is the evaluator for the PA 3 prevention services, and will collaborate with HSRI, the evaluator for the Title IV-E Waiver. ARCH has conducted significant research over the past five years and is initiating a Youth Services Study at the request of the ARCH Steering Committee. Previous reports may be accessed at: <http://www.ssw.chhs.colostate.edu/research/swrc/arch.aspx>

4. Consultation and Coordination between Tribes and the State

This area describes the progress and accomplishments regarding the Indian Child Welfare Act (ICWA) and coordination of permanency provisions afforded to Native American children. Colorado has two federally

recognized tribes, Southern Ute Tribe (1,408 enrolled members) and Ute Mountain Ute Tribe (2,060 enrolled members), both located in the southwestern corner of the state. Over half of Southern Ute members are under the age of 25. Members reside both on and off Ute Mountain Ute or Southern Ute Tribal lands. Over 56,000 American Indian/Alaska Native (AI/NA) people, and over 104,000 people who are AI/AN and other races, reside in Colorado. They represent approximately 200 tribes, with Navajo as the fastest growing and Lakota as the largest. Most live in urban areas. American Indians account for 5.8% of the population in La Plata County in southwestern Colorado (Colorado Commission on Indian Affairs).

Process used to consult with Tribes in the past year

CDHS consults with the two tribes and with organizations serving and representing other American Indians living in Colorado. CDHS currently provides the APSR and the CFSP to both tribes and will continue to do so. In 2013, the APSR was provided to Loren Sekayumptewa of the Southern Ute Tribe department of Tribal Services, and Janelle Doughty of the Ute Mountain Ute Tribe department of human services.

CDHS signed a "Tribal Consultation Agreement" in 2012, joining the original agreement signed by the Department of Public Health and Environment (DPHE) and HCPF in 2011. The purpose of the Agreement is to formalize the consultation policy through which the Departments seek and maintain regular, consistent communication and partnerships with Colorado's federally recognized American Indian Tribes and the Urban Indian Health Organization of Colorado, Denver Indian Health and Family Services, on health and health care related issues. The CDHS Executive Director and the Executive Management Team attend formal Tribal Meetings. The first formal Tribal Meeting was convened in February 2012, and the next was held July 2014. The Tribal Consultation Agreement is located in Appendix J.

To facilitate ongoing collaboration, the CDHS county liaison attends the Colorado Commission on Indian Affairs quarterly meetings. DCW staff and county representatives attend the Denver Indian Family Resource Center (DIFRC) Steering Committee meetings, where discussion items have included minority over-representation, ICWA training, and child welfare services. A member of DIFRC serves on the committee to establish a statewide child abuse and neglect reporting hotline. Tribal members have attended Permanency Roundtable training.

The Southern Ute Tribe has an inter-governmental agreement (IGA) with La Plata County. The Ute Mountain Ute Tribe and Montezuma County have expressed interest in developing a similar agreement. The CDHS county liaison is assisting with facilitation of this agreement. Montezuma County and the Ute Mountain Ute Tribe both have Community Evaluation teams under the Collaborative Management Program, and both entities have seats on the other's team.

An Indian Child Welfare Subcommittee has been formed through the Court Improvement Program. Participants include staff from DCW, the State Court Administrator's office, county departments, a county attorney, a judicial officer, DIFRC, and Casey Family Programs Indian Child Welfare office.

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

Colorado continues to evaluate its compliance with ICWA and how it can be improved. A work plan is being developed with local tribal representatives and DIFRC. Periodic trainings in different regions of the state have been coordinated by DIFRC and DCW. Counties also contract directly with DIFRC for various services and case management assistance.

Colorado has joined with DIFRC to promote ICWA best practices across the state, particularly along the Front Range where approximately 90% of the Native American population resides. The Ute Mountain Ute and Southern Ute tribes are also engaged in this process to promote best practices. DIFRC, in conjunction with Casey Family Programs, has provided several ICWA training programs to state, local, judicial, and community agencies regarding the best practices and spirit of ICWA. It is anticipated that the partnership with DIFRC and Casey Family Programs will expand into continued ICWA technical assistance to the counties regarding best practices in working with the Native American population.

Through the Colorado Court Improvement Program (CIP), an Indian Child Welfare Subcommittee has been formed this year. Participants include staff from DCW, the State Court Administrators Office, county departments, a county attorney, a judicial officer, DIFRC, and Casey Family Programs Indian Child Welfare office. This Committee has begun to focus on the challenge in meeting ICWA compliance by using CQI methods to review data, determine root causes and begin to develop and measure strategies for improvement. This work will continue moving forward. This group is also focused on increasing judicial training on the importance of ICWA and improving the policy and accountability structures related to ICWA.

As aforementioned, CDHS Executive Management Team issued a Tribal Consultation Agreement. For the first time in Colorado CDHS held an executive meeting at the tribes in July 2013 and returned in July 2014.

Compliance with Identification of American Indian Children by County Departments

In following ICWA protocol, the ARD asks specific ICWA questions about every child whose case is being reviewed. County departments document Native American children in OOH care, and ARD reviews the child's ICWA status. The review includes a series of ten questions relevant to the inquiries of American Indian heritage, court findings, and tribal notification of the child's placement and court proceedings. ARD statewide data for SFY 2013-14, second quarter, indicates a compliance rate of 31.8%, representing a significant decrease in performance, from 42.1% for SFY 2009. The data reflects that improvements are needed in:

- Court orders determining that ICWA does NOT apply.
- Improved documentation of inquiry of American Indian Heritage.
- Notification of all identified tribes sent to Bureau of Indian Affairs.

The Stakeholder Survey indicated that respondents perceived a higher ICWA compliance than is borne out by the data, with 41.1% of respondents in agreement, and 23.0% strongly agreeing with the statement, "Applies the Indian Child Welfare Act when serving Native American children, youth and families."

Through the CQI process, the CIP Subcommittee identified that a significant issue with Colorado's ICWA compliance is related to counties not sending the initial ICWA notification to each identified tribe or the Bureau of Indian Affairs. The primary barriers include a need for additional training and a standardized curriculum, a lack of clear and consistent procedures and tools for all key stakeholders and a lack of overall accountability for performance. Action plans to improve each of these areas have been developed and include actions for the public child welfare agency, the courts, attorneys and other key agencies. Based upon how ICWA compliance is reviewed by the ARD, the first opportunity to measure the success of the action plans will be January 2016. However, efforts to utilize CDHS's partnership with DIFRC and Casey Family, Colorado continues to improve its policies and case-management system to ensure information is processed timely. In addition, Colorado is incorporating the identification of Native American children earlier on in the child welfare intake process, via enhanced referral screenings.

Notification of American Indian parents and all 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 Native American tribes about Native American children when a child becomes involved with the child welfare. Most counties rely on their county attorneys to provide notification of proceedings.

Special Placement Preferences for Placement of American Indian children

Colorado has not negotiated a special placement preference for the placement of Native American 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.

Active efforts to prevent the breakup of the American Indian family

CDHS continues to set aside \$25,000 in Core Services funds for each Colorado Tribe for family preservation and reunification services. The Southern Ute Tribe submits a Core Services Plan (family preservation and reunification services) each year, as required. The Southern Ute Tribe has an intergovernmental agreement with La Plata County to administer the funds and to enter required information into Trails on their behalf. The Ute Mountain Ute Tribe makes inquiries about the funds each year, but has not submitted a Core Services Plan. A Ute Mountain Ute Tribe representative is included in all Core Services Coordinator e-mails. Progress on this will be further explored during the CDHS Tribal Consultations.

CDHS has asked local county departments to direct county resources to culturally competent organizations, including those that work with Native American families. County departments in the Denver Metropolitan area have contracted with DIFRC to extend the delivery of these services. These services are typically funded through Core Services and PSSF funds.

Use of Tribal Courts in child welfare matters

The requirements of ICWA and the Colorado Children's Code compliance are reinforced through caseworker and county attorney training on ICWA requirements. There are local relationships between the two tribes and their partnered counties.

5. Health Care Services

CDHS collaborates with the Title 19 Medicaid Agency, HCPF Children's Health Services Advisory Board. Board members consist of parents, a dentist, an orthodontist, therapists, pediatricians, family medicine practitioners and staff from Federally Qualified Health Centers, Colorado Community Health Network, and Managed Care and BHOs. The Board's primary function is to provide review and feedback on children's Medicaid policy changes/development. The Board assisted DCW in meeting the requirements of P.L. 110-351, The Fostering Connections to Success and Adoptions Act and Section 205; P.L. 111-148, "The Patient Protection and Affordable Care Act" and P.L. 112-34, "The Child and Family Services Improvement and Innovation Act". HCPF was lead in developing the [Health Care Oversight and Coordination Plan for Children in Foster Care](http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601), which may be accessed at: <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601>. The [Psychotropics Medication Guidelines for Children and Adolescents in Colorado's Child Welfare System](http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251644597356), may be accessed at: <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251644597356>

The ongoing collaboration of HCPF, DCW and OBH is critical to the well-being of children in foster care and children remaining home with their families. Counties and OOH care providers contact the State with issues concerning Medicaid eligibility, providers and payments, and the DCW Medicaid Specialist and Residential Care Program Administrator is a vital connection between the agencies. The purpose of this FTE is to ensure children and youth in the child welfare system have to access Medicaid services for which they are eligible. CDHS has also implemented a staff co-location project, with a behavioral health program administrator coordinating between HCPF and the CDHS Offices of Children, Youth and Families, and Behavioral Health. The goal is to improve children, youth and families' access to behavioral health services.

6. Disaster Plans

Colorado has an Emergency/Disaster plan in place for the state and county departments that facilitates specific activities in response to a disaster. The plan includes:

- Identifying, locating, and continuing services for children under county care or supervision who are displaced or adversely affected by a disaster.
- Responding to new, as well as ongoing 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.

Counties have developed individualized disaster response plans detailing the specifics of their responses. Depending upon the nature and extent of a disaster, CDHS works in partnership with affected counties to provide support, oversight, and assistance. County Disaster Plans are maintained by CDHS and are available upon request. CDHS also conducts department-wide incident command teams that review all the needs of each office within the department.

7. Foster and Adoptive Recruitment

The State provides the leadership role in ensuring there are foster and adoptive resources matching the needs of children in the state's custody by collaborating with counties, child placement agencies and community partners. Technical assistance is extended, supporting partners' recruitment and retention efforts, whether the efforts are general, targeted or child specific.

State and county goals which include an expansion in the number of families interested in kinship, foster care, and adoption, through collaboration with local media and the CDHS communications department. Media targets include increased youth placement recruitment and expanded foster and adoptive family diversity. The State supports counties and their partners in their child specific recruitment. The State and counties are also promoting foster and adoptive placement resources as a positive community norm.

The following provides a composite of the SFY 2013 accomplishments supported by the State and counties:

- The Colorado Heart Gallery (CO Heart Gallery) served 144 children and youth who are in need of adoptive families. This effort is comprised of three full-sized galleries of short biographies and photos of these youth were displayed at 36 locations across the state, one special events gallery and five mini-galleries.
 - Photos and videos of waiting children were featured on the COHeartGallery Facebook page.
 - Two collage videos were created using videos from the Heart Gallery which were used on social media sites and in churches and other venues for recruitment purposes.
 - The CO Heart Gallery Premiere was held at Artwork Network (Denver) and honored 26 volunteer photographers and two volunteer videographers.
 - Eight Public Service Announcements (PSAs) were created and featured eight former foster youth.
- “Help Shape the Future” foster care family recruitment campaign launched in May:
 - PSAs were shown on CBS 4 and The Denver Channel (Channel 7) during May and June
 - PSAs were promoted on the COFosterCare Facebook page in May and June
 - Images and quotes were used in May is Foster Care Month newspaper ads throughout the state
 - Images and quotes were used to create customizable (county specific contact information entered into a standard format) flyers and post cards for recruitment purposes
 - 2013 Foster Care Month appreciation events attracted 396 attendees in Pueblo (103), Grand Junction (232) and Denver (61) in May and June.

The State awarded Foster Parent Retention Grants to 11 counties to support their retention efforts with foster families. Counties provide follow up reports/surveys with their grant summaries. CDHS facilitated foster care recruitment booths at the Capitol Hill People’s Fair (May) and the Sunnyside Music Festival (September), both in Denver.

Assessment of Current Marketing

- Foster Care: Market Segmentation Efforts
In 2011 recruitment and retention staff created criteria to identify the State’s successful foster families. Colorado then collaborated with the National Resource Center (NRC) through [AdoptUSKids](#) to implement market segmentation technical assistance for counties. Colorado contracted with Neilson, a national market research company, to locate specific communities in each county where recruitment efforts might be focused to find similar families. This research helped identify gaps in recruitment and retention outreach efforts, which includes demographic and marketing information about people who are interested in adoption and not foster care.

Those gaps will be addressed using focus groups and surveys to gather information about how best to reach new target audiences about foster care and adoption. The data collected will inform DCW’s messaging and strategies moving forward. Potential focus groups include:

- LGBT community
- Latino community
- African-American community
- Individuals interested in adopting (not currently thinking about foster care)
- “Empty nest” couples
- Adoptive families, especially those who have not previously adopted from child welfare
- Current foster families

Thirty counties are using market segmentation to target their marketing efforts. Staff time available to implement this valuable information, especially in small counties, has been an ongoing challenge. The development of uniform, customizable statewide targeted marketing materials will provide consistency across the state and benefit all counties.

In 2013, Market Segmentation support for counties included initial technical assistance (two two-day sessions), sixteen follow-up technical assistance sessions, nineteen teleconferences and five learning labs.

Adoption

There has not been specific demographic research regarding who adopts children/youth in Colorado, although most (60%) children/youth that are adopted from foster care are adopted by their foster parents. The 2013 National Foster Care Adoption Attitudes Survey¹ stated that Americans who considered adoption are more likely to be single (or unmarried and living with a partner) women and minorities; ages 18-34; college educated, and earning an income between \$25,000-50,000. Colorado's future recruitment and retention marketing and messaging efforts will be crafted to reach out to members of these audiences.

According to the same study, there are common barriers to pursuing adoption/foster care through the child welfare system. The barriers include the perception that the foster care and adoption process is overwhelming and it's not known where to start. It was assumed by 46% of the individuals participating in the study that adoptions are expensive, and that children in foster care are more likely to have behavioral problems. It is anticipated that research through focus groups and surveys in Colorado will enable the crafting of messages to address those perceived barriers to adoption.

Another group of people who may be interested in adoption but may not respond to foster care messages are those who have experienced fertility issues and are considering private or international infant adoptions. Those avenues have been decreasing in recent years, limiting the options available to build a family. Some of these families may consider adoption through foster care but would not be reached through current foster care recruitment efforts. Focus group data will enable the State and counties foster care recruitment and retention staff to craft messages to reach this specific audience in an effective manner.

Child Specific Recruitment

At the state level, there is limited involvement with child-specific recruitment as this requires involving the child/youth and developing a plan with him/her and his/her team. However, the state assists in these efforts when possible which include photo listings of children/youth on The Adoption Exchange website, the CO Heart Gallery (both the physical gallery and the website), Wednesday's Child tapings with The Adoption Exchange, and videos of children/youth featured on YouTube as well as other social media and websites. State Recruitment and Retention Specialists have reached out to help with child specific recruitment when requested by counties or in special cases.

¹ National Foster Care Adoption Attitudes Survey, 2013, Dave Thomas Foundation, Harris Interactive

Future child specific recruitment efforts will include continuing with current efforts as well as offering training to counties to learn about child specific recruitment strategies and use of social media for child specific recruitment. DCW Recruitment and Retention Specialists will continue to be available to assist with more intense child specific recruitment if requested by a county.

Future Efforts

- Community-Based Social Marketing Theory

The Community-Based Social Marketing theory is the evidence based platform for the new Recruitment and Retention Plan. Community-Based Social Marketing (CBSM) is based on social science research that shows just providing information or education alone is not enough to encourage behavioral change, but removing barriers/perceptions about the issue while promoting positive benefits can influence change. Marketing/advertising efforts can inform and raise awareness and address perceptions, while efforts on local community levels can help further adaptations of the concepts. This same type of marketing theory has been used by public health and environmental agencies to encourage changes in behavior such as recycling efforts and use of designated drivers. ²

A Community Based Social Marketing Model



Community-Based Social Marketing tools and techniques include:

- Focus groups and surveys to discover barriers and current perceptions
- Calls-to-action that provide multiple ways to engage
- Influence of social norms—making an idea/concept part of “normal” community behavior

²McKenzie-Mohr, D. (n.d.). Community-based social marketing. retrieved from

http://sustainability.psu.edu/sites/default/files/documents/11_McKenzie-MohrSocMarketing.pdf

- Encouragement of social diffusion—creating multiple ways of spreading information (embracing a concept) across diverse communities
- Evaluation—reviewing ongoing feedback through follow up surveys or focus groups

Recommendations for SFY 2014-15

- Continue current efforts such as CO Heart Gallery and Foster Care month events, outreach efforts to the LGBT population and the foster parent retention grant. Additional aspects of this plan would include:
- Expand social media marketing efforts, especially in regard to child specific recruitment; update the Changealifeforver.org and Colorado Heart Gallery web pages; transition the Heart Gallery into digital formats.
- Collect family (foster and adoptive) stories to be used in various recruitment efforts;
- Survey recently certified foster families, county workers, adult adoptees, foster youth alumni;
- Conduct focus group research with specific targeted audiences;
- Develop comprehensive statewide identifiable images/tag lines based on focus groups data;
- Develop community/business partnerships to support foster families and expand recruitment efforts;
- Offer support to counties to expand their social media presence, especially in regard to child specific recruitment; and
- Capitalize on trends in popular culture such as movies and books for broad recruitment efforts.

Adoption

Adoptions are a consistent area of strength for Colorado. In November 2013, which is known as “National Adoption Month,” 12 counties celebrated with adoptions and other recognition events for adoptive families and children, and 125 adoptions were finalized statewide. A total of 717 public child welfare adoptions were finalized in FFY 2013.

Recruitment and Retention Accomplishments 2010-14

The 2009-13 Recruitment and Retention Plan was completed, and the following were accomplished (see the aforementioned sections for details):

Market Segmentation

- Implemented through technical assistance in conjunction with the National Resource Center for Permanency and Family Connections in 30 counties and one tribe to inform recruitment and retention efforts. Ongoing TA is provided to counties upon request.

Heart Gallery

- Three full Heart Galleries, including one Special Events gallery, now travel throughout the state and change locations (including churches, businesses and other community locations) monthly. An additional gallery targeting the Native American Indian population features children/youth of Native American Indian descent.

In addition to the increase in the numbers of galleries, the number of children served each year through the CO Heart Gallery has steadily increased. When appropriate for the child or youth, videos may be included. Facebook is now being used to promote the CO Heart Gallery and assist with recruitment efforts. The

growth of the CO Heart Gallery may be attributed to partnerships with The Adoption Exchange and Adopt Colorado Kids, who help with various aspects of it.

Targeted Recruitment

Future targeted recruitment efforts include increases in the LGBT population, sibling placement resources, and youth recruitment using the youth voice and images. Increased collaboration with Project 1.27 for faith-based options and additional sites for the CO Heart Gallery are also planned. See page 49 for more details.

State and County Collaboration

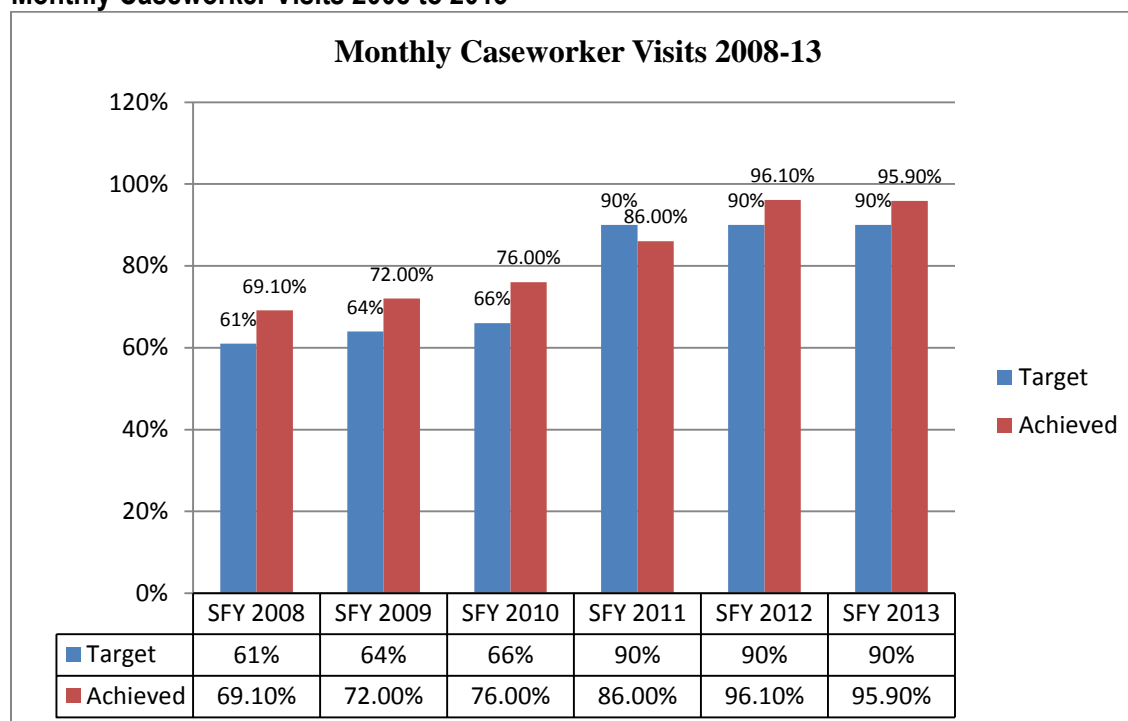
Broad collaborative efforts with the counties and private agencies are planned to include LGBT events, booths and festivals, such as the People's Fair, Pridefest, Black Arts Festival, Cinco de Mayo, Latino Summit and DIFRC events. The Youth Voice PSAs and print media, and the County Foster Care Retention Grants will be carried forward into 2015.

8. Monthly Caseworker Visit Formula Grants

Colorado has attained the 90% federal target goal for Monthly Caseworker Visits (MCV) for FFYs 2012-13, illustrating the dedication to children and youth in OOH care. The MCV is monitored by the state and counties with the County Scorecard, Trails Reporting and Results Oriented Management (ROM) reports. The ARD maintains oversight of county performance and the DCW Child Protective Services Team provides technical assistance as needed. The ARD reviews the frequency and quality of caseworker visits with both children and youth in OOH care and those remaining in their homes.

The FFY 2013 MCV report indicates 95.9% of caseworkers completed timely monthly visits when the child was in OOH care. This represented a total of 7,814 children, with 51,192 required visits and 49,095 visits completed. Visits in the child's residence totaled 42,768 (87.1% of completed visits). The MCV percentage fluctuates slightly due to the timing of the Year-to-Date report.

Monthly Caseworker Visits 2008 to 2013



9. Adoption Incentive Payments

Colorado continues to exceed the national standards outcome indicators for adoption. Notification was received in September 2013 that the State was awarded Adoption Incentives in the amount of \$47,398 for FFY 2013. The incentives will be used for two purposes: the first being regional adoption program summits that will cover several areas of practice; and the second is a contractor that will review the cases involving youth preparing to leave the foster care system. It is anticipated that all funds will be spent by September 30, 2015. Colorado's adoption numbers continue to be impacted by Colorado's decreased OOH placements and increased kinship/relative placements, which affect the numbers of actions to terminate parental rights.

10. Child Welfare Waiver Demonstration Activities

The CDHS-DCW was awarded a Title IV-E Demonstration Waiver on October 23, 2012 by the ACF Children's Bureau. Information regarding the demonstration project is located on the CDHS website at: <http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251641241277>.

Colorado is maximizing the use of flexible title IV-E dollars in the demonstration by isolating and identifying the title IV-B eligible expenditures to be used in the IV-E Waiver. The IV-E Waiver Demonstration Oversight Committee determines how savings are utilized, and reviews the allocation formula annually.

11. Quality Assurance System

This section describes Colorado's Quality Assurance System's structure, functions and current and future needs. Colorado's QA-CQI system has evolved through the implementation of CPM and C-Stat. Colorado's CQI implementation is creating organizational culture change and improving child and family outcomes.

With Colorado's state supervised, county administered child welfare system the CQI system is complex and comprised of multiple entities and strategies. The state-level component is comprised of the Office of Performance and Strategic Outcomes, divisions of Administrative Review and Performance Management; the DCW Research, Analysis and Data team, and Program Staff; Trails, and the Governor's Office of Information Technology. The state provides data to the counties, and may also generate county-specific data on request.

The ARD operates an identifiable QA system that is in place in every county and NYC region in which CFSP mentioned services are provided. Through reviews of OOH care, in-home services, assessments, screened-out referrals and the use of surveys, ARD evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures. ARD is a critical partner in selecting measures and collecting data for Colorado's PIP. The Child Fatality Review Team and the County Foster Care QA Unit were both relocated under ARD to create a separation between program and review functions.

Colorado has implemented a dynamic QA system that encompasses the activities of the department's Divisions of Child Welfare, Administrative Review and the Performance Management, and the aims of initiatives such as the Colorado Practice Model (CPM), Results Oriented Management (ROM), and C-Stat. Colorado's QA system engages all levels of state and county staff as well as the general public. Not only does the system provide tools for state, county and community stakeholders to review statewide and county level performance, it also promotes quality improvements in state and county departments both respectively and collaboratively.

Four CPM components contribute to Colorado's Quality Assurance System: 1) county quality practice teams (QPTs); 2) the Practice Advancement Committee; 3) the Promising Practices Work Group; and 4) the CQI Work Group. The QPTs are where the county CQI work is done. Counties use their teams and CQI processes and tools to determine performance areas requiring improvement. The Practice Advancement Group guides Colorado's child welfare practice and ensures that current and new practices meet the practice standards of the CPM base practice model. The Promising Practices Work Group, comprised of state and county members, determines if county identified practice meets the threshold for a promising, evidence-informed or evidence-based practice and can be included in the compendium of best practice. Child welfare outcomes are scrutinized in the CQI Work Group to determine the individual practice that influences the outcome.

As discussed in the overview to this section, Colorado ROM is primarily a reporting tool that allows state and county staff real time data about state and county level performance on key outcome measures. Through the CDHS Community Performance Center website, the public also has access to reports available in Colorado ROM. With increased access to real time child welfare data and greater transparency with the general public, CDHS hopes to foster a better understanding of what is working well and what is not working in the provision of child welfare services in Colorado.

C-Stat is a highly collaborative initiative that involves CDHS' Executive Management Team, DCW ARD, the Performance Management Division (PMD), and county departments. PMD is primarily responsible for implementing and sustaining CDHS' C-Stat initiative. The separation between program (DCW) and review (ARD and PMD) is maintained through this productive and supportive working relationship. All three divisions work closely to ensure the focus is maintained on outcomes and data, along with accountability

and action plans. ARD and DCW are routinely challenged to assess the efforts of their staff and ensure alignment with CDHS' strategic direction and the desired child welfare outcomes.

The three divisions also work closely with counties to discuss performance issues and provide technical assistance as needed. Collaboration between state and county staff is critical to the QA system's functionality. DCW has assigned safety and permanency liaisons to each county to provide program support and to support the county's CQI processes. Using indicators drawn from Trails, DCW regularly reviews practices implemented by counties to improve CFSR and C-Stat outcomes. PMD staff routinely present C-Stat measures at county meetings and are available to counties for training and technical assistance. CDHS believes outcomes are more likely to be achieved when all stakeholders embrace and are invested in agreed upon practice values and outcomes. Moreover, frequent communication and collaboration between CDHS Executive Management Team, CDHS staff, county commissioners, county directors, and caseworkers ensure Colorado's progress towards achieving the best outcomes for the children and families served by the child welfare system.

In addition to the initiatives listed above, ARD and DCW are engaged in other quality assurance activities that support Colorado's QA system. ARD manages County Foster Home Program Reviews and Child Fatality Reviews, as well as other reviews or requests, such as the reasons children and youth enter congregate care as a first placement. DCW conducts reviews of county programs, including the subsidized adoption program, Title IV-E eligibility review, the counties' use of Trails, and other risk-based program reviews of county policies and procedures. DCW uses information from DCW program staff's reviews and ARD quality assurance efforts to evaluate if defined policy is supporting effective practice in service delivery to achieve child safety, permanency, and well-being.

Quality Data Collection

Trails is the official case record for all child welfare documentation, and is one of the nation's state-county certified systems. ARD reviews to the Trails record. There are more than 150 Trails reports that may be run by the counties for administrative purposes. The state runs reports from Trails for performance management, demographic, services and financial information. The Trails division is responsible for the coding and builds that accommodate the documentation and the "alerts" that assist caseworkers with case management. Trails is a dynamic system which undergoes frequent adjustments to accommodate the changing needs of programs, new formulas and web-based entry needs of the state, counties and providers. The Colorado Trails User Group (CTUG) is comprised of county and state staff and meets regularly to recommend improvements to the Trails system.

Case Record Review

Colorado's case review system is administered by the ARD. Independent from CDHS' Division of Child Welfare and county departments of human services, ARD is aligned with CDHS' larger quality assurance system within the department's Office of Performance and Strategic Outcomes. Since its inception in 1991, ARD has developed strong internal processes to ensure consistency across reviewers. The division works collaboratively with the DCW, DYC, and county departments to develop review tools and processes. Additionally, the division uses an instrument that is mapped directly to the CFSR On-site review instrument (OSRI).

Through its case reviews, ARD provides helpful information to CDHS, county departments, and caseworkers. The case reviews often highlight areas where additional training or technical assistance is needed. Analysis of data collected from ARD's review process identifies developing trends in Colorado's

child welfare practice. Out-of-home case reviews provide a forum for parents, providers, children, and youth to share their information and concerns. The efficacy of Colorado's case review process is supported by research that shows children whose cases were reviewed timely achieved permanency ten months sooner than those whose cases were not reviewed timely.

ARD conducts a large number of reviews each year. In 2013, ARD conducted 7,700 6-month periodic reviews (OOH), 1,300 reviews of cases receiving in-home services, 2,200 reviews of assessments, and 1,500 reviews of screened-out assessments. In-home, assessment, and screen-out reviews all rely on a random sampling methodology that provides data that is generalizable to county and state populations. ARD's annual review of screened-out child abuse and neglect referrals assesses the consistency of county processes. The review involves caseworkers statewide who voluntarily participate in the review. The caseworkers are trained in the review processes, and they determine if cases have been screened out appropriately.

ARD provides a data collection system that tracks and reports on other established indicators collected from case files, face-to-face interviews with required participants, written findings, and other data. Data collection measures comply with Titles IV-B and IV-E requirements, as well as program requirements. The ARD Steering Committee, which is comprised of county department administrators, state program staff, state court personnel, and members of the community, defines and develops reports that provide key stakeholders with relevant information that clearly identifies programmatic strengths and areas needing improvement.

ARD also assesses the quality of services delivered. Areas of focus include child safety, special needs, cultural needs, health and educational needs, mental health, progress in care, parent's progress, visitation, compliance with the services plan, progress towards alleviating the causes necessitating placement, due process, appropriateness of the placement, barriers to permanency, whether additional or different services are needed, appropriateness of the permanency goal, and reasonable efforts to achieve permanency. Quality practice principles are reflected in the review protocol to help communicate to staff the type of case practice that is expected.

Analysis and Dissemination of Quality Data

ARD data is provided to the counties and DYC after reviews are completed. County and statewide data is also available through the ARD website.

The University of Kansas "Results Oriented Management" (ROM) program, implemented in Colorado in December 2013, provides easily accessible real-time county level data reports, augmenting Colorado's current CQI capabilities. ROM Reports is an easy-to-use web-based reporting application, developed by the University of Kansas, and offered in partnership with Casey Family Programs to child welfare agencies across the country. The software provides a simple and inexpensive way to access data. ROM is designed to provide access to current data on CFSR federal outcomes and a wide range of other important performance measures and indicators. It has numerous appealing features:

- Staff at all levels find it easy to get up-to-date data and can access "Help" if needed.
- ROM Reports uses existing data, and does not replace or interfere with Trails.
- Users can easily select different reports, change time periods, and set management units to look at current and historical data.

- Different views provide trends over time and comparative data for each measure on a wide range of variables (such as child demographics and characteristics, judicial districts, providers.)
- Analytic tools allow more advanced users to set filters, perform crosstabs, and ultimately create their own reports.
- The application is table-driven, providing the site administrator control over user reports, access, report labels, and additional formatting. Colorado's data is refreshed weekly.

The measures and reports in the ROM Core have been developed by child welfare experts to promote best practice and improve performance in areas specific to this field. This saves the time and effort otherwise needed to translate between program and IT staff. Standardized reporting means internal resources can be reallocated from ad hoc reporting requests to more sophisticated analysis.

Counties are provided with access to ROM and training, and have assisted with validation of data as they use the site. County users can easily drill down into aggregate data to any level including supervisor, worker, and client levels which can be saved to a spreadsheet. Having easy access to case level information leads to improved data quality and increased analytic capacity.

The ROM system also features a public-facing child welfare data website. Colorado is one of four states in the nation to have such a site, which launched April 18, 2014. "The Community Performance Center," developed in collaboration with the University of Kansas as a special ROM feature, underscores Colorado's commitment to transparency of the state's child welfare system. The user-friendly site may be accessed at www.CDHSdatamatters.org.

ROM and all other data needs are managed by the DCW Research, Analysis and Data team. The team provides data for DCW technical assistance and state-county projects and initiatives, including the County Scorecard. The County Scorecard, comprised of 21 outcomes and the PIP goals, and is distributed to the counties on a quarterly basis. The team is also responsible for AFCARS, NCANDS, and NYTD reporting.

Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process

The state has developed the C-Stat process, which measures county-level data on a monthly basis and shares this data with counties and other stakeholders. In addition, CDHS publishes a quarterly C-Stat report, which is posted on the CDHS website at <http://www.colorado.gov/cs/Satellite/CDHS-Emp/CBON/1251630279941>. The use of data for determining adjustments to programs and processes is evolving with the C-Stat processes, which examine outcomes, rather than process data. The state has previously relied on process/demographic data.

Data is provided to the legislature to support funding requests and to counties as practice issues arise.

ACF Recommendations for Colorado's QA-CQI System

ACF correspondence dated February 6, 2014 recommended that Colorado consider:

- Streamlining the communication across all data systems within the child welfare system;
- Continuing to improve errors above or below the threshold for AFCARS and NCANDS; and
- Exploring a review system that would encompass interviews with parents, children, service providers and others in case reviews.

These recommendations have been integrated in the 2015-19 CFSP.

Child Abuse Prevention and Treatment Act Annual Report

Overview

The 2011 Colorado CAPTA Plan identified seven program areas of emphasis for this reporting period from CAPTA (42 U.S.C. 501 et seq.), section 106 (a)(1) through (14):

- (1) The intake, assessment, screening, and investigation of reports of abuse or neglect;
- (2) (A) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and
(B) Improving legal preparation and representation;
- (3) Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
- (4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- (6) Developing, strengthening, and facilitating training including:
 - (A) Training regarding research-based strategies, including the use of differential response, to promote collaboration with families;
 - (B) Training regarding the legal duties of such individuals;
 - (C) Personal safety training for case workers; and
 - (D) Training in early childhood, child, and adolescent development;
- (7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
- (13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs
 - (A) To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
 - (B) To address the health needs, including mental health needs, of children identified as victims of abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

In addition, all CAPTA activities are connected to at least one of the following groups, State objectives and initiatives, and PIP Items.

- Colorado Practice Model
- CFSP Goals
- Governor's Child Welfare Plan 2.0
- C-Stat
- PIP Primary Strategies
- Colorado Consortium on Differential Response
- Citizen Review Panel Recommendations:
 - Children's Justice Act (CJA) Task Force
 - Child Fatality Review Team
 - Institutional Abuse Review Team

Activities

- (1) *The intake, assessment, screening, and investigation of reports of abuse or neglect.*

Connected to:

- Recommendations of the CJA Task Force
- Colorado Consortium on Differential Response
- Recommendations of the Child Fatality Review Team
- CFSP Goal: Engaging families to improve child safety and permanency
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **Child Advocacy Center (CAC) Forensic Interview Training:** In order to improve Colorado's ability to assess and investigate reports of abuse and neglect, CJA funding was utilized to purchase a forensic training that was adapted specifically for Colorado law and rule. CJA funding was also utilized in 2013 to begin training forensic interviewers throughout the State of Colorado.
- **Differential Response (DR) Expansion:** Legislation signed by the Governor in 2012 allowed for the strategic and intentional expansion of Differential Response in Colorado. To support the fidelity of implementation, Colorado used CAPTA funds to develop a Colorado-specific DR curriculum. In addition, CAPTA funds were used to support counties utilizing DR, including coaching, support, and additional training as needed. In SFY 2014 seven counties implemented DR with several additional requests for approval to implement DR.
- **CJA Grant to Dolphin House:** While waiting for the development and implementation of the Colorado-specific Child Advocacy Center (CAC) Forensic Interview training, CJA funds were utilized to support the completion of a separate forensic interviewing training through Dolphin House, a CAC in the Southwest region of Colorado. In addition, this Southwest region is on the list for 2014 to receive the new Colorado-specific training.
- **Validity and Reliability Study of New Safety and Risk Tool Assessment Tools:** A workgroup comprised of county and state representatives tested new instruments to measure and assess safety and risk. The instruments were tested in 2013 by practitioners from across the state using live data in Trails to test for inter-rater reliability. In addition, DCW Program Staff are helping to plan for implementation of the new tools, including data system needs, training, and quality assurance. The new tool is scheduled to roll out in fall of 2014.

(2) (A) *Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and*

(B) *Improving legal preparation and representation;*

Connected to:

- Recommendations of the CJA Task Force
- Recommendations of the Child Fatality Review Team
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **START:** The State and Regional Team (START) is one program at The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. START is a multi-disciplinary team that provides consultation and training throughout the State of Colorado. START includes expert input from a variety of disciplines, including, but not limited to: pediatric

medicine, forensic psychology, law, social work, and law enforcement. Funding for START consultations is provided through both CAPTA and CJA funds. CAPTA funding generally supports START consultations for county departments of human/social services who are looking for expert input regarding investigation/assessment of child abuse/neglect, preparation for child abuse/neglect trials, and case and treatment planning. CJA funding generally supports START consultations for law enforcement agencies that are investigating child abuse/neglect cases.

- **Pediatrician Consultation:** Both CAPTA and CJA funding is utilized to ensure that all counties have access to expert pediatricians. These pediatricians are members of the CDHS Institutional Abuse Review Team (IART) and are available on an individual basis as consultants and trainers.
- **CJA Grants to Prowers County, Tu Casa, Ralston House, and SungateKids:** Each of these organizations was awarded grants through the CJA Task Force Request for Application (RFA) process to support county-specific programming related to the recommendations of the CJA Task Force. Prowers County utilized funds to establish a multi-disciplinary child welfare oversight team, including a neutral facilitator to assist in problem-solving in their specific community. Tu Casa, one of Colorado's CACs, was awarded a grant to support the establishment of a fully-functioning CAC in the San Luis Valley (southwest area of state) catchment area. The CAC Ralston House (Arvada) received CJA funds to host a training series for CAC and county personnel. The SungateKids CAC (Denver) utilized CJA grant funds to organize one two-day training on the needs of developmentally disabled individuals during forensic interviews.

(3) *Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.*

Connected to:

- Recommendations of the Child Fatality Review Team
- CFSP Goal: Engaging families to improve child safety and permanency
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **David Mandel's Safe and Together Training:** Designed specifically for child welfare workers, the Safe and Together Training helps workers better understand the effects of domestic violence on children, as well as to assess for domestic violence, develop appropriate treatment plans, and make appropriate case decisions.
- **Applied Research in Child Welfare (ARCH) Project:** The DCW again partnered with 11 counties and CSU to evaluate and explore child welfare practice in Colorado.

(4) *Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.*

Connected to:

- Colorado Practice Model
- Colorado Consortium on Differential Response
- Recommendations of the Child Fatality Review Team
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **Differential Response (DR) Expansion:** See description under Area (1).
- **Safety and Risk Coaching by Program Staff:** As part of the PIP, DCW Child Protection Staff visited counties through the year to provide coaching on safety and risk assessment, including time spent testing current scenarios with the safety and risk assessment instruments. These sessions resulted in the identification of the need for a new safety and risk assessment tool. The new tool is scheduled to roll out in fall of 2014.
- **Colorado Practice Model Implementation Support by Program Staff:** The Colorado Practice Model team is working to identify promising and emerging practices in all areas of child welfare throughout Colorado. CAPTA funds were used to support this effort, including supporting counties as they implemented the CPM.

(6) *Developing, strengthening, and facilitating training including:*

- (A) *Training regarding research-based strategies, including the use of differential response, to promote collaboration with families;*
- (B) *Training regarding the legal duties of such individuals;*
- (C) *Personal safety training for case workers; and*
- (D) *Training in early childhood, child, and adolescent development.*

Connected to:

- Colorado Practice Model
- Colorado Consortium on Differential Response
- Recommendations of the Child Fatality Review Team
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **Chapin Hall:** Access to data is essential to continual quality improvement of practice in child welfare and the DCW is committed to promoting the use of data-driven decision-making in all areas of our work. CAPTA supports the use of Chapin Hall's longitudinal data on children in out-of-home care to improve practice in Colorado. Counties use this data when working on the CPM and ARCH accesses the data during their research.
- **Fostering Healthy Futures:** The DCW is partnering with the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect to disseminate "Fostering Healthy Futures", an evidence-based program for children in OOH care. This two-year partnership will result in a cost-analysis, implementation at various county sites in the metro area, and adaptation of the model to accommodate for the particular needs of rural areas. The analysis is in process, however initial feedback indicates that children attend 9.4 of the 10 skills groups and children with placement changes were able to maintain attendance.
- **Differential Response (DR) Expansion:** See description under Area (1).

(7) *Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.*

Connected to:

- Recommendations of the Children's Justice Task Force
- Colorado Practice Model
- CFSP Goal: Engaging families to improve child safety and permanency
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **Secondary Trauma Support:** To support the ongoing work of child welfare caseworkers throughout the state, the DCW contracts with a senior instructor at the University of Colorado with 14 years of experience in secondary trauma, to provide secondary trauma support. This resource is available to counties to provide brief crisis support, as well as ongoing development of self-care techniques and resilience to vicarious trauma.
- **Rocky Mountain Audio/Visual Project:** This video project created a marketing tool for the recruitment of child welfare staff. The video may be viewed at: http://www.coloradorjvideo.org/changing_face_of_child_welfare/.
- **CJA Grants to Fremont County:** This grant allowed Fremont County to provide the “Bridges out of Poverty” training to child welfare staff, as well as to community partners. This training looks at the barriers facing people living in poverty, as well as identifying ways to effectively remove those barriers.
- **Ongoing Coaching and Technical Assistance from Program Staff:** To provide ongoing training and support to county caseworkers, DCW staff members maintain relationships with county staff and are available for coaching and technical assistance by phone or in person. Examples of coaching and technical assistance include case reviews, review of safety/risk assessments, planning for implementation of DR, implementing the CPM and problem-solving difficult cases. This type of support has not only improved caseworker performance, but has also resulted in county administration having the necessary information to expect quality performance of their child welfare leadership.

- (13) *Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs –*
- (A) *To provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and*
- (B) *To address the health needs, including mental health needs, of children identified as victims of abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.*

Connected to:

- Recommendations of the CJA Task Force
- Colorado Consortium on Differential Response
- Recommendations of the Child Fatality Review Team
- CFSP Goal: Assuring that children receive adequate services for their well-being

Activities:

- **Collaboration with the Office of Early Childhood:** In order to ensure that children under the age of five, per Colorado Revised Statutes, are referred for developmental evaluations, representatives from the OEC and the DCW meet on a monthly basis to monitor progress and create policy that supports these efforts. Goals of these meetings include: development of consistent policies, providing training as needed, and ensuring accurate data collection regarding referrals to developmental evaluations.
- **System of Care in Weld County and Care Management Entity in El Paso County:** The OBH was awarded a federal grant to initiate a Trauma-Informed System of Care model in eight pilot counties starting in SFY 2015. However, more counties applied and scored well on the readiness assessment; therefore, OBH and the DCW combined resources to be inclusive of counties that stepped forward to request assistance. Weld County has been

working to develop a System of Care, while El Paso County has taken the values and principles of the System of Care and extended them to develop a Care Management Entity.

- **Colorado Department of Education Collaboration:** Mile High United Way, CDHS, and the Colorado Department of Education collaborate to ensure that children in out-of-home placement have all their education needs met. The collaboration improves communication and collaboration amongst Child Welfare Education Liaisons, local educational agencies, guardians ad litem, child welfare workers, and other community members.
- **START:** See description under Area (2).
- **Differential Response (DR) Expansion:** See description under Area (1).

Substantive Legislative Changes

There were no substantive legislative changes related to CAPTA. However, Colorado did pass a bill to be effective July 1, 2104 that would allow for the reinstatement of parental rights.

Significant Changes to the Previously Approved CAPTA Plan

There were no significant changes to the previously approved CAPTA Plan.

Public Disclosure of Information

Colorado Revised Statutes 19-1-307

(1)(a) **Identifying information – confidential.** Except as otherwise provided in this section and section 19-1-303, reports of child abuse or neglect and the name and address of any child, family, or informant or any other identifying information contained in such reports shall be confidential and shall not be public information.

(1)(b) **Good cause exception.** Disclosure of the name and address of the child and family and other identifying information involved in such reports shall be permitted only when authorized by a court for good cause. Such disclosure shall not be prohibited when there is a death of a suspected victim of child abuse or neglect and the death becomes a matter of public record or the alleged juvenile offender is or was a victim of abuse or neglect or the suspected or alleged perpetrator becomes the subject of an arrest by a law enforcement agency or the subject of the filing of a formal charge by a law enforcement agency.

Colorado Revised Statutes 26-1-139

This statute creates and outlines the duties of the Child Fatality Review Team and requires that “a case-specific executive summary, absent confidential information, of each incident of egregious abuse or neglect against a child, near fatality, or child fatality reviewed. The team shall post the case-specific executive summary on the state department’s web site” (CRS 26-1-139(4)(i)(III)).

Child Protection Work Force

While Colorado has a statewide child protection work force, the work force is hired and maintained through the county human resource systems. All staff must meet the following state requirements:

Educational Requirements: A bachelor’s degree with a major in a human behavioral sciences field, as defined as a degree with major course work (equivalent to 30 semester hours or 45 quarter hours) in either development of human behavior, child development, family intervention techniques, diagnostic measures or therapeutic techniques such as social work, psychology, sociology, guidance and counseling, and child development.

Caseload: Colorado does not have a caseload standard. Colorado did fund the child welfare workload/caseload study to examine caseloads and staff time.

Training Requirements: All newly hired social caseworkers must complete the Child Welfare Training Academy and through testing, on-the-job activities, and trainer observation, must show the successful completion of the competencies as outlined in CCR.

Current Workforce Demographics: Counties maintain information about their protective services workforce. The charts on the following page describe the demographics of the Child Welfare Training Academy Trainees for 2012-13, and are representative of the current workforce:

Educational Level	
	Percent
High School	11.8
Associates Degree	4.7
Bachelors	45.9
Masters	33.1
PhD	4.4
Other	.1
Total	100.0

Educational Degree	
	Percent
Social Work	35.4
Related Degree	38.1
Other	26.5
Total	100.0

Gender	
	Percent
Male	20.7
Female	79.3
Total	100.0

Race/Ethnic Background	
	Percent
African American	6.0
Asian	1.7
Hispanic/Latino	18.3
Native American	.8
Caucasian	71.0
Other	2.2
Total	100.0

Juvenile Justice Transfers

Between July 1, 2012 and June 30, 2013 there were 128 children in the State of Colorado who had custody transferred from the local county department of human services to the State juvenile justice system. This information is drawn from Trails, which is used by both the child welfare and juvenile justice systems.

Sources of Data on Child Maltreatment Deaths

The CDHS Office of Strategic Performance Outcomes, ARD, administers Colorado's fatality review process. All child fatality reports that occur as a result of maltreatment are recorded by county departments in Trails (National Child Abuse and Neglect Data System). In some specific instances (i.e.; no siblings in the home), law enforcement will investigate instead of county departments of human/social services. In those cases, investigation data will not be entered into Trails, although the findings may be documented in the referral information. In these instances, the NCANDS child file will not include these children and they will be reported in the agency file.

Prior to 2011, the Colorado Child Fatality Prevention Act addressed Colorado's two Child Fatality Review processes in the state, although the majority of the statutory authority in this Act specifically provided for the Colorado Department of Public Health and Environment's (CDPHE) child fatality review process. CDPHE's fatality team reviews all of Colorado's child fatalities, regardless of the cause of death, with the goal of developing prevention strategies. The Child Fatality Prevention Act contained limited statutory authority for the provision of a child fatality review process within CDHS.

During Colorado's 2011 legislative session, the passage of HB 11-1181 codified CDHS's Child Fatality Review Team (CFRT) and statutory authority through section 26-1-139 of the Colorado Revised Statutes. The statute outlines the objectives and duties of the county departments, CDHS, and the CFRT regarding reporting procedures and the fatality review process as well as specifies the structure/membership of the CFRT.

In 2012 the legislature passed SB 12-033, which amended statute to include the review and public disclosure of non-confidential information of near fatalities and egregious incidents of abuse or neglect. The statutory change creates greater alignment with the federal requirement under the 1996 Child Abuse and Prevention Treatment Act (CAPTA), which mandates states adopt "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality", 42 U.S.C. 5106 § a(b)(2)(A)(x).

Colorado's NCANDS state contact is:
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Citizen Review Panel Reports

Three reports are submitted with the 2014 Annual CAPTA Report from Citizen Review Panels:
The Child Fatality Review Team Child Maltreatment Fatality Review Report Executive Summary 2013;
The Institutional Abuse Review Team (IART) Overview of Work; and
The Children's Justice Act (CJA) Copy of Reapplication and Annual Report submitted May 21, 2013.

2013 Child Maltreatment Fatality Review Report



EXECUTIVE SUMMARY

The 2013 Colorado Department of Human Services Child Fatality Review Report focuses on identifying commonalities and making recommendations for improvements in the Child Welfare system based on the information from 76 substantiated child maltreatment fatalities, near fatalities, and egregious incidents that occurred in 2013. This report includes demographic information for the children in the 76 substantiated incidents, and more specific recommendations made as a result of the 15 incidents fully reviewed by the Child Fatality Review Team (CFRT) and posted to the public website.

In order to determine systemic issues, information about children from 23 substantiated fatalities is combined with data regarding all child maltreatment fatalities occurring in Colorado over the past five years, as well as data at a national level and from research conducted within the child welfare field. Recommendations are provided that address the policy findings, gaps, and deficits identified during the CFRT process.

Child Characteristics

The majority of child maltreatment fatality, near fatality, and egregious incident victims in Colorado in Calendar Year 2013 were White (46%), closely followed by Hispanic (29%). Two-thirds of the victims were male (67%). 39% of children in these incidents were age one or younger. 86% were age five or younger.

Family Characteristics

The enactment of HB 13-255 required more detailed information about family characteristics. Though income level and education level of legal caretakers proved difficult to gather, information on services to families indicated that in 24 incidents fully reviewed by the CFRT team under the new statute, 16 families received some type of supplemental benefit, with Medicaid and the Supplemental Nutrition Assistance Program (SNAP) being the most common programs. Family structure was also gathered in 2013, based on recommendation from the 2012 report. 48% of fatal incidents occurred in families with two biological parents. Likewise, 66% of egregious incidents occurred to children in families with two biological parents.

Other Family Stressors

Information on additional family stressors was available and these characteristics were found in a substantial portion of cases, including substance abuse (20%), domestic violence (38%), and mental health (32%). Prior history was examined and compared to the past years.

Prior History with Child Protective Services

The number of fatalities where the family has prior history with child protective services has ranged from 35% to 55% over the past 5 years. In 2013, 35% of fatal incidents had prior involvement.

Perpetrator Relationship

New analysis for 2013 about perpetrator type found fathers acting alone were the most common perpetrator in all substantiated incidents (25%).

Review Findings and Recommendations

The CFRT highlighted 45 systemic strengths across 15 reports completed and posted in 2013. The most commonly acknowledged asset was child welfare practice. The CFRT also identified 30 systemic gaps and deficits across the child welfare system, which resulted in recommendations for county agencies and CDHS. Similarly, in the 15 reports, 87 policy findings were noted in prior history and current involvement, with the majority of these (37%) directed to the safety and risk assessment. 66 recommendations resulting from gaps, deficits, and policy findings that were indicative of areas for practice and system improvement are contained in Appendix C of this report.

This report also includes joint recommendations with the Colorado Department of Public Health and Environment and the follow-up status of 13 outstanding recommendations from the 2012 annual report.

Citizen Review Panel Reports: IART Overview of Work

The CDHS Institutional Abuse Review Team (IART) meets monthly to review reports of investigations of abuse and neglect in 24-hour out-of-home licensed and certified childcare settings, which includes foster homes, child placement agency foster and group homes, residential child care facilities, DYC juvenile facilities, and Colorado OBH institutions for children. The Team is mandated to ensure that the county protective service investigation is in compliance with the requirements of State statute and rule. It also reviews the county's involvement and coordination with community agencies and related state entities.

IART identifies areas of concern needing to be addressed and makes both county-specific recommendations and those that are applicable to other community agencies, licensing, 24-hour monitoring, and other state agencies. The county investigations require coordination with many state and community agencies and this characteristic adds to the difficulty and complexity of the work. IART's composition mirrors this coordinated approach, with members representing the various members that may be involved in the investigation, such as:

- Community representatives,
- Medical professionals,
- Child Protection Agency representatives,
- State and County staff with experience in the area of institutional abuse investigation,
- 24-Hour Monitoring personnel, and
- Attorney General's Office personnel.

Review information is used to make recommendations about training needs and to identify areas of concern requiring remediation to ensure the safety and well-being of the children in out-of-home care. IART reviews over 600 reports each year and from July 1, 2012 to June 30, 2013, IART reviewed a total of 618 cases.

Citizen Review Panel Reports: Children's Justice Act Task Force

2012-2013 Reapplication for Proposed Activities

Development Process

The Children's Justice Act (CJA) Task Force met to review the progress and projects of the past year, and to agree on goals and recommendations for this reapplication. The following represents the results of that collaborative effort.

Recommendation 1: Build capacity in rural areas.

Proposed Activities:

The CJA Task Force will continue to ensure that all available resources are utilized for cases that need specialized interviews, with a particular emphasis on outreach to rural areas.

- The Kempe Children's Center's START will continue to provide this consultation and training through a contract with the CDHS. The contract will provide for the services of a pediatric radiologist, a forensic child psychiatrist, and a forensic odontologist. This team has also been able to draw on specific areas of need, including recent inclusion of a toxicologist who provided insight on a unique case. A focus for this team has been on rural areas, and this team has seen cases in recent years from a large majority of Colorado counties.

- The CJA grant will continue to fund the CDHS pediatric consultants and law enforcement officers as multidisciplinary team members, and to be available on an individual basis to provide consultation and training.
- This recommendation will continue as a priority for future rounds of the Request for Application (RFA) process.

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

Proposed Activities:

This recommendation will continue as a priority for future rounds of the RFA process and CJA Task Force will focus recruitment efforts on entities that might develop proposals in this area.

Recommendation 3: Continue to develop and support training opportunities for child protection workers, domestic violence advocates, law enforcement officers, GALs, and judges to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Proposed Activities:

- This recommendation will continue as a priority for future rounds of the RFA process and CJA Task Force will focus recruitment efforts on entities that might develop proposals in this area.

Recommendation 4: Support the activities of the State Fatality Review Team in disseminating information statewide.

Proposed Activities:

- The CJA Task Force will seek consult from the CDHS CFRT on new processes in the review of child fatalities with prior DHS involvement. The team will also consider ways to assist the team in the evaluation and dissemination of trends noted in fatality and near fatality reviews.

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

Proposed Activities:

- The group will utilize information gained from this effort to inform future recommendations that are disseminated by the CJA Task Force.
- The CJA Task Force will also disseminate information related to the work of the CJA Task Force to partner organizations and stakeholders.
- The CJA Task Force will identify and create opportunities to be informed of outcome and trend data for populations affected by the work of the CJA Task Force.
- The CJA Task Force will collaboratively work as a team to develop the 2013-14 annual report.
- The CJA Task Force will work with Prowers County's newly established oversight panel to integrate recommendations for coming years.
- Colorado will maintain a CJA Task Force by ensuring that one to two members participate in the national conference.
- The CJA Task Force will maintain the RFA process to assist in disseminating CJA funds to multi-disciplinary recipients, according to the focus areas outlined above.
 - The team will review proposals based on a standard instrument that outlines priorities for the current year, the priorities of the CCJA Task Force, and ultimately the overarching requirements of CJA.

- The CJA Task Force members will review and score all applications for funding to set priorities and offer support to accepted proposals.
- Ultimately, the CJA Task Force will develop a strategy to work with an evaluation team to create over-arching evaluative measures that identify and elaborate on project successes.
- The team will institute a process for the continuous quality improvement of the entire process, and will continue to work on the enhancement of their recommendations and awards of CJA funds.

Recommendation 6: Explore and make recommendations on the needs of youth who are involved across the Department of Youth Corrections and the Division of Child Welfare Services.

- This recommendation will continue as a priority for future rounds of the RFA process and CJA Task Force will focus recruitment efforts on entities that might develop proposals in this area.

Chafee Foster Care Independence Program and Educational and Training Vouchers Services for the Performance Period of October 1, 2012 to September 30, 2013

Program Service Description

Colorado's Chafee Foster Care Independence Program (CFCIP) provides an array of services and supports designed to help youth transition to young adult self-sufficiency in compliance with the John H. Chafee Foster Care Independence Program.

Colorado's CFCIP offers services statewide through a county-based system. Twenty counties across the state host dedicated CFCIP programs. Eight of the host counties provide collaborative program support to youth in nineteen additional counties and the Southern Ute and Ute Mountain Ute Tribes. A Balance of State Mitigation Fund provides access and support to eligible youth needing CFCIP services in rural counties and in other cases, if needed.

Service Population: 981 youth were served through CFCIP in FFY 2013

In accordance with the John H. Chafee Foster Care Independence Program Section 477 (42 U.S.C. 677)(a) of the Social Security Act, Colorado defines youth otherwise eligible for services in child welfare rules to include youth:

- Currently in out-of-home care, fifteen up to eighteen years of age, and in out-of-home placement for a minimum (non-consecutive) of six months;
- Age sixteen to twenty-one who entered adoption assistance or relative guardianship assistance on or after their sixteenth birthday; and
- Age eighteen to twenty-one, who were in OOH care on their eighteenth birthday,
- Youth in DYC community placement settings who otherwise meet one of the above eligibility criteria.

The CFCIP service population will likely to be impacted by efforts to improve alignment and coordination and consistency of services to youth across the state through SB 13-1239 and the Pathways to Success initiative.

Targeted Service Delivery

This year Colorado began to use research-informed targeted service delivery based on the characteristics and needs of four distinct sub-groups of young people making the transition to adulthood as identified in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study, Chapin Hall, 2011). County departments were required in their planning to address each of the four sub-groups by identifying targeted services to meet their unique needs. These sub-groups and characteristics include:

- **Accelerated Adults:** Members of this group were reported to be faring reasonably well. They primarily live on their own, are employed and parenting children if they had any. Members of this group have avoided the criminal justice system and they have received a high school degree and some continuing education.
 - Efforts have increased to better engage youth receiving Educational and Training Vouchers (ETV) to increase awareness of support services: local CFCIP, school and community-based educational support systems, youth advisory boards, foster care alumni support, and child care.
- **Struggling Parents:** Nearly all members of this group have resident children, and they are most likely to be married or cohabitating. About equal numbers had their own place to live or lived with relatives, friends or others. This group was least likely to have finished high school or to be currently enrolled in school. Only one-quarter was employed and reported the lowest levels of social support of any of the groups.
 - Services for these young people primarily focus on helping them find child care and supporting their continued education and connecting them to and helping them maintain employment.
- **Emerging Adults:** This group is generally employed or in school. Most have finished high school, and many have at least some college. This group is the second most likely to be employed and the least likely to have experienced homelessness or “couch-surfing”. They have avoided trouble and are often relying on family or friends for a place to live and other forms of support.
 - Youth in this category benefit from independent living services that teach soft skills and supplement guidance they receive from their caregivers to help prepare them for self-sufficiency.
- **Troubled and Troubling:** Young people in this group are likely to suffer from mental and behavioral health problems and to have acquired limited human capital. They often have children they are not actively parenting and are periodically or chronically involved in the criminal justice system.
 - To provide services to this group Colorado is improving coordination with case managers from the NYC to better connect youth leaving the criminal justice system with resources and supports which include referral to mental health services.

In preparation for the Pathways to Success initiative, the CFCIP has also begun the shift to a targeted service delivery model which focuses services within each of the outcome areas of well-being, permanent connections, housing, education and employment. It is anticipated that the planning grant will further identify gaps in current assessments and services and clarify targeted interventions to help youth ages 14-21 achieve self-sufficiency.

Accomplishments, Progress and Planning

In order to meet the seven purposes of the John H. Chafee Foster Care Independence Program Sec. 477 (42 U.S.C. 677)(a) Colorado implemented a new planning process for CFCIP host counties which required counties to identify projected services based on the needs of each of the four sub-categories of youth and young adults identified in the Midwest Study. In addition, the new planning process requirements included:

- Processes for identification of youth in each CFCIP eligible service populations.
- Processes for outreach to professionals working with youth and young adults and to youth themselves to increase awareness of the program.
- Detailed bulleted descriptions of each county's program design and plans to deliver services to achieve the purposes of:
 - a. Successful transition into adult self-sufficiency;
 - b. Completion of secondary education;
 - c. Completion of post-secondary training and education;
 - d. Lifelong connections with family and community through family, mentors, and interactions with dedicated adults other than department staff and providers;
 - e. Financial stability through knowledge of financial responsibilities and skills in personal household financial management;
 - f. Monetary assistance; and
 - g. Health and healthy relationships and lifestyle choices.

Technical assistance (TA) calls were held on June 3, 5 and 7, 2013 with individual consultation provided upon request following the calls. During these sessions, CFCIP counties were trained on the use of existing Trails reports to track youth at risk of aging out of care and eligible for services to inform service planning and inform service delivery.

During TA sessions and at the July 25, 2014 Chafee Quarterly Services Meeting, CFCIP county staff were instructed on the use of the Youth Connections Scale (Center for Advanced Studies In Child Welfare, University of Minnesota and Anu Family Services, 2012) to help youth identify and strengthen significant relationships. This was part of a year-long focus on the CFCIP role in helping youth identify and strengthen permanent connections with adults who can provide personal and emotional support.

For the first time, county CFCIP plans were reviewed by a team made up representatives from the CDHS, Mile High United Way/Bridging The Gap, Mile 61 and CSU/Fostering Connections Program. This team reviewed and provided constructive feedback to county departments about their proposed programs, gaps, and ways to increase support and connections for youth. Two universal recommendations were made for all county programs:

- Shift to a relational model to refer youth to services, introducing them personally to supportive adults at each organization receiving the referral, and
- Increase collaboration with community and faith-based organizations that provide social outlets and opportunities to develop lasting relationships to young people.

Colorado increased outreach efforts to expand the use of ETV, cultivating strategic partnerships to educate high school guidance counsellors, colleges, universities, career and technical schools, other state agencies and CASA volunteers who work with older youth who may plan to pursue post-secondary education. These partnerships will be described in more detail the ETV section of this report.

Colorado has become aware of a gap in services and supports for youth who exit care prior to their eighteenth birthday and find themselves facing homelessness or struggling with their transition to adulthood. The Pathways to Success initiative will examine these gaps in services along with current CFCIP eligibility requirements and will make recommendations based on the findings.

The CFCIP will continue to align Colorado's program with federal priorities and youth needs, seeking to fill gaps in services and further align all services and supports with the five outcome areas described earlier in this report. The program will also plan to increase data capacity and align state data systems to support program and policy direction to achieve better outcomes for older youth.

Child and Family Service Plan Goals

Goal 1: Measure outcomes for youth services through the National Youth in Transition Database (NYTD) data elements.

This goal is achieved.

Colorado NYTD has been fully implemented and Colorado completed Cohort I, follow-up surveys of youth 19 years of age for the period ending September 30, 2013.

NYTD Follow-Up Survey Data - Wellbeing:

Baseline: 17 Year Old Youth (In Care)	Follow-Up: 19 Year Old Young Adults (Discharged)
Have had a substance abuse referral 47.23%	19.76%
Have been Incarcerated 57.29%	38.34%
Have Children 5.75%	10.28%
Have been homeless 14.37%	21.34%
Reported having Medicaid or another type of health insurance 92.61%	82.22%

Benchmark Comparisons:

- 33.8% of young people in the Midwest Study Wave 2 were arrested since the initial interview (Chapin Hall)
- 25% of foster youth nationally reported being homeless at least one night after exiting care (Child Welfare League of America)
- 47% of foster youth alumni in the Northwest Foster Care Alumni Study reported having health insurance
- 51% of former foster youth in the Midwest Study reported having no health insurance

NYTD Follow-Up Survey Data – Permanency / Connection to Adults:

Baseline: 17 Year Old Youth (In Care)	Follow-Up: 19 Year Old Young Adults (Discharged)
Reported having a current positive connection to an adult 97.33%	90.12%

Benchmark Comparisons:

- Nearly 30,000 youth nationally ‘age out’ of foster care annually without a connection to a family or supportive adults (Juvenile Law Center, Permanency and Transition to Adulthood).

NYTD Follow-Up Survey Data – Education:

Baseline: 17 Year Old Youth (In Care)	Follow-Up: 19 Year Old Young Adults (Discharged)
Reported being enrolled and attending school	
93.84%	52.96%
Received a vocational license, certificate or college degree	
N/A*	2.37%

Benchmark Comparisons:

- 30.9% of young people, no longer in care, were currently enrolled in school in the Midwest Study—Wave 2 (Chapin Hall)
(This question was not asked in the baseline survey of 17 year olds.)

NYTD Follow-Up Survey Data – Employment:

Baseline: 17 Year Old Youth (In Care)	Follow-Up: 19 Year Old Young Adults (Discharged)
Reported current part-time or full-time employment	
13.55%	37.55%
Reported receiving employment-related training in the past year	
15.4%	37.95%

Benchmark Comparisons:

- 40% of young people in the Midwest Study – Wave 2 were employed (Chapin Hall)
- 21% is the average national unemployment rate for 18 to 19 year olds (Bureau of Labor Statistics, 2013)

NYTD Follow-Up Survey Compliance – Cohort 1:

Period: 2013A (Oct 1, 2012-Mar 30, 2013)	Period: 2013B (Apr 1, 2013-Sep 30, 2013)
52.86% (60% required)	61.86% (60% required)
Not In Compliance	In Compliance

Colorado NYTD continues to make enhancements based on technical assistance, in-state learning, and promising practices from other states. Plans for 2014 include:

- Increasing efforts to maintain relationship with youth throughout non-survey periods;
- Re-working materials to be increasingly youth friendly based on feedback from young people;
- Incorporating strength-based survey engagement techniques;
- Better connecting youth to resources based on needs identified through survey responses;
- Providing ongoing training to county departments and the DYC; and
- Utilizing youth interns to assist with survey outreach and improvement efforts.

Goal 2: Evaluate performance and implement disciplinary action as appropriate.

This goal is achieved.

County departments continue to be evaluated on their performance and youth outcomes based upon their county annual reports. Corrective action policies are established in the CCR 2501–Rule Manual Volume 1, 1.150. The Corrective Action Process for the Colorado Department of Human Services Program evaluation for County CFCIPs will be re-designed in 2014 to align with the Pathways to Success initiative outcome areas and county level data from the NYTD Database surveys.

Goal 3: Ensure that all youth know how to access available community and government resources after leaving foster care.

This goal is ongoing.

Colorado is using data from NYTD surveys in partnership with the 2013 Colorado CASA Network Life Skills Assessment to identify areas where youth need additional support and help connecting to community resources and government benefits.

NYTD Cohort 1 Follow-Up Population Results

- 15.81% of discharged youth report receiving social security
- 37.9% of discharged youth report receiving employment-related training in the past year
- 22.53% of discharged youth report receiving financial aid for educational expenses
- 5.53% of discharged youth report receiving public financial assistance
- 15.81% of discharged youth report receiving public food assistance
- 9.09% of discharged youth report receiving public housing assistance
- 66.01% of discharged youth report having Medicaid

2013 Colorado CASA Network Life skills Assessment (Youth ages 14-19)

Question	Yes / Mostly Yes / Somewhat	No / Mostly No / Don't Know
I know how to get the benefits I am eligible for, such as Social Security, Medicaid, Temporary Assistance for Needy Families (TANF), and Educational and Training Vouchers (ETV)	56.8%	43.1%
I know where I can get tutoring or other help with school work	91.3%	8.7%
I know how to find financial aid to help pay for my education or training	43.4%	56.5%
I know how to get the documents I need for school or work, such as my social security card, birth certificate, and proof of child welfare involvement	67.4%	32.5%

Goal 4: Establish partnerships and collaborations that result in providing independent living skills.

This goal is achieved.

Colorado has developed a number of strong community, intergovernmental, not-for-profit, and faith-based collaborative partnerships on the state and county levels that result in providing independent living skills for young people. See section on collaborations for detailed listing.

Collaborative partnerships are vital to leveraging services for youth in Colorado. Colorado's efforts to coordinate a statewide youth development system through HB 13-1239 and the Pathways to Success initiative will broaden and strengthen opportunities for collaboration among youth serving organizations on the state and county levels.

Goal 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.

This goal is achieved.

- Best Practices with Older Youth Training (*training for adolescent and CFCIP caseworkers and supervisors in county departments of human/social services and private agency contractors working with adolescents*)
 - June 27, 2013–Jefferson County
- Helping Youth in Foster Care Build Self-Sufficiency Skills Training (*training for foster parents and any county or non-profit child welfare professionals through the Child Welfare Training Academy*)
 - January 25 and 26, 2013
 - June 6-8, 2013
- Foster Parent Core Training (*Colorado's Core Training Curriculum includes some information on adolescent development and supporting older youth and support Independence*)
 - The Core Training for Foster Parents will be re-designed in 2014 to more thoroughly cover topics such as working with adolescents to prepare them for emancipation
- Colorado CASA Network / Foster Futures: Supporting Youth Transitions into Adulthood (*CASA developed and delivered training for volunteers working with adolescents*)
 - Supported CASA network in the development of their training

Collaboration

During this report period Colorado's CFCIP program developed and maintained strategic partnerships to support core outcomes and enhance the CFCIP and Independent Living support for youth at risk of emancipating from foster care and those who have aged out of foster care. The State CFCIP has strengthened involvement in a number of multi-systems and community collaborative workgroups with overlapping goals and focus on transition age youth. This section highlights collaborative partnerships with a focus on statewide, multi-systemic workgroups that bring together key organizations in the community to focus on each of the outcome areas.

Each county CFCIP submitted detailed lists of collaborative partnerships that assist in providing youth with independent living services and supportive services to help them transition to self-sufficiency. The county lists are not included in this report due to space limitations.

County-Level Chafee Plan Review Team:

- Mile High United Way
- Mile 61 Drop-In Center / Impact Orphans
- Fostering Success Program / Colorado State University

Well-Being Outcome Area Partnerships:

- Under 26 Workgroup
 - A sub-committee of the Behavioral Health Transformation Council with a mission to develop an effective, culturally responsive, community based, integrated and accessible system of care for transition age youth and young adults age 14-25.
- Trauma Informed System of Care
 - Focused on improving and integrating services and supports for children and youth with serious behavioral health challenges and their families.
- Youth Sexual Health Team
 - Collaborative team focused on parent/family engagement, education and connectedness regarding youth sexual health.

Permanency Outcome Area Partnerships:

- LGBT Resource Family Outreach Partnership
 - This year Colorado partnered with the Lesbian, Gay, Bisexual and Transgender Community Center of Colorado (The Center), Raise A Child, the Human Rights Campaign and Denver County to host an event designed to introduce members of the LGBT communities to opportunities for foster care and adoption.
- Permanency Task Group
 - A workgroup of county and state representatives focused on improving permanency outcomes for youth.

Housing Outcome Area Partnerships

- Advisory Committee on Homeless Youth (ACHY)
 - Strategic planning and action body focusing on preventing and addressing youth homelessness in Colorado. Committee members advise the Office of Homeless Youth Services and work collaboratively to carry out Colorado Homeless Youth Action Plan activities.
- Department of Local Affairs, Division of Housing/Family Unification Program (FUP) for former foster youth.

Education Outcome Area Partnerships

- College in Colorado
 - College in Colorado is a key partner to improving educational outcomes for youth by hosting a comprehensive package of web-based tools and supports that assist youth to prepare for and navigate college.
- Pathways to Success Educational Opportunities Workgroup
 - This workgroup has identified incremental steps to improve access and outcomes for youth pursuing post-secondary education in Colorado. The group includes a broad membership of schools, state entities and community partners who have an interest in post-secondary success for youth who have had involvement in the foster care system.
- College Connect
 - This multi-day college experience brought together 50 youth from 12 counties on the Pingree Park Campus of CSU, July 15-18, 2013. Youth experienced living in a dorm environment, eating in a cafeteria, attending college level courses, Question and Answer sessions with students currently in college, college prep activities, and programs designed to build connections and relationships with peers. This event is being re-designed in 2014 to serve a

greater number of youth while aligning more closely with key outcome areas and needs. The new format will focus on connecting youth to key knowledge, resources and supports in each of the five outcome areas. The educational component will expand to incorporate trade, career and technical options.

Employment Outcome Area Partnerships

- Workforce Investment Act (WIA) / Workforce Centers / Department of Labor and Employment
 - The CFCIP is working with the Department of Labor and Employment to increase usage of WIA resources to support transition age youth. This includes increased attention on youth with foster care involvement who access WIA services.
- State Youth Council
 - Focuses on initiatives around youth in Colorado and how they can best receive training, education, and workforce assistance through the workforce development system. This group works to connect local youth councils to the resources necessary to help youth find meaningful employment and gain the experience necessary to compete in Colorado's global economy.

Program Support

Training:

- Chafee Quarterly Services Meetings, for *County CFCIP caseworkers and supervisors. Topics vary with each meeting.*
 - October 25, 2012
 - January 24, 2013
 - April 25, 2013
 - July 25, 2013
- Adolescent Services Quarterly Meetings (*Any county caseworker or stakeholder who works with youth and young adults*)
 - September 6, 2013
- Best Practices with Older Youth (*Any county caseworker or stakeholder who works with youth and young adults*)
 - June 27, 2013

Technical Assistance

- NYTD TA Webinars (*30 caseworkers from 11 counties and the NYC*)
 - August 12, 2013
 - August 15, 2013
 - September 6, 2013
 - September 24, 2013

Evaluation, Information Management and Quality Assurance

- Stakeholder evaluations and debrief were solicited following:
 - Chafee Quarterly Services Meetings
 - Adolescent Services Quarterly Meetings
 - Celebration of Educational Excellence
 - College Connect
- Trails reports were utilized to monitor caseloads and service delivery on the County level:
 - R 547 – Chafee Caseload Summary / Baseline of youth served in a year
 - R 626 – NYTD Services by County / Baseline of services provided
 - R 230 – CFCIP Annual Report / Baseline of youth served by location and service level

- R 628 – NYTD served Demographics / Baseline of youth served by ethnicity, gender and age
- R 570 – Adolescent Care Exceptions Report by County/Baseline of youth served, case complexity snapshot, Chafee eligibility and prompts for Independent Living Plans and Emancipation Transition Plans due or completed
- Administrative Review monitors Counties for compliance with Case Planning Services related to Independent Living and the Chafee Foster Care Independence Program
 - Permanency Outcome 1, Item 10, 1731
 - Permanency Outcome 1, Item 10, 1733
 - Permanency Outcome 1, Item 10, 1735
 - Permanency Outcome 1, Item 10, 1736
- National Youth in Transition Database
 - Cohort I, Follow-Up (2013A) – 52.86%
 - Cohort I, Follow-Up (2013B) – 61.86%

Colorado is pursuing enhancements to Trails in 2014 that will include an expansion for NYTD, survey support and alignments to the Pathways to Success initiative outcome areas, and ETV wait-list tracking. These Trails changes will support CFCIP and ETV administration.

ROM will also improve youth data availability and access for the state and counties.

Youth Involvement in Agency Improvement Planning Efforts

Youth Advisory Boards

- Increased County-based Youth Advisory Boards to 20
 - Added Adams, Alamosa, Arapahoe, Eagle, Fremont, Larimer, Lake and Morgan Counties
- Developed Youth Advisory Board sustainability plan
- Engaged Youth Advisory Boards in focus groups around Permanency

Youth Leadership Activities

- Produced a video tool for the Colorado Youth Leadership Network
- Video Tool for Normalcy, Permanency and Youth Voice
- Started a Colorado Youth Leadership Network Facebook page
- Trained 12 youth as leaders for College Connect
- Participated in the Children’s Justice Task Force
- Participated in the Psychotropic Medication Committee
- Included youth on the Child Welfare Executive Leadership Council

Planning efforts for maintaining and enhancing youth voice in Colorado are focused on increasing youth involvement through:

- Engaging interns with system involvement experience
- Recruiting youth to all Chafee program planning committees
- Embedding youth involvement and youth voice in the Pathways to Success Initiative activities
- Increasing universal state-wide sustainability supports and cultivation efforts for Youth Advisory Boards

Coordination with Tribes

Colorado's CFCIP provides services to youth from the Southern Ute and Ute Mountain Ute Tribes through an MOU between the La Plata County CFCIP Program and both Tribes. No services were requested by the tribes during this reporting period.

Colorado Educational and Training Voucher Program

Program Services Description:

Colorado's Educational and Training Voucher (ETV) Program supports self-sufficiency by providing financial support, coaching and guidance to youth pursuing post-secondary educational goals through accredited colleges, universities or career and technical schools. Colorado's program has been administered by Foster Care to Success since academic year 2003-2004. The program maintains individual contact with youth to monitor progress and provide individualized coaching and guidance to help youth navigate their academic and social environments. Through Foster Care to Success, youth receive care packages and access to additional scholarships and internship opportunities.

Colorado has increased efforts to connect youth receiving ETV support with local CFCIP programs and school or community based resources. Local programs receive notification in October and February of all youth receiving ETV support to attend schools in their county in order to improve outreach and support.

Eligibility for ETV mirrors eligibility for Colorado's CFCIP, which includes youth:

- Currently in out-of-home care, 15 up to 18 years of age, and in out-of-home placement for a minimum (non-consecutive) of six months;
- Age 16 to 21 who entered adoption assistance or relative guardianship assistance on or after their 16th birthday; and
- Age 18 to 21, who were in out of home care on their 18th birthday.
- Youth in Division of Youth Corrections community placement settings who otherwise meet one of the above eligibility criteria.

Program guidance received from the ACF, Region VIII supports the extension of ETV support to youth as young as 15 years of age who are currently in out-of-home care when special circumstances warrant early GED attainment and alternative educational goals that meet the needs and learning style of the youth.

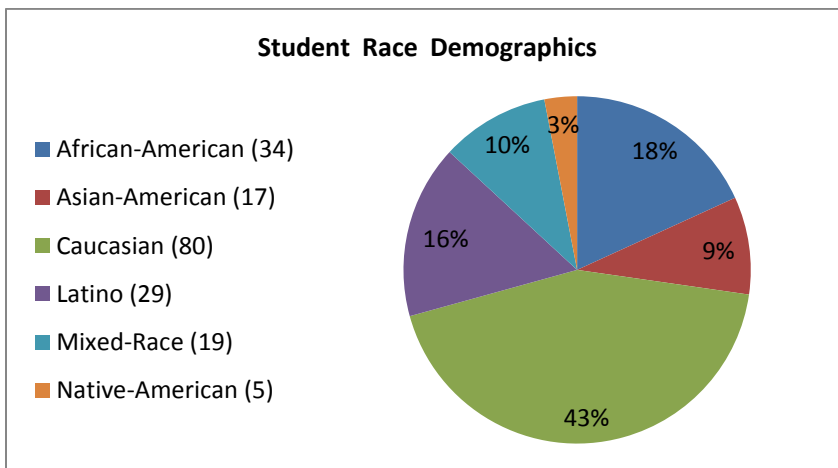
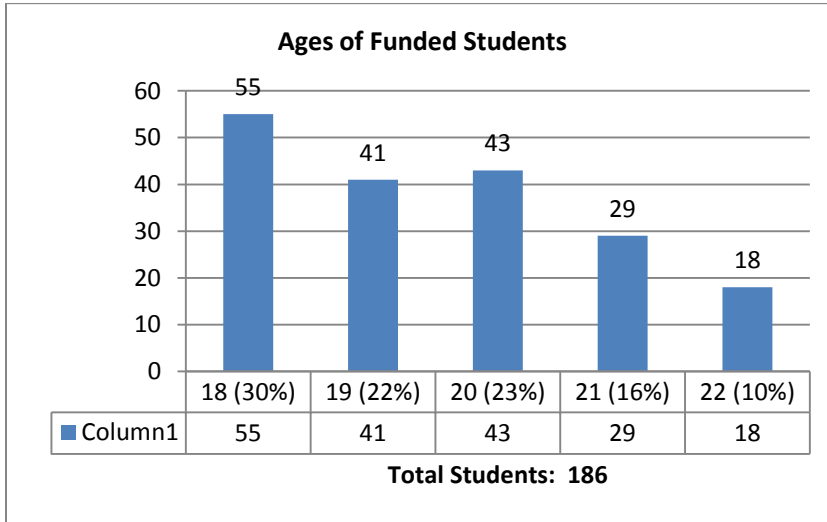
Total Fiscal Year 2013 Colorado ETV Vouchers Awarded: 294

Number of Students Funded: 186

- 85 students began college / career and technical school for the first time
- 101 students were previously funded

* Grant amounts were determined by careful analysis of each student's cost of attendance, financial aid package and budget, and determination of unmet need as per the Higher Education Act.

Demographics of Funded Students



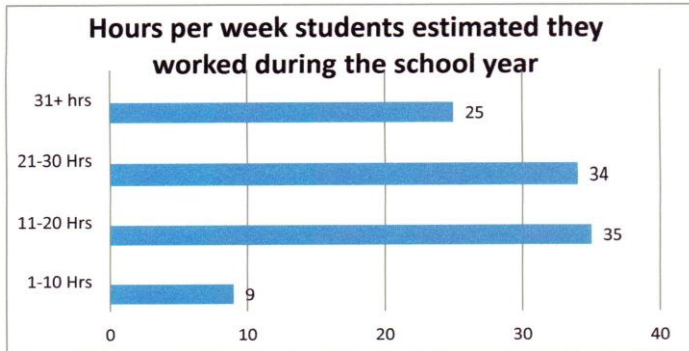
Gender*:

- Male 65 (35%)
- Female 121 (65%)

**Colorado follows trends in higher education that show young men are not attending college at the same rate as young women.*

Student Employment:

55% of Colorado students reported working during the school year



The numbers along the bottom reflect the number of students

46% had difficulty balancing work with school. Of these, 62% worked 20 or more hours per week.

51% reported that working helped them balance school. Of these, 63% worked 20 hours per week or fewer.

Academic Achievement:

Credit Hours Earned	# of Students	%
None reported	62	33%
1 – 14	30	16%
15 – 29	26	14%
30 – 44	26	14%
45 – 59	20	11%
60 – 74	6	3%
75 – 89	2	1%
90 – 104	4	2%
105 – 119	6	3%
120 or more	4	2%

School Type:

2 Year Schools	102	55%
4 Year Schools	68	37%
Career and Technical	16	9%

Student Parents:

Nineteen percent of students receiving ETV in Colorado reported being a parent. These 36 students have been identified as needing additional support in order to achieve educational goals. County CFCIP programs focus on providing targeted supports for pregnant and parenting young people connected to local programs. In addition, students in the ETV program received specialized support from a Parent Liaison through the Foster Care to Success Program.

Foster Care to Success has identified that parenting students are vulnerable to proprietary schools which promise fast access to professional certifications or degrees but often at a much higher cost. Parents also

face unique barriers around transportation, child care, self-management and financial literacy, particularly with regard to the cost of borrowing.

Use of ETV Funds:

Expenses	%
School related costs (tuition, loans, school supplies, computer)	43.61%
Housing	26.23%
Living Expenses	22.55%
Transportation	6.13%
Childcare	1.27%
Healthcare	0.20%

Collaboration:

Colorado strengthened and developed partnerships with several key organizations in order to increase awareness and utilization of ETVs. Key partnerships are described below:

- College In Colorado: A comprehensive, one-stop resource to help students and parents plan and pay for college
 - Added ETV to their scholarship search tool
 - Trained outreach and access coordinators in ETV eligibility and supports
 - Engaged in efforts to identify and reduce barriers to post-secondary education
- DYC:
 - Trained supervisors on ETV availability and eligibility
 - Wrote and distributed brief focused on CFCIP and ETV utilization for youth in DYC community placements that meet state definitions of foster care
- Educational Opportunities Workgroup:
 - Multi-system workgroup focused on identifying barriers to post-secondary access and success using a quality improvement strategy to identify realistic incremental steps to change
 - Arapahoe County Department of Human Services
 - CASA Advocates for Children (Arapahoe County)
 - College In Colorado
 - Colorado Community College
 - Colorado Department of Education
 - Division of Child Welfare Services
 - Department of Labor and Employment
 - Department of Local Affairs, Division of Housing
 - CSU / Fostering Connections Program
 - Colorado Youth for a Change
 - Denver County Department of Human Services
 - Division of Vocational Rehabilitation
 - Forward Steps
 - Kempe Center for the Prevention and Treatment of Child Abuse and Neglect
 - Metropolitan State University of Denver
 - Mile High United Way, Bridging The Gap
 - The Denver Foundation
 - University of Denver, Guardian Scholars Program

- Urban Peak Denver
 - Youth Representative
- Colorado State University, Fostering Connections Program:
 - Pursuing an information sharing agreement to ensure youth are aware of and connected to available funding opportunities and supports
- University of Colorado, Guardian Scholars Program:
 - Pursuing an information sharing agreement to ensure youth are aware of and connected to available funding opportunities and supports
- Metropolitan State University of Denver:
 - Provided information to assist with the development of a new unaccompanied minors program that will serve many ETV eligible youth
- Community College of Denver:
 - Sharing information about the Educational and Training Voucher program for their unaccompanied minors program which served many ETV eligible youth
- Colorado CASA Network:
 - Assisting with the training of CASA volunteers who work with older youth in order to increase awareness and understanding of the Chafee and ETV program. Trained volunteers from five counties:
 - Adams
 - Arapahoe
 - Boulder
 - Denver
 - Jefferson

Program Planning:

The CFCIP will continue efforts to increase awareness of Educational and Training Vouchers through outreach, collaboration and training of community partners and those who provide education and support services to ETV eligible youth. The program will strengthen partnerships with post-secondary programs in order to improve the identification of students who have had foster care involvement and their connection to supportive services and funding options. Colorado will also increase efforts to connect youth who respond to the NYTD with ETV and other available funding and support.

Statistical and Supporting Information

Inter-country Adoptions

There were 187 Inter-country Adoptions in FFY 2013:

Bulgaria – 1	China – 73	Congo – 9	Ethiopia – 47
Ghana – 2	Haiti – 2	India – 1	Korea – 29
Morocco – 1	Nigeria – 1	Philippines – 1	Russia – 9
Rwanda – 1	Taiwan – 1	Thailand – 1	Thailand – 1
Uganda – 5	Ukraine – 3		

Seventeen children who experienced disruptions of their inter-country adoptions received services from counties Colorado counties during FFY 2013. The following table summarizes the required information for these children.

Child/Youth	Reason for Disruption/Dissolution	County providing services	Plans for the child
1, 2, 3	Physical and emotional abuse and neglect	Larimer	Adopted
4	Youth's behaviors	Larimer	Residential treatment
5	Youth's cultural needs	Larimer	Future adoption
6	Youth's behaviors	Larimer	Foster care
7	Adoptive parent violence/mental health issues	Larimer	Group home
8	Youth sexual perpetrator	Jefferson	Residential treatment
9	Youth emotional issues	Jefferson	Foster care
10	Youth aggressive behaviors	Jefferson	Youth emancipated from foster care
11,12	Lack of follow-through on adoption	Jefferson	Relative adoption
13	Youth aggressive behaviors/developmental disabilities/fetal alcohol syndrome	Jefferson	Residential treatment/will emancipate
14	Sexual abuse/physical abuse	Pueblo	Foster care
15	Beyond control of parent	Pueblo	Foster Care
16	Youth sexual perpetration	El Paso	Adopted
17	Beyond control of parent	El Paso	Foster Care

Financial

CFS-101 Part I: Annual Budget Request for Title IV-B, Subpart 1 and 2 Funds, CAPTA, CFCIP, and ETV

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

CFS-101 Part III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV): Fiscal Year 2012: October 1, 2011 through September 30, 2012

Appendices

**2014 Annual Progress and Services Report
and
2010-14 Child and Family Services Plan Final Report
Appendices**

Summary of 2013 Legislation

House/Senate Bill	Title	Key Elements	
House Bill 13-1117	Concerning the Alignment of Child Development Programs	Addresses the four system sectors that address needs of young children: early learning, child health, child mental health, family support and education, along with prenatal health are interrelated. Child’s emotional, behavioral and learning needs cannot be separated from the involvement and support of their families.	Establishes the Early Childhood Leadership Commission Transfers these programs to CDHS from CDPHE: Nurse Home Visitor Program; Tony Grampsas Youth Services Program; Children’s Trust Fund; The Family Resource Center Program;
House Bill 13-1239	Creation of a Statewide Youth Plan and Transfer of Prevention Leadership Council	CDHS, in collaboration with the Tony Grampsas Youth Services Board to convene a Colorado State Youth Development Plan. Plan goals: identify key issues affecting youth and align strategic efforts to achieve positive outcomes for all youth.	Transfers Statewide Youth Plan and Leadership Council from CDPHE to CDHS
House Bill 13-1271	Child Abuse/Neglect Hotline	Authorizes State Board to make rules governing the statewide hotline system.	

House Bill 13-1314	Concerning the Transfer of the Administration of Long-Term Services for Persons with Intellectual and Developmental Disabilities to the Department of Health Care Policy and Financing	Renames Division of Developmental Disabilities as Division of Intellectual and Developmental Disabilities, places under the Office of Community Living.	Transfers Division of Developmental Disabilities from CDHS Office of Long Term Care to HCPF, effective March 1, 2014.
Senate Bill 13-220	EMS Mandatory Reporters	Adds EMS as Mandatory Reporters of child abuse and neglect	Effective July 1, 2014
Senate Bill 13-231	Authorizes Title IV-E Waiver	Creation of Colorado's Title IV-E Waiver Demonstration Project.	
Senate Bill 13-278	Drug Endangered Child	Authorizes the State Methamphetamine Task Force to develop definition of Drug Endangered Child	Definition to be completed by July 1, 2014
Senate Bill 13-047	Credit Reports for Youth in Custody of Human Services	Protections for youth in foster care against identity theft.	

Additional Budget Items Requested by CDHS

Mobile Workforce	\$723,000
Child Welfare Workload Study	\$470,000
Mandatory Reporter Training and Personnel	\$300,000
Child Protection Practices	\$500,000
Child Welfare Core Services	\$6.1M
Title IV-E Waiver and Evaluation	\$500,00
SafeCare	\$2.2M and 1.0 FTE
Transparency Enhancements	\$260,000
DYC Right Sizing	\$8.8M

**Colorado Child and Family Services Review
Performance Improvement Plan**

CFSR Item	CFSR Performance	Baseline	PIP Goal
<u>Item 1</u> Timeliness of Investigations of Reports of Maltreatment	73%	75.0%	75.5%
<u>Item 3</u> Services to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care	80%	80.1% OOH	81.2%
	80%	80.1% IH	78.10%
<u>Item 4</u> Risk Assessment and Safety Management	68.0%	97.5% OOH	98.0%
	68.0%	96.4% IH	97.40%
<u>Item 7</u> Permanency Goal for Child*	75.0%	87.5% OOH *(no IH)	88.4%
<u>Item 10</u> Other Planned Living Arrangement*	87.5%	87.1% OOH *(no IH)	88.8%
<u>Item 17</u> Needs and Services of Child, Parents, and Foster Parents	51.0%	78.9% OOH	79.7%
	51.0%	75.5% IH	77.1%
<u>Item 18</u> Child and Family Involvement in Case Planning	62.0%	88.9% OOH	89.6%
	62.0%	87.9% IH	89.1%
<u>Item 19</u> Caseworker Visits with Child	69.0%	65.1% OOH	66.1%
	69.0%	63.7% IH	65.5%
<u>Item 20</u> Caseworker Visits with Parents***	59.0%	75.8% OOH	76.9%
	59.0%	73.5% IH	75.10%

Appendix B C-Stat Goals

Division of Child Welfare		STAT FOR PERFORMANCE													
Performance Dashboard		Goal Met	Performance Improving	Performance Declining	No Change in Performance										
April 2014		✓	↑	↓	▬										
1. Absence of institutional abuse or neglect (Federal Measure)															
Goal ↑ (99.68%)	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Progress	99.9%	99.9%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
2. Absence of maltreatment recurrence															
Goal ↑ (94.6%)	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Progress	93.6%	95.7%	94.1%	96.2%	95.1%	95.4%	96.9%	95.4%	95.8%	92.2%	96.1%	95.9%	94.1%	95.9%	95.3%
3. Children in care for more than 24 months and no more than 2 placements (Federal Measure)															
Goal ↑ (41.8%)	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Progress	29.4%	28.4%	28.9%	29.0%	29.1%	30.4%	30.6%	29.9%	30.0%	30.1%	31.3%	31.0%	30.5%	30.5%	31.0%
4. Reunifications occurring within twelve months (Federal Measure)															
Goal ↑ (75.2%)	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Progress	80.8%	77.6%	79.0%	84.6%	79.3%	78.4%	68.6%	78.1%	84.0%	77.0%	76.1%	74.4%	87.6%	74.2%	78.7%
5. Median length of stay to finalized adoption (Federal Measure)															
Goal ↓ (27.3 mos.)	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Progress	24.6	18.1	23.2	24.2	20.4	21.9	22.8	25.5	27.5	22.8	23.9	20.2	20.0	20.0	25.4
6. Children who do not re-enter care within 12 months of discharge (Federal Measure)															
Goal ↑ (90.1%)	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Progress	81.2%	78.1%	83.7%	85.5%	81.9%	88.5%	79.1%	79.1%	80.8%	77.3%	83.2%	73.9%	79.4%	79.2%	87.2%

**Colorado Practice Model - CQI TRAINING UPDATE
Cohort 2 CQI Training Schedule**

June 2012

- 6/12/12 – Garfield County Staff Meeting CQI Overview (Completed)
- 6/13/12 – Garfield County QPT (Completed)
- 6/18/12 – Broomfield County QPT (Completed)
- 6/20/12 – Teller County QPT (Completed)
- 6/21/12 – Bent County QPT (Completed)
- 6/25/12 – Pitkin County QPT (Completed)
- 6/26/12 – Grand/Jackson County QPT (Completed)
- 6/27/12 – Eagle County QPT (Completed)
- 6/29/12 – Weld County QPT (Completed)

July 2012

- 7/03/12 – Kit Carson/Cheyenne QPT (Completed)
- 7/06/12 – Montrose County QPT (Completed)
- 7/09/12 – Crowley County QPT (Completed)
- 7/10/12 – Fremont County *CQI Overview meeting only* (Completed)
- 7/23/12 – Logan County QPT (Completed)
- 7/26/12 – Rio Blanco County QPT (Completed)
- 7/27/12 – Moffat County QPT (Completed)
- 7/30/12 – Teller County Community Stakeholder QPT (Completed)

August 2012 (confirmed training date)

- 8/07/12 – Denver County/Cohort 1 QPT (Completed)
- 8/17/12 – Douglas County QPT (Completed)
- 8/28/12 – Fremont County QPT (Completed)




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







































**Colorado Trails User Group
Trails Ad-Hoc Report**

**DRAFT

Child Welfare Scorecard Report

Quarterly Performance from July 01, 2012 through June 30, 2013

<p> Goal achieved</p> <p> >90% of Goal achieved</p> <p> <90% of Goal achieved</p>	<p>Scoring Guidelines</p> <p>Scores represent the percent of the goal achieved. For instance, if the goal for an item is 90% and the performance for a county is 80% - the score would be 88.9 (80% / 90%). Maximum possible points for an item is 100 - which indicates that the goal was met or exceeded.</p>
--	--

All Counties						
Outcome Measure	Goal	2013-Q1 Jul-12-Sep 12	2013-Q2 Oct-12-Dec 12	2013-Q3 Jan-13-Mar 13	2013-Q4 Apr-13-Jun 13	2013 Jul-12-Jun-13
Safety						
Absence of A/N Recurrence* Children do not experience repeat maltreatment within 6 months of a confirmed report of intra-familial Abuse or Neglect (A/N)	>94.6%	95.3% 2483 / 2605  100	95.5% 2633 / 2756  100	94.1% 2535 / 2693  100	95.2% 2277 / 2393  100	95.1% 9655 / 10153  100
Absence of Subsequent A/N Assessment within 12 months (NEW) Children who had an abuse/neglect (PA5) assessment closed during period, what percent had a subsequent A/N	>80%	73.4% 9983 / 13608  92	73.7% 11357 / 15412  92	75.2% 12112 / 16117  94	75.0% 11778 / 15696  94	76.1% 40982 / 53854  95
Absence of A/N in OOH Care* Children will not experience confirmed abuse or neglect in out-of-home care	>99.68%	99.58% 5895 / 5920  99	99.72% 5731 / 5747  100	99.68% 5569 / 5587  99	99.45% 5631 / 5662  99	99.02% 8863 / 8951  99
Absence of New A/N - Open Cases Children who were involved in a abuse/neglect case during period, what % did not have a new founded A/N report during the period (excludes PA youth)	>98%	98.5% 8860 / 8994  100	98.6% 8684 / 8803  100	98.6% 8745 / 8868  100	98.6% 8642 / 8766  100	96.4% 13180 / 13669  98.4
Absence of New A/N during Case Involvement - Closed Cases Children whose case closed within period, what % did not have founded A/N during case (excludes PA4 youth)	>98%	92.8% 1615 / 1740  94.7	92.1% 1507 / 1637  93.9	93.1% 1441 / 1547  95.0	93.6% 1471 / 1571  95.5	92.9% 6013 / 6474  94.8
Absence of Abuse/Neglect within 12 months of Case Closure Children whose case closed within period, what % did not have subsequent founded A/N within 12 months of closure (excludes PA4 youth)	>90%	94.0% 1427 / 1518  100	95.1% 1645 / 1730  100	93.3% 1494 / 1602  100	95.1% 1667 / 1752  100	94.4% 6206 / 6574  100
Remain Home Children who were not initially (first 30 days) in OOH placement and did not enter OOH placement during case involvement.	>85%	84.9% 1697 / 1999  100	81.2% 1384 / 1704  96	84.8% 1641 / 1933  100	87.0% 1629 / 1872  100	84.4% 6289 / 7442  99
Case Re-Involvement Children whose case involvement closed within period, what % did not have subsequent case involvement in 12 months	>90%	91.3% 1876 / 2054  100	90.8% 1826 / 2010  100	90.3% 1864 / 2065  100	89.5% 1859 / 2078  99	90.5% 7386 / 8162  100

Appendix E 2013 ARD Training Schedule Parent/Caregiver Contacts

Month	County Name	Date of Training	Date of Sample Submission	Date of In-Home Review
July	Denver	7/29 & 10/15	10/10	11/4 – 5
August	Weld	Unable to schedule prior to review	+7/16	8/6 – 8
	Adams	8/2 – per county request	9/10	10/1 – 3
	Arapahoe	8/2 or 8/6	7/30	8/20 – 22
	Larimer	8/19	8/14	9/4 – 6
	NE Counties – Washington, Yuma, Logan, Phillips, Sedgwick	8/20/13		November or January 2013
	Jefferson	8/30	8/28	9/18 – 20
October	El Paso	10/1	9/25	10/16 – 18
	Southeast Counties (Crowley, Kiowa, Otero, Bent, Prowers, Baca)	10/7	Tent. 9/30	Tent. Week of 10/21
	Northwest (Moffat, Rio Blanco, Routt)	10/8	10/7	10/28 – 10/30
November	Mesa	11/18	11/13	12/4 – 12/6

Red font indicates that these are proposed dates that are not yet scheduled/confirmed with the counties.

Appendix F 2013 Permanency Data Profile

State of Colorado I. Child Safety Profile April 16, 2014	Fiscal Year 2011						Fiscal Year 2012						Fiscal Year 2013						
	Reports	%	Duplic Chn. ²	%	Uniq Chn. ²	%	Reports	%	Duplic Chn. ²	%	Uniq Chn. ²	%	Reports	%	Duplic Chn. ²	%	Uniq Chn. ²	%	
I. Total CAIN Reports Disposed ^{1,A}	31,603		49,345		42,099		31,066		48,331		41,284		29,999		46,450		39,725		
II. Disposition of CAIN Reports ^{3,B}																			
Substantiated, Indicated, Alternative Response Victim	7,094	22.4	11,072	22.4	10,604	25.2	7,097	22.8	10,953	22.7	10,482	25.4	6,909	23.0	10,648	22.9	10,161	25.6	
Unsubstantiated	22,574	71.4	35,343	71.6	28,924	68.7	20,882	67.2	32,750	67.8	25,678	64.6	18,208	60.7	28,360	61.1	23,251	58.5	
Other	1,935	6.1	2,930	5.9	2,571	6.1	3,087	9.9	4,628	9.6	4,124	10.0	4,862	16.3	7,442	16.0	6,313	15.9	
III. Child Victim Cases Opened for Services ⁴			2,910	26.3	2,860	27.0			3,109	28.4	3,043	29.0			3,323	31.2	3,235	31.8	
IV. Child Victims Entering Care Based on a CAIN Report ⁵			1,535	13.9	1,530	14.4			1,546	14.1	1,539	14.7			1,500	14.1	1,493	14.7	
V. Child Victim Fatalities ^{6,C}					28	0.3					27	0.3					15	0.1	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																			
VI. Absence of Recurrence of Maltreatment ⁷ [Standard: 94.6% or more]					4,847 of						4,810 of						4,817 of		
					5,076	95.5					5,030	95.6					5,046	95.5	
VII. Absence of Child Abuse and/or Neglect in Foster Care (12 months) ^{8,D} [Standard: 99.66% or more]					11,920 of	99.34					11,180 of	99.59					10,478 of	99.26	
					11,999						11,226						10,556		

ADDITIONAL ITEMS FOR INFORMATION ONLY											
FFY 2011			FFY 2012			FFY 2013					
VIII. Median Time to Investigation In Hours (Child File) ⁹	<24		<24		<24						
IX. Mean Time to Investigation In Hours (Child File) ¹⁰	18.0		16.1		15.1						
X. Average Time to Investigation In Hours (Agency File) ^{11,12}					15.1						
XI. Children Maltreated by Parents While in Foster Care (Child File and AFCARS File) ¹²	39 of 11,999	0.33	37 of 11,226	0.33	45 of 10,556	0.428					

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

FFY 2011			FFY 2012			FFY 2013		
XII. Recurrence of Maltreatment (Child File) (Standard: 6.1% or less) ¹³	229 of 5,076	4.5	220 of 5,030	4.4	229 of 5,046	4.5		
XIII. Incidence of Child Abuse and /or Neglect in Foster Care (9 months) (Child File and AFCARS File)(Standard: 0.57% or less) ¹⁴	62 of 10,639	0.58	32 of 9,888	0.32	63 of 9,351	0.67		

NCANDS data completeness information for the CFSR

Description of data tests	FFY 2011		FFY 2012		FFY 2013	
	Value	Standard	Value	Standard	Value	Standard
1. Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	4.2	1	4.2	1	4.5	1
2. Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]	100	95	100	95	100	95
3. Percent of perpetrators with relationship to victim reported [File must have at least 95% to reasonably calculate maltreatment in foster care]	93.6	95	93.3	95	93.3	95
4. Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	95	100	95	96.9	95
5. Average time to investigation in the Agency file [Federal Performance Measure]	Not Reported		Not Reported		Reported	
6. Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents]	100	95	100	95	96.3	95

2015-2019 Child and Family Services Plan Stakeholder Survey

Thank you for agreeing to complete this survey. The purpose of this survey is to obtain broad stakeholder input about Colorado's child welfare services.

The Colorado Division of Child Welfare, within the Office of Children, Youth and Families, is developing the 2015-2019 Child and Family Services Plan (CFSP). The CFSP is a requirement of the Social Security Act, Titles IV-B and IV-E, and it sets the strategic direction, goals and objectives for Colorado's child welfare services for the next five years. The goals and objectives of the plan must address improved outcomes in the following areas:

- Safety of children and youth;
- Permanency for children and youth;
- Well-being of children, youth and their families; and
- The nature, scope, and adequacy of existing child, youth and family and related social services.

Colorado's child welfare services are provided to children, youth and families by county departments of human/social services. The Colorado Department of Human Services' role is to provide funding, oversight and policy guidance to counties. Survey responses should apply to the county/ies with which you are most familiar. If you would like to complete surveys for multiple counties, please return to the survey link and record your responses on a new survey instrument.

We would appreciate it if you would provide your name and affiliation so that we may include your name as a participant in the stakeholder process. However, identifying information is not required, and can be given anonymously. Survey results will be reported in the aggregate and comments summarized.

Colorado's 2010-2014 Child and Family Services Plan may be accessed at:
<http://www.colorado.gov/cs/Satellite/CDHS-ChildYouthFam/CBON/1251591217601>

1. Please select the type of agency or organization that you represent. If more than one applies, please include the information in the box below:

Teacher/Educator

Tribal Nation

Law Enforcement

Legal Community (Judge, CASA, attorney)

Family Member (former foster youth, parent, residential caregiver)

Treatment Provider (counselor, psychologist, social worker)

Medical Community (doctor, nurse)

Advocate

Faith community member

Juvenile Services

County department human/social services staff

Other (please specify)

Your name (optional)

Please identify the county for which you are completing this survey in the box below:

I. Safety

The county department of human/social services:

1. Responds to reports of child abuse and neglect in a timely and effective manner.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

2. Provides appropriate services and interventions that protect children/youth in the home and prevents removal.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

II. Permanency

The county department of human/social services:

1. Limits the number of out-of-home placements a child/youth experiences and assures that moves are in accordance with the child's/youth's permanency plan.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

2. Makes efforts to limit the number of life changes a child/youth experiences when going into out-of-home care (i.e.; placement with siblings, staying in the same school, maintaining the same religion/faith, placement with relatives.)

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

3. Simultaneously prepares children, youth and families for both reunification and other permanency outcomes (i.e.; adoption, kinship care.) This is also known as concurrent planning.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

4. Provides services to help children/youth in out-of-home care achieve their permanency plan in a timely manner.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

5. Effectively addresses issues that present barriers to a child/youth's adoption.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

6. Makes visitation efforts for children and youth in out-of-home care to adequately maintain strong, emotionally supportive relationships with both parents/guardians.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

7. Provides appropriate services for youth (ages 14-21) to prepare them to live successfully within their community.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

III. Child and Family Well-Being

The county department of human/social services:

1. Effectively engages children, youth, parents, and/or guardians in case planning activities.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

2. Visits with the child/youth and the parents sufficiently assess progress on the family services and permanency plans and provides feedback on this progress.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

3. Has processes in place to ensure that the physical health and medical needs of children/youth in out-of-home care are identified and addressed.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

4. Has processes in place to ensure that the emotional and mental health needs of children and youth in out-of-home care are identified and addressed.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

5. Coordinates the child/youth's educational needs with the local school districts.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

6. Adequately prepares youth (ages 14-21) to transition from out-of-home care.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

IV. Collaboration

The county department of human/social services:

1. Collaborates with the courts and community partners.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

V. Cultural Responsiveness

The county department of human/social services:

1. Takes the child/youth's and family's culture into consideration during decision making.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

2. Applies the Indian Child Welfare Act when serving Native American children, youth and families.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

3. Makes Lesbian, Gay, Bi-sexual and Transgender (LGBT) resources available for children, youth, and families.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

4. Has services available which reflect the culture/ethnicity of children, youth and families receiving child welfare services.

1) Strongly Agree 2) Agree 3) Neutral 4) Disagree 5) Strongly Disagree 6) Not Applicable

Colorado's Child Welfare System

The next two questions provide you the opportunity to make open-ended comments about Colorado's child welfare system. We value your opinion on these issues.

1. In your opinion, what is working well in Colorado's child welfare system?

2. In your opinion, what improvements could be made to Colorado's child welfare system?

Please provide any additional feedback you feel would be helpful at this time.

Thank you for taking the time to complete this survey. We value your perspective and insights on Colorado's child welfare system.

AFCARS Data FFY 2008 to 2013

Permanency Type	2008		2009		2010		2011		2012		2013	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Still in Care	2286	53%	1921	46%	1834	48%	1753	48%	1609	48%	1497	54%
Exit to Permanent Outcome	2008	47%	2231	53%	1942	51%	1894	52%	1753	52%	1260	45%
Exit not to Permanent Outcome	24	1%	25	1%	34	1%	19	<1%	16	<1%	16	1%
Total	4318	100%	4177	100%	3810	100%	3666	100%	3378	100%	2773	100%



FY 2014-2015 New Worker Pre-Service Training Academy

Description

Module 1: Child Welfare: Exploring the Roots and Finding your Perspective (online)

This is the first of seven modules in the Colorado New Worker Pre-Service Training Academy and addresses the foundation for working with and engaging families in the child welfare system; the impact of individual culture on child welfare practice; the history of society’s values and responses to the maltreatment of children; community collaboration; and interviewing at Intake/Assessment and diligent search.

Module 2: Engagement: Meeting Families Where They Are (3-day classroom)

Focus: integrating casework and protective authority in family-centered child welfare; development of relationship—the foundation of family-centered casework; and engaging the family.

Module 3: Assessment: Finding What Is and Building On What’s Possible (4-day classroom)

Focus: learning basic Trails navigation; identification and assessment of child abuse and neglect; family dynamics and other factors in child abuse and neglect; and the initial assessment.

Module 4: Trauma: Understanding the Impact on Child Development (online)

Focus: applying principles of development to child welfare services; normal development and abuse effects for infants, toddlers, preschool, school-age children, and adolescents.

Module 5: Ongoing: Partnerships for Future Success (4-day classroom)

Focus: Trails navigation; comprehensive family assessment; developing the case plan; parenting time and visitation; case recording; and ongoing assessment, evaluation, and case closure.

Module 6: Strategies: Mitigating Crisis and Improving Well-Being (online)

Focus: the philosophy of permanence and permanency planning; crisis and separation; children’s and parents’ reactions to loss; and achieving permanency.

Module 7: Practice: Integrating Safety, Permanency and Well-being (3 day classroom)

Focus: placement; placement disruption; navigating from beginning to end; and safety, permanency, and well-being for workers.

Target Audience

New child welfare caseworkers; and supervisors

Region/Dates

Region & Cohort Number	Dates
Metro Cohort 1	Module 1 begins on 7/21/14 and Module 7 ends on 9/5/14
Northeast Cohort 2	Module 1 begins on 7/28/14 and Module 7 ends on 9/12/14
Metro Cohort 3	Module 1 begins on 8/18/14 and Module 7 ends on 10/3/14
Southeast Cohort 4	Module 1 begins on 9/8/14 and Module 7 ends on 10/24/14
West Cohort 5	Module 1 begins on 9/15/14 and Module 7 ends on 10/31/14
Metro Cohort 6	Module 1 begins on 9/29/14 and Module 7 ends on 11/14/14
Metro Cohort 7	Module 1 begins on 10/27/14 and Module 7 ends on 12/19/14
Southeast Cohort 8	Module 1 begins on 11/3/14 and Module 7 ends on 1/9/15
Northeast Cohort 9	Module 1 begins on 11/10/14 and Module 7 ends on 1/16/15
Metro Cohort 10	Module 1 begins on 12/29/14 and Module 7 ends on 2/13/15

FY 2014-2015 New Supervisor Pre-Service Training Academy

Description

Module 1: Supervisor as Leader and Manager – Administrative Supervision (3-day classroom)

Focus: the efficient and effective delivery of services. Key concepts include: supervising to the agency practice model; leading in a changing environment; understanding the use of power; decision-making with data; recruiting and selecting workers; transitioning from peer to supervisor; and managing performance.

Module 2: Supervisor as Coach – Educational Supervision (2-day classroom)

Focus: educating workers/staff in order to attain higher performance. Key topics include: coaching; learning styles; employee orientation; stages of worker development; and transfer of learning.

Module 3: Supervisor as Clinician – Clinical Supervision (3-day classroom)

Focus: clinical practice and case consultation. Topics: use of solution-focused supervision skills; providing individual and group supervision; knowing the supervisor’s and worker’s responsibilities in assessing for and achieving safety, permanency, and well-being; and understanding how to facilitate quality case practice.

Module 4: Trauma: Supervisor as Team Leader – Supportive Supervision (2-day classroom)

Focus: supporting, nurturing, and motivating their workers to attain a high level of performance. Role of supervisor as cheerleader, arbitrator, and counselor. Topics: secondary trauma; conflict management; job satisfaction; and team management.

Target Audience

New child welfare supervisors

Region/Dates

Region & Cohort Number	Dates
Metro Cohort 1	Module 1 begins on 7/25/14 and Module 4 ends on 8/15/14
Southeast Cohort 2	Module 1 begins on 9/3/14 and Module 4 ends on 9/26/14
Metro Cohort 3	Module 1 begins on 10/22/14 and Module 4 ends on 11/14/14

FY 2014-2015 Foster Parent Core Training

Description

Foster Parent Core Training meets the pre-certification training requirements set by Colorado rules and regulations for licensure to operate a Family Foster Care Home. This training provides introductory level information needed to successfully become a foster/kinship/adoptive parent. Participants can expect to learn about the legal process, including how children and families become involved with the child welfare system and the services provided to support the family unit. Participants will also gain an understanding of how to work alongside child welfare agencies and a family of origin while providing a nurturing and therapeutic environment to offset the impact of maltreatment on children and youth in the foster care system. Additional topics covered in the training include child abuse and neglect, child development, discipline, creating permanency for children and youth, cultural considerations, and foster/kinship/adoptive family preparation.

Target Audience

Prospective foster parents; kinship providers; and adoptive families

Regions/Dates

Region	Dates
Metro	7/18/14–7/19/14 8/8/14–8/9/14 8/22/14–8/23/14 9/19/14–9/20/14 10/3/14–10/4/14 11/7/14–11/8/14 12/19/14–12/20/14
Northeast	7/25/14–7/26/14 9/12/14–9/13/14 10/24/14–10/25/14 11/14/14–11/15/14
Southeast	8/15/14–8/16/14 9/26/14–9/27/14 10/17/14–10/18/14
West	8/1/14–8/2/14 10/10/14–10/11/14 12/5/14–12/6/14

FY 2014-2015 In-Service Training Offerings

Adolescent Development: Assessment and Case Planning (2-day classroom)

Focus: Assessment techniques and case planning. Topics: normal and abnormal development, risk factors, assessing for delayed development, determining developmental age of current functioning, impact of trauma on brain development, and strategies for caseworkers' interactions with adolescent clients.

Target Audience: caseworkers and other professionals in the child welfare field; legal professionals

Region/Dates: TBD

Adolescent Substance Use and Associated Disorders (2-day classroom)

Focus: assessment and case planning. Topics: the difference between use, abuse, and dependence (and theories of addiction); criteria for assessment of adolescent substance abuse, Oppositional Defiant Disorder, Conduct Disorder, Post Traumatic Stress Disorder, Bi-Polar, and Depression; principles of treatment; identifying appropriate interventions. How to determine the most effective intervention strategies for youth and family.

Target Audience: caseworkers and addiction professionals

Region/Dates: TBD

Adolescents Who Commit Sex Offenses (1-day classroom)

Focus: assessment, management, and treatment. Topics: reasons adolescents engage in inappropriate sexual behavior and strategies for assessing, treating and managing behavior, e.g., keeping the adolescent in the least restrictive environment, providing meaningful evidence-based treatment, and keeping the community safe.

Target Audience: caseworkers, case managers, direct service providers, and other child welfare professionals

Region/Dates: TBD

Adolescents with Developmental Disabilities (1-day classroom)

Focus: an intervention model to decrease mild to moderate problem behaviors associated with a lack of healthy social development in the areas of identity, sexuality and positive peer relationships for youth with developmental disabilities. The goal is to increase positive behaviors using strategies, motivational factors, learning tasks, and corrective feedback.

Target Audience: caseworkers, legal professionals, resource families, and other child welfare professionals with limited experience in using cognitive/behavioral strategies

Region/Dates: TBD

Advocating for the Educational Needs of Children and Youth in Out-of-Home Care for Caseworkers and Supervisors (1.5-day classroom)

Focus: strategies for promoting educational success: Topics: importance of education for children and youth in foster care, collaboration with the education system, special education, age-specific issues and strategies.

Target Audience: caseworkers, supervisors, administrators, child placement agency supervisors, and placement case managers

Regions/Dates: TBD

Advocating for the Educational Needs of Children and Youth in Out-of-Home Care for Foster, Adoptive, and Kinship Parents (8-hour, 2-day classroom)

Focus: role of the caregiver in advocacy and support. Topics: factors that contribute to the educational success of children and youth in the child welfare system, strategies for promoting school stability and daily educational success, how to address concerns with the school/school district, and special populations.

Target Audience: foster parents, group home/center parents and staff, adoptive parents, and kinship parents

Regions/Dates: TBD

Attachment Implications for Multi-Disciplinary Professionals (1-day classroom)

Focus: attachment. Topics: types of attachment; the process, behavioral signs, and dynamics of attachments of children with caregivers and other significant adults; and interventions

Target Audience: foster parents, caseworkers, and supervisors

Regions/Dates: Metro (8/12/14, 8/26/14, 12/9/14); Northeast (10/14/14); Southeast (9/2/14)

Being a Resilient Worker (1-day classroom)

Focus: worker resiliency. Topics: compassion fatigue, secondary trauma and burnout; risks and mitigating factors, and strategies for increasing job satisfaction.

Target Audience: child welfare caseworkers and case aides

Regions/Dates: Metro (8/28/14, 12/11/14); Northeast (11/6/14); Southeast (10/2/14); West (7/17/14)

Building a Resilient Workforce (1-day classroom)

Focus: maintaining personal resiliency and supervising workers to promote resiliency. Topics: recognizing and understanding dynamics of compassion fatigue, secondary trauma, and burnout; strategies to mitigate risk and build resilience for self and caseworkers.

Target Audience: supervisors

Regions/Dates: Metro (7/31/14); Northeast (10/9/14)

Building Partnerships with Families: Practical Interventions for the Para-Professional (1-day classroom; advanced)

Focus: working with children and families. Topics: cultural awareness, process and skills associated with helping relationships, supervising parenting time with difficult populations, working with families in their homes and in parenting centers.

Target Audience: case aides

Regions/Dates: TBD

Building Partnerships with Families: Practical Interventions for the Para-Professional (2-day classroom; advanced)

Focus: practical interventions with children and their families. Topics: the process and skills associated with helping relationships; supervising parenting time with difficult populations; working with families in their homes and in parenting centers.

Target Audience: case aides

Regions/Dates: TBD

Building Safety When Parents Use Substances

Focus: parental substance abuse. Topics: current state of substance use in Colorado, how parental substance use impacts children, and tips for appropriately assessing and building safety in families where substance use is an issue.

Target Audience: child welfare case aides, caseworkers, supervisors, and administrators

Regions/Dates: Metro (9/25/14, 12/10/14); Northeast (11/12/14); Southeast (10/22/14); West (8/7/14)

Caring for Children Who Have Been Abused (1.5-day classroom)

Focus: impact of sexual abuse on children. Topics: identifying normal child sexual behavior, managing behaviors of child victims, and developing the skills to parent sexual abuse survivors.

Target Audience: foster, adoptive, and kinship care providers

Regions/Dates: Southeast (7/11/14–7/12/14); West (10/17/14–10/18/14)

Childhood Development and the Effects of Trauma (web-based)

Focus: basics of child development. Topics: typical childhood development and effects of abuse, neglect, and trauma.

Target Audience: caseworkers, supervisors, case aides, foster parents, and other child welfare professionals

Regions/Dates: web-based training

Community and Culture (Hybrid: web-based and classroom)

Focus: improving engagement by developing cultural skills. Topics: how to have courageous conversations with families and use cultural understanding in working with families.

Target Audience: caseworkers, supervisors, case aides, foster parents, and other child welfare professionals

Regions/Dates: TBD

Confidentiality (Hybrid: one hour web-based; 1-day classroom)

Focus: following confidentiality rules. Topics: legal requirements, responding to information requests, procuring legally compliant consent forms, and navigating the labyrinth of federal and state privacy laws.

Target Audience: caseworkers, supervisors, and legal professionals

Regions/Dates: Metro (7/17/14, 8/11/14); Northeast (7/10/14); Southeast (7/21/14, 10/2/14); West (9/10/14)

Continuous Quality Improvement (CQI) (Hybrid: web-based and 1-day classroom)

Focus: CQI Topics: what is CQI in the context of child welfare practice and processes for using CQI at all levels of the agency/system with children, youth, families, and stakeholders.

Target Audience: caseworkers, supervisors, and other child welfare professionals

Regions/Dates: TBD

Data Informed Supervision (1-day classroom)

Focus: interpreting child welfare data. Topics: sources of data and data analysis (e.g., Trails, ARD, CSTAT, CFSR, and NCANDS); measures, and outcomes and more; and data-informed decision making and supervision of staff.

Target Audience: child welfare supervisors and administrators

Regions/Dates: TBD

Developmental Consequences of Child Maltreatment (1-day classroom)

Focus: normal and abnormal child development. Topics: research findings on the developmental consequences of physical abuse, sexual abuse, and emotional neglect; theoretical models for understanding consequences of maltreatment; intervention strategies and their effectiveness; and the relationship between developmental consequences of maltreatment and treatment planning.

Target Audience: caseworkers, supervisors, and foster parents

Regions/Dates: Southeast (7/8/14); West (10/7/14)

Digging Deeper than Deadlines: Strengthening Practice through Supervision (2-day classroom)

Focus: skill development to help workers improve their practice. Topics: probe questions, assessment, reflective and discussion-oriented supervision, use of group supervision as a clinical tool.

Target Audience: supervisors

Regions/Dates: Metro (10/1/14–10/2/14), West (8/6/14–8/7/14)

Disclosure and Information Sharing (1-day classroom)

Focus: implications of court involvement for D&N and juvenile offenses. Topics: knowledge, skills and abilities to effectively provide child welfare services while protecting the family's right to privacy.

Target Audience: caseworkers, case aides, and supervisors

Regions/Dates: TBD

Domestic Violence (Hybrid: web-based and 1-day classroom)

Focus: effective intervention for domestic violence. Topics: current information and resources, working with DV agencies.

Target Audience: caseworkers, case aides, and supervisors

Regions/Dates: TBD

Effective Matching Practices: Matching Practices that Promote Permanency (3-hour classroom)

Focus: children with special needs and foster care/adoption. Topics: elements needed for successful matching, understand how personal beliefs and biases can impact the process of matching, tools for matching, understanding various parental/family paradigms in relation to ability to meet the child's needs, identify dilemmas in matching practice and understand where mismatches can occur.

Target Audience: child welfare supervisors, caseworkers, and foster, adoptive, and kinship parents

Regions/Dates: web-based training

Engaging Families (2-day classroom)

Focus: skills for engaging families. Topics: assessing a family's story, identifying strengths and needs through a lens of appreciation, while tools and techniques to help navigate the balance between the cultivating partnerships while achieving safety.

Target Audience: caseworkers, and supervisors

Regions/Dates: TBD

Enhanced Screening and RED Team Development

Focus: enhanced screening and the RED Team process. Topics: overview of the framework, solution focused questions, enhanced screening process, and the RED Team process and its components.

Target Audience: caseworkers and supervisors

Regions/Dates: TBD

Ethics & Liability (1-day classroom)

Focus: ethics and liability. Topics: risk management, the ethics of social work, child protection standards, confidentiality, and the legal and professional bases, i.e., the Colorado Children's code, the Social Services Code, and the confidentiality section of the Professions and Occupation Code.

Target Audience: caseworkers, case aides, and supervisors

Regions/Dates: TBD

Facilitation Training (2-day classroom)

Focus: facilitation of RED Teams, Family Engagement Meetings, and Group Supervision.

Target Audience: family meeting facilitators, supervisors, and lead workers

Regions/Dates: TBD

Family Reunification (2-day classroom)

Focus: decision-making and planning skills for family reunification. Topics: assessing readiness for reunification, developing reunification plans, identifying practice and policy principles affecting reunification, planning and monitoring family visiting, developing case plans for maintaining reunification, and identifying the impact of substance abuse on reunification interventions and timelines.

Target Audience: caseworkers, case aides, and legal professionals

Regions/Dates: Metro (12/9/14–12/10/14); West (9/23/14–9/24/14)

Foster Parents Helping Youth Transition Successfully into Adulthood

Focus: using the research on brain development to inform planning and practice. Topics: the need for developing permanent connections for youth and the role foster families and kinship families can play in providing those connections; successful re-establishment of connections with biological family; and skills and resource families can help young people develop to make good decisions.

Target Audience: foster parents, kinship providers, and adoptive parents in county and child placement agencies who need to attend as part of their ongoing training requirements

Regions/Dates: Metro (9/17/14); West (11/21/14)

Group Supervision for Supervisors (1-day classroom)

Focus: facilitation of group supervision.

Target Audience: supervisors

Regions/Dates: TBD

Group Supervision for Workers (1-day classroom)

Focus: participating in group supervision. Topics: the group supervision framework; developing effective Risk and Goal Statements, conducting rigorous and balanced assessment.

Target Audience: caseworkers

Regions/Dates: TBD

Guided by the Law: ICWA, ADA, ASFA (3-hour classroom)

Focus: legal bases for child protection. Topics: laws including the Adoption and Safe Families Act(ASFA), Indian Child Welfare Act (ICWA), Americans with Disabilities Act (ADA), and other federal laws that determine placement practice for foster care and adoption; issues of trans-racial and inter-jurisdictional placements; and negative consequences of not following laws.

Target Audience: child welfare professionals, and foster, adoptive, and kinship parents

Regions/Dates: Northeast (12/11/14); West (9/11/14)

Helping Children Cope: Reducing Trauma during Placement Moves

Focus: addressing trauma related to removal and placement. Topics: impacts of loss and multiple placements on a child's development; special needs of children who are placed on an emergency basis; best practice timetables of planned transitions; tools to help a child understand the placement process and deal with fears and anxiety; and steps that can be taken in the first few weeks of placement to meet the child's needs, reduce anxiety, stress, acting out behaviors, and potential trauma.

Target Audience: public and private child welfare caseworkers, administrators, and supervisors who work with children in the foster care system and/or work with children whose permanency plan is adoption, foster, and adoptive families

Regions/Dates: web-based training

Hotline Transitional Training for Supervisors and Hotline Workers (Hybrid: web-based and classroom)

Focus: implementing the new hotline. Topics: using coaching as part of supervision of staff; strategies that are solution-focused, safety organized and engaging; standards for hotline workers, screeners, and those who conduct assessments to ensure the information gathered is the appropriate information needed in order to make informed decisions throughout the screening and assessment process; information the hotline worker must obtain and the communication that is needed to evaluate the safety of children; and linking the report of suspected abuse or neglect to the protocols and decisions made by workers and supervisors throughout the assessment process, including the role of RED (Review, Evaluate, Direct) Teams to determine whether the county department will intervene and the prescribed time frame for initiating the assessment.

Target Audience: supervisors, hotline workers, and caseworkers

Regions/Dates: TBD

Hotline Certification Training for Workers (Hybrid: web-based and classroom)

Focus: Implementing the new hotline. Topics: standards for hotline workers, screeners, and those who conduct assessments to ensure the information gathered is the appropriate information needed in order to make informed decisions throughout the screening and assessment process; information the hotline worker must obtain and the communication that is needed to evaluate the safety of children; and linking the report of suspected abuse or neglect to the protocols and decisions made by workers and supervisors throughout the assessment process, including the role of RED (Review, Evaluate, Direct) Teams to determine whether the county department will intervene and the prescribed time frame for initiating the assessment.

Target Audience: hotline workers and caseworkers

Regions/Dates: TBD

Human Trafficking (Hybrid: web-based and classroom)

Focus: the role of child welfare in human trafficking. Topics: the Trafficking Victims Protection Act (TVPA) of 2000, children at risk to trafficking, and the CQI approach to responding to trafficking issues.

Target Audience: caseworkers, supervisors, case aides, legal and mental health professionals, and other child welfare professionals

Regions/Dates: TBD

Impact Becoming a Foster Family has on YOUR Family (1.5-day classroom)

Focus: anticipating and understanding the impact of fostering/adopting on one's family. Topics: exploration of issues, tools, and strategies for addressing dynamic familial relationships successfully.

Target Audience: foster/kinship/adoptive families

Regions/Dates: TBD

Integrating Child Welfare and Substance Abuse (1-day classroom)

Focus: cross-training for child welfare and substance abuse professionals to work together. Topics: communication and collaborative case planning, confidentiality, common goals and values of family-based practice, sensitivity to cultural issues in risk assessment and case planning processes.

Target Audience: child welfare and substance abuse professionals

Regions/Dates: TBD

Intensive Family Finding (1-day classroom)

Focus: family finding for children and youth in foster care. Topics: increasing awareness and motivation to find family connections in their practice with children, youth, and families; relevance of intensive family finding; skills to explain to parents the importance of maintaining connections for children and youth so that parents will be willing to provide the names of prospective family members; strategies for talking with children, youth and families about maintaining connections and finding families and explaining to children and youth their options for permanency, including adoption; and using websites, search engines and databases to locate prospective families.

Target Audience: county family finder specialists, caseworkers, supervisors, administrators, and child placement agency supervisors and placement staff

Regions/Dates: TBD

Interdisciplinary Case Conflict Management (1/2-day classroom)

Focus: conflict resolution. Topics: sources of interpersonal, inter-professional, and interagency conflict; the development of personal approaches to conflict; steps to effective conflict resolution; and the application of these techniques to child protection.

Target Audience: caseworkers, supervisors, foster parents, and case aides

Regions/Dates: Northeast (9/16/14)

Intervention Skills for Case Aides (2-day classroom)

Focus: responsibilities of paraprofessionals providing child welfare intervention. Topics: engaging clients by establishing rapport through listening, reflection, clarification; assessing and defusing hostile/angry clients; avoiding power struggles; and applying these skills in visitation practices and services.

Target Audience: case aides

Regions/Dates: TBD

Intervention Strategies and Service Provision for Adolescents (1-day classroom; advanced)

Focus: advanced skills following the “Adolescent Development” and “Adolescent Assessment & Case Planning” workshops. Topics: treatment and intervention strategies for each of the behavioral problems identified in the Case Assessment training; and detailed criteria for implementation of the following: family therapy, individual therapy, group therapy, behavior modification, medication, placement in an RCCF, RTC, group home, or foster home, core services and in-home interventions.

Target Audience: caseworkers, legal, and other child welfare professionals

Regions/Dates: TBD

Leading from Two Steps Behind: Solution-Focused Supervision (2-day classroom)

Focus: using Solution-Focused and Motivational Interviewing elements in supervision to help build problem solving and critical thinking skills of workers.

Target Audience: supervisors

Regions/Dates: Metro (12/16/14–12/17/14); Northeast (7/29/14–7/30/14); West (10/14/14–10/15/14)

Leading Positive Change in a Shifting Environment (1-day classroom)

Focus: managing change in the unit. Topics: understanding one’s own reaction to change; recognizing “immunity” to change among staff; dynamics and stages of change; and coping strategies.

Target Audience: supervisors

Regions/Dates: Metro (11/18/14); Southeast (7/22/14); West (10/7/14)

Legal Preparation 201: Expert Testimony

Focus: skills for testifying in court. Topics: establishing and maintaining credibility; and why lawyers ask the questions they do.

Target Audience: caseworkers, case aides, supervisors, directors, and county attorneys

Regions/Dates: Metro (10/23/14, 12/3/14); Northeast (7/31/14); Southeast (10/15/14); West (8/7/14)

Legal Preparation for Case Workers (2-day classroom)

Focus: preparing for court. Topics: court processes in a dependency and neglect case, levels of evidence, qualifying as an expert witness, testifying and withstanding cross-examination, termination and delinquency hearings, and Trails confirmation appeals.

Target Audience: caseworkers, case aides, supervisors, directors, and county attorneys

Regions/Dates: Metro (6/18/14–6/19/14, 7/23/14–7/24/14); Northeast (6/25/14–6/26/14, 10/8/14–10/9/14); Southeast (10/15/14, 11/5/14–11/6/14); West (6/30/14–7/1/14, 9/3/14–9/4/14)

Legal Preparation for Foster Parents (1-day classroom)

Focus: laws impacting foster parents. Topics: substance and scope of a foster parent's rights, tips for participating in court proceedings, and strategies for navigating the child welfare system.

Target Audience: foster parents, kinship providers, adoptive parents, caseworkers, case aides, supervisors, directors, and county attorneys

Regions/Dates: Metro (10/22/14, 12/4/14); Northeast (9/24/14, 12/10/14); Southeast (10/1/14, 11/4/14); West (8/6/14)

Life Books: Connecting Children to their Past and Present (1.5-day classroom)

Focus: life-books for children. Topics: how to create and maintain life-books for children in care; the role life-books play in maintaining continuity for children, preserving their past and helping them understand their current situation; strategies for engaging children in the development of their life-book; and will I methods for locating, collecting and maintaining items for inclusion.

Target Audience: foster, adoptive, and kinship care providers

Regions/Dates: web-based training

Maternal Substance Abuse

Focus: maternal substance abuse. Topics: medical and legal issues associated with substance abuse pre-natal effects; prevention and treatment, specifically during the time before and after the birth of a child; and a multidisciplinary team approach to management of maternal substance abuse, including situations in which other members of the family are involved in substance abuse.

Target Audience: caseworkers, case aides, supervisors, legal and mental health professionals, and child protection teams

Regions/Dates: Metro (11/4/14); Southeast (7/22/14)

Medical Aspects of Child Maltreatment (2-day classroom)

Focus: medical aspects of child maltreatment. Topics: common medical aspects of each form of child maltreatment (physical abuse, neglect, and sexual abuse); asking useful questions of medical practitioners concerning abuse or neglect; using medical information in Family Services Plans and case management; and medical terminology and necessary procedures for confident interdisciplinary practice.

Target Audience: caseworkers, supervisors, legal and mental health professionals, and Child Protection Teams

Regions/Dates: TBD

Meeting the Mental Health Needs of Children (2-day classroom)

Focus: identifying and meeting the mental health needs of children in care. Topics: therapeutic interventions, including body awareness and calming techniques and medication, including measured use for the treatment of symptoms and management of behavior, administration, and documentation.

Target Audience: foster, kinship, and adoptive parents/caregivers

Regions/Dates: Metro (12/6/14); Southeast (11/5/14); West (10/9/14)

Navigating Effectively Throughout the Child Welfare System (1-day classroom)

Focus: the child welfare system and the finding of one's role. Topics: structure and complexities, various roles and perspectives, and skills for active participation on the team.

Target Audience: foster, kinship, and adoptive parents/caregivers; child welfare caseworkers, supervisors, and other child welfare professionals

Regions/Dates: TBD

Nuts and Bolts: Family Foster Care Home Certification, Recertification, Recruitment and Retention – CWTS (2-day classroom)

Focus: preparing new foster care coordinators and resource caseworkers. Topics: foster care certification and recertification requirements, agency requirements, engaging foster parents, using the SAFE home study as a tool to identify strengths and needed supports, and Trails documentation.

Target Audience: foster care resource caseworkers, caseworkers, supervisors, administrators, kinship staff, child placement agency placement supervisors, and case managers who certify foster homes

Regions/Dates: TBD

Outcome-Focused Supervision (1-day classroom)

Focus: supervising underperforming staff. Topics identifying reasons for underperformance and techniques to elicit positive change and improve outcomes for the families served.

Target Audience: supervisors

Regions/Dates: Metro (7/15/14); Southeast (10/28/14)

Parents with Mild Cognitive Impairments (1-day classroom)

Focus: parents with mild cognitive disabilities who are involved in a service system. Topics: understanding “mild” cognitive disabilities; the ADA requirements for service providing agencies to accommodate the learning style and needs of these parents; identification of strengths and needs; setting realistic, reasonable and fair goals; planning the learning tasks required to complete action steps; and utilizing appropriate cognitive behavioral strategies to support the parent in meeting their goals.

Target Audience: caseworkers, supervisors, case aides, and other child welfare professionals

Regions/Dates: TBD

Parenting Children with Challenging Behaviors (2-day classroom)

Focus: Addressing difficult behaviors of foster/adopted children. Topics: effects of maltreatment and prenatal substance exposure on the developing brain and techniques for managing challenging behaviors.

Target Audience: foster, kinship, and adoptive parents/caregivers

Regions/Dates: Metro (7/11/14–7/12/14); Northeast (9/5/14–9/6/14); Southeast (11/7/14–11/8/14); West (11/14/14–11/15/14)

Placement Stability, Compatibility, Support: Making the Best Decisions

Focus: making appropriate placements. Topics: evidence-based and trauma informed assessments, meeting the needs of the child, supporting safety and placement stability, preferences of foster and adoptive parents, balancing recommendations, strength-based engagement of the children/youth and foster and adoptive families, and assessment, selection, and support of prospective caregivers.

Target Audience: foster and adoptive resource staff, caseworkers, supervisors, administrators, child placement agency supervisors, and placement staff

Regions/Dates: TBD

Promoting Health and Stability (2-day classroom)

Focus: impacts of abuse, neglect and trauma on child development. Topics: techniques for promoting children’s emotional health and stability and making connections with children.

Target Audience: foster, kinship, and adoptive parents/caregivers

Regions/Dates: Metro (8/15/14–8/16/14); Northeast (12/12/14–12/13/14)

Promoting Placement Stability: Using Home Visits to Prevent Foster Care and Adoption Disruption

Focus: home visiting to prevent disruption. Topics: ensuring provision of post-placement supportive and treatment services and conducting post-placement supervision (visitation with resource family and child)

Target Audience: public and private child welfare caseworkers, administrators, and supervisors who work with children in the foster care system and/or work with children whose permanency plan is adoption

Regions/Dates: web-based training

Safety and Risk Training (Hybrid: web-based and 2-day classroom)

Focus: safety and risk assessment and planning. Topics: revisions to the Colorado Safety and Risk Assessment tools and identifying safety concerns and risk.

Target Audience: child welfare caseworkers, supervisors, and other child welfare professionals

Regions/Dates: TBD

Solution Focused Practices to Enhance Engagement

Focus: Solution-Focused Brief Therapy (SFBT). Topics: recognize the unique aspects of solution-focused thinking and differentiating it from problem-focused models, the six solution-focused interventions, and the five concrete tools.

Target Audience: caseworkers, case aides, and supervisors

Regions/Dates: Metro (2/12/15–2/13/15); Northeast (11/24/14–11/25/14); Southeast (5/14/15–5/15/15); West (8/20/14–8/21/14)

Specialized Interviewing Skills for Children of Latency Age (3-day classroom)

Focus: interviewing latency-age children regarding allegations of child abuse. Topics: using step-by-step framework, tools and techniques to guide the process of gathering evidence; attending to the child's state of anxiety; and avoiding additional traumatization of the child. Practice interviewing skills through a recorded interview with a professional actor and receive various levels of feedback.

Target Audience: caseworkers and police officers

Regions/Dates: Metro (7/16/14–7/18/14, 10/15/14–10/17/14); Northeast (8/20/14–8/22/14); Southeast (12/3/14–12/5/14); West (9/10/14–9/12/14)

Supervising for Permanency (1-day classroom)

Focus: supervising staff regarding permanency planning. Topics: models and strategies.

Target Audience: supervisors

Regions/Dates: TBD

Supporting Gay, Lesbian, Bisexual, Transgender, and Questioning Youth While They are in Foster Care

Focus: healthy physical and emotional well-being of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth while they are involved with the child welfare system. Topics: strategies to better ensure appropriate, supportive services for youth and families respective of their sexual orientation and gender identity; identifying and developing "safe spaces"; the impact that rejection by caregivers has on LGBTQ youth; unique challenges LGBTQ youth may face in the home, at school and in the community; and resources and strategies for supporting for youth, families and professionals working with LGBTQ youth.

Target Audience: caseworkers, supervisors, and foster/kinship/adoptive caregivers

Regions/Dates: Metro (10/20/14, 3/30/15); Northeast (10/6/14, 4/27/14); Southeast (9/29/14, 5/11/15); West (9/8/14, 6/8/15)

Trainer Skills Institute 101

Focus: trainer skills. Topics: facilitating a room full of learners in an engaging, energized, and purposeful way.

Target Audience: All professional training facilitators who currently train or wish to train on behalf of the Child Welfare Training System (CWTS). CWTS Partner Trainers and Training Pool Trainers are given first priority seating in this training, as this training is required in order for them to conduct the duties of their job. Other child welfare professionals are welcome to attend and may be moved to the wait list if space is needed for essential participants.

Regions/Dates: TBD

Trainer Skills Institute 2014 (1-day classroom)

Focus: training skills. Topics: skills and ability to effectively facilitate participative learning experiences utilizing Action-Based Learning methods such as, Problem-Based Learning.

Target Audience: All professional training facilitators who currently train or wish to train on behalf of the Child Welfare Training System (CWTS). CWTS Partner Trainers and Training Pool Trainers are given first priority seating in this training, as this training is required in order for them to conduct the duties of their job. Other child welfare professionals are welcome to attend and may be moved to the wait list if space is needed for essential participants.

Regions/Dates: TBD

Trauma Informed Practices (1-day classroom)

Focus: traumatized children. Topics: the nature of acute and chronic trauma of children, traumatic environments, the mitigating influence of consistent and supportive caregivers, assessing trauma and recognizing, and responding to the complexity of a child's lifetime trauma history, and effective interventions.

Target Audience: caseworkers, supervisors, and foster/kinship/adoptive caregivers

Regions/Dates: TBD

Transitioning Through Adoption: From Foster to Adoptive Parenting (4-hour classroom)

Focus: the transition from temporary care to permanency for the whole family. Topics: feelings; changes in family dynamics; use of supports; grief and loss and the way these issues can be addressed not once, but many times during a child's life; and types of adoption, including open adoption and the preservation of important connections for children, such as those with siblings, grandparents, and other extended family.

Target Audience: foster, kinship, and adoptive parents/caregivers

Regions/Dates: Northeast (7/29/14); West (9/16/14)

Treatment Planning for Abused and Neglected Children and Their Families (1-day classroom)

Focus: treatment planning using a developmental and ecological perspective as a framework for intervention. Topics: interventions such as individual therapy, group therapy, and play therapy; strategic role of visitation as an assessment and therapeutic strategy; and the relationship between purposeful treatment planning and the decision to either terminate parental rights or construct a reunification plan.

Target Audience: caseworkers, supervisors, legal, Child Protection Teams, and mental health professionals

Regions/Dates: TBD

Understanding Systems of Support for Children with Special Healthcare Needs (1-day classroom)

Focus: creating and sustaining a support system for children with special health care needs. Topics: needs of medically fragile or developmentally delayed children, finding and engaging services and developing collaborative relationships with service providers such as schools, physicians, clinics, hospitals, and therapists.

Target Audience: foster, kinship, and adoptive parents/caregivers

Regions/Dates: Metro (7/25/14); Southeast (10/16/14)

Updates at Noon (Webinar Series)

Responding to Children's Sexual Behaviors (1.5 hours)

Focus: sexual behaviors of children. Topics: distinguishing between normal, problematic and abusive behaviors; developing goal oriented responses; and laws relevant to the sexual behavior of children and adolescents.

Domestic Violence and Child Abuse Co-Occurrence: How Can We Effectively Intervene?

Focus: intervening in situations where there are both allegations of domestic violence and harm to the children. Topics: non-offending and offending parents and guidelines to utilize when assessing child exposure.

Overcoming the Odds: Discovering/Building Resilience in Vulnerable Children and Families

Focus: supporting resilience in children and families. Topics: identifying risk factors for domestic violence; identifying protective factors within the child, family, and community; developing plans to promote resilience in children and families; and recognizing that children and families exposed to serious trauma can and often do overcome the experience and succeed in life.

Failure to Thrive Identification and Treatment (1.5 hours)

Focus: Failure to Thrive Topics: differentiating between non-organic and organic failure to thrive, types of

parent-child dynamics in failure to thrive cases, healthy and unhealthy interactions in failure to thrive cases, and providing structure and safety for infants with this condition.

Preparation for Termination Hearings (1.5 hours)

Focus: Colorado Statutory and Case Law criteria for terminating the parent-child legal relationship. Topics: preparing a case for termination of the parent-child legal relationship based on an understanding of the psychological basis for Colorado's law on freeing children for adoption after having been adjudicated as dependent and/or neglected and avoiding refusal by the court to uphold a termination or the overturning, on appeal, of a trial court termination.

Attachment Theory in Child Welfare Practice (1.5 hour)

Focus: attachment. Topics: how to recognize four attachment styles via observation of parent-child relationships and designing treatment goals to rehabilitate disturbed parent-child relationships.

Therapeutic Relationships with Involuntary Clients (1.5 hour)

Focus: effective working relationships with Child Protection families. Topics: identifying the underlying reasons for a client's avoidance and resistance and implement strategies for disarming the client's resistance and for building an effective working relationship.

Treatment Needs for Physically Abused Children Under Six Years of Age (1.5 hour)

Focus: treatability of parents. Topics: identifying risk for fatal or serious physical injury among infants and preschoolers, designing treatment goals within the context of the parent-child relationship, and addressing child regulatory problems that arise from early childhood maltreatment.

Using Psychological Assessment Information in Child Welfare Case Planning (1-day classroom)

Focus: using psychological testing information at key decision points. Topics: basic components of and controversies surrounding psychological evaluations, distinction between objective and subjective approaches to assessment, the role client preparation plays in psychological assessment, and specific psychological tests and assessment approaches used with children and adolescents.

Target Audience: intake caseworkers; ongoing caseworkers; case aides; and mental health and legal professionals

Regions/Dates: web-based training

What Makes Them Tick

Focus: underperformance of child welfare staff. Topics: factors that contribute to underperformance; effects on the supervisor, the unit and the families; and techniques to address this with staff, including how to elicit positive change and move towards improved performance.

Target Audience: supervisors

Regions/Dates: TBD

Working with Families with Children/Parents with Developmental Disabilities (2-day classroom)

Focus: strengths and strains of families with children with developmental disabilities. Topics: cultural responses to disability; overview of disabling conditions; statewide resources; risk factors for abuse and neglect; and understanding, assessing, and intervening with parents with developmental disabilities.

Target Audience: caseworkers, case aides, supervisors, legal professionals, Early Intervention, Public Health, Community Centered Board staff, and other community-based staff

Regions/Dates: Metro (11/10/14)

Working with Families of Origin (1/2-day classroom)

Focus: foster/kinship and adoptive families working with families of origin. Topics: complexities associated with forming partnerships with biological families; the impact of these partnerships successfully on children and youth; and useful strategies and tools.

Target Audience: foster/kinship and adoptive families

Regions/Dates: TBD

**Tribal Consultation Agreement
for the Colorado Department of Public Health and Environment
and the Colorado Department of Health Care Policy and Financing**

Section I.	Purpose
Section II.	Parties
Section III.	Definitions
Section IV.	Principles and Objectives
Section V.	Consultation Components and Procedures
Section VI.	Additional Provisions
Section VII.	Effective Date and Term
Section VIII.	Signatures

Appendix A. Organizational Charts

1. Colorado Department of Public Health and Environment
2. Colorado Department of Health Care Policy and Financing
3. Southern Ute Indian Tribe
4. Ute Mountain Ute Tribe
5. Denver Indian Health and Family Services

Section I. Purpose

The purpose of this Tribal Consultation Agreement (Agreement) is to formalize the consultation policy through which the Colorado Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing will seek and maintain regular, consistent communication and partnerships with the federally recognized American Indian Tribes of Colorado and the Urban Indian Health Organization (UIHO) of Colorado on health and health care related issues.

Each Party to this Agreement as further defined in Section II shall respect the sovereignty of the other. The respective sovereignty of the State and of each federally recognized Indian Tribe provides the foundation and authority to enter into this Agreement. The Parties share in their relationship particular respect for the values and culture represented by Tribal governments. Further, the Parties share a desire for a comprehensive, collaborative, government-to-government relationship between the State of Colorado and the federally recognized Indian Tribes in Colorado, as well as a comprehensive and collaborative relationship with the UIHO in Colorado and will take the measures necessary to achieve such relationships.

This Agreement is intended to build confidence and establish a trusting relationship among the Parties as well as to outline the process for implementing and abiding by the Agreement. This Agreement is also intended to formalize and institutionalize this relationship within the organizations represented by the Parties. This Agreement will also serve to comply with federal provisions outlined in Section 5006(e) of the American Recovery and Reinvestment Act of 2009 (ARRA), which establishes consultation requirements for Medicaid and the Children's Health Insurance Program with Indian Health programs.

This Agreement also commits the Parties to the initial tasks that will translate the government-to-government relationship into more efficient, improved and beneficial services to Indian and non-Indian people. This Agreement encourages and provides the foundation and framework for specific agreements among the Parties outlining specific tasks to address or resolve specific issues. The Parties recognize that implementation of this Agreement will require comprehensive educational efforts to promote understanding of the government-to-government relationship within their own governmental organizations and with the public.

Section II. Parties

The following entities are parties to this Agreement and are collectively referred to as the Parties:

Lieutenant Governor of Colorado

As member of the Colorado Executive Branch, and the Chair of the Colorado Commission of Indian Affairs, and in recognition of the government-to-government relationship between the State and the Tribes, the Lieutenant Governor is a party to this Agreement.

Tribes

Federally recognized Indian Tribes in Colorado are party to this Agreement. Each Tribe has an independent government-to-government relationship with each other and the State. There are two federally recognized tribes in Colorado:

- Southern Ute Indian Tribe
- Ute Mountain Ute Tribe

Urban Indian Health Organization (UIHO)

Federally recognized UIHOs in Colorado are party to this Agreement. There is one federally recognized UIHO in Colorado:

- Denver Indian Health and Family Services.

State Agencies

There are two state agencies party to this Agreement:

- Colorado Department of Public Health and Environment (CDPHE) – CDPHE is the state agency responsible for protecting and preserving the health and environment of the people of Colorado. For the purpose of this Agreement, the Parties are only referring to the health aspects of CDPHE's responsibilities.
- Colorado Department of Health Care Policy and Financing (HCPF) – HCPF is the state agency responsible for the administration of public health insurance programs in Colorado, such as Medicaid and Child Health Plan *Plus*.

Section III. Definitions

For purposes of this Agreement the following terms shall apply:

- A. Actionable Item: Any Programmatic Action with potential Tribal Implications that is in the early stages of development, and therefore has the potential of being significantly impacted by input from the Tribes and the UIHO.
- B. Consultation: An enhanced form of communication among the Parties on Actionable Items that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion that, in turn, leads to mutual understanding and collaboration. It is a decision-making method for reaching an understanding through a participatory process that (a) involves the State Agencies, Tribes, and the UIHO through their official representatives; (b) actively solicits input and participation by the State Agencies, Tribes, and the UIHO; and (c) encourages cooperation in reaching agreement on the best possible decision for those affected. Consultation with the Tribes is a uniquely government-to-government process with two main goals: (1) to learn, and incorporate whenever possible, all pertinent considerations in decision-making; and (2) to consider each other's perspectives and honor each other's sovereignty.
- C. Indian Health Liaisons: Designated persons from the State Agencies who serve as the primary point of contact for Tribes and the UIHO for health issues relating to American Indians/Alaska Natives living in Colorado. Indian Health Liaisons along with Tribal and UIHO Liaisons share the responsibility of ensuring the implementation of this Agreement and maintaining ongoing communication between the Parties.
- D. Programmatic Action: Action related to the development, implementation, maintenance, or modification of health and health care rules, programs, services, legislation or regulations by the State Agencies that are within the scope of this Agreement.
- E. Tribal and UIHO Liaisons: Designated persons from the Tribes and the UIHO who serve as the primary point of contact for the State Agencies for health issues relating to American Indians/Alaska Natives living in Colorado. Tribal and UIHO Liaisons along with Indian Health Liaisons share the responsibility of ensuring the implementation of this Agreement and maintaining ongoing communication between the Parties.
- F. Tribal Implications: Refers to when a Programmatic Action by one of the State Agencies will have substantial direct effect(s) on the Tribes and/or the UIHO, or on the relationship between the Parties. All Parties to this Agreement share in the responsibility of identifying and determining which Programmatic Actions have Tribal Implications.
- G. Tribes: Federally recognized American Indian/Alaska Native tribes and tribal governments with whom the federal government maintains an official government-to-government relationship. In this Agreement "Tribes" refers to the Southern Ute Indian Tribe and the Ute Mountain Ute Tribe.

Section IV. Principles and Objectives

The Parties intend through the implementation of this Agreement to promote the following principles and objectives:

- A. The recognition and respect for the sovereignty of State and Tribal governments and the fostering of successful government-to-government relations.
- B. The promotion and development of innovative, efficient, and successful methods of involving the Tribes and the UIHO in State Agency policy development, strategic planning, and regulatory processes.

- C. The implementation of communication mechanisms and processes to ensure the Tribes and the UIHO are adequately and timely informed of Programmatic Actions, can access pertinent information, and have the opportunity to provide input and voice concerns.
- D. The development of communication mechanisms to identify and share pertinent information among the Parties with the goal of improving the health and wellness of American Indians/Alaska Natives living in Colorado.
- E. The recognition that maintenance of consistency and continuity among Indian Health, Tribal, and UIHO Liaisons will contribute to the effectiveness of consultation and communication among the Parties and should be maintained to the extent possible.
- F. The understanding that good faith, mutual respect, and trust are fundamental to meaningful collaboration and communication.

Section V. Consultation Components and Procedures

A. Procedures

Programmatic Action Log Update:

On a bi-monthly basis (approximately every sixty days) each State Agency shall distribute to the Tribes and the UIHO a Programmatic Action Log Update. The Update shall contain a continuous list/log of Programmatic Actions being developed and/or initiated by each State Agency. The Update shall provide a short description of each Programmatic Action, any clearly foreseeable Tribal Implications, important dates or implementation timeframes, and if the Programmatic Action is considered an Actionable Item. The Update shall indicate a date by which additional consultation could be requested by a Tribe or the UIHO, however, consultation can be requested at any time on any Actionable Item. The Update shall also contain an area to track whether additional consultation was requested and by whom, and to update current status/resolution of Programmatic Actions.

Additional Consultation:

A Tribe or UIHO may request additional consultation on any Actionable Item on the Update or on any question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado. Actionable Items on the Update shall indicate a date by which a Tribe or the UIHO can request additional consultation, however, consultation can be requested at any time for any Actionable Item. Additional consultation shall be initiated by written notice (may be in the form of an email) from a designated Tribal or UIHO Liaison(s) and directed to a designated Indian Health Liaison(s). Consultation may include but shall not be limited to:

- An initial meeting or teleconference to discuss the intent and scope of the Actionable Item or any other question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado
- Continued meetings or teleconferences until concerns over the Actionable Item or other question, concern, policy, practice, or issue within the scope of the State

Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado have been fully discussed

- Written correspondence including emails
- Discussions at the Colorado Commission of Indian Affairs' Health and Wellness Committee meetings to more fully understand the specifics and impact of the Actionable Item or other question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado
- Open meeting for all interested entities to receive information or provide comment
- A presentation by tribal representatives of their concerns and potential Tribal Implications of the Actionable Item or other question, concern, policy, practice, or issue within the scope of the State Agencies' responsibilities relating to the health of American Indians/Alaska Natives living in Colorado

When consultation is completed, a written response from one or both State Agencies to the Party that requested the consultation shall be sent describing the final determination/outcome regarding the topic of consultation. This information shall also be included on the Programmatic Action Log Update.

B. Meetings

Face-to-Face:

The State Agencies, Tribes, and UIHO, all together or individually, shall meet face-to-face no less than once per fiscal year and as resources allow.

Remotely:

As necessary, the State Agencies, Tribes, and UIHO, all together or individually, shall meet remotely via teleconference or videoconference to discuss outstanding issues and/or hold consultations as described above.

Section VI. Additional Provisions

- A. This Agreement shall not diminish any administrative or legal remedies otherwise available by law to the State Agencies, the Tribes, or the UIHO.
- B. This Agreement shall not prevent the State Agencies, the Tribes, or the UIHO from entering into Memoranda of Understanding, Intergovernmental Agreements, Joint Powers Agreements, professional service contracts, or other established administrative procedures and practices allowed or mandated by federal, State, or Tribal laws or regulations.
- C. This Agreement shall not be construed to waive the sovereign immunity of the State of Colorado or any Tribe, or to create a right of action by or against the State of Colorado or a Tribe, or any State or Tribal official for failing to comply with this Agreement. The State Agencies shall have the authority and discretion to designate internal operations and processes that are excluded from this Agreement, and recognizes that Tribes are afforded the same right.

D. The State Agencies shall retain the final decision-making authority with respect to actions undertaken by the State Agencies and within the State Agencies' jurisdiction.

Section VII. Effective Date and Term

This Agreement is effective upon full execution and signature by all Parties.

The Parties together shall review and evaluate every two years, or as necessary, the implementation of this Agreement. At such time, a revised consultation policy may be executed, if necessary, replacing this Agreement.

Section VIII. Signatures



Joseph A. Garcia, Lieutenant Governor
State of Colorado

9/12/2011
Date



Pearl E. Casias, Chairwoman
Southern Ute Indian Tribe

9.12.2011
Date




Gary Hayes, Chairman
Ute Mountain Ute Tribe

9/12/11
Date



Del Nutter, Executive Director
Denver Indian Health and Family Services

10/25/11
Date



Christopher E. Urbina, Executive Director
Colorado Department of Public Health and Environment

9/18/11
Date



Susan E. Birch, Executive Director
Colorado Department of Health Care Policy and Financing

10/11/11
Date

END.

Addendum – State of Colorado Tribal Consultation Agreement

The Colorado Department of Human Services recognizes and supports the sovereignty of the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe.

The Colorado Department of Human Services supports fostering and maintaining a strong relationship with the federally recognized American Indian Tribes of Colorado and the Urban Indian Health Organization of Colorado.

The Colorado Department of Human Services is the state agency responsible for the administration of human services programs in Colorado, administering a wide array of federally funded programs.

The Colorado Department of Human Services wishes to join as a full and equal party to this Tribal Consultation Agreement.

Signatures:



Reggie Bichal, Executive Director
Colorado Department of Human Services
Date 1-9-2012



Joseph A. Garcia, Lieutenant Governor
State of Colorado
Date 1-9-2012



Gary Hayes, Chairman
Ute Mountain Ute Tribe
Date 1/9/12




Jimmy R. Newton, Jr., Chairman
Southern Ute Indian Tribe
Date 1/9/12



Del Nutter, Executive Director
Denver Indian Health and Family Services
Date 4/13/12



Christopher E. Urbina, Executive Director
Colorado Department of Public Health and Environment
Date 1/9/12



Susan E. Birch, Executive Director
Colorado Department of Health Care Policy and Financing
Date 1/9/12