



**COLORADO**

Office of Children,  
Youth & Families

Division of Child Welfare

# 2017 ANNUAL PROGRESS AND SERVICES REPORT

2015-19 CHILD AND FAMILY SERVICES PLAN



Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families

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- APPENDIX A: APSR Stakeholder Feedback Meeting Minutes
- APPENDIX B: 2015 CDHS Tribal Consultation Summary
- APPENDIX C: SFY 2016-19 Foster and Adoptive Parent Diligent Recruitment and Retention Plan
- APPENDIX D: Training Plan – Revised June 30, 2016
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## I INTRODUCTION

The Colorado Department of Human Services (CDHS) is pleased to submit the 2017 Child and Family Services Annual Progress and Services Report (APSR). This report documents CDHS' progress towards accomplishing the goals, objectives, and interventions in the 2015-19 Child and Family Services Plan (CFSP). It also addresses the requirements set forth in the Administration for Children and Families' (ACF) most recent program instruction related to the 2017 APSR (ACYF-CB-PI-16-03).

CDHS utilized both quantitative and qualitative data in developing the 2017 APSR. Data sources include Colorado's Statewide Automated Child Welfare Information System (SACWIS), Administrative Review Division (ARD) case reviews, Results Oriented Management (ROM), and evaluation reports produced by independent third party evaluators. Each of these data sources will be described in detail throughout the report.

Accomplishing the goals and objectives outlined in the CFSP is a collaborative effort. Colorado is a state supervised, county administered human services system; therefore, CDHS partners with county departments of human services to ensure Colorado's child and family services are efficient, effective, and elegant. CDHS and county staff frequently work together through collaborative workgroups to develop or revise rules in the Code of Colorado Regulations, oversee implementation of initiatives, and improve programs and the system as a whole through continuous quality improvement (CQI) efforts. In addition to county departments, other State of Colorado agencies, service providers, and community stakeholders collaborate with CDHS to coordinate services and programs that serve Colorado's children, youth, and families. Representatives from these groups often serve on many of the collaborative workgroups referenced above.

While not an exhaustive list of collaborators, the following partners and committees are referenced frequently in the 2017 APSR and are instrumental in Colorado's efforts to accomplish the goals, objectives, and initiatives outlined in the CFSP:

- The **Court Improvement Program** is a program through Colorado's Supreme Court that works to improve the way individual courts handle dependency and neglect cases, thereby promoting the safety, permanency, and well-being of children and families served by Colorado's courts.
- The **CQI Workgroup** brings together state and county child welfare practitioners on a monthly basis to examine statewide and specific counties' performance on key outcome indicators; identify strengths and opportunities in practice; and explore areas of practice that are in need of further research.
- The **Policy Advisory Committee (PAC)** is a state county collaborative committee that develops and addresses statewide human services policy issues. Membership includes county human services directors from various geographic regions throughout the state, CDHS Office Directors, and a representative from the Colorado Department of Health Care Policy and Finance (HCPF). The **Child Welfare Sub-PAC** is a subcommittee of the PAC and deals specifically with policy

issues related to Colorado's child welfare system. Membership includes regional county representatives, a HCPF representative, and staff from various CDHS divisions.

- The **State Board of Human Services** promulgates rules for various CDHS program areas including those related to the child welfare system. Membership includes county commissioners and community partners. Members are appointed by the Governor and confirmed by the Colorado Senate for four year terms. Rules adopted by the State Board are included in the Code of Colorado Regulations.

Additional program and initiative specific collaborations are described throughout the report including the *System Factors – Agency Responsiveness to the Community* section (page 51).

Over 10,000 stakeholders including county staff, interagency partners, service providers, foster parents, Colorado's federally recognized tribes, and organizations serving Colorado's American Indian communities were sent the following sections of the 2017 APSR for their review and feedback:

- *Assessment of Performance;*
- *Update on the Plan for Improvement;* and
- *Update on Progress Made to Improve Outcomes.*

Stakeholders were encouraged to submit their feedback through a web-based survey. Additionally, CDHS held a focus group with 27 stakeholders to discuss these sections of the APSR in depth. This report reflects the feedback received from stakeholders, and meeting minutes from the focus group are included in Appendix A.

This report will be publicly available on the following CDHS website by September 30, 2016, and a copy will be sent to both federally recognized tribes:

- <https://sites.google.com/a/state.co.us/cdhs-dcw/data-accountability/publications>

## II ASSESSMENT OF PERFORMANCE

Colorado's CFSP outlined a number of measures of progress that CDHS would use to assess the state's performance on the federal safety, permanency, and well-being outcomes. This section addresses Colorado's performance on the measures of progress, efforts to maintain or improve performance, and in some cases, necessary revisions to better align with the Child and Family Services Review (CFSR) Round 3 statewide data indicators. This section also evaluates the functioning of Colorado's systemic factors pursuant to the CFSP. The data used to assess the state's performance primarily come from two sources: Trails, which is Colorado's state automated child welfare information system (SACWIS), and CDHS' qualitative case reviews.

Since April 2014 Trails data have been accessible to state and county staff, stakeholders, and the public at large through ROM, which is a web-based reporting system that was developed by the University of Kansas School of Social Work. ROM utilizes Trails data to produce reports regarding the CFSR Round Three statewide data indicators, AFCARS measures, C-Stat measures, and demographics for children, youth, and families involved in Colorado's child welfare system. ROM is a live system that is updated weekly with new data. As county staff input new information into Trails, reports are updated to reflect current performance. As a result, ROM is a dynamic tool that state and county staff use to analyze performance and inform child welfare policy and practice improvements. ROM reports are included in this APSR.

The second source of data comes from qualitative case reviews, which are conducted by the CDHS' ARD. All cases where the county department had custody of the child continuously for six months during the review period are reviewed. Review instruments are based on federal and state statute as well as practice expectations outlined in Volume 7 of the Code of Colorado Regulations. The data reflect the opinions expressed by children/youths, their family, foster care providers, county staff, court staff, and others who attend the reviews. In FFY 2015 ARD conducted 6,100 reviews of foster care cases. More information about Colorado's case review system can be found in the *Case Review System* section of the *Assessment of Performance* (pages 37 - 40).

Trails and qualitative case review data are integral in measuring the quality of services provided by Colorado's human services agencies. The state's quality assurance initiatives and collaborative work groups regularly evaluate the impact of those services on child and family outcomes and the proper functioning and efficacy of processes and systems operating in Colorado. CDHS' C-Stat initiative brings together the department's executive leadership, division leadership, and program staff on a monthly basis to analyze up-to-date data to identify positive trends and opportunities for improvement. Many of the performance measures in this section are reviewed in C-Stat, and explanations of performance on specific measures align with conversations and analysis that have happened during C-Stat meetings.

In the process of developing this report, CDHS' Division of Child Welfare (DCW) identified systemic factors for which the state does not have sufficient data to adequately assess the functioning of the systemic factors. DCW has formed a work group, the CFSP Measures of Progress Workgroup, to review



the systemic factors in question and recommend quantitative and/or qualitative measures that would show how well the systemic factors are functioning. The need for this work is noted in the preceding sections.

## ***Safety Outcomes***

The federal safety outcomes include the following:

- (A) Children are first and foremost, protected from abuse and neglect.
- (B) Children are safely maintained in their own homes whenever possible and appropriate.

Colorado's CFSP outlines several measures CDHS uses to assess the state's performance in achieving the federal safety outcomes. DCW's CFSP Measures of Progress Workgroup is in the process of revising the measures to better align with the new CFSR Round 3 statewide data indicators and recent modifications to the CFSP. The measures, as written in the CFSP, include the following:

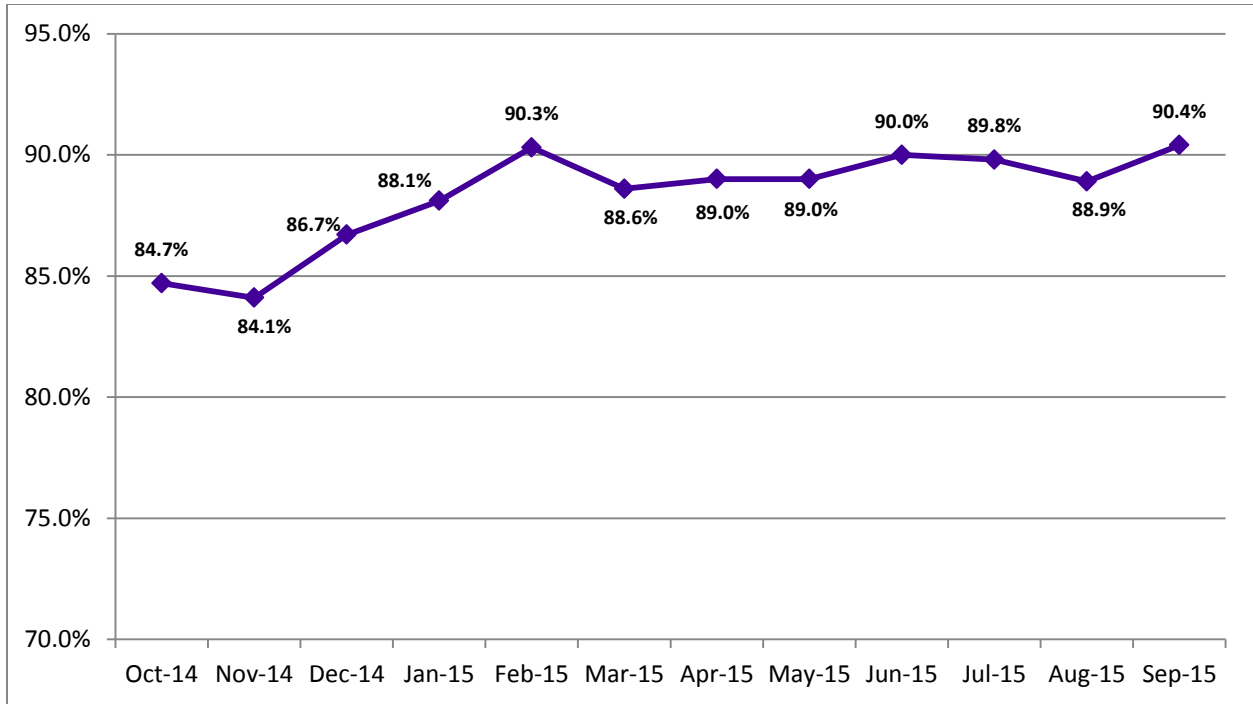
1. Timeliness of Response to Initial Abuse/Neglect Investigations
2. Absence of Maltreatment Recurrence
3. Absence of Child Abuse and/or Neglect in Foster Care
4. Maintain Children Safely in Their Own Home
5. Risk assessment and safety management operationalized as "Safety Assessment Forms Completed Accurately"

The proceeding sections address each of the safety outcomes measures, any modifications to the measures, and Colorado's efforts to maintain or improve performance.

### ***Timeliness of Response to Initial Abuse/Neglect Investigations***

This measure is now called timeliness of initial response to abuse/neglect assessments. Based on data available in Trails, Colorado tracks the timeliness of caseworkers' face to face contact, or attempted contact, with alleged victims of child abuse or neglect. Referrals accepted for assessment are assigned immediate, three day, or five day response times according to rules outlined in Volume 7 of the Code of Colorado Regulations. The figure below shows the percentage of initial and attempted contacts made within the time frame assigned by the county departments.

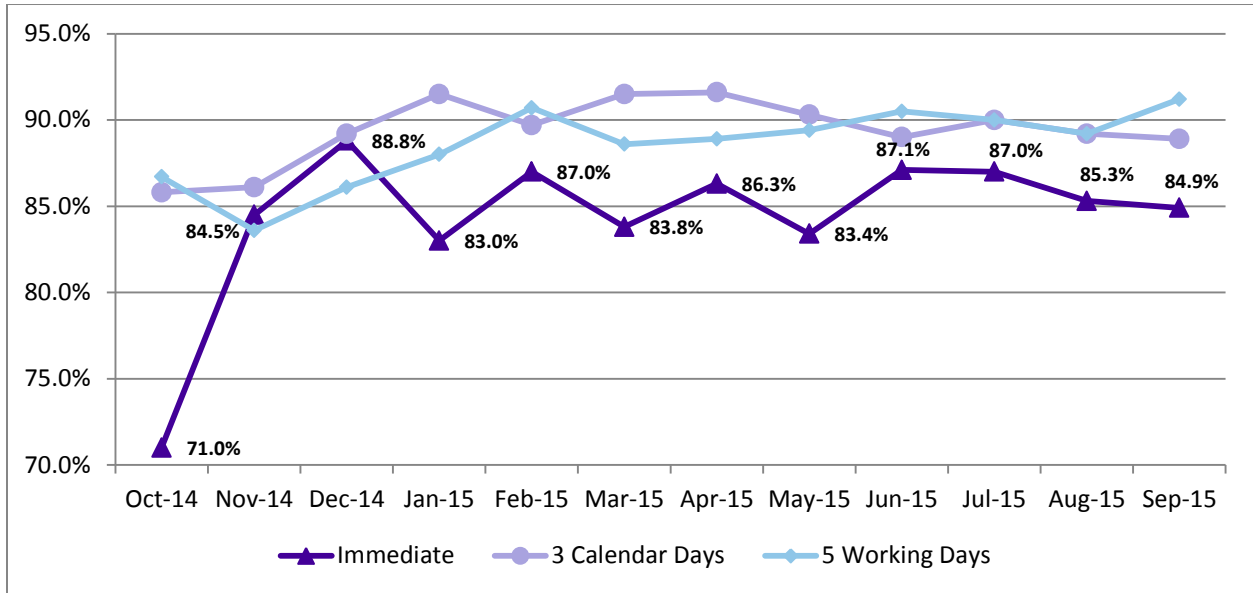
Figure 1: Colorado's timeliness of initial response to abuse/neglect assessments for Federal Fiscal Year (FFY) 2015



Since January 2015 Colorado's performance has not dropped below 88%. The state achieved, or exceeded, CDHS' 90% goal for three months in FFY 2015. This measure is a focus of CDHS' CQI efforts. Statewide and county specific performance on this measure is assessed monthly as part of C-Stat. As a result of these monthly reviews, DCW staff targets underperforming counties for coaching and technical assistance.

The state's CQI Workgroup is working to identify specific best practices and barriers that impact performance on this measure. One of the workgroup's findings includes the state's relative underperformance on referrals assigned an immediate response time compared to the other two response times (see Figure 2). Of particular concern are the assessments requiring immediate responses that are received after business hours. The workgroup is due to complete its work to identify best practices and barriers by the summer of 2016, and the results will be disseminated to county departments of human services.

Figure 2: Colorado's timeliness of initial response to abuse/neglect assessments by response times for FFY 2015

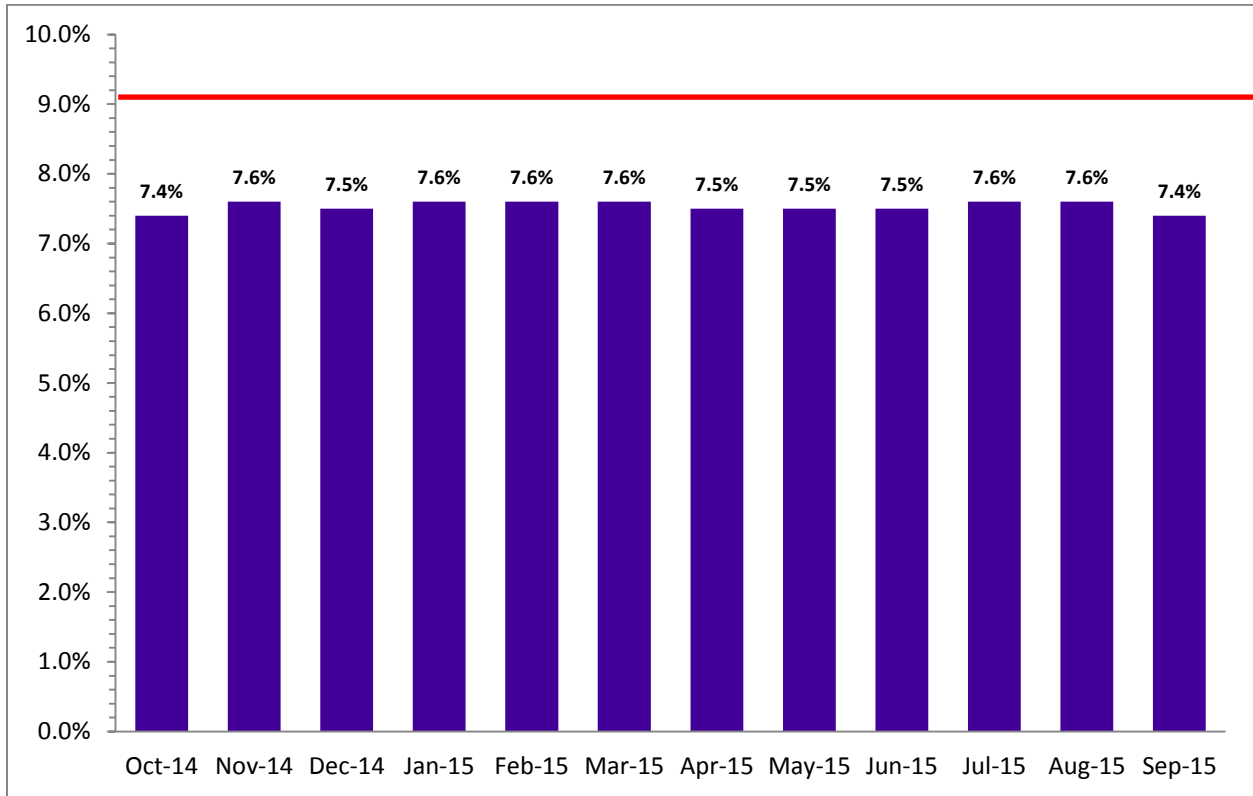


Colorado's CQI work related to this measure has also revealed errors in documentation of contacts and attempted contacts in Trails. In many cases, alleged victims are being seen, but caseworkers are documenting their contacts incorrectly in Trails. DCW has developed a brief webinar that demonstrates the proper method for documenting contacts with alleged victims. This webinar is accessible to all county workers through the Child Welfare Training System's website. CDHS will continue to look at the state's timeliness of initial response as part of its CQI process to identify barriers to making timely contacts and solutions to improve the state's performance on this measure.

**Absence of Recurrence of Maltreatment**

This measure has been updated to align with the new CFSR Round 3 statewide data indicator Recurrence of Maltreatment. In FFY 2015 Colorado's performance on the federal recurrence of maltreatment safety indicator was consistently below the national standard of 9.1% for all twelve months. The state's strength in this area can be attributed to comprehensive oversight and an array of services aimed at targeting services to families at risk of involvement; conducting thorough assessments of safety and risk; increased focus on engaging families in developing and administering treatment plans; and investing in more community level support services for families.

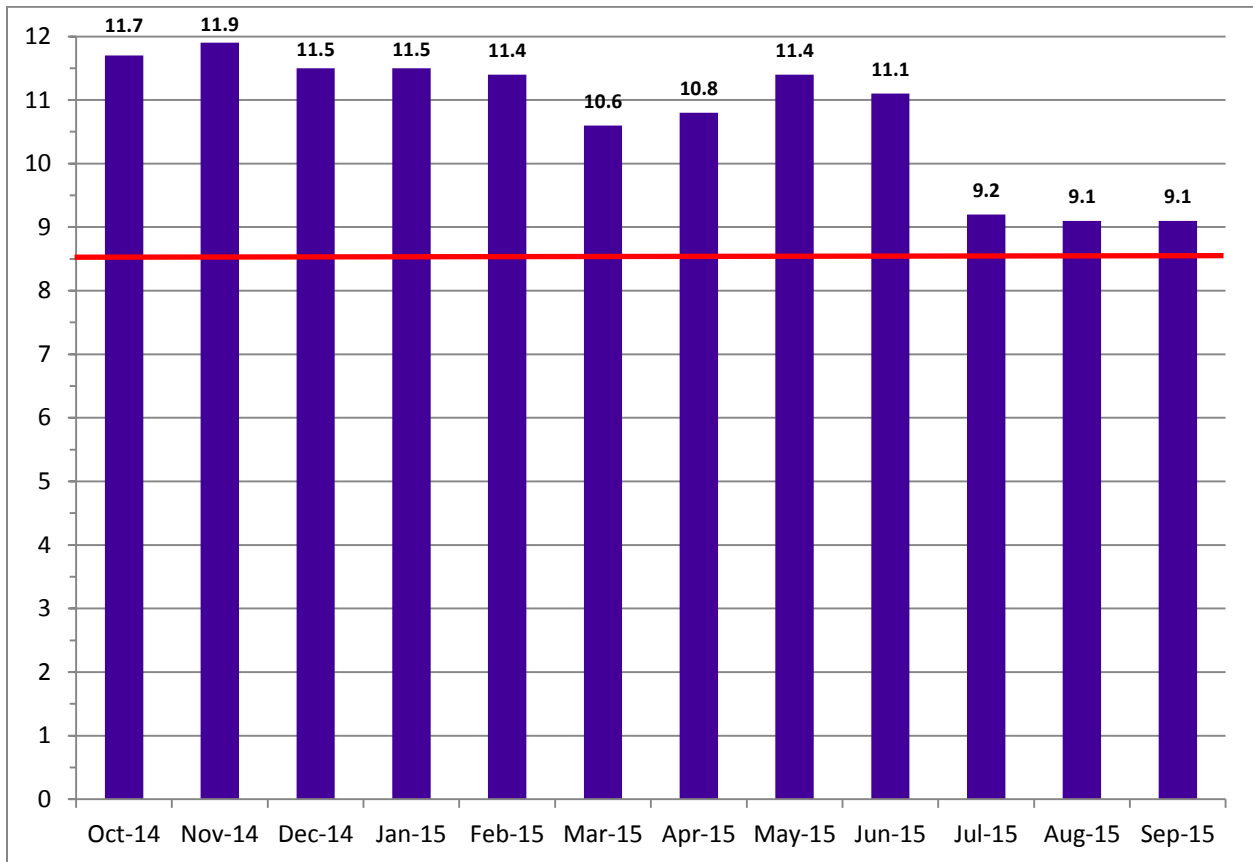
Figure 3: FFY 2015 Recurrence of Maltreatment



**Absence of Child Abuse and/or Neglect in Foster Care (12 months)**

This measure has been updated to align with the new CFSR Round 3 statewide data indicator Maltreatment in Foster Care. In FFY 2015 Colorado had a higher rate of maltreatment than national standard of 8.5; however, the rate of maltreatment decreased over the 12 month period from a high of 11.9 in November 2014 to a low of 9.1 in August and September of 2015. This downward trend has continued into the first two quarters of the FFY 2016.

Figure 4: FFY 2015 Maltreatment in Foster Care



CQI efforts related to this indicator are focused on determining where the maltreatment occurs most frequently so effective interventions can be developed. This indicator is driven by the count of substantiated reports during the 12 month target period where the report received date was during the time the child was in a foster care episode lasting 8 or more days. Reports meeting the following criteria are excluded from the count of substantiated reports:

- The child was the age of 18 or more at the time of the report.
- The incident date of the report occurred outside of the removal episode.
- The report occurred within the first 7 days of removal.

In other words, this indicator seeks to measure substantiated reports received after a child has been in foster care for eight or more days and the incident occurred during the foster care episode. A qualitative analysis of substantiated reports submitted in FFY 2015 revealed that 45% of reports involved maltreatment that happened prior to the foster care episode. The analysis also revealed that caseworkers are not routinely documenting incident dates in Trails, which is partially due to the alleged victims not knowing the actual incident dates. DCW is exploring methods to better capture incident date information in Trails, including making incident dates a mandatory field. With better incident date information, CDHS believes Colorado's rate of victimization would decrease substantially.

Regardless of the documentation issues and their impact on Colorado’s performance on this indicator, DCW is committed to eliminating abuse and neglect of children who are placed in foster care. Based on the analysis of substantiated reports that occurred during foster care episodes, DCW staff found that maltreatment in congregate care placements is disproportionately high and included incidents such as lack of staff supervision, use of inappropriate restraining methods, and abuse by a provider. Congregate care placements only represent approximately 15.7% of Colorado’s foster care placements but 36% of maltreatment occurred in those placements. For comparison, kinship placements account for approximately 27.5% of foster care placements, but only 12% of maltreatment incidents occur in those placements. The charts below illustrate the distribution of maltreatment by placement type and the approximate distribution of children and youth in foster care by placement type.

Figure 5: FFY 2015 approximate distribution of children and youth in foster care by placement type

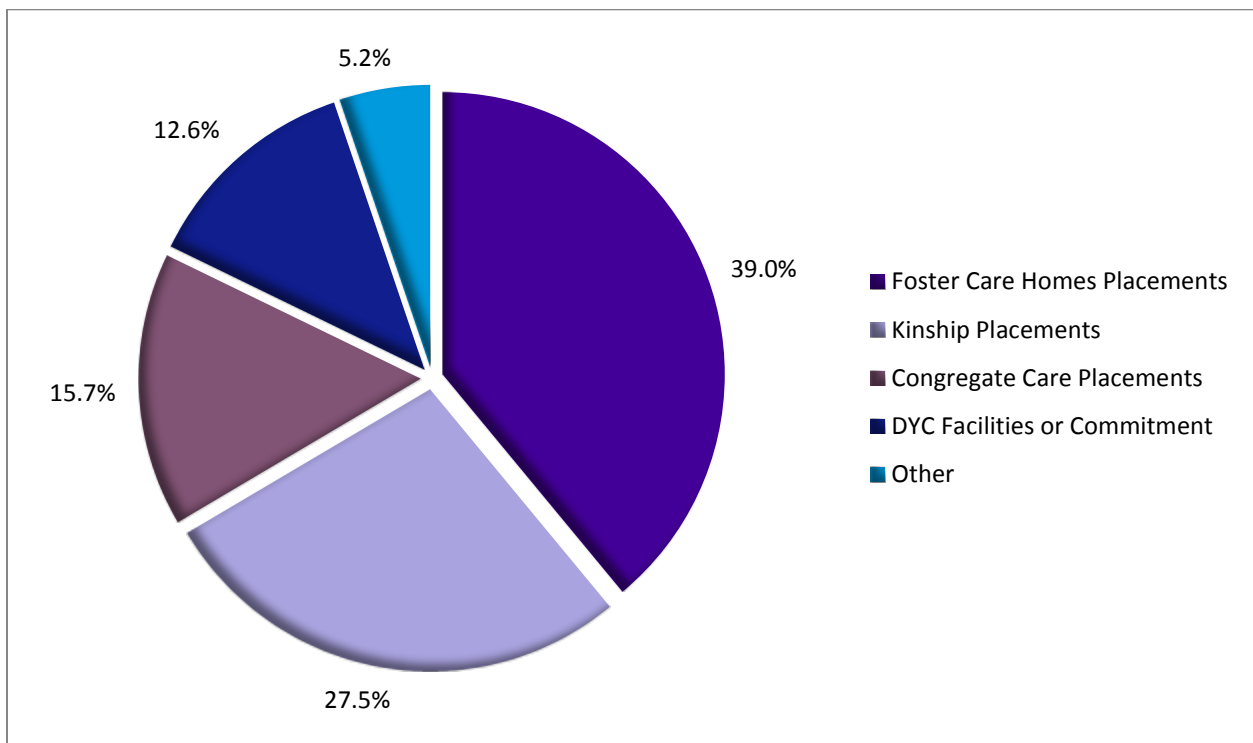
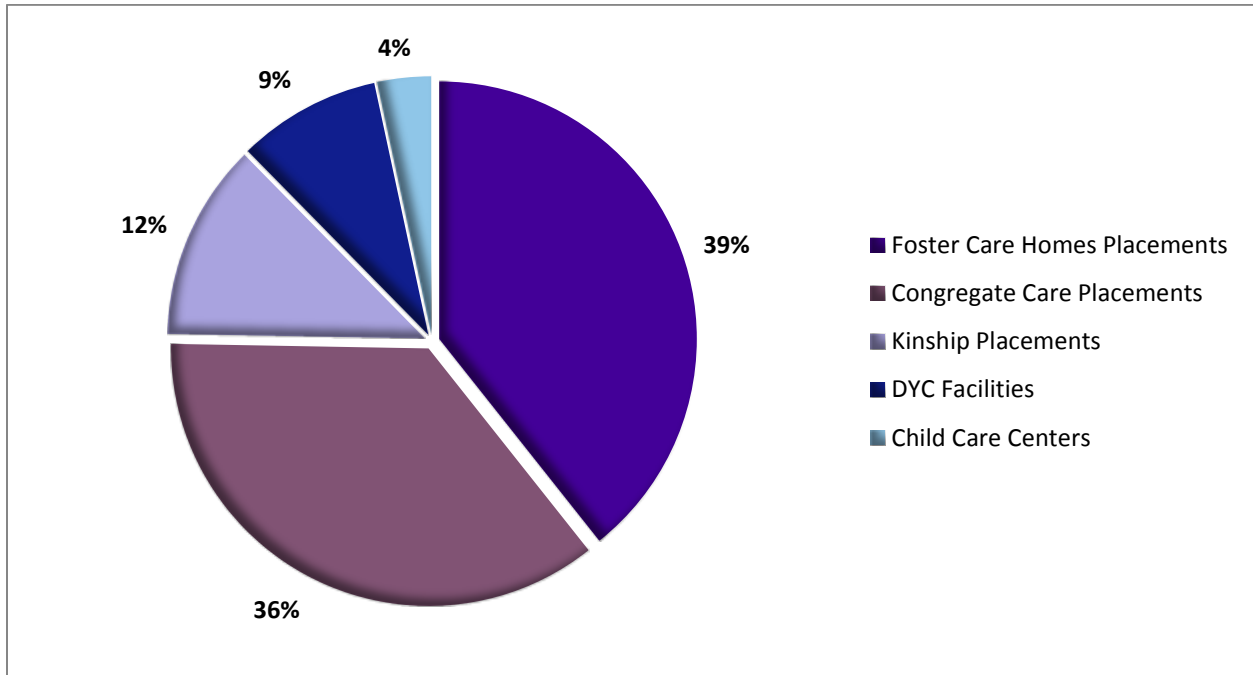


Figure 6: FFY 2015 maltreatment in foster care by placement type



Colorado’s Institutional Abuse Review Team (IART) reviews and oversees assessments of institutional abuse performed by county departments of human services. It evaluates county decision making and also recommends systemic changes to reduce, if not prevent, future instances of institutional maltreatment. In previous years, the IART consisted of county, state, and provider representatives. In FFY 2015 the team expanded its membership to include community stakeholders including medical providers and foster parents. The IART has begun to track and review data regarding referrals of institutional abuse to identify patterns and help providers and counties proactively address areas of concerns.

### ***Maintain Children Safely in Their Own Home***

This measure was tracked monthly as part of CDHS’ C-Stat initiative. It measured the number of children exiting child welfare involvement who were not placed in foster care within the first 30 days and did not enter foster care during case involvement. Feedback received from county partners through the CQI Workgroup questioned the measurement methodology and its value to case practice. As the measure looks at exit cohorts, they argued the measure doesn’t capture or reflect current child welfare practice; any practice improvements would not be immediately visible in monthly performance. Moreover, county departments would have limited ability to improve the experience of children who are part of the measure as they have already exited child welfare involvement. In response to the feedback, the CQI Workgroup reviewed the continuum of decision points in case practice to determine which decision point most impacts whether children are placed in foster care. The workgroup favors the development of a measure related to the safety and risk assessment process.



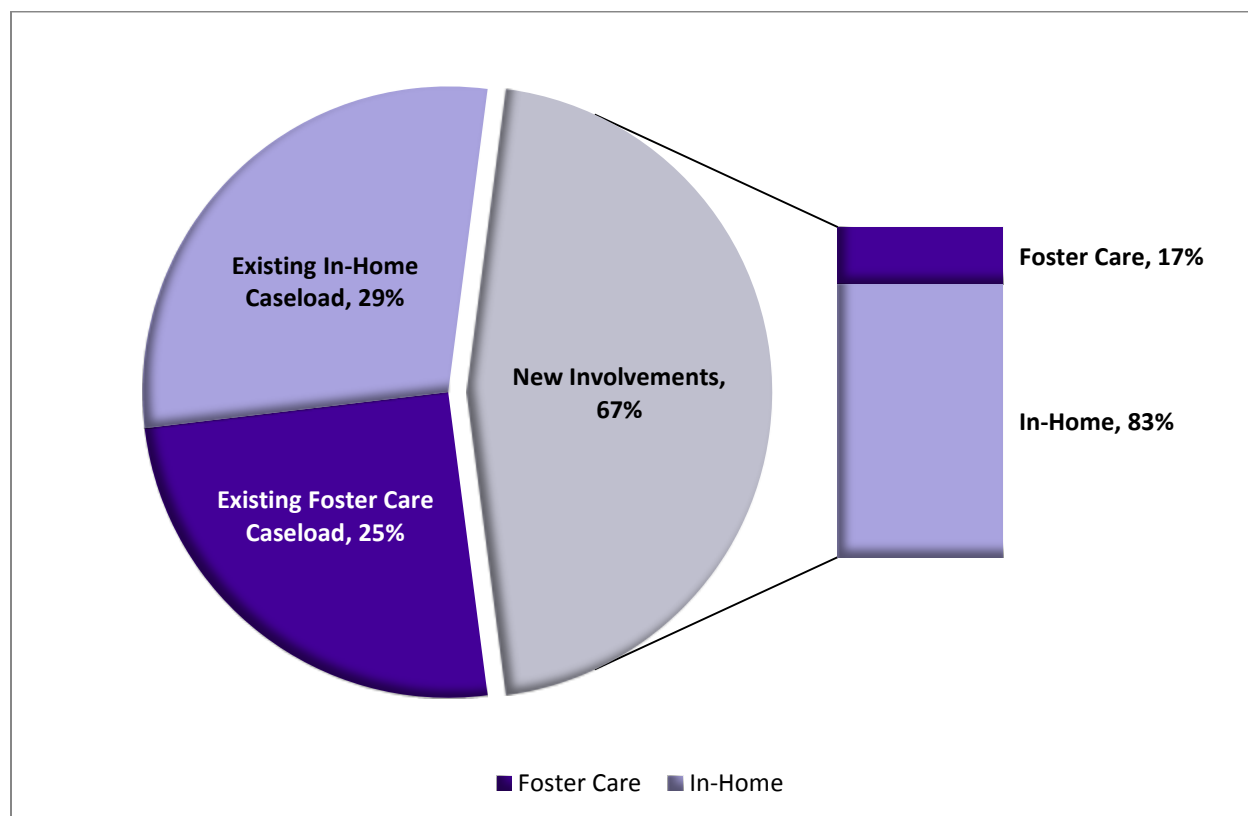
Based on the CQI Workgroup’s input, CDHS is currently exploring alternative methods of assessing how well Colorado is maintaining children safely in their own homes whenever possible and appropriate. This measure will be revisited after all counties have successfully implemented the modified Colorado Family Safety and Risk assessments. In the meantime, Colorado will continue to prioritize serving children in their own homes whenever it is safe and appropriate to do so.

In FFY 2015, 83% of all children in new involvements were served in-home. Safely reducing foster care placements is an integral part of the Colorado Practice Model’s vision. Over the past few years, the state has implemented a number of policy changes that facilitate county departments safely maintaining children in their own homes whenever possible and appropriate. Two examples include the following:

- Statutory changes that allow counties more flexibility in spending to serve children and families who are at risk of involvement with the child welfare system
- Statutory changes that permit implementation of differential response, which allows caseworkers to partner with families to provide services that meet their needs while dismissing the labels of perpetrator and victim and removing “findings” of maltreatment

The chart below compares the percentages of in-home and foster care involvements at the start of FFY 2015 with the percentages of new in-home and foster care involvements during the reporting period.

Figure 7: FFY 2015 percentage of children in foster care and in-home involvements



***Risk assessment and safety management operationalized as “Safety Assessment Forms Completed Accurately”***

Reporting on this measure has been postponed due to the revised implementation schedule for the Colorado Family Safety and Risk Assessments. Please see the *Update to the Plan for Improvement* and *Update on Progress Made to Improve Outcomes* sections (pages 61, 64, and 66) for more information about the revised implementation. Relevant rules in the Code of Colorado Regulations are in the process of being revised and are anticipated to be promulgated by November 2016. Once rules have been promulgated, CDHS’ Administrative Review Division (ARD) will modify its case review instructions and instruments to align with the requirements in the Code of Colorado Regulations and track Colorado’s compliance with the new requirements. The CFSP Measures of Progress Workgroup may revise this measure once ARD has augmented its case review instrument and instructions. Colorado’s 2018 APSR and CFSR Statewide Assessment will include an update on these efforts.

## ***Permanency Outcomes***

The federal permanency outcomes include the following:

- (A) Children have permanency and stability in their living situations
- (B) The continuity of family relationships is preserved for children

Colorado's CFSP outlines several measures CDHS uses to assess the state's performance in achieving the federal permanency outcomes. The measures, as written in the CFSP, include the following:

1. Point-in-Time Permanency Profile - Foster Care Population Flow
2. Permanency Composite 1 - Timeliness and Permanency of Reunification
3. Permanency Composite 1 - Component A, Timeliness of Reunification (Measure C1-2): exits to reunification, median stay for all children who had been in foster care for eight days or longer and discharged from foster care to reunification in the year shown
4. Permanency Composite 1 - Component B, Permanency of Reunification (Measure C1-4): re-entries to foster care in less than 12 months
5. Permanency Composite 2 - Timeliness of Adoption Component B, Progress Toward Adoption for Children in Foster Care for 17 Months or Longer (Measure C2-4): children in care 17+ months achieving legal freedom within six months
6. Permanency Composite 3 - Permanency for Children and Youth in Foster Care for Long Periods of Time (all measures)
7. Permanency Composite 4 - Placement Stability (Measure C4-1): two or fewer placements settings for children in care for less than 12 months
8. Permanency Composite 4 - Placement Stability (Measure C4-2): two or fewer placements settings for children in care for 12 to 24 months
9. Permanency Composite 4 - Placement Stability (Measure C4-3): two or fewer placements settings for children in care for 24+ months
10. Visiting with Mother: Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship?
11. Visiting with Father: Does the frequency of visitation with the father/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship?
12. Visiting with Siblings: Does the frequency of visitation with sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship?
13. Preserving Connections: Were the ICWA requirements met?
14. Is the department making concerted efforts to maintain the child/youth's connections during the review period?
15. Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents?
16. In the opinion of the reviewer, is the primary court-ordered permanency goal, at the time of the review, appropriate for this child/youth?

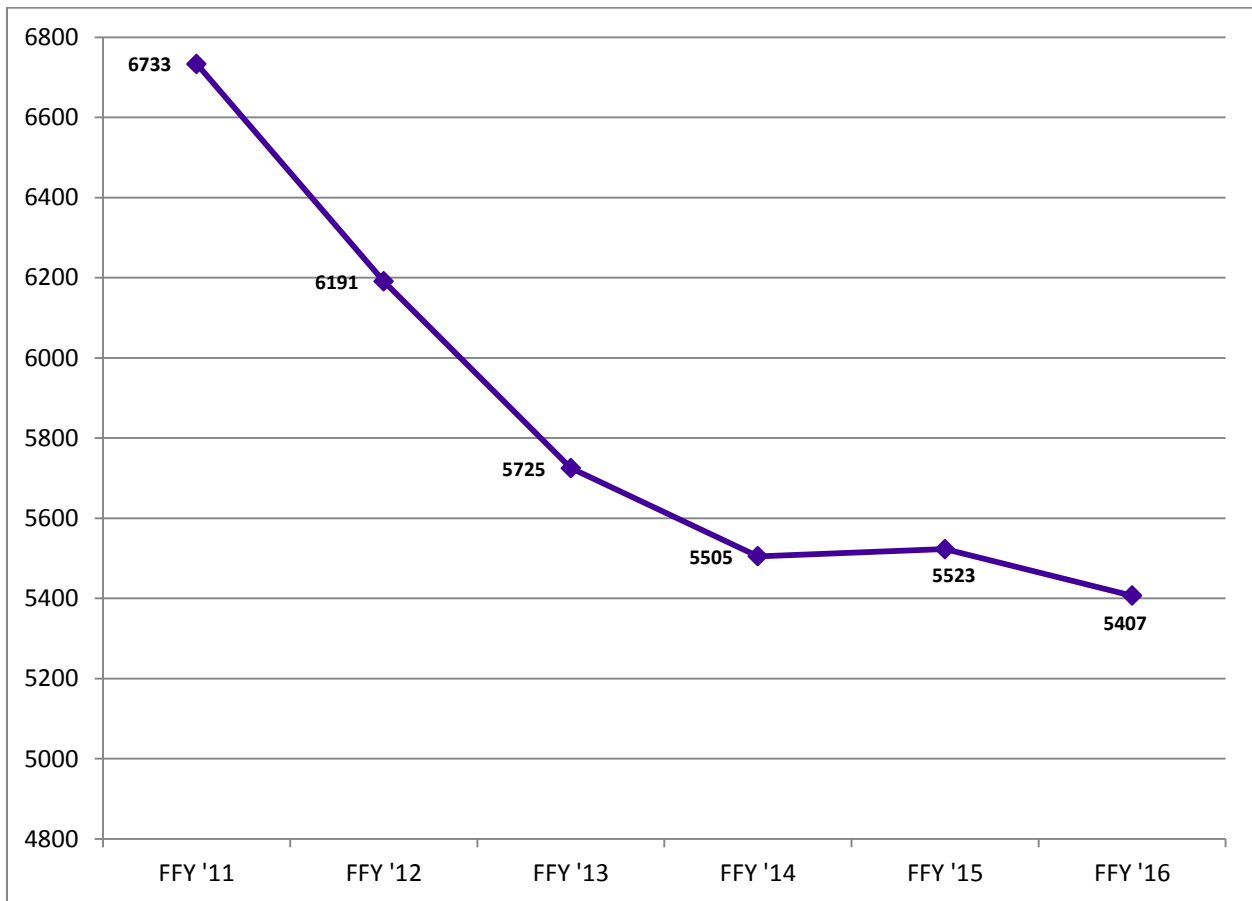
17. For a child/youth with a permanency goal of Other Planned Permanent Living Arrangement (OPPLA), is it documented that all other more permanent goals have been considered and appropriately ruled out?

All of the composite measures listed above, two through nine, have been replaced with the new CFSR Round 3 statewide data indicators related to permanency. The sections below address each of the permanency outcomes measures, any modifications to the measures, and Colorado’s efforts to maintain or improve performance. Data gathered through Colorado’s qualitative case reviews are grouped together in one section labeled Continuity of Family Relationships.

***Point-in-Time Permanency Profile - Foster Care Population Flow***

The measure tracks the number of children in foster care on the first day of the federal fiscal year. The CFSP states the goal for this measure is to maintain a consistent rate of reduction. The figure below illustrates the decline in population since FFY 2011. Colorado’s decline in its foster care population can be attributed to the state’s efforts to safely maintain children in their home whenever possible.

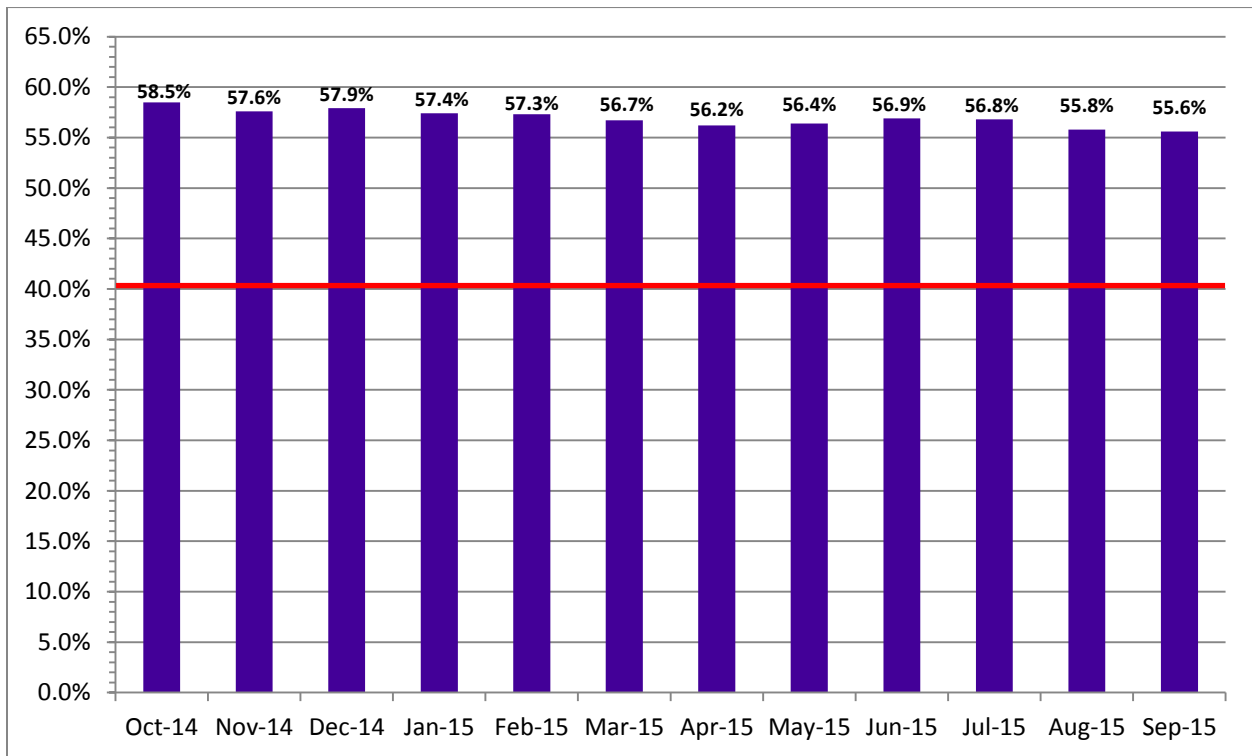
*Figure 8: Number of children in foster care on the first day of FFYs 2011 through 2016*



**Permanency in 12 months for children entering foster care**

This CFSR Round 3 statewide data indicator measures the percent of children who enter foster care during a 12 month period and are discharged to permanency within 12 months of entering care. In FFY 2015 Colorado consistently excelled in this measure by surpassing the 40.5% national standard every month.

Figure 9: FFY 2015 percentage of children who achieve permanency within 12 months



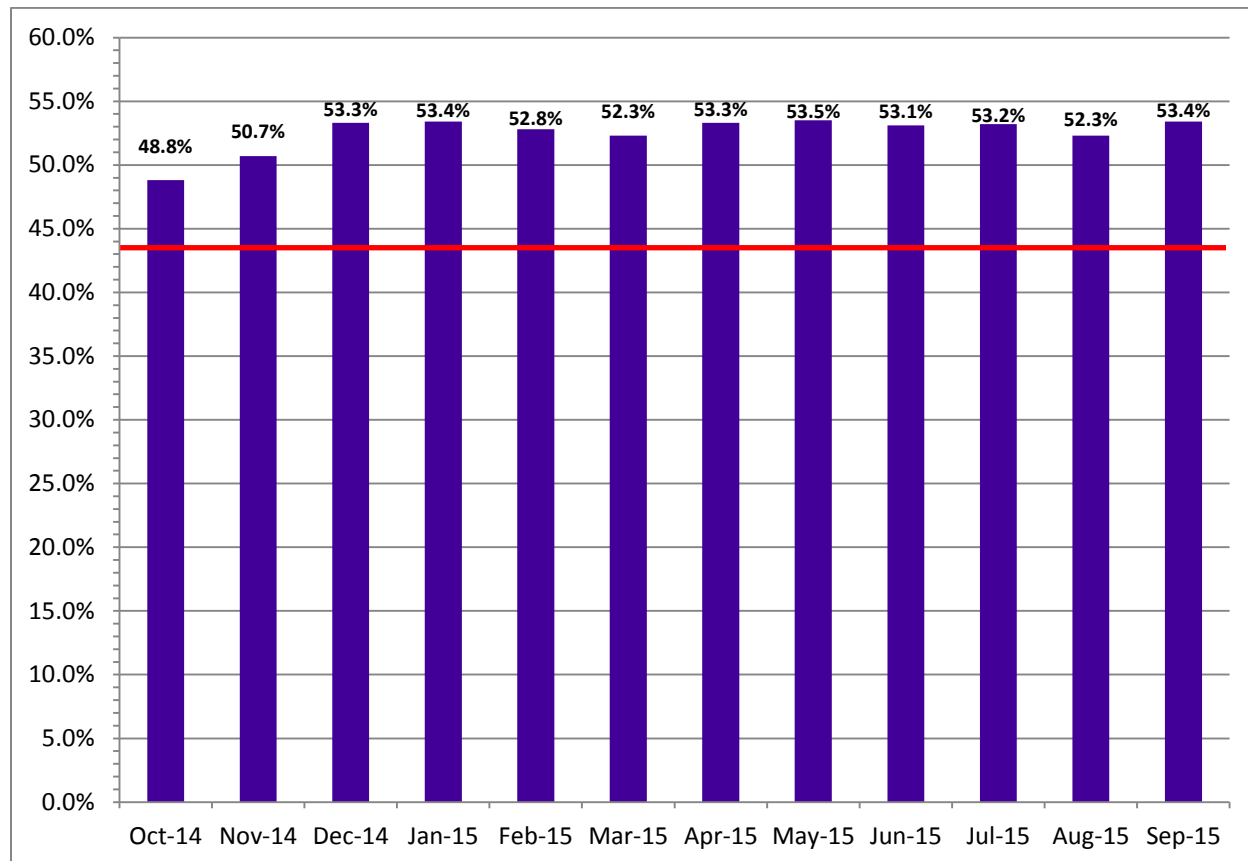
Colorado’s strength on this indicator and the following two indicators related to permanency for children in foster care can be attributed to the state’s sustained focus on evidence based practices that increase permanency for children in foster care. Many county departments of human services have implemented facilitated family engagement, permanency roundtables, and kinship support interventions through the child welfare waiver demonstration. In the vast majority of foster care cases, county caseworkers are engaging parents to participate in case planning. Additionally, CDHS is expanding its successful foster and adoptive parent recruitment initiative, Colorado Heart Gallery, to other media platforms thereby increasing its reach to non-metro area communities throughout the state.

**Permanency in 12 months for children in foster care 12 – 23 months**

This CFSR Round 3 statewide data indicator measures the percent of children who on the first day of a 12 month period have been in foster care between 12 and 23 months and are discharged to

permanency within 12 months of the first day of the 12 month period. In FFY 2015 Colorado performed well on this measure and consistently surpassed the 43.6% national standard every month.

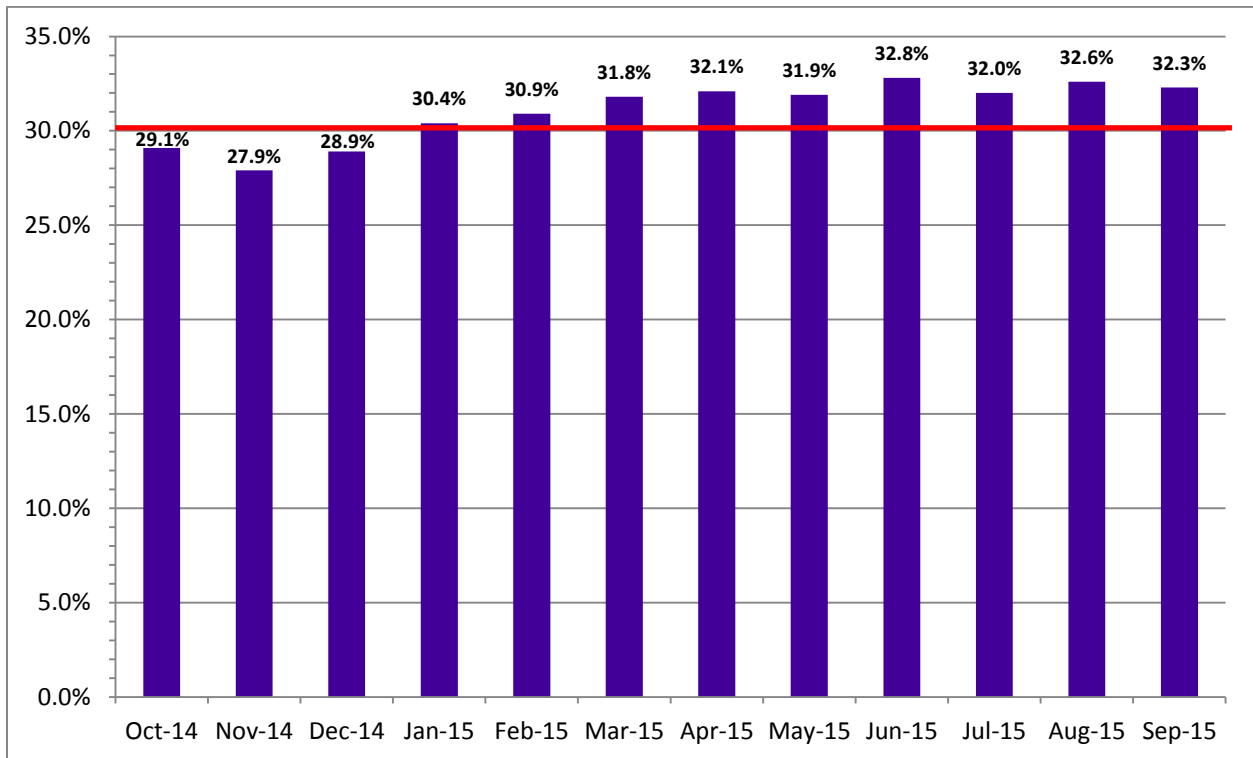
Figure 10: FFY 2015 Permanency in 12 months for children who have been in foster care 12 to 23 months



**Permanency in 12 months for children in foster care 24 months or more**

This CFSR Round 3 statewide data indicator measures the percent of children who on the first day of a 12 month period have been in care between 24 months or more and are discharged to permanency within 12 months of the first day of the 12 month period. While Colorado underperformed in the first three months of FFY 2015, performance increased and surpassed the 30.3% national standard every month since January 2015.

Figure 11: FFY 2015 Permanency in 12 months for children who have been in care 24 months or more



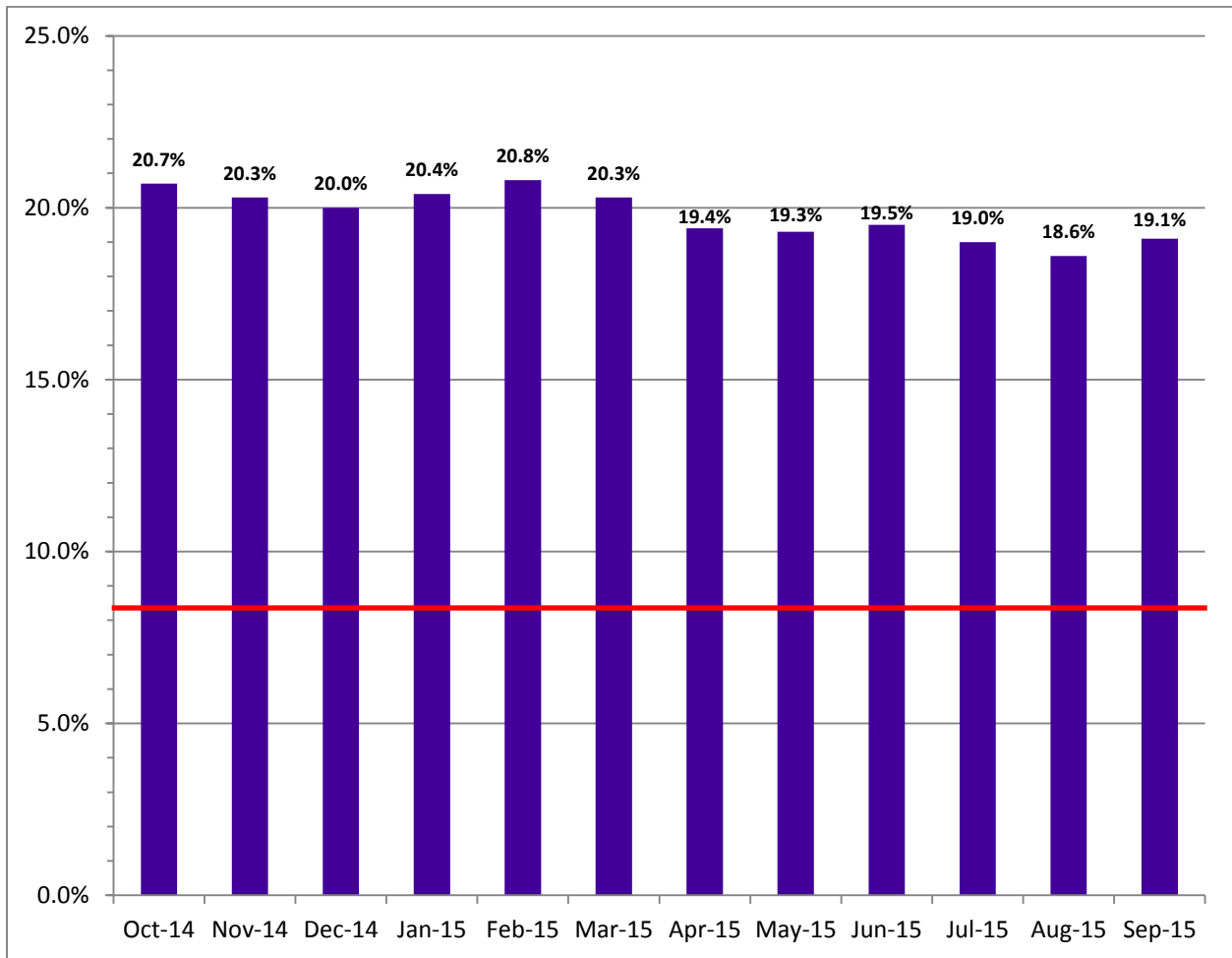
### ***Re-entry to foster care in 12 months***

This CFSR Round 3 statewide data indicator is a companion measure to the indicator Permanency in 12 months for children entering foster care. This indicator measures the population of children and youth who met the following criteria:

- entered care during a 12 month period;
- discharged to reunification, guardianship, or living with a relative within 12 months of entering care; and
- subsequently re-entered care within 12 months of being discharged.

In FFY 2015 Colorado underperformed on this indicator and consistently exceeded the 8.3% national standard every month.

Figure 12: FFY 2015 Percentage of children who re-enter foster care in 12 months



DCW is looking into how this indicator is impacted by children and youth who are on probation. In Colorado children and youth who are on probation may be court ordered to out of home care and placed in the custody of county departments of human services. These children and youth may move in and out of out of home placements according to their treatment plan or if they recidivate. DCW is evaluating this population in order to better understand all of the factors driving the state’s relatively high percentage of children and youth who re-enter foster care.

Additionally, CDHS is in the process of identifying risk factors that contribute to re-entry to foster care and protective factors that may promote lasting reunifications and durable permanent connections. DCW conducted a study of all of the children and youth in the child welfare system that were re-unified between 2010 and 2014. Of the 19,743 who re-unified, 4,220 children and youth re-entered foster care. The median time to re-enter was seven months; however, approximately 30% of those who re-entered foster care did so within the first four months of discharge. The analysis broke out the re-entry population into three groups based off of their age at reunification: 0-5, 6-12, and 13-17 years of age. Parental substance abuse and child neglect were indicators of elevated risk for re-entry in the 0-5 years and the 6-12 years age groups. Child behavior and parent’s inability to cope were indicators of elevated



risk for re-entry in the 13-17 years age group. The analysis provides evidence that being placed in foster care homes or kinship care prior to reunification were protective factors for the two older age groups. For every age group in the population of children and youth who did not re-enter, the analysis provides evidence that being in foster care for greater than 12 months is a protective factor. Further research needs to be done to determine at which point length in time in care ceases to be a protective factor.

Based on DCW's analysis, CDHS is working on policy proposals and potential interventions aimed at reducing the high percentage of children and youth who re-enter foster care. The prevalence of re-entry within the first few months of reunification suggests the need for continued supports after reunification. DCW is working with county partners to develop practice expectations related to the delivery of services after reunification. DCW is also planning to use Adoption and Legal Guardianship Incentive payments to fund pilots of post permanency support programs; more information about the use of adoption incentive payments is documented in *Adoption and Legal Guardianship Incentive Payments* section.

Colorado is engaged in a number of projects that seek to address the intersections between substance abuse and child abuse and neglect. Colorado's Children's Justice Act Task Force is funding a project by Colorado Drug Endangered Children to develop hospital protocols to better screen and test for maternal substance abuse. A minimum of six hospitals will implement the protocols beginning in late FFY 2016 continuing through FFY 2017. This intervention may help Colorado increase consistency in reports of child abuse and neglect for substance exposed newborns. Additionally, the project includes an ongoing review of state laws, ordinances, regulations, protocols, and procedures that need to be updated to best serve substance exposed newborns and their families.

In October 2014 Colorado became one of five states to win an Office of Juvenile Justice and Delinquency Prevention Statewide System Reform Program (SSRP) award. Now known as Colorado's Dependency and Neglect System Reform Program (DANSR), this new federal initiative plans to infuse six effective drug court practices into dependency and neglect cases across the state. The practices include the following:

1. Each jurisdiction will adopt a protocol to promptly identify a family's treatment needs.
2. Families are promptly placed in accessible, appropriate treatment.
3. Families are given access to a continuum of evidence-based alcohol, drug, and mental health services.
4. Judicial districts will be encouraged to increase judicial oversight through early and frequent interaction in all cases.
5. Institutions will be encouraged to share data to effectively measure the achievement of treatment goals and gauge effectiveness.
6. Cross system teams will coordinate strategy at the case-level and participate in collaborative training.

In FFY 2015 DANSR convened an executive oversight committee and various project workgroups with diverse membership from state and county agencies. The program partnered with the National Center

for State Courts to design evaluation and performance measures for the initiative. Additionally, the program began developing and testing infusion strategies with four pilot counties. Evaluation of the pilots' practices will include the following:

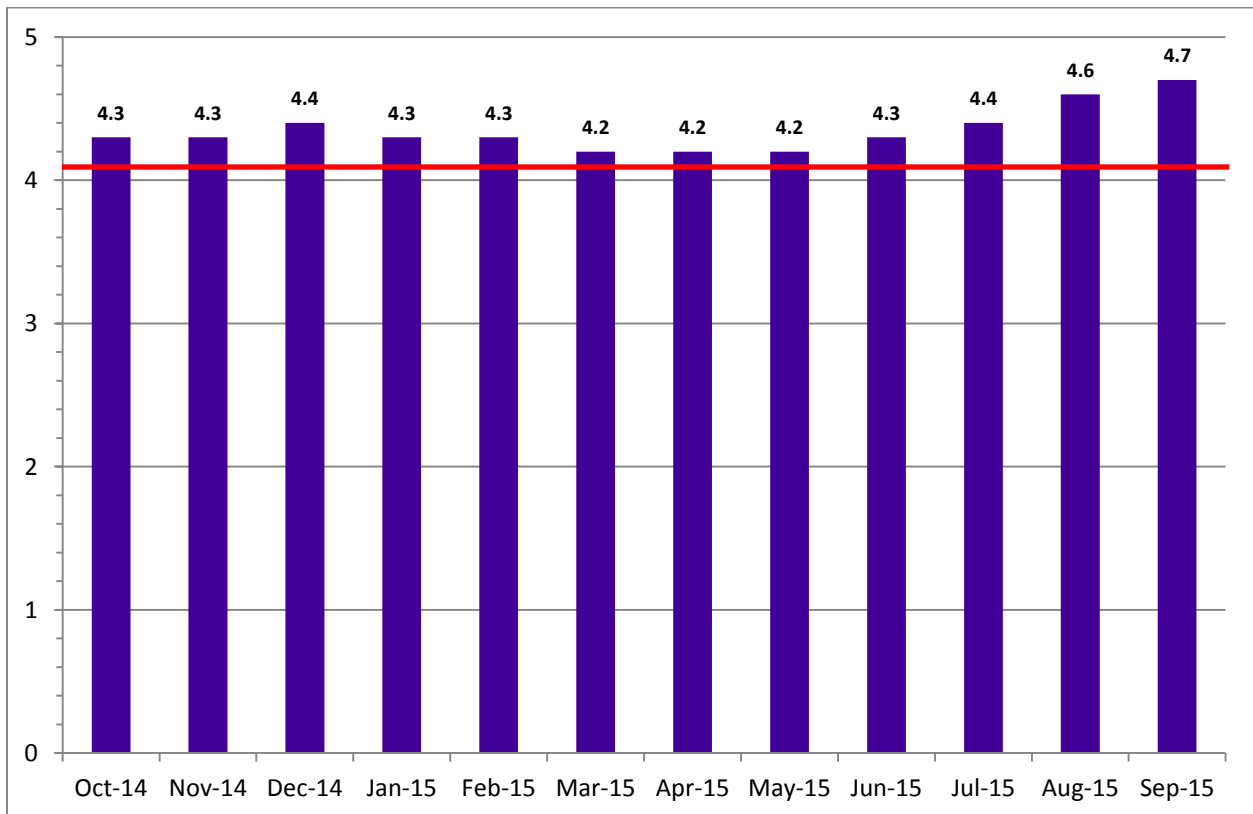
- timeliness of access to substance abuse treatment; and
- placement of parent in appropriate substance abuse treatment level of care.

Colorado anticipates these interventions will have a meaningful impact on increasing children's safety and permanency. An anticipated outcome includes a reduction in the number of children and youth who re-enter foster care. CDHS will monitor the performance of the pilot counties to assess the initiative's efficacy in reducing re-entry to foster care.

### ***Placement Stability***

This CFSR Round 3 statewide data indicator measures the rate of placement moves for children who have been in foster care between 0 and 12 months. In FFY 2015 Colorado underperformed on this indicator and exceeded the 4.1 national standard every month.

*Figure 13: Rate of placement moves for all children who entered care in FFY 2015*



As part of Colorado's collaborative CQI efforts related to this indicator, county departments of human services have highlighted positive placement moves in which children and youth are moved from congregate care settings to more family-like settings with foster care parents or kinship providers. Colorado is in the midst of "right-sizing" its use of congregate care placements. Approximately 8% of Colorado's average daily population of children and youth in open child welfare involvements are in congregate care settings. While congregate care placements will remain a part of Colorado's child and family services continuum, CDHS is working with county partners to develop a margin for congregate care usage in the state. Planned placement changes for the purpose of moving children and youth into less restrictive settings, achieving other case goals, or meeting the needs of the child or youth will inevitably contribute to Colorado's rate of placement moves; however, these efforts do not account for all of Colorado's placement moves. FFY 2015 qualitative case review data show that only 45% of children and youth who experienced one or more placement changes were moved in an effort to achieve their case goals or meet their individual needs.

Case review data show that the two most frequent reasons for unplanned moves in FFY 2015 were requests by providers (29%) and youth behavior (19%). Many of Colorado's efforts to reduce the state's rate of placement moves center on providing more supports to foster care providers. Some counties that are performing well on this indicator cite their use of Core Services funding to provide more supports to foster care parents and kinship providers. The Core Services Program, which is described in more detail in *Update on Service Description* section, provides funding to county departments of human services to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible.

The IV-E Waiver Oversight Committee is also providing funding through the child welfare waiver demonstration to provide services to ease issues related to being a foster care parent. In FFY 2016 Larimer County was approved to implement a two year pilot project to contract with local organizations that will provide in home individualized staff support for foster care, non-certified kinship care, and certified kinship foster care homes in their county. The support will include but is not limited to de-escalating youth, assisting youth with chores/homework, engaging youth in activities, being present with the youth so the foster/kin parent can be away from the home for appointments/errands, transportation of youth to appointments, and other needs as they arise. Performance goals for the pilot include the following:

- reduction in number of children and youth in congregate care placements;
- reduction in rate of placement moves;
- reduction of number of children in foster care for 12 to 24 months;
- increase the number of new foster care homes recruited each year; and
- increase the retention of current foster care homes.

The pilot will be evaluated to determine its success in achieving the goals listed above, and if successful, CDHS will seek to replicate this model in other communities throughout the state.

**Continuity of Family Relationships**

The following measures are assessed during CDHS’ qualitative case reviews. Colorado’s performance in FFY 2015 is largely consistent with FFY 2014. With the exception of one measure, Colorado is underperforming on this permanency outcome. DCW’s Permanency Unit is reviewing the specific factors that impact case reviewers’ assessment of the measures listed below. The team intends to conduct county outreach to understand the practice level barriers that impede positive performance on these measures. Updates on the team’s work will be included in the 2018 APSR.

*Table 1: FFY 2015 permanency outcome (B) measures*

<b>Measure</b>	<b>CFSP Goal</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
Visiting with Mother: Does the frequency of visitation with the mother/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship?	95%	70.7%	<b>69.4%</b>
Visiting with Father: Does the frequency of visitation with the father/guardian/kin adequately address the needs of the child/youth to maintain or promote continuity of the relationship?	95%	66.5%	<b>58.6%</b>
Visiting with Siblings: Does the frequency of visitation with sibling(s) adequately address the needs of the child/youth to maintain or promote continuity of the relationship?	95%	91.5%	<b>90.1%</b>
Preserving Connections: Were the ICWA requirements met?	95%	29.2%	<b>29.7%</b>
Is the department making concerted efforts to maintain the child/youth’s connections during the review period?	95%	100%	<b>99.9%</b>
Did the agency promote and support a positive and nurturing relationship between the child/youth and his/her parents?	95%	87.7%	<b>87%</b>
In the opinion of the reviewer, is the primary court-ordered permanency goal, at the time of the review, appropriate for this child/youth?	95%	87.9%	<b>88.3%</b>
For a child/youth with a permanency goal of Other Planned Permanent Living Arrangement (OPPLA), is it documented that all other more permanent goals have been considered and appropriately ruled out?	95%	75.5%	<b>71.9%</b>

## **Well-Being Outcomes**

The federal well-being outcomes include the following:

- (A) Families have enhanced capacity to provide for their children's needs.
- (B) Children receive appropriate services to meet their educational needs.
- (C) Children receive adequate services to meet their physical and mental health needs.

Colorado's CFSP outlines several measures CDHS uses to assess the state's performance in achieving the federal well-being outcomes. The measures, as written in the CFSP, include the following:

1. Worker Visits with Child (Frequency of Visits): In what percent of cases did agency personnel have contact with the child every month?
2. Worker Visits with Child (Quality of Visits): Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?
3. Child/Family Involvement in Case Planning (contains 4 separate measures):
  - a. Was the OOH provider engaged in case planning during the review period?
  - b. Was the child/youth engaged in case planning during the review period?
  - c. Was the mother/guardian/kin engaged in case planning during the review period?
  - d. Was the father/guardian/kin engaged in case planning during the review period?
4. Was educational stability provided for the child during the review period?
5. For youth aged 16 and older, is the youth on track to graduate and/or complete high school?
6. For children aged 3 to 5, is the child enrolled in Head Start or another early childhood education program?
7. Did the child/youth receive a medical exam or medical screening, or was a medical exam scheduled within two weeks of initial placement?
8. Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of the initial placement?
9. Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs?
10. Were the child/youth's mental health needs (including the need for psychotropic medications) assessed?
11. Were mental health services provided to meet the child/youth's needs during the review period?

Colorado's qualitative case reviews assess counties' performance on the measures listed above, and the data are aggregated to reflect statewide performance. The sections below address the measures for each well-being outcome, any modifications to the measures, and Colorado's efforts to maintain or improve performance.

**Families Have Enhanced Capacity to Provide For Their Children’s Needs**

In FFY 2015 Colorado did not meet all of its performance goals for federal well-being outcome A. FFY 2015 performance is largely consistent with FFY 2014. The table below shows Colorado’s performance for each of the measures.

*Table 2: FFY 2015 well-being outcome (A) measures*

<b>Measure</b>	<b>CFSP Goal</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
Worker Visits with Child (Frequency of Visits): In what percent of cases did agency personnel have contact with the child every month?	95%	89.2%	<b>87%</b>
Worker Visits with Child (Quality of Visits): Was the quality of contacts with the child/youth sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and to promote achievement of case goals?	95%	76.7%	<b>78.5%</b>
Was the OOH provider engaged in case planning during the review period?	95%	99.7%	<b>99.7%</b>
Was the child/youth engaged in case planning during the review period?	99.9%	99.7%	<b>99.7%</b>
Was the mother/guardian/kin engaged in case planning during the review period?	91.4%	96.5%	<b>95.8%</b>
Was the father/guardian/kin engaged in case planning during the review period?	80.8%	90.6%	<b>89.8%</b>

While caseworkers completed 95.2% of monthly visits associated the population of children and youth in foster care who are reported in Colorado’s AFCARS submissions, caseworkers completed only 87% of monthly visits associated with Colorado’s population of children and youth who have been in custody of county departments for six months or more. DCW staff monitors quarterly monthly caseworker visit data reports and shares this information with county departments of human services.

An important factor that impacts the frequency and quality of caseworker visits with the child is insufficient staffing and caseworker turnover throughout the state. As noted in last year’s APSR (page 109 under the “Information on Child Protective Service Workforce” section), a workload study focused on county child welfare workers was conducted in 2014 as part of Governor Hickenlooper’s child welfare plan, Keeping Kids Safe and Families Healthy 2.0. The study found that Colorado needs approximately 574 additional full-time caseworker positions and 122 related supervisory positions to handle the state’s caseloads.

Based on the study’s findings, the Colorado General Assembly approved and allocated funding to hire 184 new county child welfare caseworker positions: 100 in state fiscal year (SFY) 2015-16 and 84 in SFY 2016-17. These positions are allocated to counties by a state county collaborative workgroup, the Child Welfare Allocation Committee. Additionally, since the 2014 study, many counties have increased their

number of caseworkers and other case management staff by authorizing additional positions out of their county funding. These efforts have helped to close the staffing gaps identified in 2014; however, there are still staffing needs in counties across Colorado. As the new caseworkers are hired, trained, and begin casework, Colorado anticipates improved performance in the frequency and quality of caseworker visits with children and youth in open child welfare involvements.

The goals for engagement of children/youth, mothers, and fathers need to be adjusted to align with the CFSP's Plan for Improvement. The goals for engagement of family members on page 46 of the CFSP reads as follows:

Engagement of family members in case planning is enhanced as follows:

- Youth: 99.9% engagement rate is maintained for nine out of twelve months for each year of the five-year period.
- Mother: Engagement rate is base lined for SFY 2015–16, increased 5% per year for SFY 2017–18, and re-evaluated in SFY 2019.
- Father: Engagement rate is base lined for SFY 2015–16, increased 5% per year for SFY 2017–18, and re-evaluated in SFY 2019.

Last year's APSR reported baselines for parental engagement rates: 91.4% for mothers and 80.8% for fathers. In order to align with federal fiscal year time frames and the way qualitative case review data are reported, CDHS proposes the following revision:

Engagement of family members in case planning is enhanced as follows:

- Youth: The engagement rate will be maintained at 99.9% for three out of four quarters each year of the five year period.
- Mother: The engagement rate's baseline, 91.4%, will be maintained for FFY 2015. Colorado will increase engagement by 5% every year through FFY 2018. The goal will be re-evaluated in FFY 2019.
- Father: The engagement rate's baseline, 80.8%, will be maintained for FFY 2015. Colorado will increase engagement by 5% every year through FFY 2018. The goal will be re-evaluated in FFY 2019.

Colorado achieved most of its goals associated with engagement in case planning. In FFY 2015 caseworkers engaged 95.8% of mothers, and 87.8% of them participated in case planning. Caseworkers engaged 89.8% of fathers were engaged to participate in case planning, and 77.2% of them actually participated. Colorado did not meet the goal for youth engagement. Caseworkers engaged youth to participate in case planning in 99.7% of cases, and overall, youth participated in 99.3% of cases. At 100%, the youth engagement rate was highest in the first quarter of FFY 2015, but dropped to 99.8% and 99.3% for the remaining quarters.

Colorado's strength in this area can be attributed to CDHS and county departments' of human services implementation of facilitated family engagement through the child welfare waiver demonstration. DCW

is working with county departments through the Child Welfare Sub-PAC to clarify practice expectations and rules related to family engagement. CDHS believes this collaborative work will help Colorado to continue to strengthen families' ability to provide for their children's needs.

***Children Receive Appropriate Services To Meet Their Educational Needs***

In FFY 2015 Colorado did not meet the 95% goal for any of the measures associated with this federal well-being outcome; however, enrollment in Head Start or another early childhood education program increased over the previous year. The table below shows Colorado's performance for each of the measures.

*Table 3: FFY 2015 well-being outcome (B) measures*

<b>Measure</b>	<b>CFSP Goal</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
Was educational stability provided for the child during the review period?	95%	66.5%	<b>63%</b>
For youth aged 16 and older, is the youth on track to graduate and/or complete high school?	95%	79%	<b>76.6%</b>
For children aged 3 to 5, is the child enrolled in Head Start or another early childhood education program?	95%	77.5%	<b>83.2%</b>

Educational outcomes for children in foster care are of paramount importance to CDHS and its partners. Efforts to improve are underway and include adoption of the Blueprint for Change: Education Success for Children in Foster Care and implementation of a pilot program to test strategies that will improve educational outcomes for children and youth in foster care. These efforts target systemic barriers that impact educational outcomes as well as case specific barriers that impact the educational attainment of students in foster care.

In September 2014 the University of Northern Colorado submitted a trend study to CDHS and the Colorado Department of Education (CDE) that showed on-time graduation rates for foster youth were far below their peers without foster care involvement. This study prompted CDHS and CDE to adopt the Blueprint for Change, which is a framework for direct case advocacy and system reform to improve educational outcomes for children in foster care. It was developed by the American Bar Association with support from Casey Family Programs and is being utilized by six other states and the District of Columbia. In FFY 2015 CDHS, CDE, and the Child Welfare Executive Leadership Council convened an advisory committee, the Educational Outcomes Steering Committee (EOSC), to oversee the development and implementation of the Blueprint for Change ("Blueprint") in Colorado. The EOSC is comprised of representatives from several state agencies, county departments, school districts, post-secondary institutions, community agencies, and local and national foundations.



The committee is in the process of developing recommendations for phased implementation of specific Blueprint benchmarks. In February 2016 the EOSC finalized its recommendations related to two benchmarks under Goal 1:

Goal 1: Youth are entitled to remain in their same school when feasible.

1-C: When in their best interests, youth have a legal right to remain in the same school (school of origin) even when they move outside the school district, and schools that retain children are not financially penalized.

1-D: Youth are entitled to necessary transportation to their school of origin, with responsibilities clearly designated for transportation costs.

One of the EOSC's recommendations related to benchmark 1-C calls for the establishment of practice expectations to determine whether it is in a child's best interest to remain in their school despite changes in placements, including reunification. DCW and the Child Welfare Sub-PAC have formed a work group to explore whether rule or legislative changes are necessary to implement this EOSC recommendation. Additionally, DCW is collaborating with Casey Family Programs to pilot best interest determination processes with three county departments of human services; this pilot will be discussed in more detail below. In response to EOSC's recommendations related to benchmark 1-D, DCW is releasing a competitive procurement solicitation for a statewide transportation needs assessment. The study will help DCW and the EOSC understand where there are gaps in education related transportation services throughout the state.

DCW is in its second year of piloting specific strategies to improve educational outcomes for children and youth in foster care. In calendar year 2015 CDHS in partnership with Casey Family Programs released a Request for Applications to fund local collaborative efforts to improve educational stability and attainment for students in foster care. Requirements included collaboration between the county departments of human services, local school districts, and local judicial districts. Three counties were awarded funding in the form of mini-grants: Douglas, Larimer, and Jefferson counties. Douglas and Jefferson counties piloted projects that provided individualized services to specific students in foster care; Larimer County developed and piloted an educational needs and stability assessment process through their Family Assessment and Planning Team, which is a multi-disciplinary team that assists families with youth who are at risk of out of home placement or who need individualized supports to return home.

Casey Family Programs provided additional funding in Calendar Year 2016 to expand the pilot to additional sites. The 2016 pilot requires participating counties to implement a "standard and deliberate process," per federal guidance (program instruction log no. ACYF-CB-PI-10-11), to determine if it is in a child or youth's best interests to stay in the same school upon a change in child welfare placements including reunification. Three counties were awarded funding: Jefferson, Morgan, and Pueblo counties. Jefferson County is continuing to provide individualized services to a targeted caseload of students in foster care and adding work to enhance collaboration and communication between the county's Division of Children, Youth, and Families and the local school district. Morgan County is providing

transportation services for students in foster care to allow them to remain in their school of origin, implementing a best interest assessment process, and developing procedures to enhance communication and coordination between schools of origin and receiving school districts in the event school changes are necessary. Pueblo County is conducting a multi-year longitudinal study of current and former students in foster care to better understand the reasons contributing to disparities in educational attainment. The study will identify recommendations that include specific supports needed to improve educational outcomes for students in foster care, methods to track outcomes, and a collaborative process to determining students’ best interests when school change is an option.

Participation in the pilot requires counties to submit final reports at the end of the calendar year. The reports must address the following:

- a detailed description of the implementation of their pilot projects;
- assessment of outcomes of the children and youth served;
- assessment of the system’s capacity to support educational stability and outcomes;
- challenges that arose during implementation and the process for overcoming them; and
- lessons learned and identification of any practice or policy changes.

CDHS and Casey Family Programs will review the final reports to inform statewide efforts to improve educational outcomes for students in foster care and support dissemination of successful strategies to other jurisdictions.

***Children Receive Adequate Services To Meet Their Physical And Mental Health Needs***

In FFY 2015 Colorado did not meet all of its performance goals for federal well-being outcome C; however, the state continues to excel at assessing the mental health needs of children and youth in foster care. The table below shows Colorado’s performance for each of the measures.

*Table 4: FFY 2015 well-being outcome (C) measures*

<b>Measure</b>	<b>CFSP Goal</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
Did the child/youth receive a medical exam or medical screening, or was a medical exam scheduled within two weeks of initial placement?	95%	65.8%	<b>64.2%</b>
Did the child/youth receive a full dental examination or was a dental exam scheduled within eight weeks of the initial placement?	95%	74%	<b>68.8%</b>
Has the child/youth received regular health care, including immunizations, and/or treatment for identified health needs?	95%	80%	<b>75.3%</b>
Were the child/youth’s mental health needs assessed?	95%	99.5%	<b>99.3%</b>
Were mental health services provided to meet the child/youth’s needs during the review period?	95%	72.5%	<b>73.1%</b>

CDHS is partnering with Colorado's Foster Care Coordinators group to identify barriers to providing initial and ongoing health care for children and youth in foster care. Possible issues may include inconsistent documentation of health care visits and limited access to medical records. DCW will partner with ARD, the CQI workgroup, and county staff to investigate this issue through Colorado's CQI process.

## ***Systemic Factors - Statewide Information System***

Trails is Colorado's certified state automated child welfare information system. The system contains a database of the children, youth, and families that are currently receiving services or have done so in the past. Information documented in Trails is used to produce approximately 1,000 structured and ad-hoc reports to satisfy federal reporting requirements and also supports CDHS' efforts to assess the performance and effectiveness of Colorado's child welfare services.

The Code of Colorado Regulations requires caseworkers to use the statewide information system to document information regarding status, demographic characteristics, location, and placement goals for every child in foster care. While CDHS has a robust quality assurance and case review process that looks at case documentation at varying decision points throughout child welfare case practice, the data are not captured in a way that allows reporting on the accuracy of the information entered into Trails. To better align with the Children's Bureau's guidance regarding CFSR Round 3 systemic factors, DCW's CFSP Measures of Progress Workgroup is working to develop a framework for quantitative and/or qualitative measurement of the statewide information system's functioning. The results of this work will be included in Colorado's 2018 APSR and CFSR Statewide Assessment.

Colorado continues to make progress in modernizing Trails. The modernization effort was prompted by feedback from county partners, the 2014 child welfare workload study, and an independent evaluation of the system. In FFY 2015 CDHS convened an advisory committee of state and county staff to oversee the modernization efforts, the goals of which include:

- improved usability for caseworkers;
- improved county case management;
- integrated data to improve overall case management;
- improved reporting; and
- alignment with CDHS' public facing educational website and data center, the CDHS Community Performance Center, which shares frequently updated data about the children, youth, and families involved in Colorado's child welfare system.

In February 2016 the Trails modernization project's implementation plan was approved by the Administration for Children and Families. CDHS is in the process of competitively procuring a vendor to execute the project and anticipates work on the project will begin in summer of 2016.

## ***Systemic Factors - Case Review System***

A well-functioning case review system ensures the following federal requirements are being met statewide:

- Each child has a case plan that is developed jointly with parents and includes the required provisions.
- Periodic reviews are conducted once every six months by court or administrative reviews.
- Permanency hearings are held every 12 months.
- Filings of Termination of Parental Rights proceedings, or the compelling reasons for not filing, occur in accordance with the required provisions.
- Notices of hearings and reviews are provided to caretakers.

Colorado's case review system is administered by the Administrative Review Division (ARD), which serves as an independent third party review system under the auspices of CDHS. Located within the Office of Performance and Strategic Outcomes, Quality Assurance and Quality Improvement Division, the ARD is part of the quality assurance system for the DCW and the Division of Youth Corrections (DYC). To support the achievement of permanency and well-being for Colorado's children, the ARD works closely with Colorado's counties to train, measure, and assess their adherence to state and federal regulations.

The ARD has review processes designed to allow for a quality assurance process at every level and every decision point of case practice – the referral, assessment, in-home services, and out-of-home services – within the child welfare system. Seventeen ARD staff are responsible for conducting reviews. These staff are located and work across the various geographical regions of the state and are assigned to conduct reviews in counties within that geographical region. Within this structure, reviewers have the ability to quickly identify trends within counties, regions, and program areas through their thorough understanding of the functioning of each agency they review.

Review instruments specific to each population guide the reviews. The instruments are developed collaboratively with staff from the Division of Child Welfare and the county departments of human services. Final items included on the instrument are based on the federal CFSR OSRI or other federal requirements, requirements from Colorado's Office of the State Auditor, and areas of interest identified by the Division of Child Welfare and county departments. Response sets and instructions are based on federal and state statute as well as practice expectations outlined in Volume 7 of the Code of Colorado Regulations.

Review results are provided to county staff through several processes. Immediately after each review, ARD review staff meet with county staff (e.g., the caseworker, supervisor, or administrator) to discuss the results of the review. This provides immediate feedback to county staff most directly responsible for the delivery of services to the specific child and family, and also allows the reviewer to provide training and technical assistance specific to review.

Additionally, the ARD creates formal quality assurance reports that are provided back to each county. These reports are compiled after the conclusion of each quality assurance review, where the ARD reviews a random sample of assessments and in-home services cases. These reports highlight the aggregate results from the Administrative Reviews (six-month periodic reviews of children in out-of-home care), the In-home Services Reviews, and the Assessment Reviews. The ARD also meets with staff from the county to review and discuss the county's performance scores across the measures. While each county determines who they want to participate in the discussion, the ARD encourages the attendance of administrators and supervisors.

ARD's staff conducts case reviews of out-of-home cases in county departments of human services and the Division of Youth Corrections daily. The Code of Colorado Regulations requires counties to invite the following individuals to reviews: parents, out-of-home providers, pre-adoptive parents, kin who are providing care for the child, and the guardian ad litem. Other stakeholders may be invited and participate if these individuals approve of their participation.

Cases in county departments and cases in the Division of Youth Corrections have their respective review populations and instruments. The review population for county department cases includes all cases where the county department had custody of the child continuously for six months during the review period, and DYCS include all cases where children committed to DYCS were in a IV-E eligible placement for six months during the review period. In FFY 2015 the ARD conducted 6,100 reviews of child welfare cases and 567 reviews of Division of Youth Corrections cases. The data reported in the sections below reflect aggregated statewide performance on the ARD's review of child welfare cases.

### ***Written Case Plans***

Colorado requires the development of family services plans that outline services to be provided to address the areas of need identified through assessment, to assure that the child receives safe and proper care, and are culturally and ethnically appropriate. In FFY 2015, 96% of all reviewed cases had written family service plans, and 89% of those cases had family service plans that documented services that addressed the areas of need identified through assessment.

Colorado also requires county departments to involve parent(s) or legal guardians in the development of the family services plan and other service planning activities. In cases where a mother/guardian/kin was identified, counties made efforts in 95.8% of cases to involve the mother/guardian/kin in case planning, and in 87.8% of cases, the mother/guardian/kin participated. In cases where a father/guardian/kin was identified, counties made efforts in 89.8% of cases to involve the father/guardian/kin in case planning, and in 77.2% of cases, the father/guardian/kin participated.

**Periodic Reviews**

In FFY 2015 there were 10,729 children who experienced foster care placements for 24 hours or more; 9.1% of them did not have a periodic review at least once every 6 months, either by a court or the ARD. The ARD has implemented processes to ensure that a periodic review occurs for each child in out-of-home care no less frequently than once every 6 months. The ARD uses Trails to identify, schedule, and track reviews. Trails has a report that identifies children due for review each month. ARD staff partner with county staff to use this report to identify and schedule reviews several months in advance. The Trails report of children due for review is routinely monitored to identify any children who may still be due for a review (i.e., if a prior scheduled review had to be canceled), and staffing is adjusted across counties as needed to ensure the timeliness of these reviews.

**Permanency Hearings**

The Supreme Court of Colorado issued a Chief Justice Directive (CJD) in 1998 that adopted policies to expedite permanent planning and placement for all children subject to dependency and neglect actions. It reads, “It is the responsibility of judges handling these cases to ensure that the issue of permanent placement for dependent and neglected children is addressed within (12) months of a judicial finding of abuse and neglect or sixty days after the child’s removal from home.” The CJD requires Colorado’s judicial districts to develop case processing procedures that will enable Colorado’s courts to reach the 12 month goal and provides a Memorandum of Procedures (MOP) that serves as a model for the desired local procedures. The purpose of the Permanency Planning Hearing, as stated in the MOP, is to adopt a specific permanency plan for the child and to take significant steps toward implementing the permanency plan. The MOP goes on to lay out a process for the hearing and specific requirements according to the suggested permanency goal.

Based on ARD’s case review data, the permanency of children in foster care is being addressed every 12 months in the vast majority of reviewed cases. If a child has been in care for 12 months or longer, the ARD looks to ensure that there is a court order in the case file that contains language demonstrating reasonable efforts to achieve permanency. Data from reviews conducted during FFY 2015 for this item are shown below.

<b>Measure</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
If a child has been in care for 12 months or longer, is there a court order in the case file that was signed and dated within the last 12 months that contains reasonable efforts to achieve permanency language, and does not contain “nunc pro tunc” language?	<b>97.4%</b>	<b>96%</b>

### ***Termination of Parental Rights***

If the child has been in out-of-home care for 15 of the last 22 months, ARD staff reviews the case file to determine if a motion for the termination of parental rights (TPR) has been filed. If a motion for TPR has not been filed, then the ARD reviews to whether or not there was a compelling reason for not filing a motion for TPR. Data from reviews conducted during FFY 2015 for this item are shown below.

<b>Measure</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
If a petition/motion to terminate parental rights has not been filed, and a compelling reason has been identified, in the reviewer's opinion, is the compelling reason appropriate?	<b>68.1%</b>	<b>70%</b>

### ***Notice of Hearings and Reviews to Caregivers***

Trails includes functionality to schedule case reviews, indicate individuals to be invited to the review, and generate invitation letters. Invitations are required to be sent out at least two weeks in advance of the review, and ARD assesses whether all required parties were invited to the administrative case review. At the conclusion of the review, ARD staff also documents which invitees attended the review. Data from reviews conducted during FFY 2015 for this item are shown below.

<b>Measure</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
Were all required parties invited to the review and given at least two-weeks' notice?	<b>90.7%</b>	<b>89%</b>

In summary, Colorado operates a robust case review system that identifies strengths and areas needing improvement for every county in the state. These reviews have a direct impact on practice at the case level and are critical to assessing safety, well-being, and progress toward permanency for each child in out-of-home care. Areas of concerns identified through CDHS' case reviews are addressed in collaborative committees such as the ARD Steering Committee and the Child Welfare Sub-PAC. These committees are also forums where CQI of the case review process occurs. Based on their feedback, policies and practices may be reviewed to assess whether rule revisions are necessary.



## ***Systemic Factors - Quality Assurance System***

Colorado's quality assurance system operates on every level of the state's child welfare system. It includes child welfare practice improvement efforts through collaborative work groups under the Colorado Practice Model umbrella; certification, licensing, and monitoring activities of the DCW, county departments of human services, and other approved certifying agencies; quality assurance and case reviews performed by the ARD; and systemic continuous quality improvement (CQI) efforts through CDHS' C-Stat initiative. All of these efforts lie along a quality assurance continuum between practice-specific to systemic, work units within county departments to state level interagency collaborations. The CFSP (pages 30 – 32) provides a detailed overview of Colorado's quality assurance system and its components. The state's quality assurance system operates in all jurisdictions where the services outlined in the CFSP are provided. Standards, developed collaboratively with stakeholders through various official advisory committees, are codified in the Code of Colorado Regulations and are used to evaluate the quality of the services. The staff, workgroups, and CQI processes that constitute Colorado's quality assurance system regularly identify strengths and areas of improvement in the service delivery system. Identification of strengths and needs is also performed by independent third party reviewers who are contracted to do formal evaluations of specific CDHS initiatives, such as the Core Services Program, SafeCare Colorado, and the child welfare waiver demonstration. Relevant reports are produced and shared with county departments of human services, interagency and community partners, and the public at large. When necessary, program improvement measures are developed, and CDHS staff monitors and evaluates their implementation.

In FFY 2016 efforts to streamline and consolidate the number of collaborative committees represent the only notable change in Colorado's quality assurance system. A review of the mission, purpose, and work of existing committees found redundancies across some of the committees. The Practice Advancement Group, the Promising Practices Workgroup, the Child Welfare Sub-PAC and its constellation of task groups all address child welfare practice issues. As a result of the review, CDHS, county partners, and members of the various committees agreed to disband the Practice Advancement Group and the Promising Practices Workgroup. The Child Welfare Sub-PAC and its task groups will be the primary venue for all collaborative work related to child welfare policy and practice.

Numerous, specific program improvement efforts based on quality assurance and CQI are described in various sections throughout this report including:

- *Assessment of Performance;*
- *Update on Service Description;*
- *Chafee Foster Care Independence Program;* and
- *Child Welfare Waiver Demonstration.*

Timeliness of initial response to abuse/neglect assessments, maltreatment in foster care, and re-entry to foster care are areas that have received substantial attention through CDHS' C-Stat process. The *Safety*

*Outcomes* and *Permanency Outcomes* sections (pages 10 - 27) of this report detail specific program improvement efforts related to these performance measures.

Case review data detailed in the *Permanency Outcomes* and *Well-Being Outcomes* sections of this report highlight areas where programmatic changes are required to improve permanency and well-being outcomes. CDHS and its partners are employing the quality assurance processes described in the preceding paragraphs to address the case review findings. The sections referenced above detail current efforts. Colorado's 2018 APSR and CFSR Statewide Assessment will include updates on the state's efforts.

As described in the *Systemic Factors - Case Review System* section, CDHS' ARD conducts case reviews to assess counties' compliance with state and federal rules and regulations. In addition to statewide and county specific reports with aggregate performance data, ARD produces county specific reports that summarize its case review findings, an example of which is included in Appendix I. Since June 2010, the Code of Colorado Regulations empowers ARD to request specific changes in county's case practice in situations where their reviews identify unresolved issues that directly impacts a child's safety, permanency, or well-being. For all findings that contain "Issues for County Administration," counties are required to provide timely and sufficient response to ARD within a designated time frame. If issues remain unresolved, rule allows CDHS to pursue a formal corrective action process. In FFY 2015, there were only 64 "Issues for County Administration" that required county responses; all of which were resolved without the need for formal corrective actions.

Evidence that the federal quality assurance requirements are occurring statewide can be found on the public websites associated with each component of Colorado's quality assurance system. The CDHS Community Performance Center is an educational website and data center that shares regularly updated data related to C-Stat performance measures, AFCARS measures, and demographic reports regarding the children, youth, and families served by Colorado's child welfare system. The website enables community partners and the public to browse reports, which in some cases include ten years' worth of data.

CDHS' Division of Performance Management produces quarterly reports that summarize the state's performance and improvement efforts related to each C-Stat measure. Also included are data that show performance over time. Quarterly reports from 2012 to the present are available on the C-Stat section of the CDHS Division of Performance Management website.

CDHS' ARD also produces quarterly reports that track counties' progress towards compliance with state and federal rules and regulations. These reports present aggregate performance data, and at times, are modified to include specific information such as progress related to performance improvement measures. The Publications & Reports section of the Administrative Review Division's website has all of the quarterly reports for the current state fiscal year (July 1, 2015 through June 30, 2016).

## ***Systemic Factors - Staff and Provider Training***

Colorado's Child Welfare Training System (CWTS) provides engaging, high quality training for CDHS staff, county human services agencies' staff, State of Colorado interagency partners, staff of human service agencies affiliated with federally recognized tribes, foster parents, and community partners. Since 2013 CWTS has embraced a competency-based training model, the goal of which is for learners to gain the knowledge necessary to understand their jobs and the skills needed to perform their jobs with competence. CDHS, in collaboration with an advisory committee comprised of diverse stakeholders, reviewed and revised 2,657 job competencies for caseworkers, supervisors, and foster and adoptive parents. The CWTS utilizes these job competencies as a foundation upon which all new and existing course content is built. As a result, everything from course titles and descriptions to learning objectives and skills-based classroom activities are aligned with building a more competent child welfare work force.

The CWTS' Curriculum Development Team (CDT) is comprised of experts in the area of development and delivery of competency based curricula and works with a number of leaders in the fields of child welfare, instructional design, and other applicable subject areas. Curricula are designed around the adult learner in a way that is culturally responsive and maximizes the use of technology. The CDT has established a CQI process to ensure all curricula are up to date, relevant, and reflect best practice. Part of this process involves the CDT using research on additional training methods such as: micro-burst learning videos, virtual expert consultations, facilitated online learning labs, webinars, podcasts, and TED talks to inform the way in which curricula is developed. The ability of the CDT to incorporate multiple modes of training delivery into future curricula will allow learners to engage in a way that best aligns with their individual needs, while maximizing the use of technology.

CWTS' curriculum aligns with the training requirements outlined in Volume 7 of the Code of Colorado Regulations. A robust evaluation process helps to ensure the training system addresses the skills and knowledge needed to carry out duties with regard to learners' respective roles. Pre and post tests are administered to assess the training's impact on learner's knowledge; and at the conclusion of each class, learners also complete class evaluations that assess trainers' performance and the quality and value of the training's subject matter. Data from these evaluations are used to assess how well Colorado's training system is functioning with regard to initial staff training, on-going staff training, and foster and adoptive parent training.

In the future, data from CWTS' information system, the Child Welfare Learning Management System (LMS), will also be used to assess the performance of Colorado's training system. CWTS is in the process of improving the LMS to better track workers who complete their initial and ongoing training. The LMS includes an automated training log for all child welfare caseworkers and supervisors who wish to become and remain certified. Learners automatically receive credit for all CWTS classes completed. For classes taken outside of the CWTS, learners may request credit for those classes, and training certification specialists review and approve the requests to ensure training completed outside of CWTS meets Colorado's training requirements.

Once workers have completed the required training hours, they are automatically re-certified for the following year. The LMS improvements will allow Colorado to report the percent of workers who complete training within the required time frames. CWTS anticipates these improvements will be completed by January 1, 2017 and Colorado may begin reporting this information as early as the 2018 APSR, which is required to be submitted by June 30, 2017. In the meantime, Colorado will continue to use class evaluation data to assess the functioning of its staff and provider training.

**Initial Staff Training**

CWTS provides pre-service training for new caseworkers and new supervisors. In FFY 2015, 413 caseworkers and 107 supervisors participated in pre-service training. The class evaluation data below show that caseworkers and supervisors believed CWTS’ pre-service training provided them with specific job-related knowledge and skills. Further, they believed they would do their jobs better as a result of the training.

*Table 5: FFY 2015 aggregated class evaluation data for new caseworkers’ pre-service training*

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The subject matter was at the right level of difficulty.	297	0	7	112	178	<b>3.58</b>
		0.0%	2.4%	37.7%	59.9%	
The workshop content was compatible with my agency's philosophy and policies.	297	0	1	111	185	<b>3.62</b>
		0.0%	0.3%	37.4%	62.3%	
My agency will support me in using this training on the job.	297	0	1	97	199	<b>3.67</b>
		0.0%	0.3%	32.7%	67.0%	
I learned specific job-related knowledge and/or skills.	297	1	4	88	204	<b>3.67</b>
		0.3%	1.3%	29.6%	68.7%	
I will use knowledge and/or skills from this training on the job.	297	0	6	78	213	<b>3.70</b>
		0.0%	2.0%	26.3%	71.7%	
I will be able to do my job better because of this training.	297	0	10	77	210	<b>3.67</b>
		0.0%	3.4%	25.9%	70.7%	
Families will benefit from my taking this course.	297	0	7	86	204	<b>3.66</b>
		0.0%	2.4%	29.0%	68.7%	

Table 6: FFY 2015 aggregated class evaluation data for new supervisors' pre-service training

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The subject matter was at the right level of difficulty.	92	1	4	38	49	<b>3.47</b>
		1.1%	4.3%	41.3%	53.3%	
The workshop content was compatible with my agency's philosophy and policies.	92	0	1	40	51	<b>3.54</b>
		0.0%	1.1%	43.5%	55.4%	
My agency will support me in using this training on the job.	92	0	2	34	56	<b>3.59</b>
		0.0%	2.2%	37.0%	60.9%	
I learned specific job-related knowledge and/or skills.	92	1	2	37	52	<b>3.52</b>
		1.1%	2.2%	40.2%	56.5%	
I will use knowledge and/or skills from this training on the job.	91	0	1	37	53	<b>3.57</b>
		0.0%	1.1%	40.7%	58.2%	
I will be able to do my job better because of this training.	91	1	2	33	55	<b>3.56</b>
		1.1%	2.2%	36.3%	60.4%	
Families will benefit from my taking this course.	91	1	1	35	54	<b>3.56</b>
		1.1%	1.1%	38.5%	59.3%	

### Ongoing Staff Training

In FFY 2015, 6,285 people participated in CWTS' in-service training. The class evaluation data below show that learners believed CWTS' in-service training provided them with knowledge and skills relevant to their jobs.

Table 7: FFY 2015 aggregated course evaluation data for CWTS in-service training

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The subject matter was at the right level of difficulty.	3104	14	96	1129	1865	<b>3.56</b>
		0.5%	3.1%	36.4%	60.1%	
The workshop content was compatible with my agency's philosophy and policies.	3077	1	30	1094	1952	<b>3.62</b>
		0.0%	1.0%	35.6%	63.4%	

My agency will support me in using this training on the job.	3065	3	43	988	2031	<b>3.65</b>
		0.1%	1.4%	32.2%	66.3%	
I learned specific job-related knowledge and/or skills.	3103	6	40	949	2108	<b>3.66</b>
		0.2%	1.3%	30.6%	67.9%	
I will use knowledge and/or skills from this training on the job.	3101	3	27	941	2130	<b>3.68</b>
		0.1%	0.9%	30.3%	68.7%	
I will be able to do my job better because of this training.	3074	8	52	1028	1986	<b>3.62</b>
		0.3%	1.7%	33.4%	64.6%	
Families will benefit from my taking this course.	3007	8	44	1031	1924	<b>3.62</b>
		0.3%	1.5%	34.3%	64.0%	

### ***Foster and Adoptive Parent Training***

CWTS provides pre-service and in-service training for foster parents. In FFY 2015, 559 foster parents participated in pre-service training, and 586 foster parents participated in in-service training. The class evaluation data below show that foster parents believed CWTS' pre-service and in-service training provided them with knowledge and skills relevant to their foster parent responsibilities.

*Table 8: FFY 2015 aggregated class evaluation data for foster parents' pre-service training*

Item	# of valid responses	Rating in each category (by numbers)				Average Rating
		Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	
The subject matter was at the right level of difficulty.	524	1	4	162	357	<b>3.67</b>
		0.2%	0.8%	30.9%	68.1%	
The workshop content was compatible with my agency's philosophy and policies.	471	0	4	162	305	<b>3.64</b>
		0.0%	0.8%	34.4%	64.8%	
My agency will support me in using this training as a foster parent.	496	0	0	125	371	<b>3.75</b>
		0.0%	0.0%	25.2%	74.8%	
This class helped me with making my decision about being a foster parent.	512	1	14	138	359	<b>3.67</b>
		0.2%	2.7%	27.0%	70.1%	
I have more knowledge of what is required of me as a foster parent.	527	0	5	100	422	<b>3.79</b>
		0.0%	0.9%	19.0%	80.1%	
I will be a better foster parent because of this training.	521	1	3	103	414	<b>3.79</b>
		0.2%	0.6%	19.8%	79.5%	
I will use what I learned from this training as a foster parent.	519	2	6	93	418	<b>3.79</b>
		0.4%	1.2%	17.9%	80.5%	

Children will benefit from my taking this course.	513	3	8	108	394	<b>3.74</b>
		0.6%	1.6%	21.1%	76.8%	

Table 9: FFY 2015 aggregated class evaluation data for in-service foster parents' training

<b>2. Workshop Content:</b>						
<i>Item</i>	<i># of valid responses</i>	<i>Rating in each category (by numbers)</i>				<i>Average Rating</i>
		<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Agree (3)</b>	<b>Strongly Agree (4)</b>	
<i>The subject matter was at the right level of difficulty.</i>	309	0	9	77	223	<b>3.69</b>
		0.0%	2.9%	24.9%	72.2%	
<i>The workshop content was compatible with my agency's philosophy and policies.</i>	301	1	3	89	208	<b>3.67</b>
		0.3%	1.0%	29.6%	69.1%	
<i>My agency will support me in using this training as a foster parent.</i>	291	2	9	92	188	<b>3.60</b>
		0.7%	3.1%	31.6%	64.6%	
<i>This class helped me with making my decision about being a foster parent.</i>	297	1	8	74	214	<b>3.69</b>
		0.3%	2.7%	24.9%	72.1%	
<i>I have more knowledge of what is required of me as a foster parent.</i>	302	0	3	79	220	<b>3.72</b>
		0.0%	1.0%	26.2%	72.8%	
<i>I will be a better foster parent because of this training.</i>	297	0	8	64	225	<b>3.73</b>
		0.0%	2.7%	21.5%	75.8%	
<i>I will use what I learned from this training as a foster parent.</i>	299	0	5	58	236	<b>3.77</b>
		0.0%	1.7%	19.4%	78.9%	
<i>Children will benefit from my taking this course.</i>	300	1	6	84	209	<b>3.67</b>
		0.3%	2.0%	28.0%	69.7%	

More information about CWTS, its training methodologies, and curriculum is included in the *Program Support* section of this report.

**Systemic Factors - Service Array and Resource Development**

Colorado offers a broad child and family services continuum that includes the following:

- services that assess the strengths and needs of children and families and determine other service needs;
- services that address the needs of families in addition to individual children in order to create a safe home environment;
- services that enable children to remain safely with their parents when reasonable; and
- services that help children in foster and adoptive placements achieve permanency.

Colorado has worked diligently to build flexibility into its services continuum so as to increase access to services for families who are not part of open involvements within the child welfare system and also to ensure services are tailored to the specific needs of the children, youth, and families served by its human services agencies. In addition to baseline services available in every county, CDHS has implemented a number of initiatives that build upon and improve Colorado’s services continuum. Some of these initiatives are being piloted in select counties, and some have been or are in the process of being expanded to more counties. The table below illustrates the state’s services continuum and where those services are available. More detailed descriptions of the services are included in the CFSP and the *Update on Service Description* section of this report.

*Table 10: FFY 2016 Colorado’s services, programs, and initiatives*

	Every County	Some Counties	Pilots & New Initiatives
No Involvement	<ul style="list-style-type: none"> <li>• Core services</li> <li>• PA3 - Community based prevention services</li> <li>• Medicaid services, when eligible</li> <li>• Nurse Family Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting Safe and Stable Families Program</li> <li>• Collaborative Management Program</li> <li>• Tony Grampsas Youth Services Program</li> <li>• Trauma-Informed System of Care</li> <li>• SafeCare Colorado</li> <li>• Healthy Steps for Young Children</li> <li>• Family Resource Center Program</li> <li>• Incredible Years Program</li> <li>• Parents as Teachers Program</li> <li>• Nurturing Parenting Program</li> </ul>	
Referral and	<ul style="list-style-type: none"> <li>• Information gathering</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma-Informed</li> </ul>	<ul style="list-style-type: none"> <li>• Level of care</li> </ul>



Assessment	<ul style="list-style-type: none"> <li>for referrals</li> <li>• Review, Evaluate, &amp; Direct (RED) teams</li> <li>• CO Family Safety and Risk Assessments</li> <li>• Colorado Department of Education (CDE) Child Welfare Education Liaisons</li> </ul>	<ul style="list-style-type: none"> <li>System of Care</li> <li>• Differential response</li> <li>• Kinship supports</li> <li>• Trauma-informed screening &amp; assessment</li> <li>• SafeCare Colorado</li> <li>• Colorado Community Response</li> <li>• Forensic interviewing</li> <li>• Services for Unaccompanied Refugee Minors</li> </ul>	assessment
In-home Open Involvement	<ul style="list-style-type: none"> <li>• Core services</li> <li>• Medicaid services, when eligible</li> <li>• CO Family Safety and Risk Assessments</li> <li>• CDE Child Welfare Education Liaisons</li> <li>• Family services planning</li> <li>• Family engagement strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting Safe and Stable Families Program</li> <li>• Tony Grampas Youth Services Program</li> <li>• Trauma-Informed System of Care</li> <li>• SafeCare Colorado</li> <li>• Differential response</li> <li>• Kinship supports</li> </ul>	<ul style="list-style-type: none"> <li>• Level of care assessment</li> <li>• Trauma-informed services</li> </ul>
Out-of-home Open Involvement	<ul style="list-style-type: none"> <li>• Medicaid services, when eligible</li> <li>• CO Family Safety and Risk Assessments</li> <li>• CDE Child Welfare Education Liaisons</li> <li>• Family services planning</li> <li>• Family engagement strategies</li> <li>• Out of home placement services</li> <li>• Relative Guardianship Assistance Program</li> <li>• Interstate Compact on the Placement of Children</li> <li>• Reunification services</li> <li>• Adoption services</li> <li>• Chafee Foster Care Independence Program</li> <li>• Children’s Habilitation Residential Program Waivers</li> <li>• Reinstatement of Parent</li> </ul>	<ul style="list-style-type: none"> <li>• Tony Grampas Youth Services Program</li> <li>• Trauma-Informed System of Care</li> <li>• Kinship supports</li> <li>• Trauma-informed screening &amp; assessment</li> <li>• Services for unaccompanied refugee minors</li> <li>• Therapeutic foster care services</li> <li>• Respite care services</li> <li>• Permanency roundtables</li> <li>• Youth advisory boards and youth leadership development</li> </ul>	<ul style="list-style-type: none"> <li>• Level of care assessment</li> <li>• Trauma-informed services</li> <li>• Treatment foster care services</li> <li>• Pathways to Success Initiative: enhanced permanency services</li> <li>• Casey Family Programs educational stability pilot</li> <li>• Services for youth at risk of homelessness</li> </ul>

	Rights		
Post Involvement	<ul style="list-style-type: none"> <li>• Core services</li> <li>• PA3 - Community based prevention services</li> <li>• Medicaid services, when eligible</li> <li>• Relative Guardianship Assistance Program</li> <li>• Chafee Foster Care Independence Program</li> <li>• Interstate Compact on Adoption and Medical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting Safe and Stable Families Program</li> <li>• Tony Grampas Youth Services Program</li> <li>• SafeCare Colorado</li> <li>• Services for unaccompanied refugee minors</li> <li>• Youth advisory boards and youth leadership development</li> <li>• Post permanency supports</li> <li>• Family Unification Program vouchers</li> </ul>	

As referenced in the introduction to this report, CDHS convened a focus group of stakeholders to discuss sections of the APSR in depth. The stakeholders who reviewed Colorado’s service array expressed concern about the availability of resources to meet the needs of communities throughout the state, especially in rural counties. For example, while eligible children throughout the state have health coverage through Medicaid, some counties do not have any local providers that accept Medicaid.

Stakeholders also challenged that not all counties have Child Welfare Education Liaisons (CWEL). Colorado statute requires every school district to designate a person to act as the CWEL for the district. CDE maintains a statewide directory of CWELs that is posted on their website: [www.cde.state.co.us/dropoutprevention/fostercare\\_index](http://www.cde.state.co.us/dropoutprevention/fostercare_index). Moreover, CDE staff conduct trainings around the state to educate school districts about CWEL responsibilities and also coordinate monthly meetings with CWELs to share updates regarding foster care education and facilitate peer learning. Nevertheless, stakeholders perceive inconsistency throughout the state with regard to access to CWELs.

CDHS is working with its partners to address the concerns raised by the focus group participants. In the remainder of FFY 2016, these issues will be delegated to relevant workgroups to investigate, identify barriers, and recommend solutions. Additional stakeholder comments can be found in Appendix A. Updates related to this work and ongoing efforts to improve access to Colorado’s service array will be included in Colorado’s 2018 APSR and CFSR Statewide Assessment.

## ***Systemic Factors - Agency Responsiveness to the Community***

Collaboration with stakeholders is critical to promoting positive outcomes for the children and families served by Colorado's child welfare system. CDHS has created many collaborative committees and work groups to solicit community feedback about its programs and initiatives; identify gaps in services; and assist in crafting solutions to improve the lives of Colorado's children and families. Intra- and interagency collaborations ensure coordination with other federally assisted programs serving the same population. These collaborations also facilitate removal of systemic barriers and promote unified treatment approaches.

The department's major collaborations were summarized in the CFSP. Additional information about program specific collaborations is documented in relevant sections throughout this report. The following list highlights a few relatively new initiatives that are not addressed in the CFSP:

- **Colorado Opportunity Project:** CDHS, the Colorado Department of Health Care Policy and Financing (HCPF), and the Colorado Department of Public Health and Environment (CDPHE) are aligning efforts to deliver evidenced-based programs to Coloradans to help move them up the economic ladder and towards self-sufficiency. The alignment of government programs eliminates fragmentation among state agencies and reduces duplication of services. The project's framework is a model for creating a pathway to the middle class at every critical point in an individual's life cycle. The model includes indicators that show whether people are getting closer to economic independence, or losing ground. Interventions are applied to provide opportunities for people to reach milestones at each life stage. The project may impact educational outcomes for children and youth in foster care. Early childhood through transition to adulthood life stages include education related indicators such as school readiness, math/reading skills, on time high school graduation, and completion of post-secondary education. Examples of education related interventions include early literacy programs in early childhood, tutoring and literacy support in middle childhood, mentoring programs for students at-risk for dropping out of school, and math and writing remediation programs at high schools and community colleges.
- **Dependency and Neglect System Reform Program (DANSR):** DANSR is working to infuse effective drug court practices into Colorado's dependency and neglect cases throughout the state. The Colorado Judicial Branch and CDHS' Office of Behavioral Health and Division of Child Welfare are collaborating to implement the program. More information about DANSR is included in the Assessment of Performance section of this report (pages 25 - 26).
- **Pathways to Success Initiative (Pathways):** Pathways Initiative is a collaborative effort that's focused on improving well-being outcomes for youth in foster care. The initiative is comprised of two interconnected efforts focused on aligning services and systems for transition age youth and young adults in order to improve outcomes and decrease experiences of homelessness,

crime, and human trafficking. More information about Pathways is included in the *Systemic Factors – Agency Responsiveness to the Community* (page 51) and *Chafee Foster Care Independence Program* (page 112) sections of this report.

- **Two Generation Approach:** In addition to coordinating with services of other federally assisted programs, CDHS is working to coordinate services within the agency to better serve Colorado’s children and families. The Department has developed a comprehensive Two-Generation approach. Two-Generation approaches work with children and their parents simultaneously to harness the family’s full potential and put the entire family on a path to permanent economic security. When programs and policies are designed with the whole family’s educational and economic future in mind, and they are assisted to access the social networks needed to be successful in life, opportunity becomes a family tradition. Approaches that address the needs of children and their parents separately leave either the child or parent behind, therefore reducing the likelihood of each family’s chance at success. A two-generation approach brings all family members along together, assesses all family members together, and provides all family members with opportunities, together, to be successful. The specific approaches being implemented by the Department are designed to improve outcomes for low-income families, in particular, and are shaped by the following tenets: 1) families achieve self-sufficiency through work, 2) wealth is achieved through financial literacy, and 3) children succeed through early learning. Some of the participating programs include the following:
  - Colorado Child Care Assistance Program;
  - Colorado Parent Employment Project;
  - Colorado Works;
  - Colorado Employment First;
  - Colorado Program Eligibility and Application Kit (PEAK);
  - Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grant;
  - Colorado Nurse Home Visitor Program; and
  - Colorado Community Response.

## ***Systemic Factors - Foster and Adoptive Parent Licensing, Recruitment, and Retention***

A vast network of certifying agencies and community partners support Colorado's foster and adoptive parent licensing, recruitment, and retention system. CDHS provides regulatory oversight of certification and licensing activities, which are administered by DCW, county departments of human services, and child placement agencies. The Retention and Recruitment unit in the Office of Children, Youth, & Families provides guidance and support to county departments and community partners in their efforts to recruit and retain foster and adoptive parents. The sections below address the system's functioning with regard to the following systemic factor components:

- Standards Applied Equally;
- Requirements for Criminal Background Checks;
- Diligent Recruitment of Foster and Adoptive Homes; and
- State Use of Cross-Jurisdictional Resources for Permanent Placements.

### ***Standards Applied Equally***

Volume 7 of the Code of Colorado Regulations includes standards that apply to all certified foster families and licensed child care institutions across the state regardless of certifying agency. Protocols are in place to standardize certification and licensure, and they include periodic reviews of certifications and licenses to ensure compliance with requirements outlined in the state's code of regulations. In Colorado DCW issues licenses to 24 hour out-of-home care facilities including residential child care facilities, specialized group facilities, and child placement agencies (CPAs). Foster care homes are certified annually by county departments of human services or child placement agencies.

All certified foster care homes and licensed providers are required to follow regulations specific to their license type; all of which are documented in the Code of Colorado Regulations. DCW staff issues licenses when all requirements have been met, including successful completion of onsite visits. Renewals are granted pending the results of unannounced, onsite supervisory visits, in which licensing staff pulls a minimum of 10% of the provider's records to review for background checks and other licensing requirements. There is a standardized instrument that is mapped to the regulations for each license type and is used by DCW's licensing staff during onsite visits. Onsite supervisory visits of licensed providers occur once every six months to two years. CDHS' protocols ensure managerial oversight of each staff's licenses and onsite visits to confirm consistency in the application of standards across all providers. In FFY 2015 DCW's licensing staff completed 151 licensing visits.

The Administrative Review Division (ARD) reviews foster care home certifications issued by county departments of human services and assesses the fidelity of certifications to the requirements in Volume 7 of the Code of Colorado Regulations. ARD utilizes two review instruments, one for initial certifications and another for recertifications, which are mapped to relevant regulations. Every year, every county that certified, or recertified, foster care homes is reviewed. A random sample of certifications and

recertifications is pulled in each county to provide results with a minimum confidence level of 90%. At the conclusion of the review, ARD reviewers share findings and action items with county staff that must be resolved within an assigned time frame. In FFY 2015 the ARD conducted 173 reviews of initial certifications and 217 recertifications. The tables below show aggregated statewide data that report how well county issued foster care home certifications and recertifications complied with specific requirements in the Code of Colorado Regulations.

*Table 11: Highlights from FFY 2015 foster care home initial certification quality assurance review data*

<b>Measure</b>	<b>FFY 2015 Performance</b>
Was the original application completed prior to or at the time of placement?	86%
Were the CBI and FBI fingerprint results received in accordance with Volume 7 requirements?	86%
Has a TRAILS search been completed in accordance with Volume 7 requirements?	86%
Did the county review the child abuse and neglect records from every state in accordance with Volume 7 requirements?	85%
Did the county review, document, and mitigate investigations and/or any concerns raised from the application process or other sources of information?	92%
During the review period, was the foster home in compliance with age/capacity regulations?	98%
Was an evaluation conducted in the foster home in accordance with Volume 7 requirements?	92%
Were all on-site inspection non-compliance issues brought to the attention of the provider(s) in writing in accordance with Volume 7 requirements?	95%
Were all of the identified on-site inspection non-compliance issues corrected?	77%
Have health assessments been completed in accordance with Volume 7 requirements?	85%
Was a full SAFE home study completed in accordance with Volume 7 requirements?	75%
Did the provider(s) complete 12 hours of Foster Parent Core Training in accordance with Volume 7 requirements?	96%
Was/were the provider(s) certified in First Aid as required by Volume 7?	88%
Was/were the provider(s) certified in CPR as required by Volume 7?	92%
Of all the months requiring contact, in what percent did agency personnel have contact with the provider(s)?	93.7%

*Table 12: Highlights from FFY 2015 foster care home initial recertification quality assurance review data*

<b>Measure</b>	<b>FFY 2015 Performance</b>
Did the county review arrest or conviction records for the previous certification year in accordance with Volume 7 requirements?	75%
Has a TRAILS search been completed in accordance with Volume 7 requirements?	81%
Did the county review child abuse allegations or investigations for the previous certification year in accordance with Volume 7 requirements?	94%
Did the county review, document, and mitigate investigations and/or any concerns	84%

raised from the application process or other sources of information?	
During the review period, was the foster home in compliance with age/capacity regulations?	97%
Was an evaluation conducted in the foster home in accordance with Volume 7 requirements?	91%
Were all on-site inspection non-compliance issues brought to the attention of the provider(s) in writing in accordance with Volume 7 requirements?	100%
Were all of the identified on-site inspection non-compliance issues corrected?	89%
Have health assessments been completed in accordance with Volume 7 requirements?	74%
Were fire/emergency drills held in accordance with Volume 7 requirements?	88%
Was a SAFE home study update completed prior to recertification?	86%
Does the SAFE home study update contain information regarding any changes in the foster home status as required by Volume 7?	90%
Did the provider(s) complete the required number of competency based ongoing training hours?	89%
Was/were the provider(s) certified in First Aid as required by Volume 7?	83%
Was/were the provider(s) certified in CPR as required by Volume 7?	83%
Has/have the provider(s) received emergency/safety training on a semi-annual basis?	58%
Was an annual review of the Volume 7 foster care regulations completed with each provider?	89%
Of all the months requiring contact, in what percent did agency personnel have contact with the provider(s)?	95%

Given certifications are issued by county departments of human services and child placement agencies, and licenses are issued by DCW, Colorado has made efforts to promote consistency across all of the certifying/licensing agencies by implementing the recommendations of a workgroup that discovered discrepancies in the state’s quality assurance reviews of certifications and licenses. The Child Welfare Sub-PAC convened a work group of state and county staff to develop new review instruments for ARD’s reviews of county issued foster home certifications and recertifications. In the process, the workgroup determined there were areas where ARD’s and DCW’s review processes needed better alignment. The group met from October 2014 through the end of calendar year 2015 and developed new review instruments and instructions that better aligned ARD’s and DCW’s review processes. The new instruments were piloted during the first quarter of calendar year 2016 and were finalized for ongoing use in April 2016.

Data regarding the application of certification and licensing standards are limited. While data related to county issued foster care home certifications and recertifications are available, data related to DCW issued licenses are not captured in a way that would facilitate an assessment of how well the agency is applying standards equally to all licensed facilities. As stated above, protocols are in place to promote the equal application of standards to all facilities, but there is not sufficient data to include in this report. To address this issue, DCW’s CFSP Measures of Progress Workgroup will recommend potential quantitative and/or qualitative measurements that align with the Children’s Bureau’s guidance regarding CFSR Round 3 systemic factors. The results of this work will be included in the 2018 APSR, which is required to be submitted by June 30, 2017.

### ***Requirements for Criminal Background Checks***

Colorado Revised Statutes and Code of Colorado Regulations require the following background checks for prospective foster parents, adoptive parents, relatives seeking kinship certification, and staff who work in child care institutions:

- Colorado Bureau of Investigation (CBI);
- national criminal histories (Federal Bureau of Investigation [FBI]);
- child abuse and/or neglect checks in Trails;
- out-of-state checks for confirmed child abuse and/or neglect for all adults living in the foster home that have not resided in Colorado for five years;
- comparison search in the court case management system with the CBI check; and
- state and national sex offender checks.

Documentation of all of these checks is mandatory in Colorado's SACWIS. ARD reviews of county issued certification and recertifications include an assessment of whether the required background checks were completed. In FFY 2015 ARD found that 86% of county issued certifications met CBI and FBI background check requirements. If a certification was found to be out of compliance, ARD reviewers required county staff to resolve safety issues, including lack of appropriate background checks, within 7 days following the review; all other compliance issues were to be resolved within 60 days.

As a result of the recommendations of the Child Welfare Sub-PAC workgroup, ARD revised its timeframes to align with DCW's. As of January 2016, ARD reviewers require county staff to resolve compliance issues within 30 days following the review, and any safety related compliance issues require the county to develop a plan within 24 hours addressing how they will alleviate the issue. County departments of human services have identified areas of ambiguity in rules related to documentation of background checks. DCW and ARD are reviewing the areas of ambiguity and may request the Child Welfare Sub-PAC workgroup to review the background checks rules to assess whether revisions are necessary.

DCW does not issue any licenses for facilities unless the requisite background checks are completed according to requirements in Volume 7 of the Code of Colorado Regulations. Further, DCW's Background Investigations Unit completes background checks for licensed providers including CPA foster care homes, specialized group facilities, and residential child care facilities. During the licensing renewal process, DCW's licensing staff audits providers' files for appropriate background checks. If providers are found to be out of compliance, providers are required to resolve all background check issues within the 30 days following the supervisory visit. Any compliance issues not resolved within the designated time frame trigger a progressive disciplinary process that includes probationary status, monthly supervisory visits, or disciplinary action through the Colorado Attorney General's office.

Licensing data collected by the Division of Child Welfare cannot be parsed to identify compliance issues specifically related to background checks. FFY 2015 data shows that approximately 5% of providers licensed by DCW required progressive discipline, which may or may not have been triggered by



noncompliance with background check requirements. The data show that approximately 95% of providers who had licensing visits in FFY 2015 were able to resolve all compliance issues, including any issues related to background checks, within 30 days.

Colorado's case planning process includes home studies that assess the safety of foster care and adoptive placements for children. The home study, Structured Analysis Family Evaluation (SAFE), is required for all foster care certifications and adoption approvals. SAFE home studies are updated annually during the foster care recertification process to ensure the safety of children and youth in the foster care home. Updates also assess the strengths and needs of the foster care parents. Addendums to the SAFE home study must be completed whenever there is a significant change during the year for foster families and adoptive families who are awaiting an adoption. ARD reviews of county issued certification and recertifications include an assessment of whether full SAFE home studies were completed according to Colorado's requirements. In FFY 2015, 75% of initial certifications and 90% of recertifications included complete SAFE home studies.

In lieu of the SAFE home study, the safety of facilities licensed by DCW is assessed according to requirements outlined in Volume 7 of the Code of Colorado Regulations. Facilities require annual fire, health, and zoning inspections. Licensed facilities' staff must be trained in first aid, cardiopulmonary resuscitation, medicine administration, and emergency care and safety. DCW licensing staff checks for documentation proving completion of such training during unannounced, onsite facility visits. The visits also include facility walkthroughs where licensing staff assesses facilities' compliance with safety requirements.

### ***Diligent Recruitment of Foster and Adoptive Homes***

Colorado employs an array of strategies to ensure diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children served by the state's foster care system. The state's recruitment and retention efforts include child specific recruitment, print and online marketing, community outreach, media engagement, and foster and adoptive family appreciation. This section details efforts specific to the recruitment of ethnically and racially diverse foster and adoptive parents; however, the *Update to Targeted Plans Within the 2015-19 CFSP* section (pages 120 - 123) includes a broader update regarding Colorado's diligent recruitment plan.

The Colorado Heart Gallery is one of Colorado's child specific recruitment initiatives. It is a traveling physical exhibition and an online gallery ([www.coheartgallery.org](http://www.coheartgallery.org)) containing images, videos, and narratives of specific children whom Colorado's human service agencies are actively recruiting for adoptive families. The children profiled in Colorado Heart Gallery reflect the ethnic and racial diversity of the state's foster care population, which may encourage ethnically and racially diverse adults to consider becoming foster or adoptive parents.

In addition to the Colorado Heart Gallery, CDHS produces marketing tools to support diligent recruitment efforts throughout the state. The recruitment and retention toolkit includes promotional

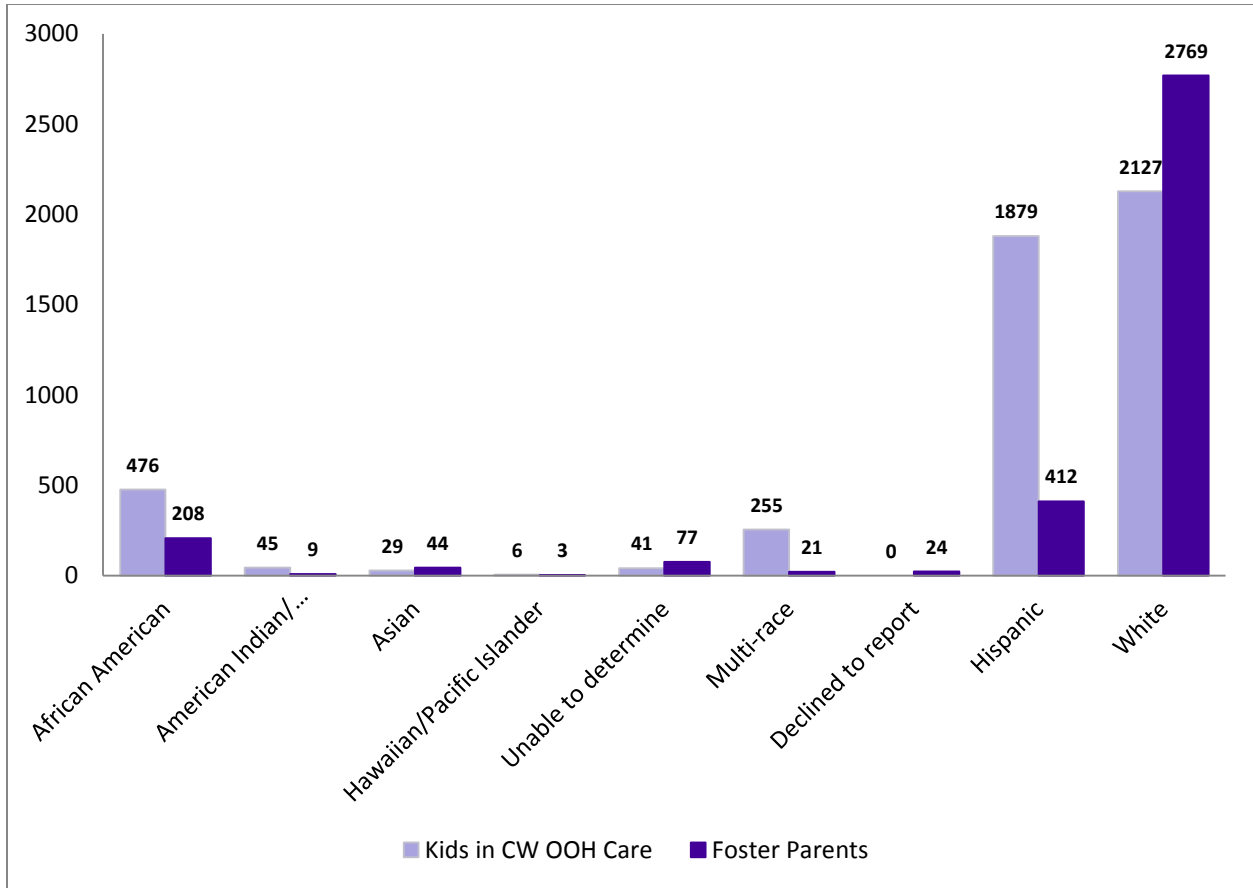
materials that feature culturally inclusive messaging and imagery portraying ethnic and racial diversity and LGBTQ families. These marketing tools are available for download and cobranding for county departments of human services, child placement agencies, and community partners to collectively raise awareness for the need for both adoptive and foster families.

In collaboration with county departments of human services, child placement agencies, and community partners, CDHS participates in collaborative community outreach at large events and events that cater to targeted populations. In FFY 2015 recruitment efforts took place at Denver Pow Wow, Cinco de Mayo, Juneteenth, Black Arts Festival, Denver PrideFest, and Taste of Ethiopia. In addition to collaborative community outreach, CDHS provides numerous grants to county departments of human services and child placement agencies to support local community outreach related to foster and adoptive parent recruitment and retention.

Media engagement is a key component in the State's recruitment and retention plan. CDHS strategically engages the media to promote and normalize fostering and adopting children and youth from the Colorado's foster care system. Various media outlets are engaged including outlets focused on target markets such as the Hispanic community and LGBTQ community. Success stories related to exemplary foster and adoptive parents are shared with local television stations. Telemundo profiled Latino foster and adoptive families who were recognized as part of Colorado's National Adoption Month recognition event (November 2015) and the National Foster Care Month recognition event (May 2016).

Despite all of the efforts listed above, Colorado's foster parent population does not reflect the ethnic and racial diversity of the children and youth in foster care. The chart below compares the race and ethnicity of children and youth who entered foster care in FFY 2015 with the race and ethnicity of Colorado's average foster parent population during the time period. The comparison reveals areas where the state could focus more intensive recruitment efforts. The disparity between Colorado's Hispanic children/youth who entered foster care and Hispanic foster parents is particularly pronounced.

Figure 14: Race and ethnicity of children who entered foster care in FFY 2015 compared with race and ethnicity of Colorado’s foster parent population



In FFY 2016 CDHS will introduce a number of efforts to address the pronounced disparity between Hispanic children and youth who entered foster care and Hispanic foster parents. Efforts will include the following:

- translation of marketing materials into Spanish for use by county departments of human services and child placements agencies that serve Colorado’s Hispanic and Latino communities;
- investment in paid online advertising targeting Hispanic and Latino individuals; and
- partnership with Hispanic and Latino advocacy organizations and media outlets serving Hispanic and Latino communities to educate communities on the need for more Hispanic foster and adoptive parents.

These efforts will be in addition to the diligent recruitment efforts described above, and the Foster and Adoptive Diligent Recruitment Plan has been updated accordingly (Appendix C).

### ***State Use of Cross-Jurisdictional Resources for Permanent Placements***

Colorado's engagement in the Interstate Compact for Placement of Children (ICPC) ensures county departments of human services have access to cross jurisdictional resources to facilitate permanent placements of waiting children and youth. A review of Trails data shows that 41 counties requested out-of-state home studies in FFY 2015. Colorado submitted 987 home study requests to other states. The following bullet points highlight the results of those home study requests:

- number of studies completed: 433
- number of approved requests: 239
- number of out of state placements: 199

In FFY 2015 Trails shows that Colorado received 394 home study requests from other states primarily Texas, California, Arizona, Kansas and Wyoming. Colorado completed 301 home studies, 32.5% of which were completed within 60 days. Common reasons for delays include missing information from the sending state, difficulty coordinating provider schedule, lack of provider cooperation, or provider did not respond timely. The remaining 93 incoming home study requests were not completed in the FFY 2015 reporting period. The requests may have been received near the end of the reporting period, and county departments may have completed the studies in FFY 2016.

The timeliness of home study requests received from other states is an area for improvement. DCW evaluates Colorado's ICPC system through county program reviews and relevant Trails reports. DCW is in the process of developing a training and technical assistance plan to address this issue.

### III UPDATE TO THE PLAN FOR IMPROVEMENT

The goals, objectives, and interventions in Colorado's CFSP are largely unchanged in FFY 2016; however, there are a few elements of the plan that are being modified. First, some measures of progress are being updated to better align with the CFSR Round 3 statewide data indicators. DCW's CFSP Measures of Progress Workgroup will review and recommend revisions to the CFSP's measures of progress. The group will address the following questions:

- What child welfare practices support the CFSP goals?
- What does Colorado hope to achieve with these practices?
- How do we measure our achievement?

The following section, *Update on Progress Made to Improve Outcomes*, includes updates regarding all of the measures of progress and highlights which measures will be revised. The workgroup is expected to complete its work and advise its recommendations by the end of calendar year 2016.

Second, timeframes for some measures of progress are being updated to the federal fiscal year. In the past Colorado reported data based on its state fiscal year rather than the federal fiscal year. Colorado believes the change in data reporting will better align with data reported in federal information systems such as Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS).

Third, the implementation timeframe for the interventions related to the Colorado Family Safety and Risk Assessment tools (1.2.1, 2.1.1, and 2.1.2) have been revised. In FFY 2014 the new assessments were piloted in three geographically distinct counties. The participating county departments emphasized the importance of caseworkers completing the assessment tools in real time while meeting with families. They suggested revisions that would improve the usability of the tools in the field, but also delay the implementation of the new assessments. DCW modified the assessment tools based on the pilot counties' feedback, and revisions included changes to ordering of questions, modifications to the process for completing the assessments to promote workflow efficiencies, and better integration with Trails.

The revised plan includes a pilot of the modified assessments in three counties, statewide rollout of the assessments throughout calendar year 2016, and targeted monitoring and technical assistance by DCW staff at 30 and 60 day intervals after counties have implemented the assessments. The plan also includes rulemaking and revisions to training offered through the Child Welfare Training System to better align with the modified assessment tools. Colorado's progress in implementing the revised plan is detailed in the following section.

Lastly, the number of counties implementing child welfare waiver demonstration interventions is different than CDHS initially anticipated.

*Table 13: Estimate of target population and number of participating counties from Colorado’s title IV-E waiver application submitted in July 2012*

<b>Intervention</b>	<b># Counties start of Y1</b>	<b># Cases</b>	<b># Counties start of Y2</b>	<b># Cases</b>	<b># Counties start of Y5</b>	<b># Cases</b>
Family engagement	5	5,376	10	9,007	64	60,000
Trauma-informed child assessment	8	0	8	100	64	30,000
Trauma-informed treatment	8	0	8	100	24	10,000
Kinship supports	3	35	8	100	24	400
Permanency roundtables	2	70	11	150	24	700
Market segmentation	22	N/A	27	N/A	59	N/A

More counties are participating in the kinship supports and permanency roundtables interventions compared to the initial plan, and fewer counties are implementing the trauma-informed assessment and trauma-focused treatment interventions. In September 2015 DCW received permission from the Administration for Children and Families to adjust the scope of Colorado’s child welfare waiver demonstration by allowing fewer counties to participate in the waiver demonstration.

This modification impacts Intervention 1.4.2 in the CFSP, which states trauma-informed assessment and services will be implemented in all counties by 2018. Going forward, the trauma-informed assessment and trauma-focused treatment interventions will be implemented at the will of the waiver demonstration participants. In FFY 2016, 19 counties have chosen to implement trauma-informed assessment and trauma-focused treatment interventions. Colorado will continue to promote the interventions to increase county participation. Intervention 1.4.2 and the associated measure of progress related to trauma-informed activities will be revised due to the reduced number of counties. As stated above, the CFSP Measures of Progress Workgroup will review this measure and recommend a revision.

## IV UPDATE ON PROGRESS MADE TO IMPROVE OUTCOMES

**Goal 1: The services that Colorado’s children, youth, and families need are provided in their communities, at the right time.**

Objective 1.1 Appropriately respond to child welfare reports and inquiries.

- *Intervention 1.1.1 Implement a statewide child abuse and neglect hotline:* Colorado’s Child Abuse and Neglect Hotline went live on January 1, 2015. In calendar year 2015 the hotline system received 208,999 calls. More information about the ongoing operations of the statewide child abuse and neglect hotline is included in the *Update on Service Description* section of this report.
- *Intervention 1.1.2 Enhanced Screening:* Colorado completed the statewide implementation of enhanced screening in July 2014, and rules were promulgated in Volume 7 of the Code of Colorado Regulations with a January 1, 2015 effective date. Division of Child Welfare (DCW) staff routinely monitors counties’ screening practice and provides coaching, as needed, to improve counties’ fidelity to the guidelines outlined in the Code of Colorado Regulations. As part of the implementation of the statewide child abuse and neglect hotline, CDHS is developing new quality assurance processes to review call-takers’ call-handling. ARD is in the process of developing standardized review instruments and a sampling process; both were piloted in the first quarter of FFY 2016.
- *Intervention 1.1.3 Refer to prevention services:* Colorado continues to see increases in referrals and participation in its prevention programs. Trails was modified in June 2013 and again in December 2014 to capture more information about referrals and cases receiving prevention services. In FFY 2015 there were 3,263 prevention and early intervention case involvements through Colorado’s Program Area 3 (PA3). PA3 comprises programs that direct services to children, youth, and families who are at-risk of involvement with the child welfare system. The FFY 2015 number of PA3 cases is approximately a 415% increase over the number of PA3 cases in FFY 2014.

Colorado’s human services agencies continue to refer eligible families to SafeCare Colorado and Colorado Community Response. In FFY 2015 there were 1,923 referrals to SafeCare Colorado from county child welfare staff. Referral numbers for Colorado Community Response will be published in the final pilot evaluation report, which is due in September 2016. More information about Colorado’s prevention services is included in the *Update on Service Description* section.

### Objective 1.2 Children are safe.

- *Intervention 1.2.1 Implement and monitor new safety and risk assessment:* Rollout of the Colorado Family Safety and Risk Assessment tools were slated to begin in 2014; however, modifications to the tool necessitated a revised implementation schedule. Modifications were completed in FFY 2015, and the modified assessment tools were piloted in three counties from September 2015 through December 2015. The first three cohorts, comprising 30 counties, will adopt the assessment by June 30, 2016.

DCW is drafting revised rules to align with the modified Colorado Family Safety and Risk Assessments. County departments of human services will be involved in developing, reviewing, and revising DCW's proposal through the Policy Advisory Committee (PAC) and Child Welfare Sub-PAC. The State Board of Human Services, which includes county, interagency, and community partners, will review the proposed revisions, allow for public comment, and ultimately decide whether to adopt the rules. Rules are anticipated to be promulgated by November 2016.

### Objective 1.3 Children and youth have timely permanency.

- *Intervention 1.3.1 Implement Title IV-E Waiver Interventions of Family Engagement, Kinship Supports, and Permanency Roundtables in counties:* In FFY 2016, 41 counties are implementing facilitated family engagement practices through the child welfare waiver demonstration; however, all counties utilize family engagement strategies in case planning and administering services to families involved in the child welfare system. 34 counties are practicing permanency roundtables, and 35 counties have implemented kinship supports interventions.
- *Intervention 1.3.2 Develop and implement alternatives to congregate care:* Treatment foster care was identified as a gap in Colorado's placement resources, and the state is piloting a treatment foster care program to meet the treatment and permanency needs of children and youth with high acuity levels. Rather than being served in a congregate care environment, children and youth placed in treatment foster care homes are served in a structured, family-driven foster care environment. See Intervention 1.3.3 for updates.
- *Intervention 1.3.3 Implement treatment foster care:* Colorado is piloting treatment foster care, and the pilot group includes eight child placement agencies and five county departments of human services. The pilot, which began in November 2014, will conclude in June 2016. DCW is collaborating with the pilot group to develop rules that would guide statewide implementation of treatment foster care. The rules will be vetted with additional county and community stakeholders through the PAC, Child Welfare Sub-PAC, and the State Board of Human Services. DCW is also collaborating with foster care providers, CDHS' Office of Behavioral Health, and the Colorado Department of Health Care Policy and Financing to review, and if needed, adjust rates



for treatment foster care homes. Pilot partners have certified six treatment foster care homes, and Colorado’s goal is to increase the number of treatment foster care homes in FFY 2017.

Objective 1.4: Children and youth in out-of-home care have access to the physical and mental health services they need.

- *Intervention 1.4.1 Maintain collaborative efforts with the Department of Health Care Policy and Financing to monitor psychotropic medications prescribed for children and youth in foster care:* CDHS Office of Children, Youth, and Families’ Medication Oversight Unit is collaborating with the Department of Health Care Policy and Financing (HCPF) to customize successful psychotropic medication reduction methods from other states for Colorado’s child welfare system. In FFY 2016 monitoring efforts include designing detailed data reports that highlight types of medications being prescribed in Colorado, in what amounts, and to whom are the medications being given; implementing tracking of health metrics such as psychiatric hospitalizations, emergency room visits, foster care placements, and suicide rates; and modifying Colorado’s Drug Utilization Review process to limit payments for undesirable prescribing practices. Please see the *Health Care Oversight and Coordination Plan* section of this report for more information.
- *Intervention 1.4.2 Implement trauma-informed assessment and services in all counties:* This objective has been modified to “*Implement trauma-informed assessment and services.*” In FFY 2016, 19 counties have implemented or are in the process of implementing trauma-informed assessment and treatment interventions through the child welfare waiver demonstration. In February 2015 CDHS, in collaboration with the Title IV-E Waiver Oversight Committee, approved an expansion of existing trauma-informed assessment and treatment interventions. In July 2015 a seven county consortium began implementing a project, the Resiliency Center, to enhance the impact of trauma-informed assessments and treatments interventions. More information about the Resiliency Center is included in the *Child Welfare Waiver Demonstration Activities* section of this report.

Goal 1 Measures of progress

1. *Colorado will meet the 90% national goal for timeliness of response three out of twelve months for each year of the CFSP.*
  - A review of data available in the Results Oriented Management system (ROM) shows that Colorado met or exceeded the timeliness of initial response goal three months during FFY 2015.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
<b>February 2015</b> <b>June 2015</b> <b>September 2015</b>				

2. *Colorado will develop a baseline for the measurement of safety form accuracy for SFY 2015-16, increase 5% per year for SFY 2017-18 and will evaluate the safety and risk assessment and safety form accuracy in SFY 2019.*

- This measure is on hold due to the revised implementation of the new Colorado Safety and Risk Family Assessments. Once rules have been promulgated, the Administrative Review Division (ARD) will modify its case reviews to align with the requirements in the Code of Colorado Regulations and track Colorado’s compliance with the new requirements. The CFSP Measures of Progress Workgroup may revise this measure once ARD has augmented its case review instrument and instructions.

3. *The national standard for "absence of maltreatment recurrence" of 95% will continue to be met and maintained throughout the five-year period.*

- This measure is replaced by the new CFSR Round 3 statewide data indicator Recurrence of Maltreatment. Nationally, 9.1% of children who were victims of substantiated reports of maltreatment during a 12 month period were victims of another substantiated allegation within 12 months of their initial report. In FFY 2015 Colorado performed better than the national standard.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
7.4%				

4. *The national standard of absence of child abuse and/or neglect in foster care (12 months) of 99.68% will be met nine of twelve months for each year of the five-year period.*

- This measure is replaced by the new CFSR Round 3 statewide data indicator Maltreatment in Foster Care, and DCW’s CFSP Measures of Progress Workgroup will review and recommend a revised measure of progress based on the new indicator. The new indicator looks at all children in foster care during a rolling 12 month period, and the national standard is less than or equal to 8.5 incidents of maltreatment per 100,000 days of foster care. In FFY 2015 Colorado underperformed compared to the national standard; its rate of maltreatment was 9.1 incidents for the twelve month period.

A qualitative analysis of substantiated reports submitted in FFY 2015 revealed that 45% of reports involved maltreatment that happened prior to the foster care episode. The analysis also revealed that caseworkers are not routinely documenting incident dates in Trails, which is partially due to the alleged victims not knowing the actual incident dates. DCW is exploring methods to better capture incident date information in Trails, including making incident dates a mandatory field. With better incident date information, CDHS believes Colorado’s rate of victimization would decrease substantially.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
<b>9.1 incidents</b>				

5. *The median stay in OOH care prior to exit to reunification (Data Profile, Permanency Composite 1, Measure C1-2) will improve by 5% in 2017.*

- This measure needs to be updated to better align with the new CFSR Round 3 statewide data indicators. DCW’s CFSP Measures of Progress Workgroup is reviewing this measure and will recommend a revised measure.

6. Goal 1’s sixth measure of progress was modified in FFY 2015 to the following: *The rate at which children/youth are placed in the most appropriate setting to meet their needs will be maintained at 98.4% to 99.4% annually for each of the next five years.*

- In FFY 2015 Colorado maintained its performance according to the CFSP baseline.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
<b>99.4%</b>				

7. *The rate of medical and dental examinations following placements will improve by 5% by 2018.*

- As part of the administrative review process, the ARD assesses whether children and youth receive timely medical and dental examinations following initial placement. Medical exams are to be conducted or scheduled within two weeks of placement, and dental exams within eight weeks of placement. In FFY 2014, 65.8% of children/youth had medical examinations scheduled or held timely following placement, and 74% had dental examinations scheduled or held timely. Colorado declined in medical and dental examinations relative to FFY 2014.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
<b>Medical: 64.2%</b> <b>Dental: 68.8%</b>				

8. *By 2018, trauma-related activities will be as follows:*

- *95% of children/youth will be screened by DCW for trauma*
- *90% of children/youth screened in for trauma by DCW will be assessed by OBH*
- *70% of children/youth assessed as traumatized will receive evidence-based trauma treatment*

- This goal must be modified due to the reduced number of counties that will implement trauma-informed interventions through the child welfare waiver demonstration. DCW

is also working to resolve a known limitation in data related to this measure of progress. Information about screening, assessment, and treatment is documented in different information systems, and data necessary to report on this measure are not aligned across the systems. Given changes in the population to be served by these interventions and known data quality issues, DCW's CFSP Measures of Progress Workgroup, in collaboration with the Title IV-E Waiver Oversight Committee, will develop recommendations for revisions to this measure of progress. The revised measure of progress will be included in the 2018 APSR, which is due June 30, 2017.

**Goal 2: Youth and children remain safely at home with families.**

**Objective 2.1: Children remain safely at home with improved child, youth, and family assessments.**

- *Intervention 2.1.1 Implement new safety assessment and statewide training:* New worker academy training, available through the Child Welfare Training System, now incorporates the family focused philosophy that is the basis of the modified Colorado Family Safety and Risk Assessments. Other relevant training courses have been augmented to align with the modifications to the assessments. As counties implement the modified assessments, DCW staff provides on-site training and coaching as counties begin to use the tools. After 30 days DCW staff follow-up with recently implemented counties to ensure county staff are using the tool and Trails modifications are working as intended. After 60 days DCW staff audits a sample of assessments completed by recently implemented counties to ensure assessments are being completed as required. DCW staff provides coaching to counties on strengths and areas of concerns regarding their use of the new assessments.
- *Intervention 2.1.2 Accurately complete safety assessment forms:* Given the revised implementation schedule and modifications to rules in the Code of Colorado Regulations, CDHS plans to revise its assessment review process to address the rule revisions. Measuring statewide and county performance on the accurate completion of safety assessment forms is no longer part of the department's C-Stat initiative; however, it will be measured through the department's qualitative case review system once rules have been promulgated.
- *Intervention 2.1.3 All counties utilize RED teams:* In July 2014 Colorado completed implementation of RED teams in all counties, and rules guiding practice were promulgated by the State Board of Human Services with a January 1, 2015 effective date. RED teams are currently being utilized statewide, and DCW staff is doing ongoing monitoring of RED teams in counties.

Objective 2.2: Counties implement Family Engagement principles and processes.

- *Intervention 2.2.1 All counties have an identifiable Family Engagement program:* The Code of Colorado Regulations requires counties to engage in family engagement strategies; however, CDHS and county departments of human services are having in depth conversations to clarify practice expectations related to family engagement at varying points in child welfare practice. These conversations are taking place in the Child Welfare Sub-PAC, which will make a recommendation whether rule revisions are necessary.

Goal 2 Measures of progress

1. *The sample of screened out cases monitored by ARD will maintain the rate of 98% accuracy of decision-making.*

- Colorado met the goal in calendar year 2015.

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
98.04%				

2. *Engagement of family members in case planning is enhanced as follows:*

- *Youth: 99.9% engagement rate is maintained for nine out of twelve months for each year of the five-year period.*
- *Mother: Engagement rate is base lined for SFY 2015–16, increased 5% per year for SFY 2017–18, and re-evaluated in SFY 2019.*
- *Father: Engagement rate is base lined for SFY 2015–16, increased 5% per year for SFY 2017–18, and re-evaluated in SFY 2019.*

- As part of the qualitative case review process, the ARD assesses whether youth and parents were engaged to participate in case planning. In FFY 2015 Colorado did not meet the goal for youth engagement. Caseworkers engaged youth to participate in case planning in 99.7% of cases, and overall, youth participated in 99.3% of cases. At 100%, the youth engagement rate was highest in the first quarter of FFY 2015, but dropped to 99.8% and 99.3% for the remaining quarters.

Last year’s APSR reported baselines for parental engagement rates: 91.4% for mothers and 80.8% for fathers. Colorado surpassed the goals for engagement of mothers and fathers. Caseworkers engaged 95.8% of mothers, and 87.8% of them participated in case planning. 89.8% of fathers were engaged to participate in case planning, and 77.2% of them actually participated.

In order to align with federal fiscal year time frames and the way qualitative case review data are reported, CDHS will revise this measure of progress to read as follows:

Engagement of family members in case planning is enhanced as follows:

- Youth: The engagement rate will be maintained at 99.9% for three out of four quarters each year of the five year period.
- Mother: The engagement rate’s baseline, 91.4%, will be maintained for FFY 2015. Colorado will increase engagement by 5% every year through FFY 2018. The goal will be re-evaluated in FFY 2019.
- Father: The engagement rate’s baseline, 80.8%, will be maintained for FFY 2015. Colorado will increase engagement by 5% every year through FFY 2018. The goal will be re-evaluated in FFY 2019.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
<b>Youth: 99.3%</b> <b>Mother: 95.8%</b> <b>Father: 89.8%</b>				

**Goal 3: Institutionalize Colorado’s quality assurance (QA)/continuous quality improvement (CQI) system.**

Objective 3.1: Colorado’s QA/CQI system is identifiable in all state and county practices and initiatives.

- *Intervention 3.1.1 Streamline communication between the DCW Research, Analysis, and Data Team; ARD; other data system; and the counties:* Colorado has worked to streamline communication between these groups through its CQI Workgroup, which is comprised of DCW staff, ARD staff, and representatives from county quality practice teams. In FFY 2015 the workgroup focused CQI efforts on the state’s timeliness of initial response performance and the development of measures to assess the state’s use of congregate care placements. The activities and findings of the workgroup inform Colorado’s umbrella CQI initiatives, Colorado Practice Model and C-Stat.

In FFY 2015 CDHS implemented two important changes related to C-Stat. First, C-Stat is now a standing agenda item at the PAC and the Child Welfare Sub-PAC. During these meetings, CDHS staff reports on changes to existing C-Stat measurements and the department’s work to develop new measures. County representatives weigh in on the Department’s work and are encouraged to participate in program specific forums where the development work is occurring.

Second, CDHS is conducting a pilot program to increase counties’ ability to attend the weekly C-Stat meetings. In the past counties were welcome to attend the meetings in person; however, in-person attendance was challenging for non-metro area counties. At counties’ request, CDHS now allows counties to attend through its enterprise video-conferencing system. The pilot

program is designed to gauge county interest in attending C-Stat, assess the number of counties with compatible video-conferencing technology, and identify barriers to participation.

- *Intervention 3.1.2 Ensure regular and identifiable stakeholder involvement in an oversight capacity of Colorado's child welfare practices:* Colorado continues to utilize existing forums to seek stakeholders' input and involvement in monitoring and improving the state's child welfare practices. CDHS maintains several committees and workgroups to advise and/or oversee work related to child welfare programs and initiatives. Noteworthy examples include the Child Welfare Executive Leadership Council, Hotline Steering Committee, the IV-E Waiver Oversight Committee, and the Training Steering Committee. In addition to the committees convened by CDHS, staff also participates in committees and workgroups hosted by interagency and community partners that align with the department's work.

### Goal 3 Measures of progress

The CFSP notes that Colorado's QA/CQI system will be evaluated by counties and CDHS to determine how the framework meets the CQI needs of DCW. The CQI Workgroup has been tasked with developing measures of progress for this CFSP goal. Measures of progress will be reported in the 2018 APSR, which is due June 30, 2017.

## V UPDATE ON SERVICE DESCRIPTION

The Stephanie Tubbs Jones Child Welfare Services Program provides grants to States and Indian tribes for programs directed toward the goal of keeping families together. These funds are a small, but integral, part of states' social service systems for families who need assistance in order to stay together. These funds, often combined with State, county, and private funds, are directed to accomplish the following purposes:

- 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, where appropriate, to remain with their families or return to their families in a timely manner;
- promote the safety, permanence, and well-being of children in foster care and adoptive families; and
- provide training, professional development, and support to ensure a well-qualified workforce.

Colorado's child welfare services and related principles, guidelines, and practice expectations are defined in Volume 7 of the Code of Colorado Regulations. Volume 7 begins as follows:

Child Welfare Services constitutes a specialized set of services... that are intended to strengthen the ability of families to protect and care for their own children, prevent involvement or continued involvement in the child welfare system, minimize harm to children and youth, and ensure permanency planning. The goal shall be to support the intactness of families, when appropriate, through the provision of services aimed at stabilizing the family situation and strengthening the parents/guardians in fulfilling their parental responsibilities to their children. Intervention shall be guided by respect for the family's integrity, knowledge of the legal base for action, and sound social work practice.

Children and youth who are at risk of being maltreated, who have been harmed, and/or who live in situations where there are safety concerns present are eligible to receive child welfare services. The table below details the number of children who are served by Colorado's child and family services continuum; data related to prevention and early intervention services are reported in the proceeding section.

*Table 14: FFY 2015 Child Welfare Services Data*

	<b>FFY 2015</b>
Number of calls to Colorado's child abuse and neglect hotline reporting system:	160,846*
Number of referrals:	88,695
Number of referrals accepted for assessment:	32,703
Number of children in child welfare involvements during the reporting period:	15,414
Number of children in <i>new</i> child welfare involvements:	6,032
Number of children who entered foster care during the reporting period:	1,735



Number of children discharged to reunification (parents, relatives, & guardianship):	3,715
Number of children discharged to adoption:	728
Number of children discharged to emancipation:	315
*As the hotline system went live on January 1, 2015, this number reflects the period beginning January 1, 2015 and ending September 30, 2015. In calendar year 2015, there were 208,999 calls.	

Colorado’s child and family services continuum is largely the same as the services continuum that was outlined in the CFSP (pages 47 – 67). The Assessment of Performance section of this report highlights areas where Colorado’s child and family services continuum is achieving positive outcomes, areas that require improvement, and efforts CDHS and its partners are taking to either sustain or improve performance. The proceeding sections provide updates on any changes and additions to the CFSP services continuum since the submission of last year’s APSR.

***Prevention and Early Intervention Services***

Several efforts over the past three years have expanded and intensified the prevention and early intervention services in Colorado’s child and family services continuum. These efforts included revisions to state rules and regulations to allow added flexibility to child welfare funding; implementation or expansion of new and existing prevention programs as part of Governor Hickenlooper’s child welfare plan, *Keeping Kids Safe and Families Healthy Plan 2.0*; and the creation of CDHS’ Office of Early Childhood (OEC). Colorado’s CFSP lists a number of programs that support achieving the state’s first major goal: the services that Colorado’s children, youth, and families need are provided in their communities, at the right time. Key programs include SafeCare Colorado, Colorado Community Response Program, the Core Services Program, and the Nurse Family Partnership Child Welfare Augmentation. These programs receive very little, if any, title IV-B, subpart 1 funding; however, they are essential elements of Colorado’s child and family services continuum.

***SafeCare Colorado***

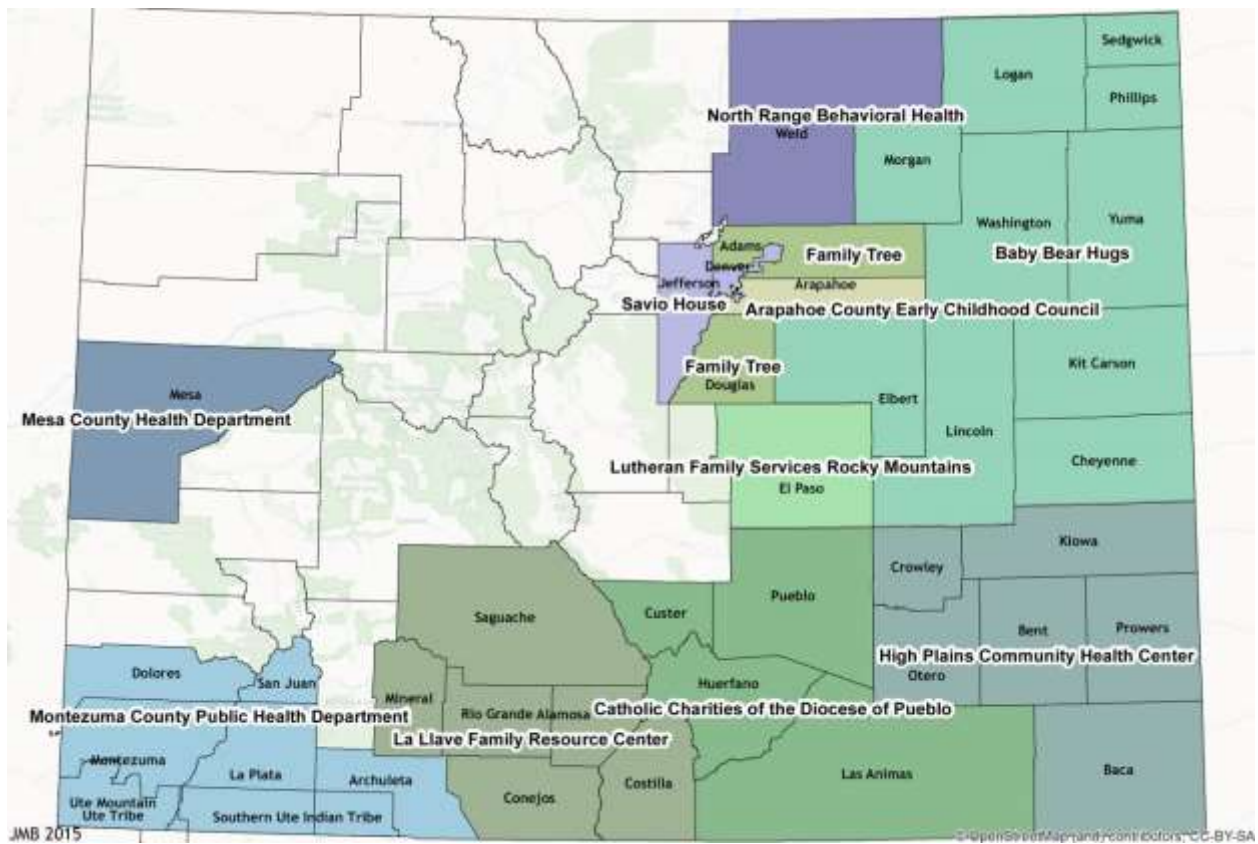
SafeCare® is a nationally recognized, evidence-based, in-home parent education program that provides direct skills training to parents and caregivers in the areas of parenting, home safety, and child health. The parenting model was developed in 1979 and has been implemented at more than 137 sites across 19 states. SafeCare® is being implemented in Colorado as a voluntary service for families in an effort to prevent entry or re-entry to the child welfare system. The program is designed for high risk families with children ages zero to five years. Services are delivered in the home by trained parent support providers. The program typically takes 18-20 weekly sessions to complete (about 4-6 months), and each session lasts 1 to 1.5 hours.

In 2013 Governor Hickenlooper’s child welfare plan, *Keeping Kids Safe and Families Healthy 2.0*, proposed SafeCare® Colorado as a pilot, and the Colorado General Assembly approved funding for three

years with the pilot period ending June 30, 2016. The program is funded through CDHS' Office of Early Childhood and is implemented in partnership with The Kempe Center. Sites are selected through competitive procurement solicitations. Currently, 11 sites are providing SafeCare® Colorado programming to residents of 39 Colorado counties and 2 American Indian Tribes. The program relies on referrals from organizations such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), schools, churches, child welfare agencies, public health agencies, family resource centers, and medical providers. Parents and caregivers can also refer themselves to the program. Families who are eligible for SafeCare® Colorado services include:

- at-risk families who have not been referred to the child welfare system;
- families who were indicated in a screened out child welfare referral;
- families who are participating in open, non-court involved child welfare involvements; and
- families whose child welfare involvements have closed.

Figure 15: Map of SafeCare® Colorado service areas (July 1, 2015 through June 30, 2016)



In FFY 2015, 1,923 families were referred to SafeCare® Colorado by county child welfare caseworkers. There are referrals from other sources that will be reported, along with all pilot data, in the final pilot evaluation report, which will be finalized by September 2016. The Social Work Research Center in the School of Social Work at Colorado State University (CSU) was selected as the independent evaluator for

the program. The evaluation is designed to measure the implementation process, program outcomes, and costs.

The 2014 annual evaluation report provided valuable information that CDHS has used to improve the program. The evaluation found that SafeCare® Colorado is being successfully implemented in diverse settings, including rural, urban, and frontier areas of the state. Demographic data show that the program is reaching a high risk population, and the majority of referrals are coming from county child welfare agencies, either through closed assessments or screened out referrals. The evaluation also highlighted several challenges sites encountered during early implementation of the program. The report noted that pressure to increase referrals was challenging for sites, and building relationships with community-based organizations took more time and effort than sites had anticipated. Sites also reported the documentation and data collection requirements are overwhelming. A process for consistent record keeping across sites was not developed prior to site implementation.

To facilitate relationship building within the community and support program sustainability, SafeCare® Colorado sites are now required to conduct quarterly meetings with a Community Advisory Team that is identified at the outset of program implementation at each site. Community Advisory Team members typically include child welfare agencies, public health organizations, local mental health providers, medical providers, family resource centers, Community Centered Boards, other home visiting programs, and other community organizations that serve similar populations. The quarterly meetings serve as an opportunity to address any barriers to service provision; promote awareness of SafeCare® Colorado within the community; and identify and facilitate community connections between SafeCare® Colorado sites and potential partners for outreach opportunities.

In FFY 2015 CDHS developed a provisional database to ameliorate the data collection challenges experienced by the first cohort of sites; however, a centralized administrative database that would collect all program data and be accessible to all SafeCare® Colorado sites was identified as a significant need. CDHS is currently in the process of procuring a vendor who will design and develop a new information system to be used across many OEC programs. Requirements for the new system include the ability to track referrals, support case management, and produce reports to support programmatic monitoring and continuous quality improvement (CQI) efforts. CDHS will also work with the vendor to explore interoperability between the new information system and *Efforts to Outcomes*, which is a web-based information system used by many community providers. Data from SafeCare® Colorado, Colorado Community Response, and Promoting Safe and Stable Families will be captured in the new information system. CDHS anticipates the system will go live in FFY 2017.

Initially conceived as a pilot, SafeCare® Colorado was funded for three years with the pilot period ending June 30, 2016. In FFY 2016 the program requested and was approved for ongoing funding for post-pilot implementation and improved program infrastructure. A competitive procurement solicitation for post implementation sites was released in early 2016, and CDHS anticipates finalizing site selection and contracts by the summer of 2016. The final pilot evaluation report will evaluate the program's entire pilot period. Next year's APSR will address the report's findings, CDHS' response to the report's findings, and updates regarding the program's post-pilot implementation.

### ***Colorado Community Response***

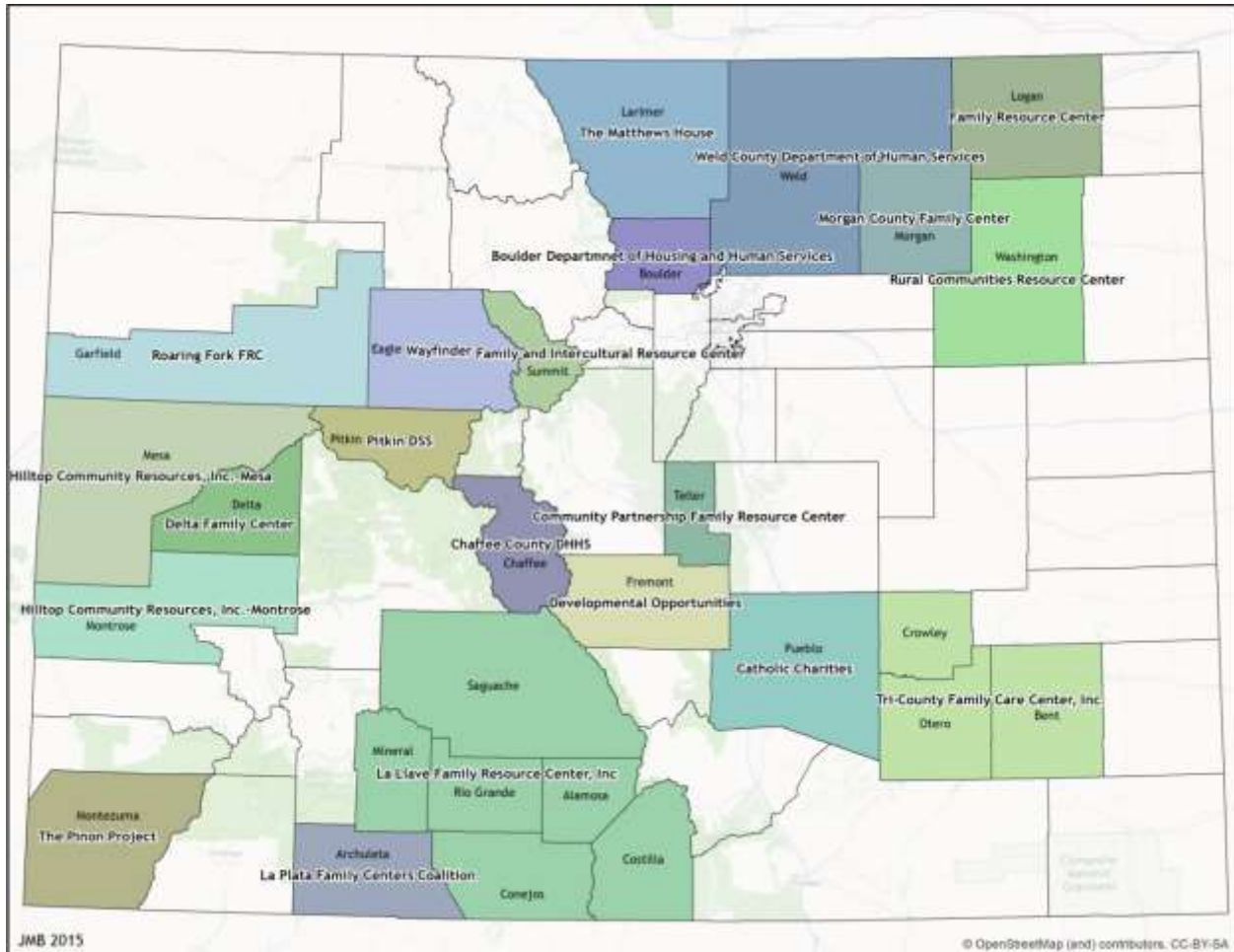
Colorado Community Response (CCR) is a program that provides comprehensive, community-based services to families at-risk of child maltreatment through a combination of case management, service linkages, and community supports. Program objectives include preventing child maltreatment while promoting individual, family, and community strengths; building parenting skills; and providing access to vital economic, health, and other services. The program targets services to families who are reported for child abuse or neglect to Child Protective Services (CPS), but are either: (1) screened out from receiving a response because the report does not rise to the level of imminent safety threat requiring CPS involvement; or (2) screened-in and assessed (under either the high risk assessment (HRA) track or family assessment response (FAR) track) and have their cases closed without the provision of CPS services.

Participation in the program is voluntary. Services are tailored to the needs of individual families and may include the following:

- outreach and family engagement;
- case management, direct services, and resource referrals;
- home visits (minimum of one);
- collaborative goal-setting;
- financial decision-making assistance and coaching;
- social capital, group-based programs; and
- flexible spending funds.

Like SafeCare® Colorado, CCR was initially conceived as a pilot and funded for three years with the pilot period ending June 30, 2016. The program is funded through CDHS' Office of Early Childhood (OEC). Sites are selected through competitive procurement solicitations. Currently 21 sites are providing CCR programming to residents in 28 counties. Sites are typically collaborations between county departments of human services and local family resource centers.

Figure 16: Map of CCR service areas (July 1, 2015 through June 30, 2016)



CDHS selected CSU’s Social Work Research Center and the Kempe Center through a competitive procurement solicitation to evaluate CCR. Evaluation activities are currently underway, and a final evaluation report covering the entire pilot period is expected to be complete in September 2016. The final report will include evaluation of the number of families served by the program, successes/barriers to program implementation, and whether CCR families had subsequent involvements in Colorado’s child welfare system.

In FFY 2016 CCR was also approved for ongoing funding for post-pilot implementation. There are no plans for expansion in FFY 2017; rather, CDHS will support and strengthen programming at existing sites. Next year’s APSR will include findings from the final evaluation report and updates about the program’s post-pilot implementation.

## ***Cores Services Program***

The Core Services Program was established within CDHS in 1994 and is statutorily required to provide strength-based resources and support to families when children and youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

The statewide Core Services Program is built to address the following four clinical emphases:

- focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth;
- prevent out-of-home placement;
- return the child/youth in placement to their own home, or unite the child/youth with their permanent families; and
- provide services that protect the child/youth.

These objectives are addressed by family preservation services, which are generally short-term, family-based services designed to support families in crisis by improving parenting and family functioning while keeping children and youth safe. There are ten designated types of family preservation services:

1. *Aftercare Services* include any of the services provided to prepare a child for reunification with his/her family or other permanent placement and to prevent future out-of-home placement of the child.
2. *County Designed Services* are services tailored by individual counties to prevent the out-of-home placement of children, facilitate reunification, or another form of permanence.
3. *Day Treatment* includes comprehensive, highly structured services that provide education to children and therapy to children and their families.
4. *Home-Based Intervention* is an array of services provided primarily in the home of the client that may include therapeutic services, concrete services, collateral services, and crisis intervention directed to meet the needs of the child and family.
5. *Intensive Family Therapy* includes therapeutic interventions typically with all family members to improve family communication, functioning, and relationships.
6. *Life Skills* include services provided primarily in the home that teach household management, parenting techniques, family conflict management, and strategies to effectively access community resources.
7. *Mental Health Services* include diagnostic and/or therapeutic services to assist in the development of the family services plan and to assess and/or improve family communication, functioning, and relationships.

8. *Sexual Abuse Treatment* includes therapeutic interventions designed to address issues and behaviors related to sexual abuse victimization, sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.
9. *Special Economic Assistance* includes emergency financial assistance of not more than \$2,000 per family per year in the form of cash and/or vendor payment to purchase hard services.
10. *Substance Abuse Treatment Services* include diagnostic and/or therapeutic services to assist in the development of family service plans; to assess and/or improve family communication, functioning, and relationships; and to prevent further abuse of drugs or alcohol.

All 64 counties and the Southern Ute Indian Tribe annually develop plans to address the four clinical emphases through locally tailored strategies and services. Each jurisdiction designs a unique mix of required and county designed services, resulting in a multifaceted array of services and opportunities along with accompanying implementation challenges.

As services are administered by county departments of human services, collaboration is integral to the operations of the Core Services Program. In addition to county partners, CDHS works closely with inter- and intra-agency partners through joint initiatives to ensure the program addresses any gaps in prevention and early intervention services. Intra-agency partners include the Division of Youth Corrections (DYC), the Office of Behavioral Health (OBH), the Office of Early Childhood (OEC), and the Office of Economic Security (OES). Inter-agency partners include the Colorado Judicial Branch, the Department of Health Care Policy and Financing (HCPF), and local school districts. Additionally, the program hosts a quarterly Core Services Coordinator meeting where coordinators and partners throughout the state convene to discuss the operations of the program, identify any areas for improvement, and recommend any programmatic or policy changes to improve the effectiveness of the program.

Every year the Core Services Program is evaluated by the Social Work Research Center in the School of Social Work at Colorado State University. Evaluation reports are due to the Colorado General Assembly, Chief Justice of the Colorado Supreme Court, and the Governor by October 1<sup>st</sup> of every year. The evaluation report for CY 2015 is not yet complete; therefore, the most recent data for the program is not available to include in this report.

Based on data reported in the CY 2014 evaluation report, 25,747 unduplicated individuals were served by the Core Services Program during that reporting period. Overall, 54% of the individuals were children and youth who received services directly, and 46% were adults who received services on behalf of a child/youth. Services provided primarily to adults included mental health services and substance abuse treatment. While these services were delivered to adults, they benefitted children and youth by allowing them to remain in or return to their homes.

The CY 2014 evaluation reported the following outcomes:

- Approximately 80% of service episodes for CY 2014 were closed with a “successful” (61%) or “partially successful” (19%) service efficacy outcome. Service episodes for children and youth with a remain home service goal or a child protection, or Program Area Five (PA5), designation

were significantly more likely than service episodes with a return home service goal or a youth in conflict, or Program Area Four (PA4), designation to have a successful or partially successful service.

- The service goal was attained in 80% of all service episodes from CY 2014. The service goal attainment rate was 89% for remain home, 82% for least restrictive setting, and 70% for return home.
- Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$52 million in CY 2014 on OOH placements for children and youth.

The evaluator concluded the Core Services Program is working as designed. The program is serving the population targeted by the legislation and is providing the appropriate levels of support as evidenced by the findings that less than 5% of children and youth had a subsequent placement after receiving or benefiting from Core Services. Furthermore, at involvement closure, 99% of children and youth who received services remained home. Based on the outcomes data reported above, the evaluator also found that the program is effective in achieving treatment success. While the program is especially effective in serving children and families with a service goal of remain home or a PA5 designation, the evaluator found that increased efforts are required to improve outcomes for children and families with a service goal of return home or a PA4 designation.

Preliminary data show that 26,435 unduplicated individuals were served by the Core Services Program in CY 2015. Approximately 54% were children and youth who received direct services. In FFY 2017 Colorado anticipates the program will serve a similar number of individuals plus or minus 3%.

The goals of the Core Services Program remain consistent with previous years, and it remains a critical component to successfully completing the 2015-19 CFSP's Intervention 1.1.3: Refer to prevention services. Program staff continue to train, provide technical assistance, and facilitate community forums to encourage counties to use their Core Services Program funding for prevention and/or intervention services for children and families who do not have an open child welfare case. In FFY 2016 the Core Services Program partnered with the OBH and HCPF to host forums throughout the state to discuss prevention and early intervention services. Specific topics included accessing appropriate services, maximizing Medicaid funding for services before utilizing other funding streams, and using Core Services Program funding as the payer of last resort.

### ***Nurse Family Partnership Child Welfare Augmentation***

As part of the Governor's child welfare plan, CDHS partnered with the University of Colorado, Invest in Kids, and the Nurse-Family Partnership (NFP) National Service Office to conduct a quality improvement project of the NFP program with the goal of preventing child maltreatment through improved organizational collaboration, enhanced nurse education, and increased enrollment of clients in the NFP program. The NFP is an evidence-based, voluntary, nurse home visitation program designed to improve the health and development of first-time, low-income mothers and their children. Strengthening the NFP's ability to reduce child abuse and neglect requires continuous improvements in the



implementation of the program model and better collaboration with local child protection services. To strengthen collaboration efforts between local teams of NFP nurses and child protection workers, there was a need to understand the types of collaborative efforts currently existing in the state of Colorado and examine factors that facilitate or create challenges towards collaboration. The quality improvement project ended on June 30, 2015, and an independent third party evaluator is in the process of completing the final evaluation report. The final report is expected to be completed during the summer of 2016; the findings will be included in the 2018 APSR.

In FFY 2016 the Colorado General Assembly approved legislation to allocate more funding to NFP and to fully fund NFP services for the next 11 years. As a result, the NFP now operates in all counties through a variety of local implementing agencies.

### ***Child Protective Services (CPS)***

As reported in the preceding *Update on Progress Made to Improve Outcomes* section, Colorado's child abuse and neglect hotline reporting system went live on January 1, 2015. In FFY 2015 CDHS, OIT, and county departments of human services collaborated on the design and development of a web-based application that would feed information into Trails. The application, which is called the Trails Hotline Application, facilitates hotline workers' information gathering by prompting workers to collect information and ask relevant questions as required by the Code of Colorado Regulations. As of July 2015, all counties have been using the Trails Hotline Application to document calls and referrals. CDHS and its partners have been working to improve the application as needed to ensure it promotes and supports excellent hotline practice by the states' hotline workers.

In FFY 2016 CDHS and county departments are targeting the state's Review Evaluate Direct (RED) team process for continuous quality improvement. Since January 1, 2015, the Code of Colorado Regulations requires most reports of child maltreatment to be screened through the RED teams. Rule allows some exceptions such as reports that require an immediate response, but ultimately, counties are given latitude to utilize the RED team process even for the exceptions.

Given the volume of reports received, counties report the process' time commitment is negatively impacting their delivery of front end child welfare services. Moreover, CDHS has observed issues with fidelity to the RED team framework during routine monitoring of counties' RED teams. In June 2016 CDHS, in collaboration with the Differential Response Collaborative Workgroup, convened a group of CDHS and county staff to begin identifying issues and barriers related to the RED team process using a CQI process. The conversations will continue, and recommendations for improvements will be completed in FFY 2017.

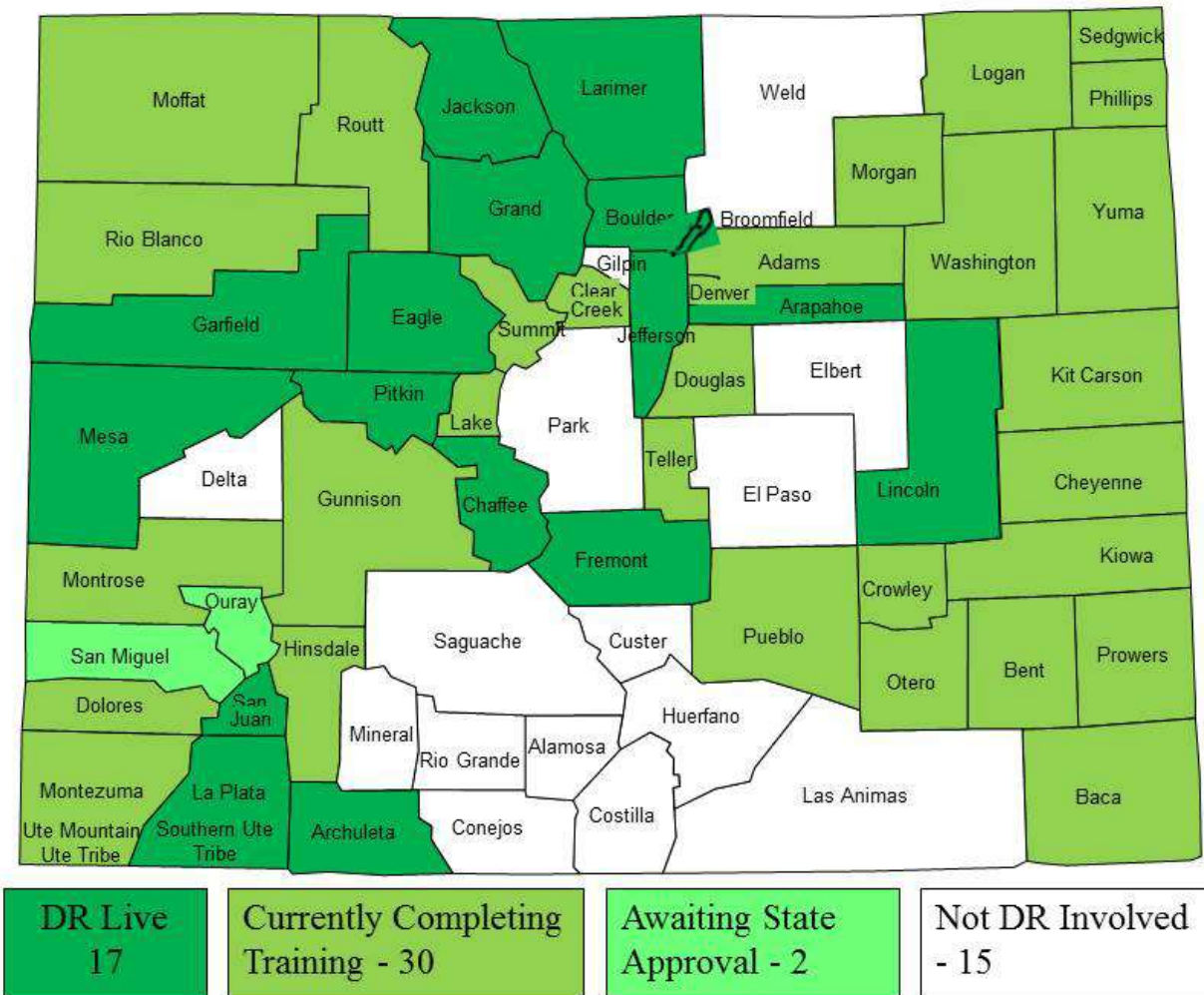
The CFSP included changes to Colorado's safety and risk assessment process. The CFSP reports that these changes were initiated to clarify the assessment process and documentation requirements for the child protection workers, reduce inaccurate completion of the assessment tools, and ultimately reduce the recurrence of maltreatment for children and youth who interface with the child welfare system. In

FFY 2016 the state is in the process of implementing the modified Colorado Family Safety and Risk Assessments in every county. Information about the modified assessments was detailed in the preceding *Update to the Plan for Improvement* and *Update on Progress Made to Improve Outcomes* sections of this report.

As noted in last year's APSR, the Colorado General Assembly passed legislation that expanded Differential Response (DR) from a pilot program to a permanent child welfare program option. DR is an innovative system reform that allows child protective services (CPS) to address screened-in reports of child maltreatment in different ways. The traditional investigative approach is utilized for high risk reports. A Family Assessment Response (FAR) may be utilized for low to moderate risk reports. In addition to the incident of maltreatment, FAR assesses child safety by focusing on the environmental context and broader issues of family well-being through solution focused family centered practice. The labels of perpetrator and victim are removed, and a determination, or finding, of child maltreatment is not required. Upon completion of specific program implementation requirements and receipt of CDHS' Executive Director's approval, counties may practice DR. In FFY 2015 DR counties conducted 6,869 FARs.

Since July 2015, two additional counties have implemented DR bringing the total to 17 counties. In FFY 2017 CDHS anticipates an additional 7 to 13 counties will be approved to practice DR. The figure below illustrates the current DR counties, those waiting for CDHS approval, and those that are in training.

Figure 17: Map of FFY 2016 DR counties



In FFY 2016 several Colorado counties are piloting new well-being assessment tools to better individualize services for children and families with open child welfare involvements. With funding provided through Colorado’s child welfare waiver demonstration, eight counties are using one of two different tools to identify what interventions are necessary for a child/youth’s treatment. The Treatment Outcome Package (TOP), which is being utilized in six counties, uses statistically validated questions to identify children’s and youth’s strengths and challenges. TOP tracks and measures the following:

- whether a child’s behavioral and mental health needs are improving through a particular course of treatment; and
- specific providers’ track record of delivering particular services.

The Child & Adolescent Needs & Strengths (CANS) Tool, which is being utilized in two counties, is a multi-purpose tool that supports level of care and service planning decision making, facilitates quality improvement initiatives, and allows for monitoring of outcomes of services.

The primary difference between the tools is who completes it. The TOP tool is completed by the child/youth, birth and foster parents, clinicians, teachers, and caseworkers. As a result it provides a holistic look at a child's/youth's well-being. The CANS tool is completed by one person, most likely the child's/youth's caseworker. During the pilot, participating counties will explore uses of the tools and their efficacy in individualized service planning. CDHS and the IV-E Waiver Oversight Committee are in the process of developing a standardized level of care report that can be informed by data from either the TOP or CANS tools. Updates on the progress of the pilot and reporting methodology will be included in the 2018 APSR.

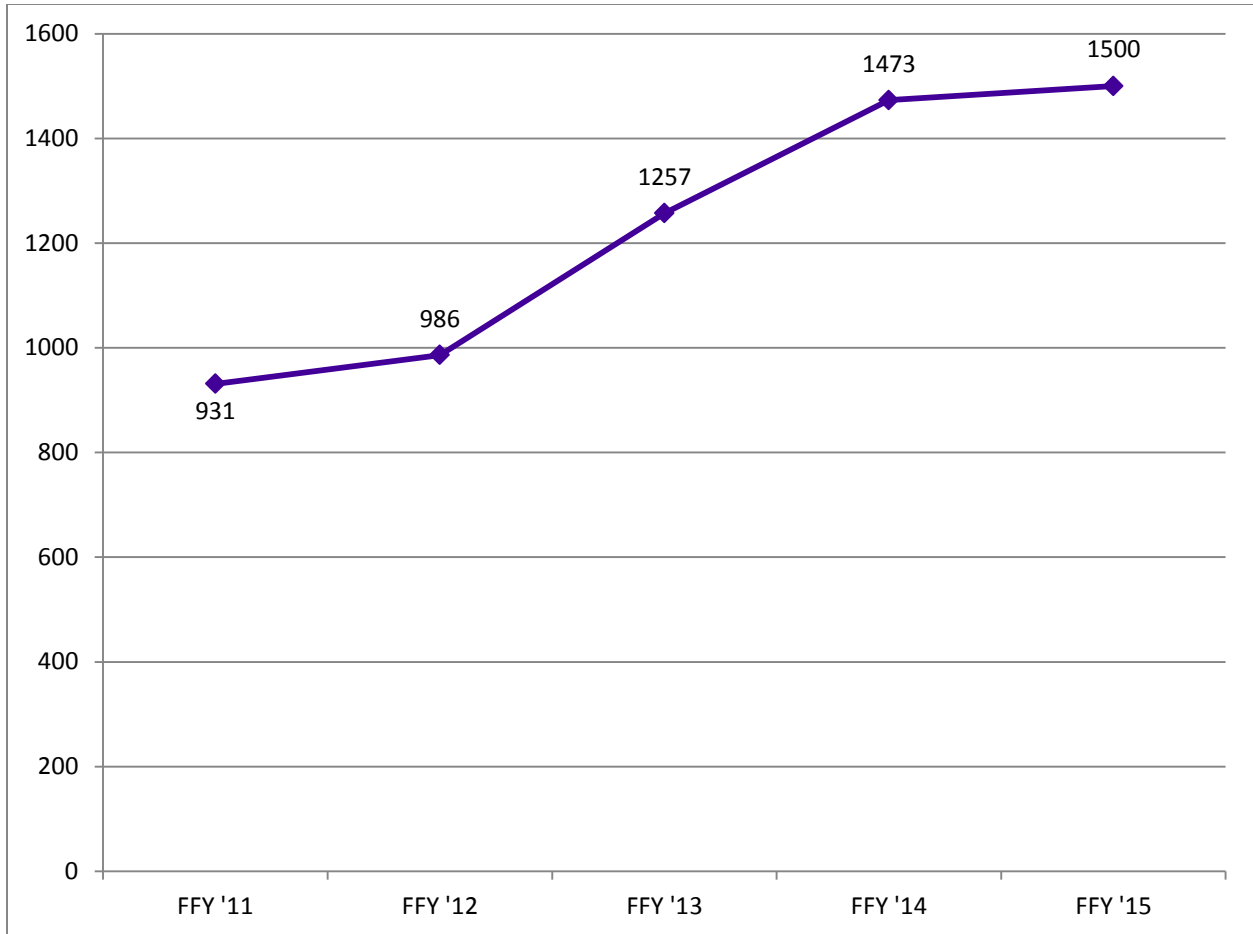
### ***Foster Care Services***

Colorado's child welfare practice prioritizes serving children and youths in their own homes whenever it is safe and appropriate to do so; however, the state strives to provide high quality foster care placements for those cases that require out-of-home care. Placement resources include foster care homes, kinship homes, group homes, specialized group facilities, and residential child care facilities. The number of foster care homes remained stable throughout FFY 2016 with approximately 2,000 foster care homes statewide. CDHS continues its efforts to recruit new foster parents and retain existing foster parents through efforts that are described in the *Updates to Targeted Plans within the 2015-19 CFSP* section of this report.

Increasing the use of kinship placements has been an area of focus for Colorado since implementation of the child welfare waiver demonstration. In FFY 2016 CDHS renewed its contract with Thomson Reuters for use of their web-based CLEAR investigation software. Colorado's counties will continue to have access to the software to support their intensive family finding efforts.

As reported in the *Update on Progress made to Improve Outcomes* section, 35 counties are implementing kinships supports through Colorado's child welfare waiver demonstration. Kinship supports include an assessment of needs that are necessary to sustain kinship placements and the provision of an array of services that may include respite care, child care, basic needs, transportation, access to recreational activities, and therapeutic and educational needs not covered by insurance or the educational system. The net result of all of these efforts is an increase in kinship placements. The figure below illustrates the growth in kinship placements since FFY 2011.

Figure 18: Number of children and youth placed in certified and non-certified kinship homes from FFY 2011 through FFY 2015



With the increased use of kinship placements, CDHS recognizes the need to promote more consistency in practice across the state. Reviews of background checks for non-certified kinship care providers conducted in FFY 2015 highlighted the need to improve compliance with background check requirements. The first review, which was conducted in the Fall of 2014, revealed that all required background checks were completed in 65% of sampled cases. CDHS staff conducted statewide webinars and onsite trainings in counties to share the results of the first review and remind county staff about the requirements. The second review, which was conducted in the Spring of 2015, showed an 16% increase in compliance; 81% of sampled cases had complete background checks.

In addition, legislation (SB 15-087) was passed during the 2015 legislative session that clarifies background check requirements, provides new definitions, and creates consistency in the required checks for foster care homes, kinship foster care homes, and non-certified kinship care homes. CDHS worked with the Child Welfare Sub-PAC to develop corresponding rules, which were promulgated by the State Board of Human Services with a January 1, 2016 effective date. A collaborative workgroup is continuing to review rules in the Code of Colorado Regulations regarding kinship placements in order to

identify possible revisions to promote more consistency across the state. CDHS anticipates the workgroup's recommended revisions will be promulgated in FFY 2017.

Colorado continues its efforts to reduce congregate care usage throughout the state. Updates regarding CFSP interventions related to congregate care are included in the *Update on Progress Made to Improve Outcomes* section of this report. In addition to those efforts, CDHS collaborated with counties through the Child Welfare Sub-PAC to identify a threshold for congregate care usage in Colorado. All parties agreed to a 6.1% threshold, which means no more than 6.1% of the average daily population of children and youth with open child welfare involvements will be served in congregate care settings. As of April 2016, 7.6% of the average daily population is served in congregate care settings.

CDHS and its partners are also engaged in efforts to increase the well-being of children and youth in foster care. Colorado's performance on measures associated with the federal well-being outcomes highlights areas where improvements are needed, and the *Assessment of Performance* section documents Colorado's efforts specific to the individual outcomes. Additionally, Colorado's Pathways to Success (Pathways) Initiative is a collaborative effort that's focused on improving well-being outcomes for youth in foster care. The initiative is comprised of two interconnected efforts focused on aligning services and systems for transition age youth and young adults in order to improve outcomes and decrease experiences of homelessness, crime, and human trafficking.

The first effort is the development of a model intervention for youth with child welfare involvement who are at risk of homelessness. The target population includes youth ages 14-21 who are currently in or transitioning out of foster care and young adults up to the age of 21 who were formerly in foster care and are homeless. The model intervention includes four key components:

- strengths-based, targeted case management provided by a Pathways Systems Navigator;
- permanency strategies using the Enhanced Permanency Roundtables Practice Model;
- the Enhanced Road Map to Independence model, which builds skills and supports needed for emancipation; and
- an individualized services array which may include mentoring, transitional living/housing, sexual and relationship health training, and other supports tailored to each youth's needs and strengths.

The overall goal is to improve the following core outcomes among Colorado youth and young adults with current or prior foster care involvement: permanent connections, safe and stable housing, health and wellness, education, and career development. Three community collaboratives representing urban, suburban, and rural areas of the state are implementing the model. They are the Denver Collaborative, Boulder Collaborative, and the Rural Collaborative covering Fremont, Garfield and Weld counties. Each collaborative consists of a county department of human services and a federally funded runaway and homeless youth provider.

The second effort is focused on aligning systems and services and reducing barriers in order to improve outcomes for all youth in foster care. These efforts have resulted in strong multi-system partnerships,

focused on reducing barriers and aligning services to better serve young people. Key successes and partnering agencies include the following:

- development of the "Milestones of Foster Care" resource map of key opportunities, resources and eligibility for youth ages 9 to 26 (Rocky Mountain Children's Law Center);
- development of the "Confirmation of Foster Care Dependency" form to streamline proof of foster care involvement for the purposes of financial aid (Educational Opportunities Workgroup);
- modifications to the Family Unification Program (FUP) youth housing voucher process to speed housing resources to youth who are at risk of, or experiencing, homelessness. (Mile High United Way, Division of Housing); and
- development of a Human Trafficking 101 training for caseworkers (CWTS).

### ***Permanency Services***

Efforts such as county departments' focus on serving children in their own homes, the child welfare waiver demonstration interventions, and increased use of kinship placements have greatly impacted permanency for children and youths in Colorado. The *Assessment of Performance* section highlights CDHS and its partners' efforts to sustain or improve performance on the federal permanency outcomes. To complement those efforts, CDHS created a Permanency Specialist position within DCW to consult with county departments and other partners on permanency issues, including the permanency related child welfare waiver demonstration interventions.

As a follow-up to research conducted in 2014 that revealed distinct factors affecting the permanency of children and youth within specific age groups, CDHS has developed a formalized process to identify and intervene in the cases of children and youth who are at highest risk of emancipating without legal permanency. Every quarter the list of at-risk children and youth is refreshed. Children and youth who have achieved permanency are removed from the list, and new at-risk children and youth are added. A team within DCW meets monthly to do the following:

- review the list of cases and identify any areas where more clarification is required;
- select cases for targeted interventions; and
- determine what supports are needed.

At any given time, CDHS' Permanency Specialist is working with county partners and OCYF's recruitment and retention staff on ten cases. Every quarter CDHS' Executive Management Team reviews and provides feedback on DCW's progress with the cases selected for intensive supports. This process has been in effect since November 2015. At this time, CDHS does not have data on the children and youth served through this process; however, a measurement methodology is in development, and outcomes data will be reported in the future.

When reunification or adoption is not appropriate, Colorado's Relative Guardianship Assistance Program (RGAP) is available to assist children and youth achieve legal permanency. RGAP provides financial assistance and case services to relatives who have assumed legal guardianship of children whom they previously served as foster parents. Case services are purchased program services that meet the needs of the child/youth in the assistance agreement that are not covered by the RGAP financial assistance or Medicaid. Examples include specialized therapies and respite care. In FFY 2015 there were 52 children and youths participating in the program, and an estimated 70 children and youths will be served in FFY 2016. CDHS anticipates 115 children and youths will be served by RGAP in FFY 2017.

In FFY 2016 CDHS has engaged families, county departments, and the Permanency Task group for feedback regarding what post-permanency services would best support families. Requested services include respite care, occasional and specialized therapeutic services not covered by Medicaid, and immediate access to short-term residential treatment for youths. CDHS is in a competitive procurement process to identify agencies that would be able to provide these services statewide, especially in rural areas with limited access to such services. These services will be funded in part through Adoption and Legal Guardianship Incentive Payments and savings that result from delinking adoption assistance from Aid to Families with Dependent Children per the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. CDHS anticipates providers will be selected and service delivery will begin in FFY 2017.

Additionally, Colorado has made a number of legislative and rule changes that better promote permanency for children and youth in foster care. In August 2015 the Code of Colorado Regulations was revised to align rules related to Other Permanent Planned Living Arrangements (OPPLA) with the federal Preventing Sex Trafficking and Strengthening Families Act of 2014. Consistent with the act, only youths ages 16 years and older are eligible to have an OPPLA permanency goal. The rules were developed in collaboration with the Permanency Task Group, the Child Welfare Sub-PAC, the Office of the Child's Representative, and the State Court Administrator's Office.

In November 2015 rules regarding RGAP were revised to allow provisions for successor guardianship. In the event the original guardian is incapacitated or dies, a successor guardian may be identified in the original relative guardianship assistance agreement. The new rules not only promote continuity of relationships for children and youth served by RGAP assistance agreements, they also prevent re-entry into foster care.

In FFY 2015 CDHS and its partners developed rules to articulate the process by which parental rights are reinstated for families where safety is no longer a concern. The rules align with legislation (SB 14-062) passed by the Colorado General Assembly in 2014 regarding reinstatement of the parent-child relationship. The rules were adopted by the State Board of Human Services in January 2016 with a March 1, 2016 effective date.

In 2016 the Colorado General Assembly passed legislation that expands RGAP. The bill revises the definition of relative and allows non-related foster parents with whom a youth who is at least 12 years of age, with a substantial psychological tie to the foster parent(s), and with whom the youth has resided



for 12 months, to be guardians and receive post-permanency assistance through RGAP. Youths must consent to the guardianship, and younger siblings of these youth can also be included in the assistance agreement. CDHS and its partners are drafting new rules to align with the legislation. Rules are expected to be promulgated by October 1, 2016.

***Services for Children Under the Age of Five***

Children ages 0 to 5 years continue to be the population at greatest risk of maltreatment. This population represents 37% of all new child welfare involvements in FFY 2015, and 84% of children in this population were served in-home. Of the children ages 0 to 5 who were in foster care on the last day of FFY 2015, 68% of them had been in care for less than 12 months. The following table represents the length of time in care for this population.

*Table 15: Length of time in foster care for children ages 0 to 5 who were in care on the last day of the FFY*

<b>Length of time in foster care</b>	<b>FFY 2014</b>	<b>FFY 2015</b>
Less than 6 months	44%	44%
6 – 11 months	25%	24%
12 – 23 months	23%	25%
24 – 35 months	6%	6%
36 months or more	1%	1%

In FFY 2016 CDHS convened a collaborative workgroup, the Birth-to-Five Task Group, to research maltreatment and maltreatment prevention for this population of children. Membership includes community stakeholders and staff from CDHS’ DCW and OEC. The workgroup is developing system-level recommendations to improve prevention services and family supports with a goal to decrease egregious, near fatal, and fatal incidents. Additionally, a sub-committee of the workgroup is reviewing the Code of Colorado Regulations to identify and suggest potential rule revisions that would decrease the possibility of egregious, near fatal, and fatal incidents during child welfare involvements. CDHS anticipates the workgroup will make recommendations by the close of FFY 2016; updates will be provided in the 2018 APSR.

In the meantime, Colorado’s efforts to target services to this population and their families are consistent with activities outlined in the CFSP and last year’s APSR. These efforts and requirements include the following:

- SafeCare Colorado, Colorado Community Response, and Nurse Family Partnership target families with children under the age of 5. Eligibility for services vary across the three programs. Please refer to the preceding program sections for specific details.
- The Colorado Family Safety and Risk Assessment tools have been revised, and all caseworkers and supervisors will be trained in the use of the new tools by January 1, 2017.

- Supervisors approve all safety plans, the Family Service Plan, and conduct reviews every 90 days thereafter to oversee the child’s safety and permanency.
- Volume 7 of the Code of Colorado Regulations requires children under the age of 5 who are involved in a substantiated report of maltreatment to be referred by the county department to the appropriate state or local agency for developmental screening within 60 days of the incident.
- CAPTA funds are used to increase the number of developmental screenings for children who are involved in a substantiated report of maltreatment.
- Young children who have been in foster care for 12 months or more may have a Permanency Roundtable.
- In counties that are participating in the trauma-informed assessment intervention as part of child welfare waiver demonstration, children ages 0 to 5 will be screened for trauma using a specialized protocol, *The Checklist: Identifying Children at Risk Ages 0-5*.
- 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.

Consistent with Colorado’s efforts to expand prevention and early intervention services in the state’s child and family services continuum, CDHS supports a number of other programs that also impact this population. These programs include but are not limited to the following:

- The **Family Resource Center Program** (FRCP) is dedicated to creating stronger Colorado families by providing support to vulnerable families through statewide family resource centers. FRCP uses training, technical assistance, and grants to establish and maintain family resource centers across Colorado. Current services, which are funded by federal community-based child abuse prevention grants and state funding, focus on providing evidence-based parenting education programs offered in Family Resource Centers. The parenting classes utilize the following curricula - Active Parenting, Incredible Years, Nurturing Parenting Programs, and Parents As Teachers. In FFY 2015 CDHS funded 28 Family Resource Centers across the state.
- The **Incredible Years Parenting Programs** focus on strengthening parent-child interactions and attachment, reducing harsh discipline, and fostering parents’ ability to promote children’s social, emotional, and language development. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children
- The **Nurturing Parenting Programs** are designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.
- **Parents as Teachers** is designed to ensure that young children are healthy, safe, and ready to learn. Parent educators aim to increase parent knowledge of early childhood development,

provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success.

- **Stewards of Children Child Sexual Abuse Prevention Training** is an evidence-informed prevention training that increases knowledge, improve attitudes, and promotes prevention behaviors. Training seminars utilize childhood sexual abuse survivors, experts, and their stories to provide attendees with tools necessary to protect children and prevent child sexual abuse.
- **Healthy Steps for Young Children** is a program that emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age three.
- **Head Start** programs provide comprehensive developmental services for low-income children from birth to entry into elementary school. The program is child-centered, family-focused, comprehensive, and community-based. Head Start services are designed to address developmental goals for children, employment and self-sufficiency goals for adults, and support for parents in their work and child-caring roles.

### ***Promoting Safe and Stable Families***

CDHS' Office of Early Childhood oversees Colorado's Promoting Safe and Stable Families (PSSF) program. The overarching objectives for Colorado's program include the following:

- 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.

These objectives are addressed through the provision of services in four broad areas: family support, family preservation, time-limited family reunification, and adoption promotion and support. In Colorado these services are administered by county departments of human services, community providers, and eligible American Indian Tribes that are awarded grants. Grantees, also known as sites, develop local PSSF program plans that delineate the services that will be provided, the goals and objectives to be achieved, and an annual operating budget. Additionally, sites are required to utilize a community advisory committee to facilitate collaboration within their communities, enhance PSSF service delivery, and decrease duplication of services.

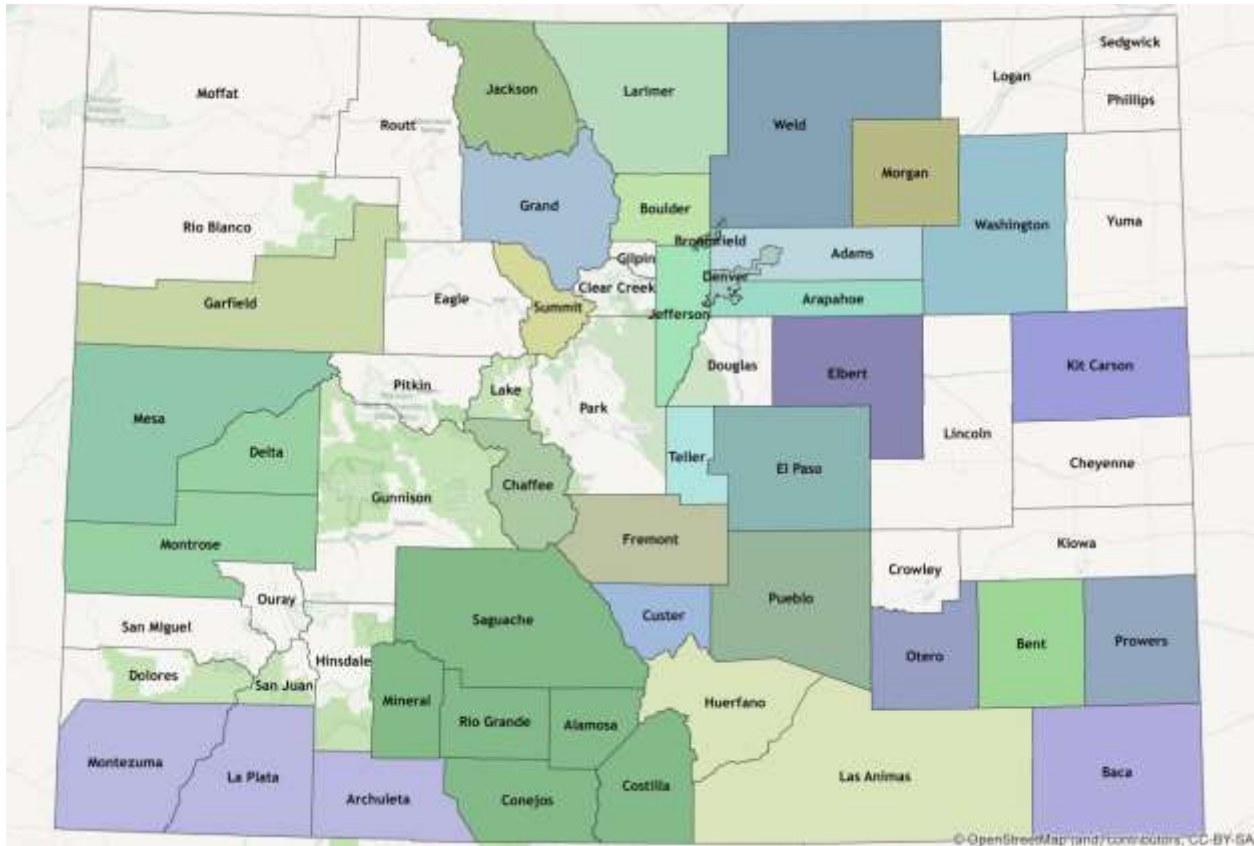
In FFY 2016, 32 sites provide PSSF services to 40 counties. The Ute Mountain Ute Tribe provides PSSF services for enrolled members of the tribe. Post-adoption services are available to all counties through a contract with the Adoption Exchange. The proceeding figure highlights the geographic areas in Colorado

where PSSF services are available. FFY 2017 sites and the geographic areas they plan to serve will be determined through a competitive procurement process. New contracts will be in place starting October 1, 2016, and CDHS anticipates services will be available throughout the state and in similar types of communities as those that are currently being served. The CFS 101s submitted with this report include the following estimated percentages of title IV-B, subpart 2, funds for FFY 2017:

- Family preservation services - 22%;
- Family support services - 21%;
- Time-limited family reunification services - 25%;
- Adoption promotion and support services - 21%; and
- Planning and coordination - 1%.

These estimates reflect historical spending patterns in these service areas. Actual FFY 2017 expenditures will depend on the outcome of the competitive procurement process. Colorado's intent, however, is to spend at least 20% in each service area.

Figure 19: Map of FFY 2016 PSSF sites, which are represented by different colors



The family preservation service area includes services designed to help maintain children in their homes or help families alleviate crises that may lead to out-of-home placements of their children. Target populations are families with children who are at risk for out-of-home placement due to child maltreatment, families that are preparing for reunification, and families that are preparing for adoption. Family preservation services may include the following:

- case management;
- family engagement strategies;
- support groups for parents, kinship caregivers, and foster parents;
- family emergency funds;
- referrals to community resources; and
- educational programs related to positive parenting and financial literacy.

Regarding family engagement strategies, local program staff help to elicit family involvement, encourage support from extended family, and provide opportunities for families' participation in planning to ensure the safety and well-being of their children.

The family support service area includes voluntary preventative services designed to help families increase their children's well-being. Family support services are targeted to families who are not involved with the child welfare system. Specific services include the following:

- respite care;
- educational supports for children;
- family emergency funds;
- referrals to community resources and support networks;
- opportunities to build social capital; and
- educational programs related to positive parenting, nutrition, and financial literacy.

Some sites are working to enhance their PSSF programs by collaborating with community agencies and local businesses to meet the needs of their communities. One example includes a site that offers a monthly pro bono legal forum where local attorneys provide legal advice for families regarding a broad range of topics including applying for guardianship, child support issues, and contracts.

The time-limited reunification service area includes services that facilitate reunification of children safely and appropriately within 15 months of entering foster care. Services include the following:

- diligent search;
- individual, group, and family counseling;
- inpatient, residential, or outpatient substance abuse treatment services;
- mental and behavioral health services;
- assistance to address domestic violence;
- temporary child care and therapeutic services for families, including crisis nurseries; and
- transportation to/from any of the services.

This service area also utilizes family engagement strategies such as icebreaker meetings and new family orientation meetings to provide information about local communities' social services system, what to expect in the reunification process, and necessary tools to ensure successful reunifications.

The adoption promotion and support service area includes services that support and sustain adoptive families and aim to prevent disruption of adoptive placements through an integrated service delivery system. This service area targets foster and adoptive families. Services include the following:

- post-adoption support groups;
- seminars for parents and service providers;
- training for mentors and respite providers;
- bi-lingual support materials to help families with adoption-related paperwork;
- bi-lingual resource coordinators with adoption related experience who answer families' post-adoption questions and provide advocacy in systems navigation;
- access to information about post-adoption resources and services through a dedicated website and semi-annual newsletters; and
- referrals to adoption resources and information regarding benefits for families who have children with special needs.

Some local programs ensure older youth are involved in the adoption promotion services. Family advocates meet with youth to discuss their personal goals and preferences for a permanent home. Some programs involve youth in the development of recruitment tools that are used to search for potential adoptive families. In some cases, adoption specialists are hired to concentrate on finding permanency for those youth who have not been successful in finding permanency.

Prior to receiving PSSF services in any service area, families’ needs are identified through an intake form or an assessment tool that is completed by local PSSF program staff or county departments’ staff. Individualized plans are created in collaboration with relevant agencies to address the families’ needs. In FFY 2016 a new assessment tool is being used for the family support and family preservation service areas. Sites will complete the tool with families who do not have a current child welfare involvement and receive more than six hours of PSSF services. The tool helps families identify areas of strength and areas that they may want to improve by setting small achievable goals for their own family. Other programs within the CDHS’ Child Maltreatment Prevention Unit currently use this assessment tool successfully, and CDHS anticipates it will help promote more consistency within PSSF and across participating child maltreatment prevention programs.

The following table is a breakout of available FFY 2015 data from PSSF county departments and community providers. All PSSF sites track the total number of people served. Only the Adoption Exchange tracks the total number of families served. Colorado anticipates a similar number of individuals and families will be served in FFY 2017.

*Table 16: FFY 2015 Individuals and families served by Colorado’s PSSF program*

<b>PSSF Service Area</b>	<b>Number of individuals served</b>	<b>Number of families served</b>
Family Preservation	4,499	n/a
Family Support	2,826	n/a
Time Limited Family Reunification	1,401	n/a
Adoption Promotion and Support Services	2,790	n/a
Services through the Adoption Exchange	511	136

In addition to the numbers above, Colorado’s PSSF sites provided one-time direct services to 20,131 individuals. One-time direct services typically include the provision of goods and services that help families meet the basic needs of their children. A limitation of the one-time services data, however, is the data reported by each site may include individuals receiving other PSSF services; there may be duplication in the numbers.

In FFY 2016 CDHS is working to improve PSSF data collection. Currently, there are two methods of documenting program information. PSSF sites that are county departments document information in Trails. Due to confidentiality concerns, PSSF sites that are community providers do not have access to Trails; therefore, those sites track their service provision on a spreadsheet, and the data is reported through semi-annual reports.

CDHS is collaborating with OIT to make modifications to Trails to improve PSSF data collection and reporting. CDHS is also in the process of procuring a vendor who will design and develop a comprehensive information system that PSSF community providers would use to document services provided, support case management, and report on outcomes. CDHS anticipates the new information system will go live in FFY 2016. Together, the improvements to Trails and the launch of the new information system will enhance CDHS' ability to reliably track families that may receive multiple services from different sources without compromising the confidentiality of the families. As a result of the anticipated decrease in duplicated counts, a consequence of these efforts may include a reduction in the number of individuals and families reported as being served.

Based on available data, there is strong evidence that PSSF promotes positive outcomes for the individuals and families served by the program. FFY 2015 data show that 94% of children served by the program did not have a substantiated report of maltreatment. Of the children who were provided reunification services, 58% either returned home or were placed with a kinship caregiver. Of the children who received PSSF services after returning home, 88% did not return to out-of-home care. Adopted children had similar successes. Of adopted children served by the program, 99% remained with their adoptive families. All of the outcomes reported above are based on the time period beginning with the initial service date and ending September 30, 2015. The current data collection and reporting methods do not facilitate the tracking of outcomes across grant years; however, CDHS anticipates the Trails modifications and new information system will enhance the PSSF program's capacity to do so in upcoming years.



## VI PROGRAM SUPPORT

Programs that serve the Colorado’s children, youth, and families are supported by an extensive and robust support system comprised of the following:

- comprehensive training;
- outreach and technical assistance; and
- research and evaluation.

CDHS provides training to county departments of human services, interagency partners, Colorado’s federally recognized tribes, and community stakeholders primarily through the Child Welfare Training System (CWTS). Time-limited and initiative specific technical assistance is offered through CDHS’ program staff. Research and evaluation activities are conducted by CDHS staff as well as independent third party evaluators with whom CDHS contracts through competitive procurement processes. This section provides updates on all three of these program supports.

The *Systemic Factors - Staff and Provider Training* section in the preceding *Assessment of Performance* (pages 43 - 47) focused primarily on information and data about the CWTS’ continuous quality improvement efforts. The preceding CWTS section focuses on its management structure, training methodologies, and curriculum. An updated Training Plan is included in Appendix D.

### ***Child Welfare Training System (CWTS)***

The training of Colorado’s child welfare workforce and foster parents is a collaborative effort. The Kempe Center for the Prevention and Treatment of Child Abuse (Kempe) coordinates the system and manages the four regional training centers on behalf of the CDHS’ DCW State Training Office. Kempe works closely with its Leadership Council and providers to develop and deliver training that is engaging, innovative, and reflects child welfare best practice. Leadership Council members include:

- Butler Institute for Families,
- Colorado State Foster Parent Association,
- National Association of Counsel for Children,
- Metropolitan State University of Denver Family Center, and
- Ridgewood Interactive Communications.

Training and certification requirements, training needs, and curriculum development are vetted through the Training Steering Committee, which is comprised of 23 members who represent CDHS, county departments, foster parents, private agencies, and the judicial system.

CWTS’ training integrates web-based training, classroom training, and transfer of learning (TOL) activities that are grounded in adult learning theory and research. Adult learning theory advises that

adults learn when the context demands a new skill; and in collaborative, supportive relationships with those who can guide their learning. Therefore, CWTS' TOL activities are designed to:

- encourage caseworkers to test and develop concepts learned through web-based and classroom training while learning about case practice in their work settings; and
- facilitate mentoring relationships between caseworkers and their supervisors.

In mentoring caseworkers, supervisors are responsible for accurately introducing key aspects of practice and helping caseworkers build skills relevant to assessing safety, risk, strengths and needs with families, co-creating plans with families, monitoring service delivery, and engaging in complex decision-making.

All new child welfare caseworkers and supervisors are required to attend pre-service training for their respective roles. New caseworkers attend Fundamentals of Colorado Child Welfare Casework Practice, which takes approximately 7 weeks to complete with an additional 1 – 4 weeks needed to complete the TOL exercises. As of July 1, 2015, the Fundamentals training was redesigned to incorporate a web-based training component and a practice simulation exercise that assesses a worker's skill level in a controlled environment.

New supervisors attend New Supervisor Training, which is 4 weeks in duration with an additional 1 – 4 weeks needed to complete the TOL exercises. In collaboration with county partners, CWTS began its redesign of the New Supervisor Training in July 2015, and like Fundamentals, it will include a web-based training component and a practice simulation. The redesigned training is expected to launch in October 2016.

Caseworkers and supervisors are fully certified upon completion of their respective pre-service training requirements including completion of all TOL activities. Full-time child welfare personnel maintain certification by completing 40 hours of in-service training every state fiscal year. Part-time child welfare employees need to complete the same percentage of in-service training hours as the percentage of hours they are employed in child welfare. For example, a half-time caseworker or supervisor would need to complete 50% of the required 40 in-service training hours.

At a minimum, 16 of the required 40 in-service training hours need to align with the caseworker's or supervisor's primary job responsibilities. For caseworkers, content areas for in-service training include, but are not limited to: assessment; interviewing; family engagement; legal issues; foster care and adoption; effects of child abuse/neglect on development; principles of strength-based, family-centered, and culturally-relevant case planning and case management; sexual abuse issues; behavioral health issues; domestic violence issues; and cultural disparity. In addition to the preceding content areas, supervisors' in-service training include: leadership and management, and worker safety.

CWTS currently offers over 100 in-service courses. These courses are offered at the regional training centers and are often delivered at alternative county and community locations to best serve local learning needs. Additional training needs are identified by CDHS' DCW, the Training Steering Committee, and regional training advisory committees. New trainings often align with goals, objectives, and interventions outlined in the CFSP. In FFY 2016 CWTS modified its training offerings to align with

the CFSP's interventions related to the Colorado Family Safety and Risk Assessment. A new web-based training called Colorado Family Safety and Risk Assessment Tools: Refresher launched in February 2016. CWTS also made revisions to the hybrid Colorado Family Safety and Risk Assessment Training for Caseworkers; the revised training launched in March 2016.

In addition to safety and risk assessment training, CWTS is developing curriculum and piloting courses that align with CFSP's objectives and interventions related to permanency, access to physical and mental health services, family engagement, and institutionalizing Colorado's quality assurance/continuous quality improvement system. Course titles include, but are not limited to the following:

- Intensive Family Finding;
- Supervising to Permanency;
- Family Engagement Meetings 101 & 201;
- Family Reunification;
- The Truth About Trauma;
- Building Safety with Families Impacted by Mental Health; and
- Data-Informed Supervision.

The new courses are in various stages of curriculum development, and many were piloted in the second and third quarters of FFY 2016.

Curriculum development for FFY 2017 includes the following:

- new DR courses to support statewide DR implementation;
- an array of courses focused on case aide job competencies;
- new courses focused on adolescence and issues such as permanency, LGBTQ youth, and gender and sexual health; and
- a new 40 hour training for mid-level managers that integrates classroom training, webinars, and peer learning and mentoring.

Updates and progress toward completion will be reported in next year's APSR.

### ***Outreach and Technical Assistance***

CDHS program staff frequently provide technical assistance to county departments and other stakeholders through one-on-one visits, telephone consultations, stakeholder meetings, collaborative workgroups, and webinars. Technical assistance is often topic specific and aligns with specific programs or initiatives. For instance, the update regarding Intervention 2.1.1 in the *Update on Progress Made to Improve Outcomes* section (page 68) describes DCW staff's training and technical assistance efforts related to the Colorado Family Safety and Risk Assessments. Other forms of technical assistance target counties that are underperforming on important measures. The *Safety Outcomes* section of the *Assessment of Performance* describes training and technical assistance efforts related to timeliness of

response to initial abuse/neglect assessments (pages 10 - 12). Program and initiative specific examples of training and technical assistance are included in relevant sections throughout this report. In FFY 2017 CDHS will continue to offer county departments and other stakeholders training and technical assistance to strengthen implementation of initiatives and to improve outcomes for the individuals and families served by Colorado's child welfare system.

CDHS requests training and technical assistance as needed to implement the goals, objectives, and interventions of the CFSP. Currently, technical assistance is being provided by the Capacity Building Center for States and Casey Family Programs. The Capacity Building Center for States is supporting Colorado in the following ways:

- developing a scalable implementation strategy for each child welfare waiver demonstration intervention;
- producing a consistent, measurable definition of family engagement to be used statewide;
- evaluating the impact of implementing interventions on each county; and
- creating a sustainability plan related to capacity building for future interventions.

In addition to their support in developing strategies to improve educational outcomes for children and youth in foster care (pages 32 - 34), Casey Family Programs assists in coordinating conferences that are convened to foster consistent, effective statewide practice of the child welfare waiver demonstration interventions.

### ***Research and Evaluation***

Information about child and family services related research, evaluation, information systems, and quality assurance systems are covered in relevant program and initiative sections throughout this report. Noteworthy examples include the following:

- Research related to children and youth who were in foster care and subsequently discharged to reunification is described in *Permanency Outcomes* section of the *Assessment of Performance* (pages 23 - 26).
- System changes as a result of the 2014 Child Welfare County Workload Study are described in the *Well-Being Outcomes* section of the *Assessment of Performance* (pages 30 - 31).
- Changes in services as a result of research on the educational attainment of Colorado's foster youth are described in the *Well-Being Outcomes* section of the *Assessment of Performance* (pages 32 - 34).
- Changes in program design as a result of research on Colorado's legally free children and youth are described in *Update on Service Description* section (pages 87 - 88).
- Findings from evaluations of SafeCare Colorado, the Core Services Program, and the child welfare waiver demonstration are included in their respective sections.

## VII CONSULTATION AND COORDINATION BETWEEN CDHS AND TRIBES

CDHS continues to consult, collaborate, and coordinate with both federally-recognized tribes within the state as well as with Colorado based organizations that serve the state's American Indian urban community. There are two federally-recognized tribes in Colorado. The Southern Ute Indian Tribe (SUIT) is located primarily in La Plata County and includes approximately 1,408 enrolled members according to data from the Colorado Commission of Indian Affairs (CCIA). The Ute Mountain Ute Tribe (UMUT) is located primarily in Montezuma County with another community in White Mesa, Utah and includes approximately 2,060 enrolled members. The 2010 Census Bureau reports that 56,010 people who identify as American Indian/Alaska Native alone live in Colorado, 46,395 of whom live in urban areas, mostly Denver metro and Colorado Springs. The 2010 Census Bureau also shows there are 104,464 people who identify as American Indian/Alaska Native alone or in combination with one or more races living in Colorado. These population numbers are up 35.3 percent since the 2000 Census, and the growing trend is expected to continue.

In addition to the two federally recognized tribes, CDHS partners with organizations such as the CCIA, Denver Indian Family Resource Center (DIFRC), and Denver Indian Health and Family Services (DIHFS) to address ongoing and emerging human services concerns of the state's American Indian urban population. In order to facilitate communication and collaboration, CDHS employs a liaison who is responsible for nurturing and strengthening the department's relationship with the tribes and organizations that serve the state's American Indian urban community.

In 2012 CDHS entered into the State of Colorado's formal Tribal Consultation Agreement to ensure regular, consistent communication and partnership with the two federally-recognized tribes and Denver Indian Health and Family Services. CDHS and the tribes committed to meeting annually to hold formal tribal consultations, and in August 2015, CDHS' leadership team visited both tribes to address action items from the 2014 CDHS Tribal Consultation and discuss new issues. DIFRC and DIHFS representatives were invited to participate in the consultation. A summary and list of participants for the 2015 CDHS Tribal Consultation are included in Appendix B.

The consultation generated five action items related to child welfare. Action items relating to both tribes included the following:

- update Indian Child Welfare Act (ICWA) agreement;
- develop process to allow for access to Core Services funding; and
- explore out-of-home/title IV-E funding opportunities.

Action items related specifically to the UMUT included the following:

- explore jurisdictional concerns regarding access to child welfare services; and
- support access to SafeCare Colorado home visiting program.

Please see Appendix B for a summary of each of the action items. Efforts related to updating the ICWA agreements are addressed in the proceeding *Compliance with ICWA* section.

Since the consultation, CDHS has worked to address the issues raised by the tribal representatives. CDHS staff met with the tribes respectively in October, November, and December 2015 to discuss Core Services and the funding allocated to each tribe. Annually, each tribe is allocated \$25,000 to provide Core Services in their communities. The SUIT currently accesses their allocation through their Southern Ute Community Action Program, which supports intensive in-home therapy and treatment for youth living in Ignacio, Colorado. After meeting with CDHS staff, representatives from UMUT said they will identify which services would be most useful for their community and will contact CDHS once they are ready to move forward with implementation.

CDHS has worked to allow more flexibility in spending to improve utilization of funds for the tribes through the child welfare services block appropriation. In the past, the Colorado General Assembly directed the department to hold \$950,000 each year to reimburse tribes for out-of-home placements for children; however, the majority of this funding was not utilized due to limitations placed on the funding. During the 2015 CDHS Tribal Consultation, both tribes supported CDHS' proposal to change the budget to allow those funds to be used more flexibly. CDHS submitted a request to the Governor's Office to allow the holdout for the tribes to be used for the provision of child welfare services rather than solely for out-of-home placements. Governor Hickenlooper supported CDHS' request and included the modification in his budget proposal to the legislature. In April 2016 the Colorado General Assembly approved the budget change, which was included in the state's appropriation bill (HB 16-1405) for state fiscal year (SFY) 2017 (July 1, 2016 – June 30, 2017). CDHS is currently developing new contracts with both tribes that, per the language in HB 16-1405, provide funding for "department-approved child welfare services that promote the safety and well-being of Native American children and youth."

Arrangements with tribes regarding the provision of child welfare services and protections for tribal children delineated in section 422(b)(8) of the Social Security Act remain the same as the arrangements documented in the CFSP. Both tribes are responsible for the provision of child welfare services and protections for children and families who are enrolled members of the tribes. An intergovernmental agreement between the SUIT's Department of Social Services and La Plata County further clarifies jurisdictional issues. The UMUT, CDHS, and Montezuma County continue to work toward more clearly defined roles, responsibilities, and child welfare procedures. In the meantime, however, Montezuma and the UMUT collaborate to address issues on a case by case basis.

The 2015 CDHS Tribal Consultation highlighted an area where improved coordination between the UMUT and Montezuma County is needed. There are gaps in service provision for children and families who live on the reservation but are not eligible to be enrolled in a tribe. During the consultation, the UMUT agreed to notify CDHS when children and families who are not eligible for enrollment but live on the reservation are referred elsewhere for services. In these instances, both entities will work together to ensure those children are receiving appropriate supports and services.

CDHS continues to extend supports to both tribes' child welfare services work. All training through the Child Welfare Training System (CWTS) is open to the tribes, and staff from the UMUT have participated in trainings offered through CWTS. In August 2015 the UMUT, Montezuma County, and CDHS finalized a memorandum of understanding (MOU) outlining call-handling protocols for calls pertaining to tribal members living on the reservation that are received through Colorado's new child abuse and neglect hotline. The SUIT is interested in a similar MOU, and their legal counsel is currently reviewing a draft. These MOUs will ensure calls are quickly routed to the responsible tribal authorities.

In May 2016 CDHS recognized a foster family from the SUIT as one of Colorado's outstanding foster families. Additionally, CDHS awarded the SUIT a Recruitment and Retention Grant for SFY 2016 and also worked with the tribe to develop specialized promotional materials, which included culturally relevant bookmarks, banners, and postcards. CDHS' Recruitment & Retention Grants provide short-term funds for efforts or activities that recruit new foster and adoptive parents or support the retention of active foster families.

Chafee Foster Care Independence Program (CFCIP) supports and services are available to youth from both tribes through La Plata County's CFCIP. No services were requested during this reporting period. In February 2016 CDHS staff, La Plata County staff, and the UMUT's department of social services staff met to discuss how UMUT youths can better benefit from CFCIP services. The group discussed the CFCIP referral process, service provision, and potential barriers. There will be ongoing conversations between UMUT and La Plata County to improve service utilization.

Additionally, CDHS has made efforts to extend prevention and early intervention services to the tribes. SafeCare Colorado is available to both tribes through Montezuma County Public Health Department, which was designated a SafeCare site in January 2014. State and local program staff have met with tribal representatives to promote the SafeCare program and encourage referrals of tribal families to the local program. Both tribes were also offered the opportunity to hire and train a tribal home visitor who lives on the reservation. The UMUT expressed interest in this opportunity, and in September 2015, representatives spoke with staff from CDHS and SafeCare Colorado about the process and available funding to train a tribal home visitor. UMUT was awarded SafeCare funding for SFY 2017, and a home visitor employed by the tribe will serve UMUT families who are in need of services.

The UMUT continues to receive Promoting Safe and Stable Families (PSSF) program funding to offer PSSF services in their community. CDHS' PSSF program staff travels to meet with the tribe's social services staff to provide guidance and assist with the tribe's PSSF service planning. The next scheduled training and visit will take place in August 2016.

### ***COMPLIANCE WITH ICWA***

CDHS monitors compliance with ICWA as part of the state's case review quality assurance system. The Administrative Review Division conducts case reviews using a review instrument that includes ten questions regarding Native American heritage, court findings, and tribal notification of the child's

placement and court proceedings. As indicated in the following table, compliance with ICWA is an area requiring improvement for Colorado.

*Table 17: FFY 2015 ICWA compliance*

<b>Measure</b>	<b>CFSP Goal</b>	<b>FFY 2014 Performance</b>	<b>FFY 2015 Performance</b>
Preserving Connections: Were the ICWA requirements met?	95%	29.2%	<b>29.7%</b>

Three areas of improvement are listed in the CFSP:

- court orders determining that ICWA does NOT apply;
- documentation of caseworker inquiry of Native American Heritage; and
- notification of the child’s proceedings sent to the child’s identified Tribes and to the Bureau of Indian Affairs.

CDHS and the Colorado Judicial Branch are collaborating to address the areas of improvement. An ICWA subcommittee of Colorado’s Court Improvement Program Steering Committee identified two needs to address Colorado’s performance:

- the need for alignment of ARD review instrument with the federal requirements; and
- the need for updated ICWA agreements that address the needs of children and youth in the federally-recognized Colorado tribes and members of other tribes elsewhere in the state.

The subcommittee developed an ICWA compliance action plan to address the identified needs; however, efforts are temporarily on hold given anticipated federal rule changes. In February 2015 the Bureau of Indian Affairs (BIA) distributed a new set of guidelines as well as proposed ICWA rule changes that are anticipated to become federal regulation in FFY 2016. The ICWA Subcommittee is awaiting finalized regulations in order to assess the full scope of what Colorado needs to address to be in compliance.

In addition, the SUI, UMUT, and CDHS agreed during the 2015 CDHS Tribal Consultation that new agreements should be put in place between the state and each tribal government. A decision was made to wait until after any new rules are promulgated by the federal government, and a group of tribal and CDHS representatives will meet no more than 3 months after the promulgation of the new federal rules to begin drafting new agreements. In the meantime, Colorado has been conducting trainings through the Child Welfare Training System (CWTS) on the new guidelines and expanding ICWA compliance training to judicial and legal partners.



## VIII MONTHLY CASEWORKER VISIT (MCV) FORMULA GRANTS

Caseworker visits are central to the provision of child welfare services as it provides an opportunity for child welfare staff to spend time with the children and families served by the agency; build and maintain relationships; and assess the safety and well-being of the children. The ACF requires that children in foster care be visited at least once every month and at least 50% of the visits must occur in the child's residence. For FFY 2015 and each federal fiscal year thereafter, states are required to meet or exceed the goal that 95% for monthly caseworker visits.

In FFY 2015 Colorado met the federal goals: 95.2% of monthly caseworker visits were completed, and 86.5% of those visits occurred in the child's residence. CDHS ensures Colorado meets the MCV performance standards by intensive monitoring efforts. CDHS partnered with the Governor's Office of Information Technology to develop a monthly report related to MCVs. Staff monitors the report every month. Any county that falls below the goal is contacted by CDHS staff to discuss reasons for noncompliance and any supports the county needs to improve their performance.

### ***Colorado's Use of the Monthly Caseworker Visit Grant***

In addition to the ongoing evaluation of MCV data, CDHS distributes MCV funds to counties for the purchase of goods, services, programs, and technologies that support their efforts to ensure children and youth in OOH care are visited monthly. In FFY 2015 CDHS distributed a total of \$15,369 to counties through a competitive procurement process.

*Table 18: FFY 2015 Distribution of MCV Grant funds*

<b>County</b>	<b>Award Amount</b>	<b>MCV Funds Expenditures</b>
Adams	\$ 5,250.00	Staff and training development
Gilpin	\$ 488	White boards to be used for Quality Practice and RED teams
Larimer	\$ 3,131	Training for child welfare staff and community partners on compassion fatigue and secondary trauma
Pueblo	\$ 6,500.00	Secondary trauma consultation and training

CDHS also used MCV funds to expand access to specific tools and services throughout the state. In October 2015 CDHS renewed its agreement with Thomson Reuters to provide access to a web-based investigation software called CLEAR to caseworkers in Colorado's balance of state counties. The service is expected to increase family finding and diligent search capacity of caseworkers in small and medium sized counties. Previously, child welfare staff in small and medium sized counties had limited access to such technology. CDHS also contracted with three providers to expand access to secondary trauma services and consultations to all counties.

## **IX ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS**

The ACF's Adoption and Legal Guardianship Incentive Payments program awards incentive funds to eligible states, or other title IV-E agencies, that improve performance in finding permanent homes for children and youth in foster care. In FFY 2015 Colorado was awarded \$194,866. This amount represents 38.5% of the FFY 2015 Adoption and Legal Guardianship Incentive to which Colorado is entitled. The incentive funds will be used according to the plan outlined in the CFSP, but with more focus on increasing permanency and post-permanency supports. Specifically, CDHS is planning the following:

- employing recruiters from the Dave Thomas Foundation for Adoption's Wendy's Wonderful Kids (WWK) program to assist in obtaining permanency for children and youth throughout the state;
  - A recent evaluation of the program shows that children in foster care served by WWK's recruitment program are 1.7 times more likely to be adopted than those not served. Older children and those with mental health challenges are 3 times more likely to be adopted when served by WWK.
- hosting a statewide post-permanency support summit that will bring together staff from the State of Colorado, county departments, child placement agencies, mental health and residential treatment centers to discuss what supports are available in Colorado; better coordination between stakeholders to streamline families' access to supports and services; and capacity building in county departments of human services; and
- contracting with an organization to provide individualized post-permanency supports and services to families throughout the state.

All awarded funds will be encumbered by September 30, 2018 and expended by December 30, 2018.

If Colorado is awarded incentive funds in FFY 2016, CDHS would use the funds according to the plan outlined in the CFSP, but again with special focus on increasing permanency and post-permanency supports. Expenditures may include the following:

- hiring additional WWK recruiters to assist with recruiting prospective families for youth who have been waiting the longest for permanency;
- funding homes studies for Colorado families who want to adopt children, but are not able to afford to work with private adoption agencies or do not live in counties that provide home study services;
- delivering training to county child welfare staff regarding how to provide post-permanency supports for families in their jurisdictions, what existing resources available are statewide and within their jurisdictions; and how to support the development of post-permanency programs in their local communities; and
- developing and supporting local post-permanency programs operated by community partners that assist families in their own communities.

## **X CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES**

The ACF's Children Bureau approved Colorado's child welfare waiver demonstration project on October 23, 2012, and the state began implementing the project in participating counties on July 1, 2013. The title IV-E waiver, which amounts to an average of \$47.9 million per year, has allowed Colorado to implement interventions that increase in-home services and supports; promote use of kin placements or less restrictive settings when out-of-home placements are necessary; and positively engage families and youth throughout the process of addressing safety concerns. These interventions include the following:

- facilitated family engagement meetings – a family engagement model that improves consistency in family engagement by specifying meeting timeframes and key participants;
- kinship supports – an assessment of needs to sustain kinship placements and the provision of an array of services that may include respite care, child care, basic needs, transportation, access to recreational activities, and therapeutic and educational needs not covered by insurance or the educational system;
- Permanency Roundtables – a permanency planning process that includes youths, case managers, and other key participants for the purpose of achieving legal permanency or increased permanent connections for youths;
- trauma-informed screening – a screening model, developed by Western Michigan University's Children's Trauma Assessment Center, that is a brief, focused inquiry to determine whether a child or youth has experienced specific traumatic events or reactions to trauma; and
- trauma-informed assessment and treatment – a more in-depth exploration of the nature and severity of the traumatic events, the impact of those events, current trauma-related symptoms, and the provision of evidenced-based treatment strategies for children, youth, and their families.

The demonstration project, referred to in Colorado as the "IV-E Waiver," is well integrated in the CFSP. Interventions detailed in Colorado's plan for improvement align with the state's demonstration project. The interventions include the following:

- Intervention 1.3.1 – Implement title IV-E Waiver interventions of family engagement, kinship supports, and Permanency Roundtables in counties; and
- Intervention 1.4.2 - Implement trauma-informed assessment and services in all counties

The preceding *Update on the Plan for Improvement and Update on Progress Made to Improve Outcomes* sections of this report document updates to the CFSP and Colorado's progress in implementing each of the CFSP's interventions. This section will provide updates on the ongoing implementation of the demonstration project.

A collaborative advisory committee, the IV-E Waiver Oversight Committee, oversees Colorado's demonstration project. Membership includes CDHS and county child welfare staff, appointed county commissioners, Colorado Judicial Branch representatives, mental health providers, and community

stakeholders. The committee meets quarterly to review the ongoing implementation and operations of the demonstration project. CDHS also convened workgroups for each demonstration project intervention to support participating counties' implementation through coaching and peer learning.

In FFY 2015 CDHS, in collaboration with the committee, implemented two additional methods by which participating county departments can request additional funding. The primary method for requesting funding is through the annual application process, which requires counties to identify each of the interventions they intend to implement; document their plans for implementing the interventions as well as the results of the previous year's efforts, if applicable; and estimate the number of families to be served. In addition to the annual application process, counties can now request additional funding mid-year if they can provide evidence that they are likely to serve a larger number of families than had been identified in their annual application. The second method requires a separate funding application and is tailored to participating counties that would like to expand the scope of interventions they're implementing to better serve the needs of their communities.

The Resiliency Center Project, which was approved in FFY 2015, is an expansion of the trauma-informed assessment and treatment intervention. The project is being implemented by a consortium of seven counties, and the objective is to enhance the impact of the intervention. Children, youth, and families served by the project will receive more comprehensive trauma-informed assessments and well-coordinated intensive trauma services. Participating counties will also regularly administer well-being assessments. The consortium has convened a collaborative workgroup comprised of staff from county departments of human services, HCPF, Behavioral Health Organizations, and local mental health providers to develop a plan to blend disparate funding streams to provide trauma services to children and youth. The project will be independently evaluated to assess the project's efficacy.

The overall demonstration project is being evaluated by the Human Services Research Institute in collaboration with CSU's Social Work Research Center and Chapin Hall at the University of Chicago. The evaluation has three main components, including a Process Study, an Outcome Study, and a Cost Study. The evaluation is examining how the availability of flexible title IV-E waiver funds enables CDHS and county departments of human services to alter expenditure patterns and make changes in service delivery to improve the safety, permanency, and well-being of child welfare-involved children and youth. The Process Study documents the full range of state and county activities associated with the demonstration project; the related services and supports that children, youth, families, and kinship caregivers receive; differences among the counties in how the demonstration project is implemented; and the evolution of the demonstration project over time, including successes and challenges experienced throughout the implementation process. The Outcome Study includes an interrupted time series that examines the overall impact of the demonstration project on county out-of-home care use and historical matched case comparisons that examine the impact of the demonstration project's interventions on child and youth outcomes. The Cost Study examines the effect of the demonstration project on child welfare expenditures in participating counties and the interventions services' costs.

The interim evaluation report covering the period from July 1, 2013 to June 30, 2015 was completed in February 2016. Preliminary findings include the following:

- The overall ten-year trend of decreasing out-of-home care usage prior to the start of the demonstration project continued into the evaluation period. The counties that participated in both of the first two years experienced a 12 percent decrease in foster care placement days during evaluation period, while counties that did not participate in either year experienced a 29 percent increase during the same time frame.
- Congregate care days decreased by 15 percent during the evaluation period in counties participating in both years, compared to a 6 percent decrease in counties that did not participate in either year.
- Kinship care placement days increased during the evaluation period by an unprecedented rate of 48 percent in counties that participated in both years of the demonstration project, coinciding with decreases in foster care home and congregate care placements in those counties.
- Compared to children and youth in historical matched cases that did not receive facilitated family engagement meetings in participating counties, children and youth in cases that did receive these meetings were 33 percent less likely to experience a re-report of abuse and/or neglect, 17 percent less likely to have two or more placement setting changes, and 6 percent more likely to have permanency at case closure.
- Children and youth living with a kinship caregiver who received kinship supports in participating counties were 57 percent less likely to experience a substantiated or inconclusive re-report of abuse and/or neglect than children and youth in historical matched cases who began living with a kinship caregiver prior to demonstration project.

These preliminary findings support the efficacy of the demonstration project's interventions in reducing out-of-home care usage while simultaneously providing targeted supports to kinship caregivers. In addition to continuing data collection and analyses during the second half of the demonstration project, the evaluation team will work closely with CDHS to share the interim evaluation findings, as well as any ongoing evaluation findings, with stakeholders to promote continuous quality improvement. The interim evaluation's major findings will be presented to the IV-E Waiver Oversight Committee and other collaborative workgroups associated with the demonstration project.

## **XI JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**

Colorado's Chafee Foster Care Independence Program (CFCIP) provides an array of supports and services to youth who are likely to age out of foster care and to those young adults ages 18-21 who have left foster care. CFCIP services are offered statewide through county departments of human services. In FFY 2016, 39 counties have access to CFCIP supports and services through 18 host counties. In addition, a portion of CFCIP funding is set aside to provide services to eligible youth in counties that do not host a program or have a service agreement with a host county. As a result, all eligible youths in Colorado have access to CFCIP supports and services.

Host counties submit CFCIP plans annually that provide a description of the county's program design, process by which eligible youths will be identified, supports and services to be offered, and outreach efforts to increase awareness of the program. The supports and services offered through Colorado's CFCIPs align with the federal program objectives outlined in section 477(a) of the Social Security Act. Those objectives include the following:

- 1) to identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);
- 2) to help children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;
- 3) to help children who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions;
- 4) to provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults;
- 5) to provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
- 6) to make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care;
- 7) to provide the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
- 8) to ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities.

The eighth program objective became effective on September 29, 2015, and host counties are incorporating supports and services in their annual plans pursuant to the new objective. At the outset

of participating in the program, CFCIP staff work with youths to develop individualized Chafee plans that identify the youths' goals for independence, and if those goals can be worked on individually or in a group format. Additionally, county CFCIP programs facilitate social opportunities and workshops for youth that provide age appropriate information and recreational activities. Some of these activities include field trips to the Denver Science Museum, visits to a wolf sanctuary, summer hikes, holiday parties, and experiential group therapy such as rope courses and equine therapy.

Consistent with the new program objective, CDHS and CFCIP host counties have integrated policies and practices to support and affirm the sexual orientation and gender identities of youth served by the program. CDHS requires CFCIP counties to address in their annual plans how the program will support the cultural and linguistic needs of youth with varying racial and ethnic backgrounds, sexual orientations, and gender identities. If available in their communities, CFCIP counties refer their youths to non-profit, community agencies that serve these populations and will accompany youths to the agencies to assist with introductions. In the Denver metro area, a key resource is the GLBT Community Center of Colorado. In some CFCIP counties, youths who are struggling with questions regarding their sexuality and gender identity are referred to therapists who specialize in such issues.

In FFY 2015, 898 youths were served through CFCIP. Colorado anticipates this number is likely to increase in FFY 2016 and FFY 2017 due to revisions in Volume 7 of the Code of Colorado Regulations to expand eligibility. Rules effective since November 1, 2015 moved the lower age limit to 14 years of age; it was previously 15 years. The revisions also included:

- waiver of the 6 months in out-of-home care requirement for youth who are 17 years of age; and
- expansion of eligibility to include youth who were in detention on their 18th birthday if they returned to a foster care placement prior to emancipation or discharge.

The purpose of these revisions is to give CFCIP counties more time to work with youth on achieving their independence goals and to promote better outcomes for youth served by the program.

Modifications to Trails may also increase the number of youths who may be served in FFY 2017. Throughout FFY 2016 and FFY 2017, CDHS is working with the Governor's Office of Information Technology (OIT) and county CFCIP programs to develop new functionality in Trails to facilitate identification of youth who are eligible for CFCIP services. Modifications will also improve case management documentation and data reporting. Previously, program data were reported annually in a separate database. Upon completion in FFY 2017, the modifications will allow the annual reports to be completed in Trails and data from the system to be automatically pulled into the reports.

CDHS continues to re-design the state's CFCIP to provide more robust services to transition age youth and better prepare youth for their transition to adulthood. In FFY 2016 CDHS' CFCIP program is working with county departments of human services, stakeholders, and youth advisors to update program guidance to promote more uniform CFCIP practice and align the program with other statewide services targeted at the same populations. As part of the re-design effort, requirements for county CFCIP plans have been expanded to target areas of need identified by CDHS and its partners. Specific requirements include the following:

- Host counties are now required to include in their annual CFCIP plans an array of individualized services for each “Pathways to Success” (Pathways) initiative outcome area. Outcomes include Permanent Connections, Safe and Stable Housing, Health and Wellness, Education, and Career Development.
- Rules in the Code of Colorado Regulations were revised to strengthen CFCIP efforts related to the prevention of youth homelessness. Host counties are now required to consider a variety of risk and protective factors when prioritizing services including history or risk of homelessness or human trafficking.
- County CFCIP plans are required to increase focus on educating young people about the Former Foster Care Medicaid benefit and provide assistance to former foster care youth who are not aware of and/or not receiving the benefit.
- County CFCIP plans are required to increase referrals to local workforce programs and coordinating services to locate and support work opportunities and experiences for youth and young adults served by CFCIP.

To complement the county level efforts in the areas listed above, CDHS has been partnering with stakeholders in FFY 2016 to address systemic issues that impact youth and young adults. Pathways formed a State Inter-Agency Team (SIAT) made up of representatives of ten state agencies that provide services to transition age youth to ensure alignment of statewide initiatives, address barriers and gaps in services, and identify opportunities for improved data sharing related to youth in foster care. In FFY 2015 Colorado was one of six sites to be awarded funding from the Children’s Bureau to test a package of services designed to reduce experiences of homelessness among youth emancipating from foster care. Colorado’s grant funds the Pathways’ work to promote system alignment and coordination and to test services to reduce instances of homelessness. In FFY 2015, 45 CFCIP youths experienced homelessness at some point during the reporting period, and 4 youths spent time in housing shelters. More information about the Pathways initiative is included in the *Update on Service Description* section of this report (pages 85 – 86).

In FFY 2016 CDHS’ CFCIP continues to partner with the Colorado Department of Local Affairs’ (DOLA) Division of Housing (DOH), Mile High United Way, Urban Peak Denver, county departments of human services, and local housing authorities to provide Family Unification Program (FUP) vouchers to youth aging out of the foster care system who are experiencing homelessness or inadequate housing. CDHS collaborates with DOH to verify youths’ eligibility for FUP vouchers. In many cases, county CFCIPs provide housing deposits, apartment start-up funds, and case-management for youths using FUP vouchers. Colorado’s FUP program expanded use of youth specific vouchers to include five non-metro counties in order to better support the needs of former foster youth throughout the state. Vouchers are now available throughout the Denver Metropolitan area as well as in Fremont, Garfield, Mesa, Pueblo, and Weld counties.

In addition to the partnerships described above, CDHS collaborates with the Advisory Committee on Homeless Youth (ACHY) and the Rural Collaborative on Homeless Youth (RCHY) to prevent and address youth homelessness. ACHY is a strategic planning and action body that advises the DOLA’s Office of



Homeless Youth Services and oversees implementation of the Colorado Homeless Youth Action Plan. The RCHY is a collaborative of state agencies, county departments, and community providers that is focused on improving the delivery of services and supports to youth in rural communities who have little or no connection to stable housing and family situations.

CDHS participates as an appointee to the Human Trafficking Council, which was created in 2014 by House Bill 12-1273, to develop recommendations for improving Colorado's response to sex trafficking. In addition, CDHS convened the Human Trafficking Task Group: Collaborative Child Welfare Response to Sex Trafficking to assist in the development of new regulations to meet state and federal requirements related to sex trafficking. State and county CFCIP staff participate in the task group and have been instrumental in identifying the vulnerability of CFCIP youth to human trafficking.

The task group also assisted in the development of training related to human trafficking, which is delivered through the Child Welfare Training System (CWTS). The training, Recognizing and Identifying Human Trafficking, instructs child welfare workers and community partners in recognizing cues or indicators that a child or youth is experiencing human trafficking; strategies that can be used with children, youth, and families to identify those who are most at risk for being trafficked or who are currently being trafficked; and next steps to take once a child or youth has been identified as having involvement, or potential involvement, in trafficking situations. All CFCIP staff have been encouraged to complete the CWTS' training. Moreover, CDHS is working with host counties' CFCIP staff to document human trafficking victims who are served by CFCIP. In FFY 2015, 13 program youths were identified as victims of human trafficking.

CDHS and the Department of Health Care, Policy, and Finance (HCPF) convened a collaborative task group, Former Foster Care Medicaid Task Group, to identify and address a number of issues affecting access to the Former Foster Care Medicaid benefit for youth in Colorado. The group identified data quality issues, and technical fixes were completed to improve data transfers between Trails and the Medicaid Management Information System (MMIS). The group identified the need to improve health care education of foster youth and young adults formerly in foster care. A communication strategy was developed, and it includes a plan to convene a youth advisory group to guide website re-development at HCPF. In the summer of 2015, DCW staff partnered with three youths to develop and film a public service announcement (PSA) about the Former Foster Care Medicaid benefit that will be incorporated into the website re-development project. In FFY 2016 and 2017 the task group will focus on improving education of county caseworkers and benefits workers regarding common errors and the proper procedures related to the administration of the Former Foster Care Medicaid benefit.

In response to the shifting funding priorities related to the Workforce Innovation and Opportunity Act (WIOA), CDHS is partnering with the Colorado Department of Labor and Employment (CDLE) to re-align and enhance services for youth who are in or have emancipated from out-of-home care. CDHS' appointee to the Colorado Workforce Development Council's State Youth Council advises on the implementation of WIOA and initiatives around youth in Colorado and how they can best receive training, education, and workforce assistance through the workforce development system. At the county level, CFCIP counties work closely with their local workforce centers to ensure youth have access

to adequate employment. CFCIP staff help youths register with local workforce centers, demonstrate how to access Workforce services, and engage with the workforce personnel. For example, Jefferson County's CFCIP partners with the American Job Center WIOA program. Youths participate in paid internships at the Jefferson County government campus, and opportunities range from working with the juvenile court to assisting with the Head Start program.

Improving educational outcomes for youth and young adults served by CFCIP continues to be a priority for the program. In FFY 2015 Colorado's CFCIP host counties reported that 62% of youth and young adults served by CFCIP were enrolled in some level of education, and 17% completed an educational goal during the reporting period. In June 2015 CDHS hosted the 17<sup>th</sup> Annual Celebration of Education Excellence, which recognized the academic achievements of 151 graduates who were in foster care and foster care alumni. Graduates also received computers as graduation gifts to promote continued and lifelong learning. CDHS' efforts to improve educational outcomes for youth are documented in the section related to the Well-Being Outcome *Children Receive Appropriate Services to Meet Their Education Needs* of this report (pages 32 - 34). Efforts specific to postsecondary education are documented in the proceeding *Education and Training Vouchers* section.

Colorado's CFCIPs have also incorporated educational programming related to pregnancy prevention and sexual health. Host counties are required to address in their annual plans how they will integrate comprehensive sexual health education into their programming. Many counties bring in community agencies regularly to provide educational workshops on sexual health. These agencies include county health departments, medical professionals, and non-profit agencies. Youth are referred to these agencies if ongoing services are required.

At the state level, CDHS' CFCIP has coordinated with the Colorado Sexual Health Initiative (SHI) and the state's Personal Responsibility Education Program (PREP) to provide two regional trainings on comprehensive sexual health curriculums to county CFCIP staff, caseworkers, and other stakeholders. Trainings were held respectively in Weld County on May 24, 2016 and in Mesa County on June 8, 2016. CDHS' CFCIP staff will continue to collaborate with the PREP program to provide ongoing training to Colorado's county CFCIP staff and contractors.

In support of CFCIP goals and objectives, CDHS provides training to help stakeholders understand and address the issues confronting youth who are preparing for independent living. Colorado's CWTS is adding courses about this population for varying target audiences. CWTS now offers a course called *Adolescents: the 411*, which helps learners to understand barriers to adolescents' health development; understand common behavioral health disorders and how they manifest with adolescents; identify appropriate assessment techniques and strategies; and develop case plans that are responsive to adolescents' needs. This course is targeted to caseworkers and other child welfare professionals. CWTS also offers a course called *Supporting Youth in Achieving Permanency*, which is targeted to foster, kin, and adoptive parents. The course is focused on developing skills to engage youths in permanency planning and transition to adulthood. Lastly, CWTS, in collaboration with Pathways, is designing a new training and certification package specifically for CFCIP staff statewide. Training will address the following:

- youth engagement strategies and working with youths in a coach-like way;
- family engagement strategies including trauma-informed outreach practices, re-building ties for youth, and barriers to family engagement;
- resource navigation;
- use of the Road Map To Independence Model in independent living planning;
- use of the Youth Connections Scale as a tool to identify and engage positive connections; and
- youth support and advocacy in the Permanency Roundtable process.

The new training package will be tested beginning in FFY 2017.

In addition to training offered through CWTS, CDHS' CFCIP staff collaborates with stakeholders to develop and deliver specialized trainings for targeted audiences. In June 2015 CFCIP staff worked with Rocky Mountain Children's Law Center to develop training related to working with older youth with a focus on resource navigation. Two training sessions were conducted: one in Denver and one in Pueblo. In August 2015 CFCIP staff led two sessions at the Think Big 2015 State Workforce Conference to introduce workforce professionals to the trauma-informed services, positive youth development, and the unique experiences and needs of youth in foster care. Lastly, staff delivered presentations to Colorado's foster parent community at Colorado State Foster Parent Association's annual conference in the summer of 2015.

### ***Youth Involvement***

The involvement of youth and young adults is critical to CDHS' efforts to improve systems that serve youth. CDHS' CFCIP facilitates the Colorado Youth Leadership Network (CYLN), which is comprised of 16 youth advisory boards. The CYLN provides feedback to state and county departments on policy and practice issues that impact youth. CDHS, CDE, the Colorado Department of Public Health and Environment (CDPHE), and Colorado Judicial Branch regularly engage youths from CYLN. Coordinators from each of the youth advisory boards meet quarterly to discuss upcoming state initiatives, youth training opportunities, and partnerships with adults.

In addition to the CYLN, youth advisors are appointed to various State of Colorado committees including the Child Welfare Executive Leadership Council, Psychotropic Medications Steering Committee, Tony Grampas Youth Services Program Board, Former Foster Care Medicaid Task Group, and the Court Improvement Program. The Child and Family Services Review Oversight Committee is actively recruiting to fill a membership vacancy allotted for a youth advisor. Pathways maintains an active group of youth advisors, and a youth partner has been added to the Pathways project management team. With the increase of youth involvement in CDHS' efforts, DCW developed and adopted a compensation policy to recognize the expertise of youth advisors. Accordingly, youth advisors who are engaged in work with CDHS receive compensation for their contributions.

In addition to the committee work referenced above, specific examples of youth involvement since the submission of last year's APSR include the following:

- Youths participated in the hiring process for positions in DCW's Youth Services Unit, including the Youth Services Manager, Chafee Program Coordinator, and Positive Youth Development Specialist.
- In September 2015 CDHS recruited youths from youth advisory boards to review county CFCIP plans and provide feedback on the strengths and weaknesses of the plans.
- In the summer of 2015 DCW staff partnered with three youths to develop and film a public service announcement (PSA) about the Former Foster Care Medicaid benefit that will be incorporated into a larger communication strategy related to the benefit.

### ***National Youth in Transition Database (NYTD)***

The NYTD is a federal database that collects information about youth in foster care and the outcomes of youth who have aged out of the foster care system. Colorado's NYTD data has been used to inform improvements in the development and implementation of initiatives such as Pathways to Success and Colorado Youth Development Plan. Since the submission of last year's APSR, DCW staff have presented information gleaned from NYTD data to the Educational Outcomes Committee, Educational Opportunities Workgroup, Colorado State Youth Council, Colorado Association of Family and Children's Agencies, Denver Metro Educational Stability Summit, Western Slope Educational Stability Summit, Colorado State Foster Parent Association, Chafee Quarterly Services Meetings, URM Quarterly Services Meetings, Pathways Steering Committee Meetings, Advisory Committee on Homeless Youth, and the State Workforce Conference.

CDHS has made many improvements in NYTD data collection. In the summer of 2015, DCW held focus groups with youths from the CYLN to solicit their feedback on barriers to NYTD data collection and potential modifications to the Colorado Youth Experiences Survey to improve data collection. Based on their feedback, CDHS has revised its communication strategy related to the survey, completed a re-design of the survey, and expanded accessibility.

New marketing materials were created, including brochures, flyers, and posters that were distributed to youth serving agencies including youth drop in centers, homeless youth shelters, and youth support groups. New envelopes with a youth-friendly design were created for mailings. In addition to traditional media, CDHS expanded its outreach efforts to social media per the guidance of the youth focus groups. The survey itself was re-designed. Modifications include easier log-in options, simplified survey completion instructions, and a new colorful, youth-friendly online interface. CDHS also expanded access to surveys to other platforms; youths can now complete surveys via their cell phones or other mobile devices.

In addition to the improvements suggested by the youth focus groups, CDHS has collaborated with interagency and community partners to share data and better locate youths who are scheduled to complete the NYTD survey. CDHS entered into an agreement with HCPF to access Medicaid enrollment information from MMIS. CDHS also improved coordination with partners with separate information systems to help locate youths. These partners include the Department of Motor Vehicles, DOLA's

Division of Housing, and HCPF's Division of Intellectual and Developmental Disabilities, and local runaway and homeless youth providers. DCW also improved coordination with internal partners such as Children's Habitation Rehabilitation Program, the Unaccompanied Refugee Minor Program, and the Division of Youth Corrections to improve data collection.

### ***Consultation with Tribes***

CFCIP supports and services are available to youth from the Southern Ute and Ute Mountain Ute Tribes (UMUT) through La Plata County's CFCIP. No services were requested during this reporting period. In February 2016 CDHS staff, La Plata County staff, and the UMUT's department of social services staff met to discuss how UMUT youth can better benefit from CFCIP services. The group discussed the CFCIP referral process, service provision, and potential barriers. There will be ongoing conversations between UMUT and La Plata County to improve service utilization.

### ***Education and Training Voucher (ETV) Program***

Colorado's ETV program serves youth and young adults who have emancipated from foster care and those who are likely to remain in foster care until age 18. Eligibility for the ETV program mirrors eligibility for Colorado's CFCIP. The recent change in lower age limit to be eligible for CFCIP extends to the ETV program; youth as young as 14 years of age who are currently in out-of-home care are eligible for ETVs when special circumstances warrant early GED attainment and alternative educational goals that meet the needs and learning style of the youth.

The ETV program supports self-sufficiency by providing financial support, coaching, and guidance to youths who are pursuing postsecondary educational goals through accredited colleges, universities, or career and technical schools. Youths may qualify for up to \$5,000 in vouchers per year to help finance their educational goals. CDHS partners with high school guidance counselors, colleges, universities, career and technical schools, other state agencies, and CASA volunteers to disseminate information about the ETV program and other resources to assist eligible youths who are planning to pursue postsecondary education.

Colorado's ETV Program has been administered by Foster Care to Success since academic year 2003-2004. This program maintains individual contact with youths, monitors their progress, and provides individualized coaching and guidance to help youths navigate their academic and social environments. Youths are provided with care packages and information about additional scholarship and internship opportunities. In an effort to facilitate outreach and support, Foster Care to Success also connects youths with county CFCIPs and community or school based resources. County CFCIPs receive notification in October and February of all youths receiving ETV support who attend schools in their county. The following table includes the number of youths who have been served through Colorado's ETV program.

Table 19: Annual reporting of ETVs awarded

	Total ETVs Awarded	Number of New ETVs
Final Number: 2013-2014 School Year (July 1, 2013 to June 30, 2014)	152	62
Final Number: 2014-2015 School Year (July 1, 2014 to June 30, 2015)	154	75
Estimate: 2015-2016 School Year (July 1, 2015 to June 30, 2016)	160	77

CDHS’ CFCIP program is partnering with stakeholders to expand and strengthen youth and youth adults’ access to postsecondary education. The EOSC, which was discussed in the *Well-Being Outcomes* section of this report, convened a workgroup to develop recommendations regarding the implementation of Blueprint’s Goal 8, *Youth Have Supports to Enter into, and Complete, Postsecondary Education*. CDHS’ CFCIP Coordinator facilitates the workgroup, and the Colorado Department of Higher Education (CDHE) is an important partner in the group’s work. The workgroup’s goals for FFY 2016 and FFY 2017 include the following:

- formalize a peer-learning community among school with specialized student support services for foster youth and unaccompanied refugee minors;
- develop a compendium of promising practices for postsecondary educational support of students who are unaccompanied refugee minors; and
- guide the development of a comprehensive resource website for homeless youth and unaccompanied refugee minors.

CDHS plans to enter into an interagency agreement with CDHE to fund 1.5 full time staff positions located in CDHE’s College in Colorado program. The positions will provide outreach and support to all students who receive ETV funding. Outreach and support objectives include promoting informed decision making, connecting students to local student support programs, and referring students to other programs and supports that meet their individual needs. In addition, CDHS and CDHE will design a pilot project to provide in-person, specialized supports to ETV funded students on nine campuses in Colorado. The pilot will be conducted by CDHE’s Colorado Challenge, which is a student success program that seeks to increase persistence and on-time completion rates for low-income, first generation students at select public higher education institutions in Colorado. The departments are working to finalize the structure of the program and to complete training of Colorado Challenge staff on the unique needs and experiences of youth who have been in foster care.

The comprehensive resource website will be developed by CDHS’ CFCIP and CDHE’s College in Colorado program. Based on the feedback of youths and the Pathways Initiative’s youth advisors, the website will be called *On the Right Path*. Resources on the website will be grouped into 5 categories including Housing, Money, Health & Wellness, Education, and Career. Additionally, the website will integrate with a database of community resources maintained by Colorado 2-1-1, which is a collaborative of eight

Colorado organizations that support six call centers and a web-based database of local health and human services resources.

In FFY 2017 CDHS plans to work with the Urban Institute to complete a study of the state's ETV program. The study will look at 10 years of child welfare data on youth who have experienced out-of-home care to understand the rates of postsecondary pursuit, persistence, completion, and ETV utilization. The study will also incorporate data from CDLE to better understand employment outcomes for this population.

## **XII UPDATES TO TARGETED PLANS WITHIN THE 2015-19 CFSP**

Colorado submitted the following four plans as discreet sections of the CFSP:

- Foster and Adoptive Parent Diligent Recruitment Plan
- Health Care Oversight and Coordination Plan
- Disaster Plan
- Training Plan

The proceeding sections provide updates on each of the plans. Of the four plans, the Foster and Adoptive Parent Diligent Recruitment Plan and the Training Plan have been modified. They are included as appendices to this report.

### ***Foster and Adoptive Parent Diligent Recruitment Plan***

Colorado has made significant progress toward the implementation of projects outlined in the 2015-2019 Foster and Adoptive Parent Diligent Recruitment and Retention Plan. To support implementation, CDHS strategically reorganized staff dedicated to recruitment and retention efforts to form a new Communications and Outreach Unit. Two staff members, who were previously housed within the Division of Child Welfare, joined the new unit within the OCYF. This reorganization better aligns communications efforts to raise awareness about child abuse and neglect with efforts to recruit foster and adoptive parents.

As part of the plan, CDHS successfully transitioned the Colorado Heart Gallery project from a primarily physical exhibit displayed at various locations to a web-based photograph and video gallery featuring children and youth for whom child welfare agencies are actively recruiting adoptive families. This transition allows for the incorporation of child specific videos in adoption promotion efforts and a broader outreach to communities throughout Colorado. The Colorado Heart Gallery continues to be a success thanks to professional photographers who donate their services to create portraits for the 104 children and youths featured in the gallery and the significant contribution of community partners such as the Adoption Exchange and Adopt Colorado Kids.

To support this new strategic direction, CDHS produced new marketing exhibits to be displayed at local businesses and popular venues throughout the state. The new exhibits are simplified, portable banner displays that direct potential parents back to the Colorado Heart Gallery website and the recruitment website [cofosterandadopt.org](http://cofosterandadopt.org). Both websites provide more information about adoption and foster care and allow visitors to inquire about children and youth who are in need of an adoptive family. The exhibits have been put on display at high-traffic locations including Denver Center for Performing Arts, the Pepsi Center, Mesa County Mall, Mile High United Way, Wells Fargo, and the Intrado Corporation. In November 2015 more community partners than ever before were able to host a display and help promote National Adoption Month.



Additionally, CDHS produced a toolkit of print and online marketing materials for counties human service agencies, child placement agencies, and nonprofit partners to support local foster care and adoption recruitment efforts in Colorado’s diverse communities. The toolkit includes banners, bookmarks, postcards, and social media memes. All the materials include images representing target audiences outlined in the recruitment and retention plan including the LGBT community and various ethnic groups. The marketing materials also address Colorado’s greatest recruitment needs by featuring images and quotes from families who have adopted and fostered sibling groups, older youth, and youth with significant medical needs.

The infusion of photos and stories from current foster and adoptive families is a key element of the recruitment and retention plan. Colorado has expanded recruitment messaging to feature family success stories to support the normalization of fostering and adopting children and youth from the foster care system. In addition to the child specific portraits and videos found on the Colorado Heart Gallery website, Colorado has produced a significant library of video interviews with families that address some of the key barriers and benefits of fostering and adopting Colorado’s foster kids.

CDHS, the Adoption Exchange, Adopt Colorado Kids, and Metro State University’s (MSU) Department of Social Work continued work on a project that was initially developed to address some older youths’ lack of interest and/or willingness to participate in photographs and videos for the Colorado Heart Gallery. The “Amazing Journey” project, formerly known as Youth Visual Studio, connects youths with MSU social work students to explore MSU’s campus and learn about college life. During the tour, the pairs create video essays in which the youths respond to questions or do quick tasks that capture aspects of their personality. The videos are edited and then used for recruitment purposes on the Colorado Heart Gallery website. In FFY 2016, four youths have participated in this project thus far, and all have expressed positive feedback about the experience.

Community outreach is an integral part of the recruitment and retention plan. In FFY 2016 CDHS collaborated with county departments of human services, child placement agencies, and community partners to participate in community events that identified targeted outreach populations. The events included the following:

- Film on the Rocks sponsorship (July 2015);
- Taste of Ethiopia (August 2015);
- Foster Parent Adoption Expo (November 2015);
- Denver PrideFest (June 2016); and
- Juneteenth (June 2016).

In addition to these events, CDHS also awarded \$65,488 in SFY 2016 Recruitment and Retention Grants to county departments, child placement agencies, and the Southern Ute Indian Tribe. CDHS’ Recruitment and Retention Grant Program provides short-term funds for efforts or activities that recruit new foster and adoptive parents or support the retention of active foster families. Individual grant awards typically range from \$500 to \$5,000.

To compliment local community outreach efforts, Colorado invested in an advertising campaign that focused on news websites throughout Colorado. The campaign ran from July through September 2015 and generated over 4.7 million impressions and 7,100 clicks to the [cofosterandadopt.org](http://cofosterandadopt.org). Over 179,000 people watched the website's video advertisements featuring foster and adoptive families from start to finish, which represents an average completion rate of 65%.

Colorado also invested in child-specific social media promotion of Colorado Heart Gallery profiles and employed strategies such as paying to boost posts focused on older youths and sibling groups. As a result of these efforts, child-specific Facebook posts reached an average 8,600 Colorado residents within 24 hours, 90% of whom represented key target audiences outlined in the R & R plan: females ages 35-45. In addition to social media, CDHS engages television and print media to share positive foster and adoptive family experiences during May, November, and December of each year.

Altogether, CDHS and its partners' recruitment and retention efforts encompassed the following:

- promotional strategies that blend interactive media, social media, and traditional television and print media;
- streamlined, physical exhibits in locations throughout the state;
- community outreach at local events; and
- distribution of grant funding to empower local child welfare agencies to develop recruitment and retention strategies that reflect the needs of their own communities.

The net result of these efforts is reflected in FFY 2015 communications data. Child-specific videos on the Colorado Heart Gallery website were viewed more than 61,880 times during the reporting period. Additionally, CDHS received approximately 15 daily child-specific inquires and approximately 10 daily general inquiries from potential foster and adoptive parents.

Colorado's efforts are not going unrecognized by peers across the country. CDHS staff were invited to present at the July 2015 annual conference of the North American Council on Adoptable Children. The presentation focused on Colorado's use of social media marketing to recruit foster and adoptive parents, specifically the inclusion of Facebook, Vimeo, and secure website profiles in outreach efforts. Topics included targeted marketing, Facebook engagement, digital footprints, security concerns, privacy issues, watermarking photos, data collection, and outcomes tracking.

CDHS is also working with communications professionals within Colorado to strengthen local communities' recruitment and retention efforts. In February 2016 OCYF's Communications and Outreach Unit partnered with OEC's Child Maltreatment Prevention Unit to host regional communication summits in Denver and Grand Junction. The summits focused on messaging related to child maltreatment and the recruitment and retention of foster and adoptive parents. CDHS enlisted the FrameWorks Institute to provide a keynote about their research on public perceptions of child maltreatment and the implications for communication practice. More than 200 communications professionals from county departments, child placement agencies, and nonprofit partners participated in the events.

Finally, appreciation is a key element to Colorado's recruitment and retention strategy. CDHS hosts annual celebration events during national foster care month and national adoption month to recognize nominated families for their contribution to the community. In November 2015 five families from across the state were honored for their commitment to provide permanent homes to children during National Adoption Month Event Luncheon at the Governor's Mansion. Honorees were presented plaques in recognition of their exceptional dedication to foster care and adoption by CDHS' Executive Director, Reggie Bicha. Videos showcasing the families' dedication were shown during the ceremony, which had an attendance of approximately 100 guests comprised of county workers, elected officials, and family members. In May 2016 Colorado's First Lady, Robin Hickenlooper, and Director Bicha recognized five families as part of National Foster Care Month. Families from several Colorado counties and the Southern Ute Tribe were honored for their dedication to Colorado's foster kids. The stories of recognized families are shared via traditional and social media to support the Colorado's recruitment and retention efforts.

### ***Health Care Oversight and Coordination Plan***

As reported in last year's APSR (page 89), CDHS created new positions within OCYF to oversee medical care for children and youth in Colorado's child welfare and youth corrections systems. Since July 2015 OCYF's Medical Oversight Unit has been working to implement oversight of psychotropic medications and trauma-informed interventions, which are key aspects of Colorado's 2015-19 Health Care Oversight and Coordination Plan. This work is being done in collaboration with CDHS' Psychotropic Medication Steering Committee, which is comprised of interagency partners, county departments of human services, licensing staff, foster care providers, and medical providers.

Psychiatric polypharmacy, in the context of child welfare, refers to the practice of administering high amounts of psychotropic medications and/or multiple medications concurrently to children and youth in foster care. To better understand polypharmacy reduction efforts nationwide, CDHS staff researched published scientific literature on the subject and contacted other state oversight groups to discuss their approaches. CDHS has catalogued successful polypharmacy reduction methods from other states and is now using this data in making recommendations for customizing an approach for Colorado.

CDHS, HCPF, and OIT are working together to collect and analyze data regarding polypharmacy in Colorado. The agencies are designing a measurement methodology to report current statistics on children and youth in foster care who are being prescribed psychotropic medications. The goal is to develop reports that will show detailed patterns regarding the types and amounts of medications being prescribed and to whom they are being administered. This information will clarify the specific areas of polypharmacy in Colorado that require the most oversight.

Health outcomes related to reductions in polypharmacy, especially unintended consequences, are also areas of interest. The agencies are exploring the feasibility of tracking psychiatric hospitalizations, emergency room visits, residential and foster home placements, corrections recidivism, and suicide

rates. These statistics can then be monitored as new polypharmacy reduction policies are put in place. Measurement methodologies are expected to be formulated and data reporting is expected to begin in FFY 2017.

Limiting payments for suspected polypharmacy is a policy that is currently in development. CDHS is working with HCPF to modify Colorado's Drug Utilization Review (DUR) process to limit payments for prescription drugs in situations where the drug list a child is taking appears to be concerning, the medication dose is too high, or too many medications are prescribed for the child. Drug Utilization Review has reduced polypharmacy in other states, and CDHS seeks to replicate the success in Colorado.

Another resource in reducing polypharmacy is C-PACK, a call center staffed by child psychiatrists who provide second opinion reviews of suspected polypharmacy cases. In modifying Colorado's DUR process, C-PACK's role may be expanded to advise HCPF on medication payments that should be withheld because the prescribing practice is unwarranted or unsafe. CDHS has been working with C-PACK and HCPF to advise about the prescribing criteria that should trigger a second opinion review. CDHS has also advocated for an increased presence of this physician second opinion process in tackling polypharmacy. In part because of this advocacy, C-PACK has been reviewing an increasing number of polypharmacy cases this year compared to last, and it is anticipated that their reviews will have a measurable impact on undesirable prescribing practices.

CDHS has implemented internal policies to reduce polypharmacy in DYC facilities. OCYF's Medical Oversight Unit is working with DYC to review individual cases of suspected polypharmacy in an effort to identify cases where medications can be changed to safer alternatives or reduced overall. The unit is also assisting in the development of policies that target medications of high concern for polypharmacy such as ADHD and sleep medications. New policies have already gone into effect in FFY 2016, and CDHS will be monitoring their impact.

Educating providers is a proven and essential part of effective oversight and can assist with reducing unsafe prescribing practices. CDHS has partnered with the Kempe Center and Beacon Health Options, which is an independent behavioral health and wellness company, to develop interactive provider teaching seminars that follow the Project ECHO teaching model. The ECHO model was developed recently by the University of New Mexico's School of Medicine and is characterized by its hub-and-spoke knowledge sharing networks. The networks are led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. The expert specialist teams at a centralized hub are linked with primary care clinicians in local communities. Primary care clinicians, the spokes in the ECHO model, become part of a learning community where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need. The model has been highly successful in changing prescriber behavior in other areas of medicine, such as infectious disease treatment, with particularly promising outcomes in rural and underserved areas.

The adaptation of this model for reducing psychiatric polypharmacy is possibly a first-in-the-nation effort. It has already generated interest in other states with large rural areas (e.g. Montana). OCYF's Medical Oversight Unit is responsible for developing the overall pedagogy for the project and helping to

recruit expert psychiatrists to teach and lead seminars. CDHS anticipates the project will go live in the Summer 2016.

The bulk of Colorado's work to implement trauma-informed interventions is happening through the child welfare waiver demonstration project. OCYF's Medical Oversight Unit, however, is also working to increase counties' access to mental health experts who have experience with trauma. Counties in outlying areas of the state have limited local psychiatric resources to perform trauma-informed assessments. Since August 2015 the unit, in collaboration with Colorado's Trauma-informed System of Care and the University of Colorado's JFK Partners, has been working on a proposal to implement a statewide telepsychiatry network specifically for child welfare involvements. CDHS and its partners are exploring grant opportunities that could provide funding to pilot the proposal.

### ***Disaster Plan***

Colorado was not affected by a disaster during this reporting period. There are no changes or additions to the plan this year.

### ***Training Plan***

All updates to the Training Plan are documented in the Child Welfare Training System section of this report. The updated Training Plan is attached; please see Appendix D.

### XIII STATISTICAL AND SUPPORTING INFORMATION

This section reports statistical and supporting information that is required by the ACF’s program instruction related to the 2017 APSR (ACYF-CB-PI-16-03).

#### *Information on Child Protective Service (CPS) Workforce*

As a state supervised, county administered child welfare system, Colorado’s CPS workforce is hired and maintained through the state’s county departments of human services. Education and training requirements for the state’s CPS workforce are outlined in Volume 7 of the Code of Colorado Regulations. In order to meet the minimum educational requirements of a human behavioral science degree, the applicant must have 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.

As of July 1, 2015, the child welfare training is now called the Fundamentals of Child Welfare Casework Practice. All new caseworkers are required to complete a 5-course series and transfer of learning activities. In addition, they must complete a simulation exercise that allows them to interact with hired actors in a simulated family environment. This allows the opportunity for self-evaluation as well as the opportunity for facilitators and county staff to evaluate their competencies and areas for growth when engaging with families and assessing for safety.

While CDHS does not maintain information about county departments’ workforce, CDHS does collect demographic information about new caseworkers who are completing the Fundamentals of Child Welfare Casework Practice training requirements. The tables below provide demographic information about the FFY 2015 trainees.

*Table 20: FFY 2015 Trainees – Gender*

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
No Response	17	5.7%
Male	44	14.8%
Female	237	79.5%
Total	298	

*Table 21: FFY 2015 Trainees – Race/Ethnicity*

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
No Response	10	3.4%
African American	16	5.4%
Asian/Pacific Islander	4	1.3%

Caucasian	215	72.1%
Hispanic/Latino	31	10.4%
Native American	5	1.7%
Mixed Race	6	2%
Other	11	3.7%
Total	298	

Table 22: FFY 2015 Trainees – Education Type

Response	Frequency	Percent
No Response	5	1.7%
Social Work	99	33.2%
Related Degree	160	53.7%
Other	34	11.4%
Total	298	

Table 23: FFY 2015 Trainees – Educational Level

Response	Frequency	Percent
No Response	4	1.3%
High School or GED	1	.3%
Associate’s Degree	2	.7%
Bachelor’s	182	61.1%
Master’s	105	35.2%
Other	4	1.3%
Total	298	

Lastly, there are no formal caseload or workload requirements in Colorado; however, CDHS contracted with ICF International and Walter R. McDonald & Associates, Inc. to conduct a caseload study and recommend caseload standards as a follow-up to their 2014 Child Welfare County Workload Study. The final report was issued in March 2016, and the table below includes their recommendations. CDHS, in collaboration with the Child Welfare Allocation Committee, is using these recommendations to allocate 84 new child welfare caseworker positions approved by the Colorado General Assembly to counties with the greatest staffing needs.

Table 24: Division of Child Welfare Caseload Study - caseload recommendations by service type

Service Type	Colorado Caseloads per Worker	
	2014 Time Study Results	Recommended per SMEs
Screening	42	36
Family Meetings	28	12
High Risk Assessment	22	15

Family Assessment Response	29	13
Ongoing, In-home	21	14
Ongoing, Out-of-home	16	8
Visitation	19	8
Adoption	24	9
Licensing	23	10

### ***Juvenile Justice Transfers***

Between July 1, 2014 and June 30, 2015, there were 119 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 documented in Trails, which is used by both the child welfare and juvenile justice systems.

### ***Sources of Data on Child Maltreatment Deaths***

The annual NCANDS submission consists of two data files: the child file and the agency file. Data for the child file are pulled directly from Trails. Fatality data for the agency file are collected from the Child Fatality Review Team (CFRT), which is housed in CDHS' ARD. The CFRT provides data on child fatalities not reported in the child file. CDHS' NCANDS liaison is tasked with reconciling and providing commentary regarding any differences between the list provided by ARD and what is reported in the child file. The CFRT refers to reports, when available, from county departments of human services, county medical examiners' offices, medical providers, and law enforcement.

In addition to CDHS' CFRT, the Colorado Department of Public Health and Environment (CDPHE) maintains a child fatality review process through the Colorado Child Fatality Prevention System (CFPS) that is broader in scope than CDHS' process. The CFPS looks at all preventable fatalities of children ages 0-17 that occur in the state, while CDHS' CFRT focuses only on child abuse and neglect cases known to county departments of human services. Both agencies collaborate to share data from each system and make joint recommendations for improvements based off of their findings.

### ***Education and Training Vouchers***

The number of youth who received ETV awards is reported in the *Chafee Foster Care Independence Program* section of this report on page 118.



### ***Inter-Country Adoptions***

All children, youth, and their families who are indicated in reports of child maltreatment, regardless of their familial status or countries of origin, are eligible for child welfare services. Based on a review of data and information in Trails, no children from disrupted or dissolved inter-country adoptions entered Colorado's foster care system. The review, however, revealed some inconsistencies in documentation. The Code of Colorado Regulations requires caseworkers to ask if children involved reports of child maltreatment are adopted; however, there is not a requirement to ask if the children were adopted from other countries. In FFY 2017 CDHS will work its partners to assess how best to improve data collection on this population of children.

### ***Monthly Caseworker Visit Data***

Monthly caseworker visit data for FFY 2016 will be reported separate from the 2017 APSR and will be submitted to the Children's Bureau by the December 15, 2016 due date.

## **XIV FINANCIAL INFORMATION**

Colorado's CFS-101, Parts I, II, and III are submitted with this report as separate files. In FFY 2017 CDHS' DCW, as the title IV-E agency for the State of Colorado, will begin to work with other state agencies to draw down additional title IV-E dollars. These agencies also serve Colorado's title IV-E eligible, and at-risk for title IV-E eligible, population. The agencies include the following:

- CDHS' Division of Youth Corrections,
- CDHS' Office of Behavioral Health,
- Colorado Department of Public Health and Environment,
- Colorado Department of Education,
- Court Appointed Special Advocates,
- Office of the Child's Representative, and
- the newly formed Office of the Respondent Parent Counsel.

This work may increase the relevant estimated expenditures listed in the title IV-E column of the attached CFS-101 Part II.

CDHS included on the forms information regarding number of individuals, families, population, and geographic areas to be served wherever possible; however, data for some services/activities are not readily available to report. Title IV-B, subpart 1 and CAPTA funds are allocated to Colorado counties through a block allocation that also includes title IV-E and state funds; therefore, it's not possible to parse out the number of individuals, families, population, and geographic areas served through those funding streams.

As noted in the Update on Service Description section, CDHS is working to improve data collection related to the title IV-B, subpart 2 PSSF grant. There are multiple methods of collecting data, and data related to one-time services may include duplicated counts of individuals served in other PSSF service areas. It is anticipated that enhancements through the Trails modernization project (see page 36) and implementation of the new OEC information system (see pages 95 - 96) will resolve these issues. As a result, more reliable data will be available to report on future CFS-101 forms.

As PSSF sites are determined through a competitive procurement process, it's not possible to anticipate the geographic areas where services will be available until after the procurement process has completed. This information is included on line 6 of the CFS-101, Part III form which covers FFY 2014. An estimate for FFY 2017 is not available.

Lastly, CDHS is not able to separate out foster care maintenance expenditure estimates between foster family and relative foster care and group/institutional care at this time. The data sharing between Trails and the state's financial information systems complicates attempts to cleanly separate expenditures between the two categories. For this submission, the expenditure estimates for both categories are reported on line 7 (a) of the CFS-101, Part II form. CDHS staff will work to resolve the issue in FFY 2017, and estimated expenditures for each category will be reported on the CFS-101, Part II form for FFY 2018.

Per the 2017 State APSR program instructions, the proceeding tables outline the amount of FY 2005 title IV-B, subpart 1 and non-federal matching funds that Colorado expended for foster care maintenance. Title IV-B, subpart 1 funds were not used for expenses related to child care and adoption assistance payments.

Foster care maintenance	FFY 2005	FFY 2016
Title IV-B, subpart 1	\$ 2,890,135	\$ 3,597,273

Foster care maintenance	FFY 2005	FFY 2017
Non-federal funds applied as a state match	\$ 630,045	\$1,199,091

Also per the program instructions, FFY 2014 state and local share expenditures for the purposes of title IV-B, subpart 2, amount to approximately \$1,244,704. This total is an estimate due to the implementation and roll-out of a new statewide financial information system in July 2014. The data represent Colorado's best estimate given available information.

## GLOSSARY OF ACRONYMS

ACF-CB	Administration for Children and Families, Children’s Bureau
ACHY	Advisory Committee on Homeless Youth
ADA	American with Disabilities Act
AFCARS	Adoption and Foster Care Analysis Reporting System
AIP	AFCARS Assessment Review Improvement Plan
APSR	Annual Progress and Services Report
ARCH	Applied Research in Child Welfare
ARD	Administrative Review Division
ASFA	Adoption and Safe Families Act
BOS	Balance of State
BHO	Behavioral Health Organization
BPCT	Best Practice Court Team
CAC	Child Advocacy Center
CANDRS	Child Abuse/Neglect Dispute Review Section
CAPTA	Child Abuse and Prevention Treatment Act
CASA	Court Appointed Special Advocate
CANS	Child and Adolescent Needs and Strengths
CAFAA	Colorado Association of Financial Aid Advisors
CCI	Colorado Counties Incorporated
CCR	Colorado Code of Regulations
CCR	Colorado Community Response
CCTF	Colorado Children’s Trust Fund
CCJTF	Colorado Children’s Justice Task Force
CDLE	Colorado Department of Labor and Employment
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
CHSDA	Colorado Human Services Directors Association
CIP	Court Improvement Program
CJA	Children’s Justice Act
CMHC	Community Mental Health Center
CME	Care Management Entity
CMO	Central Management Organization
CMP	Collaborative Management Program
CPA	Child Placement Agency
CPM	Colorado Practice Model
CSFPA	Colorado State Foster Parent Association
CQI	Continuous Quality Improvement

C.R.S.	Colorado Revised Statutes
CRSP	Colorado Refugee Services Program
CTUG	Colorado Trails Users Group
CWAC	Child Welfare Allocation Committee
CWELC	Child Welfare Executive Leadership Council
CWTA	Child Welfare Training Academy
CWTS	Child Welfare Training System
DDHS	Denver County Department of Human Services
DIFRC	Denver Indian Family Resource Center
DCW	Division of Child Welfare
DDID	Division of Developmental and Intellectual Disabilities
DR	Differential Response
DYC	Division of Youth Corrections
DVP	Domestic Violence Program
ETP	Emancipation Transition Plan
ETV	Education and Training Vouchers
FAR	Family Assessment Response
FFTA	Foster Family-Based Treatment Association
FFY	Federal Fiscal Year (year starting October 1, ending September 30 <sup>th</sup> )
FTE	Full Time Equivalent
FY	Fiscal Year (calendar year)
HCPF	Health Care and Policy Financing
HB	House Bill
HC3	Hotline County Connection Center
HRA	High Risk Assessment
IGA	Intergovernmental Agreement
IART	Institutional Abuse Review Team
ICWA	Indian Child Welfare Act
ICPC	Interstate Compact on Placement of Children
IDEA	Individuals with Disabilities Education Act
IH	In-Home
LGBT	Lesbian, Gay, Bi-Sexual, Transgender
MCV	Monthly Caseworker Visits
MOU	Memorandum of Understanding
MPCWIC	Mountains and Plains Child Welfare Implementation Center
NCANDS	National Child Abuse and Neglect Data System
NFP	Nurse-Family Partnership
NFP-A	Nurse-Family Partnership-Augmentation
NYTD	National Youth in Transition Database
OBH	Office of Behavioral Health
OCYF	Office of Children, Youth, and Families

OEC	Office of Early Childhood
OES	Office of Economic Security
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OPPLA	Other Planned Permanent Living Arrangement
OOH	Out-of-Home
OSRI	Onsite Review Instrument
PAC	Policy Advisory Committee
PAG	Practice Advancement Group
PIP	Program Improvement Plan
PMD	Performance Management Division
PSSF	Promoting Safe and Stable Families
P.L.	Public Law
QA	Quality Assurance
QPT	Quality Practice Team
RCHY	Rural Collaboration on Homeless Youth
RTAC	Regional Training Advisory Committee
RED Teams	Review, Evaluate, Direct Teams
RFA	Request for Application
ROM	Results Oriented Management
SACO	State Court Administrator's Office
SAMSHA	Substance Abuse and Mental Health Services Administration
SCC	SafeCare Colorado
SB	Senate Bill
SFY	State Fiscal Year (year starting July 1, ending June 30 <sup>th</sup> )
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
TRP	Termination of Parental Rights
TTACC	Training and Technical Assistance Coordination Center
URM	Unaccompanied Refugee Minor
WIOA	Workforce Innovation and Opportunity Act