



COLORADO

Office of Children,
Youth & Families

Division of Child Welfare

2018 ANNUAL PROGRESS AND SERVICES REPORT

2015-19 CHILD AND FAMILY SERVICES PLAN



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Administration for Children and Families

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I INTRODUCTION

The Colorado Department of Human Services (CDHS) is pleased to submit the 2018 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 2018 APSR (ACYF-CB-PI-17-05).

CDHS utilized both quantitative and qualitative data in developing the 2018 APSR. Data sources include Trails, which is Colorado's Statewide Automated Child Welfare Information System (SACWIS); case reviews conducted by CDHS' Administrative Review Division (ARD); Results Oriented Management (ROM) reports; 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. The updates provided in this report reflect the efforts and feedback of stakeholders who routinely collaborate with CDHS to implement the CFSP's goals and objectives.

While not an exhaustive list of collaborators, the following partners and committees are referenced frequently in the 2018 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.

In September 2017 the Children’s Bureau and CDHS will collaborate to conduct a Child and Family Services Review (CFSR). The CFSR will review Colorado’s child welfare programs and practice to identify strengths and challenges with regard to safety, permanency, and well-being outcomes of the children and families served by the child welfare system. The APSR normally includes a comprehensive assessment of Colorado’s performance on the federal outcomes and systemic factors; but given this year’s CFSR, that information is included in the state’s CFSR Statewide Assessment as permitted by 2018 APSR’s program instruction.

Over 25,000 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 2018 APSR in June 2017 for their review and feedback. Stakeholders were encouraged to submit their feedback to CDHS’ Division of Child Welfare (DCW). This report incorporates the feedback DCW received from stakeholders

This report will be publicly available on the following CDHS website by September 30, 2017, and a copy will be sent to both federally recognized tribes:

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

II 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 FFY 2016 the hotline system received 202,320 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. CDHS staff routinely monitor counties’ screening practice and provide coaching, as needed, to improve counties’ fidelity to the guidelines outlined in the Code of Colorado Regulations. In July 2016 questions related to sex trafficking were incorporated into the Trails Hotline Application. As a result, all of Colorado’s call takers have access to the same guidance when sex trafficking is alleged.
- *Intervention 1.1.3 Refer to prevention services:* Colorado continues to see increases in referrals and participation in its prevention programs. In FFY 2016 there were 3,616 prevention and early intervention involvements through Colorado’s Program Area 3 (PA3). PA3 is comprised of programs that direct services to children, youth, and families who are at-risk of involvement with the child welfare system. The FFY 2016 number of PA3 cases is approximately a 10.8% increase over the number of PA3 cases in FFY 2015.

Colorado’s human services agencies continue to refer eligible families to SafeCare® Colorado and Colorado Community Response. During the SafeCare® pilot period (January 2014 through June 2016), county child welfare staff referred 8,157 families to the program, 1,730 of which went on to voluntarily enroll in the program. In FFY 2016 approximately 4,049 families were referred to the Colorado Community Response (CCR) program. Of those families, approximately 992 families agreed to participate in CCR. 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 was 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. As of January 2017, all counties have been trained

and are using the assessment tools. Relevant rules were promulgated in November 2016 and were effective as of January 1, 2017.

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 2017, 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. 33 counties are practicing permanency roundtables, and 34 counties have implemented kinship supports interventions. More information about Colorado's demonstration project is included in the *Child Welfare Waiver Demonstration Activities* section.
- *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 began in November 2014 and concluded 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 2017 CDHS and OIT completed modifications to Trails that allow better documentation of clients' medical information. CDHS and county departments are now able to run monthly reports that detail children and youths' diagnoses, prescribed medications, and alternative

services that were provided. 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 FFY 2017, 20 counties have implemented or are in the process of implementing both of the trauma-informed interventions through the child welfare waiver demonstration. More information about the trauma-informed interventions and 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 ten out of twelve months during FFY 2016.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
February 2015 June 2015 September 2015	Nov - Dec 2015 Feb - Sept 2016			
Total months goal met: 3	Total months goal met: 10			

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.*

- The Administrative Review Division (ARD) modified the Assessment Review Instrument to include questions based on the current rule requirements related to the Safety and Risk Assessments.

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 2016 Colorado performed better than the national standard.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
7.4%	7.9%			

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 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 2016 Colorado underperformed compared to the national standard; its rate of maltreatment was 10.2 incidents for the twelve month period.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
9.1 incidents	10.2 incidents			

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 is reviewing this measure and will recommend a revised measure. An update will be provided in the 2019 APSR, which is due June 30, 2018.

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 2016 Colorado maintained its performance according to the CFSP baseline.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
99.4%	99.0%			

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

- As part of the administrative case review process, 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. Colorado declined in performance since FFY 2015.

DCW created a time-limited Medical Eligibility Sub-committee, a collaborative effort with county and state child welfare representatives, the Office of Information Technology, and Health Care Policy and Finance (HCPF) representatives, to develop

recommendations for process changes around data entry in the statewide automated case management system, Trails, and outreach when a child enters out-of-home care. Data links were examined and created between HCFP data systems and Trails to send notifications to the HCFP Healthy Communities Family Health Coordinators (FHC) of children entering out-of-home care so that the FHC’s can provide outreach and support to out-of-home providers in scheduling initial medical and dental appointments. Timely data entry into Trails is necessary to ensure timely notifications are sent allowing for the appointments to be scheduled before the required time frames have expired. The sub-committee recommends entering out-of-home placement information into Trails as soon as possible. Efforts through Trails Modernization are underway to make the Health Passport more user-friendly for caseworkers. An update will be provided in the 2019 APSR. Additionally, DCW issued an operational memo in December 2016 providing clarification on the timing of required medical examinations in the Code of Colorado Regulations.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Medical: 64.2% Dental: 68.8%	Medical: 61.7% Dental: 65.4%			

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, 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 2019 APSR.

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. During implementation of the assessments in calendar year 2016, DCW staff provided on-site training and coaching as counties began using the tools. After 30 days DCW staff followed-up with recently implemented counties to ensure county staff were using the tool and Trails modifications were working as intended. After 60 days DCW staff audited a sample of assessments completed by recently implemented counties to ensure assessments were being completed as required. The audit demonstrated that caseworkers were accurately utilizing the tool in determining the presence or absence of current or impending danger. Areas of improvement included timely documentation of the safety assessment tool in Trails. DCW staff provided coaching to counties on the functionality of the new tool and feedback was obtained to improve the usability of the new safety assessment tool.

- *Intervention 2.1.2 Accurately complete safety assessment forms:* 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. CDHS' ARD is reviewing and revising relevant case review instrument questions based on rules that were effective January 1, 2017. The ARD will begin capturing data related to the accuracy of the completion of the Safety and Risk Assessment tool in September 2017.
- *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 continue their ongoing monitoring of each county's RED teams.

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; DCW has collaborated with county departments participating in the facilitated family engagement IV-E Waiver intervention in the development of a family engagement meeting quality assessment tool to promote consistency in quality of meetings. In the third quarter of SFY 2016, 50 counties have conducted 6,649 Facilitated Family Engagement meetings, an increase from the reported 5,702 in the first quarter. Additionally, the Colorado Forum on Family Engagement works to promote family engagement by developing best practice models, developing and offering related trainings, and networking opportunities to grow the program.

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.*

- Given staff capacity and workload issues, ARD temporarily discontinued the screen out review process in order to focus all of its resources of the federally required administrative case review process. ARD will resume the Screen Out Review this year, it is currently scheduled for July 2017.

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
98.04%	n/a			

2. *Engagement of family members in case planning will be 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.*
- This measure of progress was revised in FFY 2016 in order to align with federal fiscal year time frames and the way qualitative case review data are reported. The ARD assesses whether youth and parents were engaged to participate in case planning during its qualitative case reviews. In FFY 2016 Colorado did not meet the goal for youth engagement. Caseworkers engaged youth to participate in case planning in 99.6% of cases, and overall, youth participated in 98.8% of cases. At 100%, the youth engagement rate was highest in the second quarter of FFY 2016, but dropped to 99.6% and 98.9% for the remaining quarters.

Colorado did not meet the FFY 2016 goals for engagement of mothers and fathers, which were 96.4% and 85.8% respectively. In FFY 2016 caseworkers engaged 93.6% of mothers, and 85.7% of them participated in case planning. 82.9% of fathers were engaged to participate in case planning, and 69.7% of them actually participated.

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Youth: 99.3% Mother: 95.8% Father: 89.8%	Youth: 99.3% Mother: 93.6% Father: 82.9%			

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 systems; 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 departments. Since July 2016 the workgroup has focused CQI efforts on performance issues related to Colorado’s upcoming Child and Family Services Review, specifically the federal well-being outcome related to physical health of children and youth in foster care; the statewide information system systemic factor; and revisions to the measurement methodology used to assess how well Colorado safely maintains children and youth in their own homes. The results of this work are included in the *CFSR Statewide Assessment*.

Another effort to streamline communication between CDHS’ divisions and county departments is CDHS’ decision to expand opportunities for counties to attend its 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 C-Stat through its enterprise video-conferencing system. As a result, county staff now hear the department’s executive management team’s feedback to program staff in real-time.

- *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, Child Welfare Sub-PAC, Hotline Steering Committee, the IV-E Waiver Oversight Committee, and Training Steering Committee. In addition to the committees convened by CDHS, staff also participate 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. This evaluation happens formally and informally on an ongoing basis across many existing collaborative committees. CDHS continues to be open and responsive to feedback from its stakeholders regarding the state’s QA/CQI system.

III 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 an 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 1: FFY 2016 Child Welfare Services Data

	FFY 2016
Number of calls to Colorado’s child abuse and neglect hotline reporting system:	202,320
Number of referrals:	97,646
Number of referrals accepted for assessment:	36,763
Number of children involved in child welfare services during the reporting period:	28,808
Number of <i>new</i> children involved with child welfare services:	17,494
Number of children who entered foster care during the reporting period:	5,419
Number of children discharged to reunification (parents, relatives, & guardianship):	3,645
Number of children discharged to adoption:	769
Number of children discharged to emancipation:	210

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 CFSR Statewide Assessment 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 state-funded programs include the Core Services Program, SafeCare® Colorado, the Colorado Community Response Program, and the Nurse Home Visitor Program. 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.

A new initiative in FFY 2017 is the implementation of the Colorado Child Maltreatment Prevention Framework for Action, which is a state plan for child maltreatment prevention that allows for cross-system practices and opportunities for communities to develop local action plans. The framework identifies four shared outcomes, a set of common foundation principles, potential strategies and priorities, and indicators to measure progress on the outcomes. It is also a requirement to receive Federal Community-Based Child Abuse Prevention (CBCAP) funds.

Feedback from parents, providers, philanthropies, and public officials has informed the development of the Colorado Child Maltreatment Prevention Framework for Action. Results from a parent survey and parent focus groups revealed the following:

- Parents are reluctant to ask for help and concerned about being judged.
- Parents want more opportunities to help them build informal networks of support.
- Parents trust libraries and health care providers and would like to see more information in these places on child development and community resources.
- Parents recognize that family stability is dependent on economic opportunity and high quality child care.
- Parents still need accurate information on child development. For example, one common misunderstanding is that parents believe that their young children misbehave just to upset them.
- Programs and campaigns need to be developed at the community level so they are relevant to parents living there.

Per the feedback received from parents and stakeholders, CDHS will conduct a pilot community planning project that utilizes the Colorado Child Maltreatment Prevention Framework for Action and the associated community planning toolkit. The framework and toolkit were released in April 2017, and the planning project commenced on May 1, 2017.

In June 2017 the OEC released the research-based Colorado Early Learning and Development Guidelines as a coordinated approach to early childhood learning and development. The guidelines are a helpful resource and describe children's abilities at certain ages and offer tips for how adults can help develop and support those abilities. They include detailed guidelines parents, caregivers, educators, child advocates, and anyone who interacts with children can use to show what children can know and are able to do based on areas of development such as, physical health, social, emotional, cognitive, and language and literacy, in relation to age-appropriate developmental milestones. The Colorado Early Learning and Development Guidelines also include public service announcements in the form of video's introducing the guidelines broken down by age.

Collaboration with stakeholders is a fundamental part of Colorado's delivery of prevention and early intervention services. In addition to the partnerships that will be discussed in the proceeding sections, there are two advisory boards that currently oversee child maltreatment prevention efforts throughout the state: the Prevention Steering Committee and the Colorado Children's Trust Fund Board. In FFY 2017 these two boards are holding joint meetings, as they did last year, to increase knowledge and alignment across all child abuse and neglect prevention programs.

The Prevention Steering Committee was created by CDHS to oversee the implementation of three new prevention programs created in the Governor's child welfare plan, *Keeping Kids Safe and Families Healthy 2.0*. It acts as a subcommittee of the Child Welfare Executive Leadership Council and is co-

chaired by the directors of the OCYF and OEC. Membership includes representation from county commissioners, county human service directors, and county public health directors.

The Colorado Children's Trust Fund (CCTF) was created by statute in 1989 and exists to prevent the abuse and neglect of Colorado's children. The Colorado Children's Trust Fund is governed by a nine-person advisory board of directors, appointed by the Governor, with unique backgrounds to support and guide the work supported by the trust fund dollars. Membership includes representation from the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Education (CDE), CDHS, and a parent representative.

Program Area 3 (PA3)

During the 2011 Legislative Session, House Bill 11-1196, Flexible Funding for Families, was passed into law. The language allowed counties to provide prevention and intervention services with existing funding sources, such as the child welfare services block allocation, Core Services Program allocation, and funding through the child welfare waiver demonstration project. In 2013 a new child welfare program area, PA3, was created to:

1. provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare;
2. close cases with no safety concerns and continue providing services with a support plan; and
3. help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting.

With the new program area, Colorado's county departments of human/social services are able to use state and federal funds to provide, and account for, prevention services to children, youth, and families in the situations described above. The Code of Colorado Regulations requires counties to submit a PA3 services delivery plan as an addendum to their annual Core Services Plan. In SFY 2017, 54 county departments were approved to use Core Services Program funds for PA3 services, which is 12 more counties than the previous state fiscal year. Services are voluntary and are typically provided by county staff or through contracts with community based service providers. In FFY 2016 there were 3,616 PA3 involvements across 41 counties.

Co-res 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.

The Core Services Program's eligibility requirements are quite broad. The Code of Colorado Regulations states that each child, youth, and family shall:

1. meet Program Area 3 (PA3) eligibility criteria; or,
2. meet the criteria for Program Area 4, 5, or 6; and
 - a. meet the state's out-of-home placement criteria at the time of each placement in any Core Services Program; and/or
 - b. require a more restrictive level of care but may be maintained at a less restrictive out-of-home placement or in his/her own home with Core services.

Depending on individual circumstances, relevant services are provided based on the identified service goals.

Each state fiscal year, CDHS allocates Core Services Program funds to all 64 counties and Colorado's two federally recognized tribes. To be eligible to receive funding, each jurisdiction develops annual plans that 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. Since 2011, with the implementation of the Flexible Funding for Families legislation (HB 11-1196), Core Services funding may also be utilized to provide PA3 services.

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 Services (DYS), 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.

In FFY 2017 HCPF and DCW collaborated to create a Medicaid tool kit, which will be accessible to the public and will explain how determinations for funding and service provisions are reached and how the public may access Medicaid services. In FFY 2018 HCPF is planning to convene a task group, with DCW participation, that would investigate why children and families involved in the child welfare system are being referred to Core Services providers instead of BHO network providers. The group will develop strategies to de-incentivize this practice and ensure that Core Services dollars are utilized for individuals and families who do not have access to Medicaid, private insurance, or other funding sources.

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 1st of every year. The

evaluation report for CY 2016 is not yet complete; however, the most recent report, published October 1, 2016, covers CY 2015 program services and activities.

Based on data reported in the CY 2015 evaluation report, the Core Services Program served 26,435 individuals during the reporting period. This represents an increase of 2.6% in distinct clients served from CY 2014. Overall, 54% of the individuals were children and youths who received services directly, and 46% were adults who received services on behalf of a child or 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 youths by allowing them to remain in or return to their homes.

According to the CY 2015 evaluation report, there were 30,033 service episodes open at any time; service episodes are understood here as merged service authorizations within the same case for the same provider, service type, and clients. This represents a 1.5% increase in service episodes from CY 2014. County-designed services represent the most common type of service provided, with 33% of all episodes statewide. This is unsurprising given that this general category encompasses an array of specific services that are identified by each individual county to meet unique needs in the community. The CY 2015 evaluation report presents the Core Services Program's performance on various outcome measures that are being tracked by caseworkers in Trails. These outcome measures include short-term service effectiveness, service goal attainment, and subsequent child welfare involvements for children with a closed case in CY 2014. The CY 2015 evaluation reported the following findings:

- Approximately 80% of service episodes were closed with a "successful" or "partially successful" service efficacy outcome. The highest rates of successful or partially successful service efficacy were seen in service episodes for children and youth with a "remain home" service goal, PA3 services, and county-designed services.
- The service goal was attained in 79% of all service episodes. The service goal attainment rate was 89% for remain home, 77% for least restrictive setting, and 69% for return home.
- The remain home service goal was attained in 100% of all PA3 service episodes.
- Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$45 million in CY 2015 on OOH placements for children and youth.
- Over the past three calendar years, an additional \$166 million would have been spent by county agencies statewide if out-of-home placements had been provided exclusively instead of a combination of Core Services and out-of-home placements.

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 5% of children and youth had a subsequent placement after receiving or benefiting from Core Services. Furthermore, at involvement closure, 100% of children and youth who received PA3 services remained home. Based on the outcomes data reported above, the evaluator also found that the program is effective in achieving treatment success. While Core Services are especially effective for county-provided services, prevention services, and for children/youth with a service goal of remain home or a PA5 designation, the evaluator found that increased efforts are required to improve

outcomes for purchased services and for children and families with a service goal of return home or a PA4 designation. The key implication is that the Core Services Program is an essential component of the continuum of care in Colorado.

The goals of the Core Services Program remain consistent with previous years, and it remains a critical component to successfully completing the CFSP Intervention 1.1.3: Refer to prevention services. In order to provide Colorado with a holistic understanding of how CDHS' prevention and early intervention programs work together to promote positive outcomes, future evaluation efforts will look across the prevention and early intervention service continuum to identify common metrics of outcome, cost, and process effectiveness. This effort commenced with the collection of baseline outcomes in the CY 2014 report and continued in the CY 2015 report with the analysis of follow-up outcomes for children/youth who received PA3 services in CY 2014

In FFY 2017 DCW staff are providing topic-focused training through statewide "Open-Mic" teleconferences. Topics include the Core Services Program Plan, PA3, and new child welfare program guidance published through CDHS' memo series. Additional training and technical assistance is provided by CDHS' Core Services Program Administrator as necessary.

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 into the child welfare system. The program is designed for high-risk families with children ages zero through 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. SafeCare® Colorado is delivered by trained providers in a parent's home or another convenient location and is offered in both English and Spanish across the state.

SafeCare® Colorado depends on partners in the community to help identify at-risk families in need of parent support services. County child welfare departments refer at-risk families for voluntary SafeCare® Colorado services. Many families are referred to SafeCare® Colorado by organizations such as WIC, TANF, schools, churches, other community groups, public health agencies, family resource centers and medical providers. Parents and caregivers can also refer themselves directly to the SafeCare® program. All referral partners, including parents and caregivers, can make a referral to SafeCare® Colorado by contacting the local site. Parents and caregivers may also apply for SafeCare® services through the Colorado PEAK online universal application. Families who are eligible for SafeCare® Colorado services include:

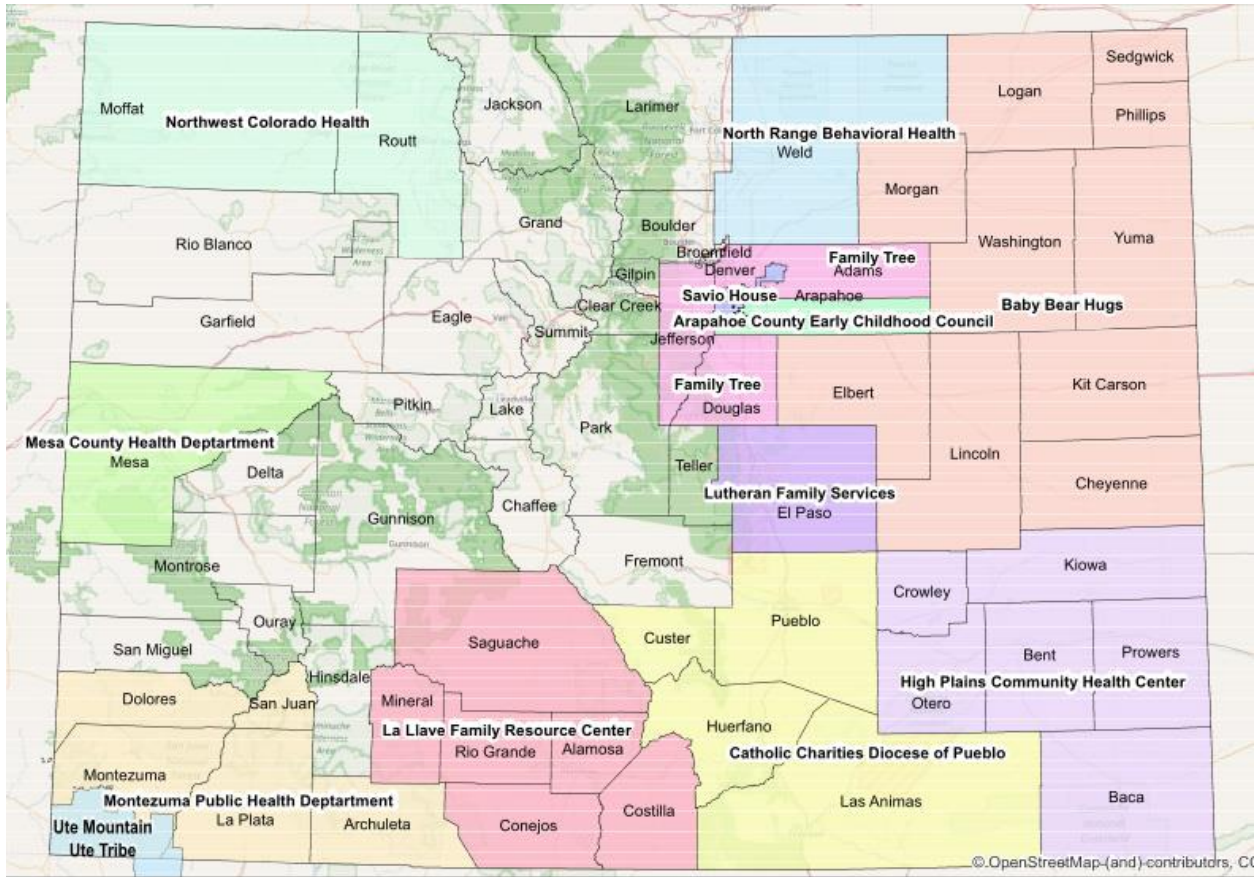
- at-risk families who have not been referred to the child welfare system;
- families who were indicated in a screened-out child welfare referral;

- families who are participating in open, non-court involved child welfare involvements; and
- families whose child welfare involvements have closed.

Since July 2016 SafeCare® Colorado sites have been required to conduct quarterly meetings with a Community Advisory Team that is identified at the outset of program implementation at each site. The purpose of these quarterly meetings is to facilitate relationship building within the community and support program sustainability. 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.

The SafeCare® program is funded through CDHS' Office of Early Childhood and is implemented in partnership with The Kempe Center. The FY 16-17 appropriation for SafeCare® programming is \$5,449,510. Initially conceived as a pilot program in Governor Hickenlooper's 2013 child welfare plan, *Keeping Kids Safe and Families Healthy 2.0*, the Colorado General Assembly approved funding 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. Sites are selected through competitive procurement solicitations. Currently, 13 sites are providing SafeCare® Colorado programming to residents of 41 Colorado counties and two American Indian Tribes. Figure 1 details the 13 regions and agencies that provide SafeCare services, as indicated by different colors.

Figure 1: Map of SafeCare® Colorado service areas (July 1, 2016, through June 30, 2017)



During the initial pilot period, which spanned January 2014 through June 2016, 8,157 families were referred to SafeCare®Colorado. Of these, 1,752 families voluntarily enrolled in the SafeCare® program. CDHS anticipates serving approximately 1,300 families in the current state fiscal year. The Colorado General Assembly approved the same amount of funding for SFY 2017-18 as the program received in the current state fiscal year; therefore, CDHS anticipates that similar, if not the same, geographic areas and number of families will be served by the program as in the current state fiscal year.

The entire initial pilot period was evaluated by the Social Work Research Center in the School of Social Work at Colorado State University (CSU). The evaluation was designed to measure the implementation process, program outcomes, and costs. Referrals received by SafeCare® Colorado agencies and quantitative data from the initial pilot period were all reviewed. Additionally, CSU conducted several parent focus groups, which included parents and caregivers who had completed the program and who represented various regions and populations served by SafeCare® agencies.

The evaluation reported that program data show SafeCare® Colorado “is effectively reaching a highly vulnerable population of families, as intended.” Demographic data show that 68% of

families who were enrolled in the program reported an annual household income of less than \$20,000, and 62% had a high school education or less. As for the children served, 43% of those enrolled were younger than age 2. A matched group comparison analysis of caregivers who participated in SafeCare® and caregivers who did not participate in the program found that the SafeCare® group had no open child welfare cases during the six months following the completion of the program. By comparison, 6% of the comparison control group experienced an open case during the follow-up period. The difference is statistically significant.

Caregivers who completed SafeCare® satisfaction surveys and/or participated in focus groups reported very high satisfaction with all aspects of the program. A majority of caregivers who completed all three topics (home safety, child health and parent-child or parent-infant interaction) and participated in focus groups reported that they would recommend it to other caregivers without question. Participants easily identified examples of aspects learned about the safety, health, and interaction topics. Another commonly mentioned benefit was related to the emotional and social support that caregivers received from their parent support providers (PSP). Participants used the following words to describe their PSP: encouraging, caring, friendly, calm, welcoming, open, knowledgeable, supportive, emotionally invested, non-judgmental, responsive, thorough, helpful, well-trained, informative, and accommodating.

As a whole, the initial pilot period evaluation report provided valuable information that CDHS is using to improve the next phase of the program. Efforts are being made statewide to provide support to the program's workforce around secondary trauma and building resiliency. The program is also exploring a small case management pilot, which will be implemented in the final quarter of SFY 2016-17 and will run through SFY 2017-18. Given the positive feedback related to the emotional and social support that caregivers received, combined with the significant challenges families were facing, this case management pilot will enhance the SafeCare® program and offer additional support and services to meet families' expansive needs. The following four SafeCare® sites are participating in the pilot; Family Tree (Serving Adams, Douglas, and Jefferson counties), Lutheran Family Services (Serving El Paso County), North Range Behavioral Health (Serving Weld County), and Savio House (serving Denver County).

In FFY 2015 CDHS developed a provisional database to ameliorate the data collection challenges experienced by the first cohort of sites; however, the 2014 evaluation report identified the need for a centralized administrative database that would collect all program data and be accessible to all SafeCare® Colorado sites. CDHS is currently working with a vendor who is designing and developing a new information system that will serve as a centralized administrative database for the program. 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. Data from SafeCare® Colorado, Colorado Community Response, and Promoting Safe and Stable Families will be captured in the new information system starting April 2017. In FFY 2018 an enhancement to the system will include interoperability between the new information system, Trails, and *Efforts to Outcomes*, which is a web-based information system used by many community providers.

Colorado Community Response

Colorado Community Response (CCR) is a program that provides comprehensive, community-based services to families who are 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; increasing economic security; 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 county child welfare agencies, 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.

The CCR model is intended to be a short-term (12-16 weeks) prevention program. Participation in the program is voluntary, and services are tailored to the individual needs of the family. There are ten components of the program:

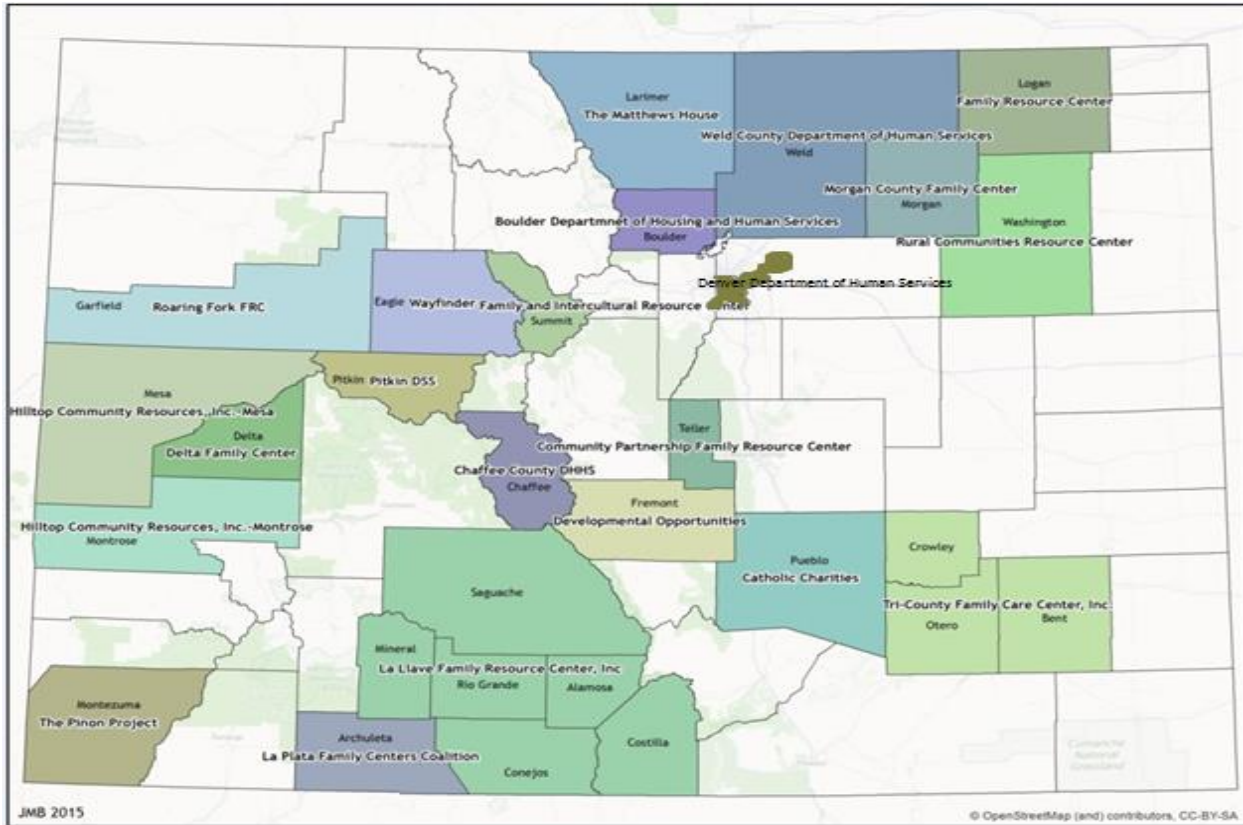
- **Outreach and family engagement** begins within 48 hours of receiving a referral and is consistent over a two-week period. During this time CCR workers are required to make two phone calls, send a letter, and attempt a home visit as a mechanism to engage a family.
- **Collaborative goal-setting** allows families to reflect on their situation, set goals, and measure progress toward achieving their goals.
- **Case management, direct services, and resource referrals** are components of a collaborative process to assess, implement, monitor, and evaluate options to meet the identified needs of the family and assist in attainment of the goals.
- **Home visits** enable CCR workers to provide services in families' own homes or other locations convenient for the individual family. A minimum of two home visits are required.
- **Financial decision-making assistance and coaching** are services provided to help families overcome credit problems, pay off debt, prioritize bill payment, avoid financial risk, and create sustainable saving plans.
- **Flexible spending funds** address a primary focus of CCR, which is assisting families with economic stressors. CCR staff utilizes flexible funding and financial coaching to engage families in a meaningful discussion on economic stability. Flexible funding is the payer of last resort and should be used on goods or services that align with CCR's program goals or one of the following outcomes:
 - reduce financial hardship;
 - increase safety;
 - increase education;
 - maintain or secure employment;
 - maintain secure housing; and
 - maintain quality childcare environment.
- **Protective factors and social capital** are program components that help build protective factors that are known through research to prevent child maltreatment. This process includes

increasing social capital that allows families to develop relationships based on reciprocity, trust, and cooperation to help one another meet the needs of their families.

The program is funded through CDHS' OEC. CCR was initially conceived as a pilot and funded for three years with the pilot period ending June 30, 2016. During the 2016 legislative session, the Colorado General Assembly approved ongoing funding for post-pilot implementation. Sites were selected through competitive procurement solicitations, and the chosen sites are primarily collaborations between county departments of human services and local family resource centers.

Currently 21 sites are providing CCR programming to residents in 28 counties. In FFY 2016 approximately 4,049 families were referred to CCR. Of those families, approximately 992 families agreed to participate in CCR. This is approximately a 25% acceptance rate which is congruent with similar voluntary prevention service programs. Geographic regions where the program will be available and estimated number of families to be served in FFY 2018 are dependent on the results of a competitive procurement solicitation for a new five-year funding cycle that will begin in July 2017. An update will be provided in the 2019 APSR.

Figure 2: Map of CCR service areas (July 1, 2016, through June 30, 2017)



The Social Work Research Center and the Kempe Center recently completed a three-year evaluation of the CCR program. Demographic data suggests that the program is serving the intended population: 81% of participants reported an annual household income of less than \$30,000; 22% had unstable housing; and 75% were receiving Medicaid. The evaluation found positive changes in the family functioning areas examined through the Colorado Family Support Assessment 2.0 and protective factors assessed through the Protective Factors Survey.

The Colorado Family Support Assessment 2.0 is used to guide collaborative goal setting. It assesses family strengths in 14 domains: employment, housing, child care, transportation, income, substance use, mental health, food security, child care, child education, adult education, health coverage, cash savings and debt management. Lead measures associated with the pilot showed statistically significant positive change in 11 of the 14 family functioning areas:

- employment;
- housing;
- transportation;
- food security;
- child care;
- child education;

- debt management;
- health coverage;
- physical health;
- mental health; and
- substance abuse.

CCR utilizes the Strengthening Families Protective Factors Framework to strengthen families and eliminate risk factors associated with child maltreatment. The framework focuses on the following protective factors:

- parental resilience;
- social connections;
- knowledge of parenting and child development;
- social and emotional competence in children; and
- concrete supports in times of need.

These factors are assessed with the Protective Factors Survey (PFS). Lead measures associated with the pilot showed statistically significant positive movement in all five of the protective factors. The most significant positive movement occurred in social connections and concrete support in times of need. The final evaluation, slated for July 2017, will continue to track lead measures and will examine child welfare outcomes 12 months following completion for every family that completed CCR services during the pilot. The outcomes to be tracked include rates of re-referral and assessment; substantiated findings of abuse and neglect; and out-of-home placement within 12 months of completing the program.

Maternal, Infant, and Early Childhood Home Visiting and Nurse Family Partnership Program

Colorado’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funds voluntary evidence-based home visiting programs in 12 of Colorado's highest risk communities, which include Adams, Alamosa, Clear Creek, Costilla, Crowley, Denver, Gilpin, Mesa, Morgan, Otero, Pueblo, and Saguache counties. These communities were selected based on federal guidance that instructs states to identify “at-risk communities” by the following indicators: % of premature birth, % of low-birth-weight infants, infant mortality rate, infant death rate due to neglect or abuse, child death rate, % of women with three risk factors (unmarried, under age 25, and no high school diploma), % of children in poverty, proportion of individuals living below the federal poverty level, juvenile crime arrest rate, overall crime rate, % of high-school drop-outs, % of unemployment, and overall child maltreatment rate. In making the selection, CDHS also grouped counties by population size (frontier, rural, and urban) in order to compare levels of risk in like counties.

Colorado’s MIECHV provides a continuum of home visiting programs with the goal of ensuring that all vulnerable families can find a program that they are eligible for and that fits their needs. Programs include Healthy Steps, Home Instructions for Parents of Preschool Youngsters (HIPPY), Nurse Family Partnership (NFP), and Parents as Teachers (PAT). Altogether, they serve families from the prenatal stage to kindergarten entry. The programs are administered by 25 local implementing agencies, and the following table provides information about the geographic distribution of the programs and their approximate caseloads.

Table 2: Number of counties where MIECHV programs are available and their approximate caseloads in FFY 2017

Program	No. of counties	Caseload
Healthy Steps	9	1,305
Home Instructions for Parents of Preschool Youngsters (HIPPY)	5	389
Nurse Family Partnership (NFP)*	64	3,515
Parents as Teachers	12	1,053

**Unlike the other three programs, NFP is funded on the state fiscal year; therefore, NFP data reflect the period beginning July 1, 2016, and ending June 30, 2017.*

The Colorado Nurse Home Visitor Program provides funding for the NFP home visiting service to first-time, low-income parents in all 64 counties in Colorado. NFP is a relationship-based program that partners highly trained professional nurses with vulnerable first-time mothers and their babies. The following are the program’s goals:

- support women in their efforts to complete a healthy pregnancy;
- improve child health and development by assisting parents in providing responsible and competent care for their child; and
- help families to become more self-sufficient by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

Eligibility requirements include the following criteria:

- participate in the program voluntarily;
- be a first-time mother;
- meet the low-income criteria at intake; and
- enroll in the program no later than 30 days post-partum.

Mothers who meet these requirements and enroll in the program receive one-on-one home visits with a nurse home visitor throughout pregnancy and the first two years of the child's life. The program is currently administered by 21 agencies across the state, including public health departments, community health centers, community nursing agencies, and hospital systems. In SFY 2016-17 CDHS’ Nurse Home Visitor Program is contracted to serve approximately 3,515 families. Similar numbers and geographic areas are anticipated to be served in SFY 2017–18.

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, leading to the development of the Nurse Family Partnership Child Welfare Augmentation.

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 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, Colorado State University's Center for Policy Research (CPR), completed the final evaluation report in August 2015.

The evaluation consisted of staff and stakeholder interviews, surveys distributed to NFP staff, and analysis of data in the NFP database. CPR interviewed 17 individuals who were involved with planning and/or implementing various aspects of the augmentation. Specifically, nine NFP professionals, including representatives of the internal evaluation team, and eight child welfare professionals, including CDHS administrators and managers, were interviewed. People who were involved in setting augmentation goals, procedures for attaining these goals, as well as actually enacting these goals, were included in interviews. This provided a broad range of perspectives across all stages of the augmentation process, including inception, rollout, and dissemination. Interviewees provided information that covered the following themes:

- **Inception of the NFP Augmentation:** Interviewees identified the Governor's 2013 child welfare plan, *Keeping Kids Safe and Families Healthy 2.0*, as a major contributor to the development of the augmentation.
- **Goal-setting:** Interviewees supported the goals of the NFP Augmentation, emphasizing that the augmentation is a prevention program, rather than child protective services program, that may help reduce child maltreatment.
- **NFP Augmentation activities:** Interviewees reported carrying out an internal evaluation and incorporating the findings in the augmentation, as well as conducting needs assessments, pilot testing, and providing more training resources.
- **Collaboration with child welfare agencies:** Interviewees identified factors that affect collaboration between NFP and child welfare, including the existence of other home-visiting agencies in a community, matching program philosophies between agencies, and concerns with turnover, among other factors.
- **Contextual factors to consider when evaluating the NFP Augmentation:** Interviewees noted that collaboration between NFP and child welfare is affected by Colorado-specific factors. For example, compared to other states, Colorado NFP is a large and stable program with extensive local resources, including a nurse consultant that supports all 21 Colorado sites.

- **Future and sustainability of the NFP Augmentation collaboration:** Interviewees felt that augmentation efforts could be maintained through the following means: developing a state-level liaison to sustain and facilitate NFP augmentation efforts; incorporating augmentation materials into staff worker training; following the recommendations of the evaluation; and expanding the NFP eligibility criteria.

NFP nurses and supervisors were surveyed about their perceptions of and experiences with the augmentation. The survey was drafted and developed as an ongoing process simultaneously with the interviews, and information from the interviews was applied to the surveys. In all, 168 nurse home visitors and supervisors were emailed a link to the voluntary survey. A response rate of 85%, or 143 completed surveys, was achieved. The survey asked nurses to report on the following areas:

- their awareness of, and participation in, augmentation activities;
- the efficacy of the augmentation activities;
- reports to child welfare;
- perceived changes in their practice; and
- recommendations for sustaining the augmentation.

Similar to the qualitative interviews, the web-based survey showed overwhelming agreement on the usefulness of having a state or county level “point person” to facilitate collaboration and answer hypothetical questions about mandatory reporting. Specifically, 81% reported that this would be very useful, and 18% reported that it would be somewhat useful. The second most useful activity would be to bring in a child welfare expert to an NFP meeting (71% very useful, 25% somewhat useful).

The third source of data for the evaluation was a data analysis of Colorado’s NFP database. The goal was to gather objective information about changes in referrals to NFP (particularly referrals from child welfare), enrollment of clients in NFP, and the types of clients served by NFP. Analysis of NFP records was limited in this report due to the short time frame of post-augmentation (July 1, 2014, through December 30, 2014) data.

Preliminary analyses indicate that there was a large increase in referrals from pre-augmentation to post-augmentation, but that this change is attributed to changes in Medicaid referrals beginning in October 2014. There was no indication that there was an increase in referrals from child welfare; the evaluator found only eight clearly identifiable child welfare referrals post-augmentation. Similarly, current results indicate there was no change in the percentage of referrals who enrolled in NFP as clients. Though there was an increase in referrals due to Medicaid, NFP was unable to locate some women and others were determined to be ineligible for NFP. There was also no indication that NFP is serving a higher proportion of high-risk clients as a result of the augmentation and the vigorous efforts to promote collaboration with child welfare. The evaluation also found that there was a large decrease in those who were turned away from NFP due to lack of capacity within the program, but this seems a likely result of expansion funds rather than the NFP Augmentation.

Post-augmentation, all NFP sites continue to recognize the importance of strong relationships with county departments of human services. There will be ongoing efforts at cross-training between these professionals. Further, sites continue to utilize the assessment tools that were implemented during the augmentation.

Child Protective Services (CPS)

As reported in previous APSRs, the statewide child abuse and neglect hotline reporting system went live on January 1, 2015. In FFY 2017 CDHS worked in collaboration with county departments through the Child Welfare Sub-PAC and Hotline Steering Committee to update hotline related rules in the Code of Colorado Regulations. With over two years in operation, the rules that were promulgated in FFY 2015 need to be revised to better align with developments in hotline practice throughout the state.

The majority of the proposed changes are related to information gathering and the process for sending notifications to counties regarding incoming referrals. The rule revisions were proposed in response to the system changes that will occur as a result of the Trails Modernization project. The information gathering screens in modernized Trails will be enhanced to align with best practices for information gathering. The county notification process in Trails will be modified to better support referral practices. The rule revision will provide counties multiple referral notification methods to eliminate or reduce misdirected referrals.

With the support of the Hotline Steering Committee and Child Welfare Sub-PAC, the rule revisions were developed by a collaborative workgroup. Participants included staff from DCW, ARD, Hotline County Connection Center (HCCC), and the following counties: Adams, Arapahoe, Broomfield, Denver, El Paso, Jefferson, La Plata, Larimer, and Ouray. The proposed rule revisions were presented to the State Board of Human Services in May 2017, and CDHS anticipates the rules will be effective July 31, 2017.

In addition to revisions to the very front end of the state's child protective services, Colorado is continuing efforts to improve the state's Review Evaluate Direct (RED) team process. Since January 1, 2015, the Code of Colorado Regulations requires most reports of child maltreatment to be screened through the RED team process. While rule allows some exceptions, such as reports that require an immediate response, 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. As a result of the collaborative CQI efforts that took place in FFY 2016, CDHS issued a policy memorandum in November 2016 that explained the agreed upon practice changes, namely the addition of referral types that do not require screening through a RED team. This change reduces the daily quantity of referrals that require screening through RED teams.

In March 2017 CDHS and county departments met again to review the impact of the practice changes and determine whether additional changes were necessary. The goal of the meeting was twofold:

- further modify rule to allow a more manageable amount of referrals, given that counties had limited capacity to screen all referrals through RED Teams; and
- ensure the purpose and intent of RED Teams was maintained while promoting fidelity to the RED team model.

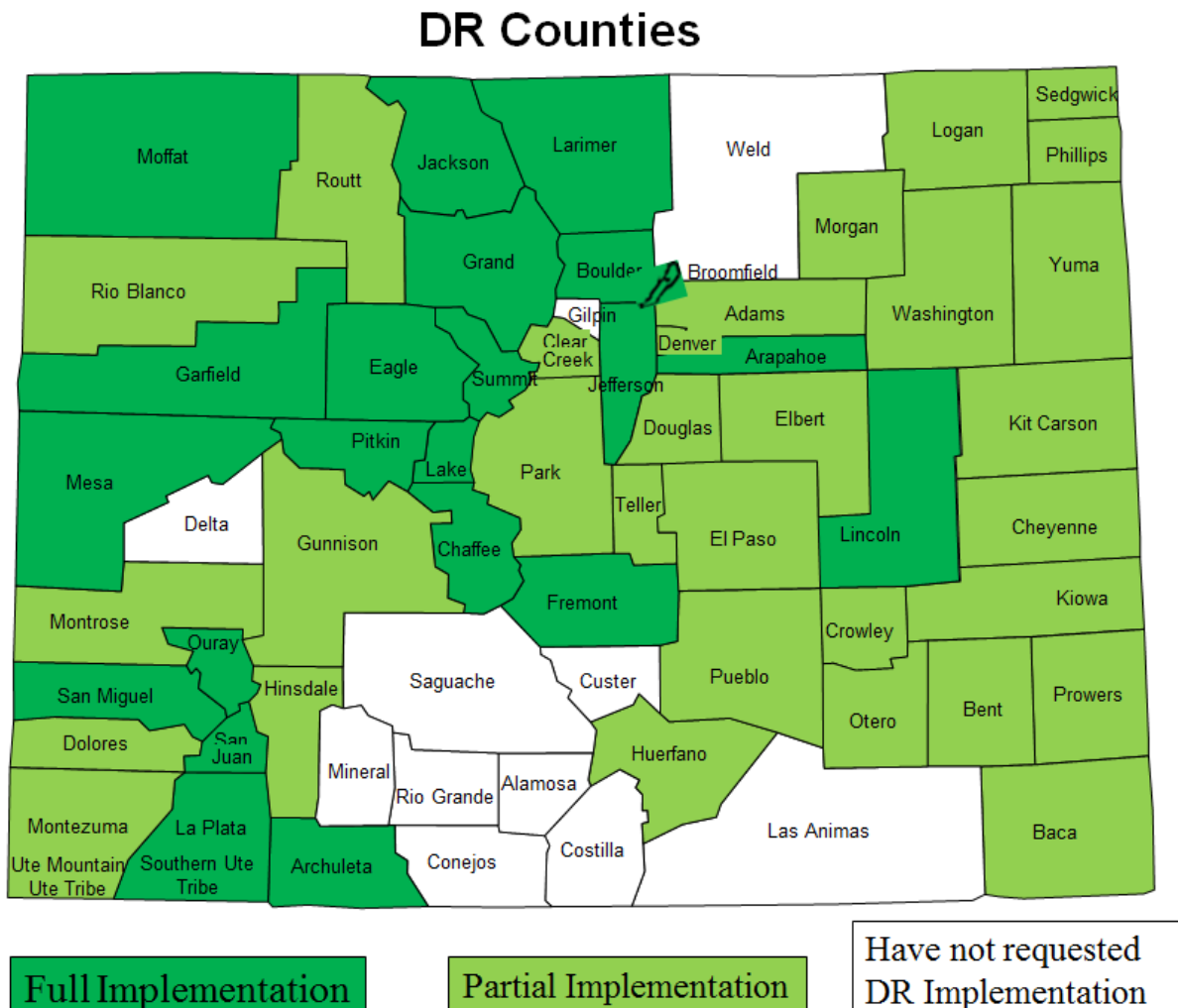
Based on discussions during the March meeting, CDHS and the Child Welfare Sub-PAC are in the process of discussing potential rule revisions. An update will be provided in the 2019 APSR, which is due June 30, 2018.

County departments continue to request technical assistance on their RED team practice. The most frequent requests for technical assistance include guidance to improve efficiency of the practice; ensuring practice alignment with ARD review standards; and enhancing the consistency of RED team decision making. DCW continues to work with the CWTS to ensure these areas are sufficiently addressed in training, and DCW's subject matter experts (SME) continue to deliver one-on-one technical assistance as requested.

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 to address screened-in reports of child maltreatment in different ways. Within the differential response model, the traditional investigative approach is utilized for high risk reports, and a Family Assessment Response (FAR) may be utilized for low to moderate risk reports. In addition to assessing the incident of maltreatment, FAR evaluates 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 finding, or substantiation, 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 2016 DR counties conducted 6,962 FARs.

Since July 2016 three additional counties have implemented DR bringing the total to 22 counties. Summit, Moffat, and Lake counties most recently completed full implementation of DR. In FFY 2017 CDHS anticipates an additional eight counties will be approved to practice DR. The figure below illustrates the fully implemented DR counties, partially-implemented DR counties, and those that have not yet requested DR implementation.

Figure 3: Map of FFY 2017 DR counties



CDHS chairs a quarterly Differential Response Leadership Committee (DRLC), which focuses on Colorado’s DR processes and practices. All 64 counties are invited to participate. During this reporting period, the DRLC formalized a training plan for counties to follow when beginning the process of adding DR to their county practice. Additionally, the DRLC recommended an annual site visit to each DR county in order to ensure fidelity to the DR model and build consistency among the DR counties. The CPS Unit facilitates these annual site visits in partnership with DRLC members, and in FFY 2017, 15 site visits will be completed based on DR roll-out dates and the capacity of the CPS Unit. In FFY 2018 DRLC will support and participate in the International Conference on Innovations in Family Engagement in Vail, CO. CDHS and DRLC are hosting a DR pre-conference for Colorado’s county participants. The four-day conference will include presentations, workshops, and discussions focused on family engagement practices including DR.

The CFSP included changes to Colorado’s safety and risk assessment tools. The CFSP reports that these changes were initiated to clarify the assessment process and documentation requirements for child

protection workers, reduce inaccurate completion of the safety and risk assessment tools, and ultimately reduce the recurrence of maltreatment for children and youth who interface with the child welfare system. As of January 1, 2017, all county departments have fully implemented the new Colorado Family Safety and Risk Assessments. CDHS staff will continue to monitor counties' use of the tools to ensure fidelity and quality. More information about the tools is detailed in the preceding *Update on Progress Made to Improve Outcomes* sections of this report.

Colorado is also in the process of refining the process for assessments of alleged child maltreatment that occurs in a foster home or licensed facility. The Institutional Assessment Review Team (IART), in partnership with community stakeholders, is currently utilizing a CQI process to review statutes, rules, policies, training, guidance, technical assistance, and quality assurance activities that are related to institutional assessments. The purpose is to identify modifications that can improve assessments of abuse and/or neglect in institutional settings and ensure that Colorado has a consistent institutional assessment process throughout the state. CQI activities include the creation of a tool to review county institutional assessments for the adherence to rules in the Code of Colorado Regulations and the Colorado Children's Code, as well as the identification of areas in need of improvement.

In addition to all of the efforts discussed in this section, CDHS is in the process of reviewing and revising policies and practices to ensure compliance with recent federal legislation, namely the Comprehensive Addiction and Recovery Act (CARA), Preventing Sex Trafficking and Strengthening Families Act, and Justice for Victims Act. In July 2016 the CARA Act, Public Law 114-198, was signed into law to address the country's opioid epidemic. The legislation authorizes grant programs that would expand prevention and education efforts while also promoting treatment and recovery.

Substance abuse has a large impact on Colorado's child welfare system; parental substance abuse was indicated as a removal reason in approximately 43% of all new removals in FFY 2016. CDHS is currently reviewing statute, policies, guidance, and training to determine if changes or updates are needed to ensure full compliance with CARA. In addition, the Colorado General Assembly passed legislation, Senate Bill 16-202, during the 2016 legislative session that seeks to increase access to effective substance use disorder services. The state's regional managed service organizations (MSO) are assessing the sufficiency and efficacy of existing services and will host a series of stakeholder meetings across Colorado to provide feedback on gaps in services, what works well, and what doesn't work well. The information will be used by MSOs to prepare a community action plan to address the most critical service gaps for services in their respective regions.

The promulgation of the Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183, and, the Justice for Victims Act, Public Law 114-22, necessitated changes to Colorado's policies and practices. Both acts define sex trafficking of a minor as a form of child abuse and/or neglect. Public Law 113-183 also requires county departments of human/social services to:

- a) identify children/youth who are at risk or have been victims of sex trafficking;
- b) notify law enforcement of suspected incidents of sex trafficking within 24 hours of becoming aware of the incident;

- c) determine appropriate services; and
- d) document activities in the statewide automated case management system (Trails).

During the 2016 legislative session, Colorado passed House Bill 16-1224, which requires a statewide, uniform screening tool for children and youth who may be at risk for sex trafficking. In order to be in compliance with the new requirements, CDHS has formed a partnership with the Human Trafficking Task Group (HTTG) to develop rules, training, Trails enhancements, and guidance related to the new requirements. HTTG is a partnership between the County Human Services Directors Association (CHSDA) and CDHS; monthly meetings are held to discuss issues related to human trafficking.

Throughout calendar year 2016, HTTG worked on several issues to achieve compliance with the new sex trafficking requirements. Several tasks were accomplished, including the following:

1. The Code of Colorado Regulations was revised to include new rules related to children and youth who are at-risk, or who are victims, of sex trafficking. The new rules include requirements for county departments to use a screening tool to identify children and youth who may be at risk for sex trafficking and report suspected child sex trafficking to local law enforcement agencies.
2. CDHS and county departments implemented a high-risk sex trafficking screening tool. As of January 1, 2017, all counties are required to use the tool. It will be validated by the end of FFY 2018.
3. Training is now available to the staff of county child welfare agencies, foster parents, and community partners. Three new trainings are now available through the CWTS:
 - *Recognizing and Identifying Human Trafficking*: a web-based introduction to human trafficking that is available to all caseworkers, supervisors, foster parents, and other members of the community interested in learning more about human trafficking
 - *Screening for Sex Trafficking*: a web-based training that is available to all county staff that provides guidance on identifying and screening in children and youth who are at-risk of or are victims of sex trafficking
 - *Child Welfare Response to Child and Youth Sex Trafficking*: a classroom training that provides intermediate-level guidance to caseworkers, supervisors, and foster parents
4. As of January 1, 2017, OIT in collaboration with CDHS completed Trails enhancements to ensure caseworkers can meet documentation requirements related to sex trafficking.
5. In January 2017 CDHS issued an operational memorandum that provided guidance to county departments on how to respond to sex trafficking incidents.

To further support this work, CDHS hired a time-limited, full-time Human Trafficking Specialist with savings through Colorado's child welfare waiver demonstration. This position provides technical assistance to counties who use the screening tool, responds to reports of third-party sex trafficking, and manages the validation process for the screening tool. In FFY 2017 CDHS' Human Trafficking Specialist and HTTG are in the preliminary stages of developing and proposing an assessment tool for sex trafficking. Given that county staff may not be able to

identify victims of sex trafficking during the initial screening, this assessment tool may allow for more victims to be identified during their involvement in child welfare. An update on the development of this tool will be provided in the 2019 APSR.

In addition to these efforts, the Human Trafficking Specialist collaborated with the Colorado Human Trafficking Council (CHTC) to apply for the FFY 2017 Improving Outcomes for Child and Youth Victims of Human Trafficking: A Jurisdiction Wide Approach grant through the Department of Justice. These funds would be utilized to better support training on the new screening tool, help implement a system of statewide indicators on human trafficking, and fund the Human Trafficking Specialist position for a longer term. If awarded, CDHS believes partnerships between the department, law enforcement, and federal agencies will be strengthened; and that smaller counties will be provided with more resources and funding to better support their work on human trafficking. Grant awards will be announced in October 2017.

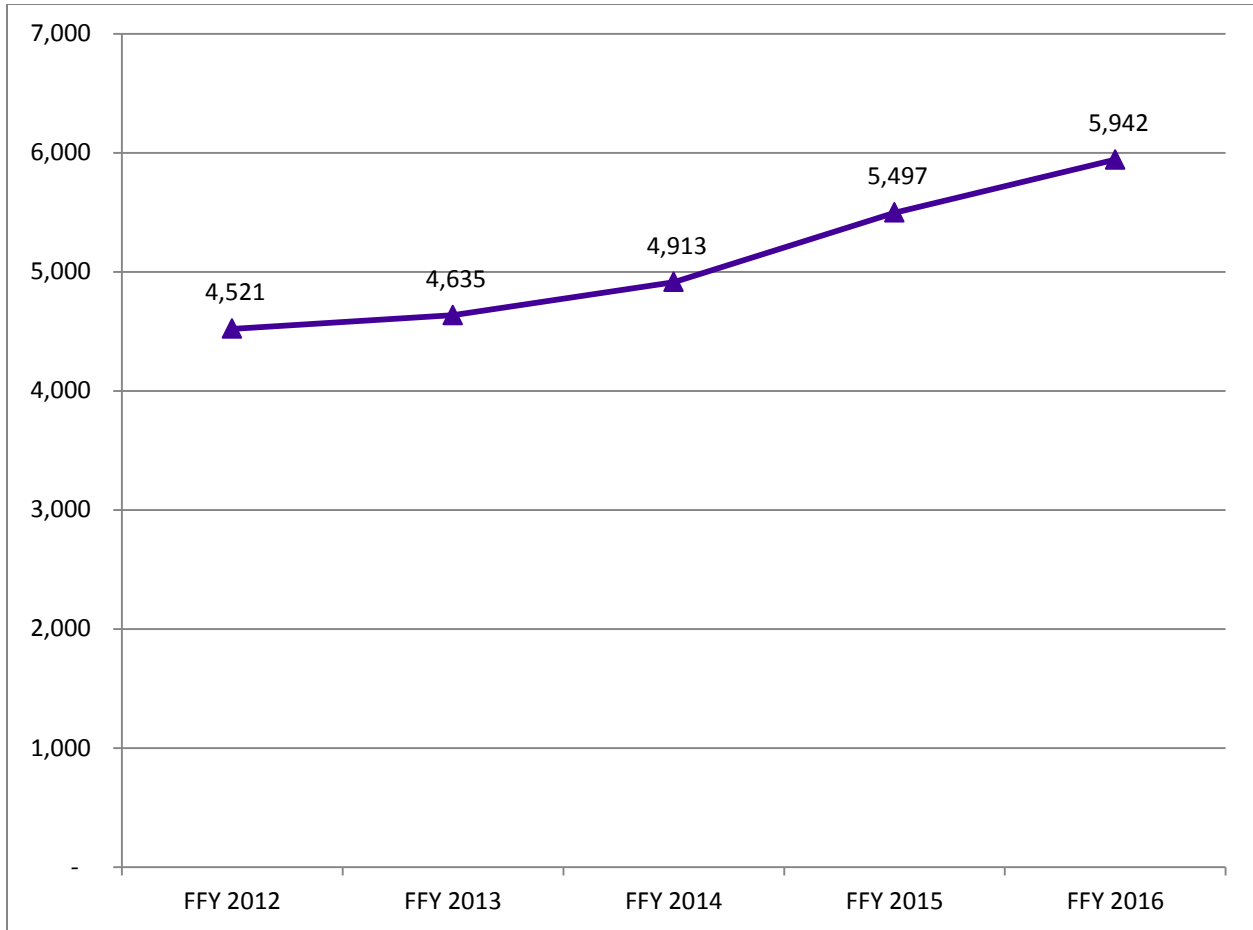
Foster Care Services

Colorado's child welfare practice prioritizes serving children and youth 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, non-certified and kinship foster homes, specialized group facilities, treatment foster care, and residential child care facilities. The number of foster care homes remained stable, with approximately 2,377 foster care providers licensed statewide in FFY 2016. 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 2017 CDHS renewed its contract with Thomson Reuters for use of their web-based CLEAR investigation software, which assists balance-of-state counties with their family findings and background checks. 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, 34 counties are implementing kinship 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 can be attributable to the increase in kinship placements. The figure below illustrates the growth in kinship placements since FFY 2012.

Figure 4: Number of children and youth placed in certified and non-certified kinship homes from FFY 2012 through FFY 2016



With the increased use of kinship placements, CDHS recognizes the need to promote more consistency in practice across the state. A workgroup of the Child Welfare Sub-PAC met consistently over a 9 month time period ending August 2016 to develop a recommendation for rule revisions related to kinship practice. County departments that did not participate on the workgroup were invited to share feedback on the recommended rule revisions through a series of teleconferences, which were held in July 2016.

The revised rules provide four scenarios that would lead to the placement of children and youth with kinship caregivers, the requirements for each scenario, and whether the case is considered out-of-home and necessitates removal. The scenarios include the following:

- A child/youth and their parent(s) are living with a kinship caregiver (not out-of-home and no removal);
- A child/youth is living with their kinship caregiver through a family arrangement prior to involvement of the county department (not out-of-home and no removal);

- A child/youth goes to live with a kinship caregiver as a result of a safety plan and family agreement (not of-home and no removal); and
- A child/youth is placed with a kinship caregiver through a court order or police hold (out-of-home and removal required).

The recommended rule revisions were approved by the CW Sub-PAC and PAC in Fall 2016, and the State Board of Human Services adopted the rules on November 4, 2016. The new rules were effective and the Code of Colorado Regulations was updated as of January 1, 2017. CDHS provided training to 33 counties and hosted two statewide webinars on the implementation of the new kinship care rules. Training and technical assistance will continue to be offered to county departments throughout FFY 2017 to ensure understanding of the new rules and promote consistent implementation across the state.

Another effort to promote consistency in kinship care practice across the state is the development of a new quality assurance case review process specific to non-certified kinship care placements. The kinship care review process examines county department practices related to the completion of background checks, the application process to provide care, home inspection procedures, kinship care evaluations, certification and/or support services, and IV-E Waiver supports. Associated timeframes are also reviewed to ensure that all appropriate activities are completed within required timeframes.

County's non-certified kinship care cases are eligible for review every three years. The following are excluded from the review:

- cases in which children are placed in kinship foster care (certified kinship care);
- cases in which biological and/or current stepparents are the kinship caregivers;
- adoption cases;
- Interstate Compact for the Placement of Children (ICPC) cases; and
- support only cases through Colorado's child welfare waiver demonstration project.

If any county is unable to pass their first review, they are scheduled for annual reviews until they pass. Large counties have six-month sample periods, and small to mid-sized counties have twelve-month sample periods. County departments may choose to have their cases reviewed onsite or submit their case files for a desk review.

The review process was developed collaboratively with county departments. County staff was invited to provide input on draft protocols, and a series of stakeholder teleconferences regarding the review process was held in August 2016. The final version of the review process incorporated stakeholder feedback and was approved by CDHS in November 2016. CDHS anticipates 20 kinship care reviews will be completed in CY 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. In FFY 2016, 8.1% of the average daily population was served in congregate care settings.

CDHS worked with stakeholders through the Permanency Task Group to identify barriers to reducing congregate care placements. Based on the discussion, the group identified several needs including but not limited to the following:

- diligent recruitment strategies for recruiting foster homes that are willing to take children between the ages of 12-17;
- improved collaboration between judicial partners to better identify alternatives to congregate care; and
- additional training for caseworkers regarding foster care placement alternatives to congregate care.

In order to meet these needs, CDHS is encouraging county departments to diversify their contracts with Core Services providers and utilize their Core Services funding to provide supports to maintain children safely in their own homes whenever it is safe to do so. Additionally, CDHS is providing diligent recruitment trainings to counties in an effort to provide more low-level placement options. Lastly, CDHS and county departments are engaging stakeholders such as GALs, pre-trial coordinators, and probation officers to establish philosophical alignment on congregate usage. CDHS will continue to track statewide and county specific congregate care usage data during monthly C-Stat meetings. CDHS is assigning subject matter experts (SMEs) to counties with high congregate care usage, and these SMEs will provide targeted training and collaborate with counties to identify barriers and solutions to improve performance.

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 *CFSR Statewide Assessment* documents Colorado's efforts specific to the individual outcomes. Two additional efforts include Colorado's Pathways to Success (Pathways) Initiative and a pilot of two well-being assessment tools in several counties.

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 Pathways project has developed a system of care that will support youth in developing skills and supports for long-term success in five "pathways": housing, health/well-being, education, job skills, and permanency. 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 populations served were recently adjusted, in order to

provide the most appropriate services possible to each population. The primary adjustment was to the second target population, to provide more services to youths at risk of homelessness:

- Target population 1: youth age 14-17 who are new to out-of-home placement;
- Target population 2a: youth age 17-21 who are in out-of-home placement;
- Target population 2b: youth age 17-21 who are no longer in out-of-home placement and not homeless; and
- Target population 3: youth under age 21 who were formerly in out-of-home placement and are not homeless.

This change allows Colorado to provide the most appropriate services possible to each population and will help target populations that are at risk of being homeless. Enrollment projections are currently unavailable due to possible changes in how the program screens in youth for services. Currently, youth go through two screens: a brief, initial screening with a county caseworker and a follow-up questionnaire with Pathways staff to gather more in-depth data. CDHS is exploring a change in the screening methodology that would automatically populate information from Trails in the initial screen. The current screening method is undergoing usability testing through the end of FFY 2017. After the completion of usability testing, CDHS will assess and finalize the screening methodology by FFY 2019. An update on the progress made towards finalizing the screening methodology will be included in the 2019 APSR.

All youth who meet the eligibility requirements and are screened into the program receive support through a navigator. The navigator works with each youth enrolled in the program on developing and implementing an individualized plan that will cover each of the five “pathways.” The navigators use a number of tools in order to fully engage youth in assessing their needs and building individualized plans. The tools include permanency roundtable (PRT) or community roundtable (CRT), Roadmap to Independence (RMTI), and development of an individualized career and education plan (ICAP). All of these tools and processes are strength-based and build on each youth’s individual skills and supports. The navigators have also received specialized coaching training through the CWTS, entitled “Engaging Youth in a Coach-Like Way.” This training is intended to help navigators better understand youths’ needs—developmental, motivational, and additional needs. Navigator services will continue throughout FFY 2017. The model intervention within Colorado’s Pathways program 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—the latter of which covers Fremont, Garfield, and Weld counties. Each collaborative consists of a county department of human services and a federally funded runaway and homeless youth provider. Between July 1, 2016, and April 30, 2017, 58 young people were screened into Pathways and are receiving services through a Pathways system navigator.

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).

Several Colorado counties are piloting new well-being assessment tools in FFY 2017 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 used one of two different tools to identify what interventions are necessary for a child or youth's treatment: the Treatment Outcome Package (TOP) tool and the Child & Adolescent Needs & Strengths (CANS) tool. The TOP tool, which is being utilized in six counties, uses statistically validated questions in order 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 second tool, CANS, 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.

The pilot will continue through September 2017. Evaluation of the validity and reliability of the tools and pilot counties experiences is currently in process and will last through September 2017. The next phase

will focus simultaneously on infrastructure development, incorporating the tools into modernized Trails, and staff training occurring through August 2018. Participating counties are exploring uses of the tools and their efficacy in individualized service planning. Colorado’s goal is to integrate the level of need tools into Trails while giving the counties discretion on which tools they utilize in their practice. This project is currently overseen by the Level of Need Committee—which includes participation from county staff, state staff, and collaboration from the IV-E Waiver Oversight Committee—and the DCW Placement Services unit manager. CDHS and the Level of Need Committee are in the process of developing a standardized level-of-need report that can be informed by data from either the TOP or CANS tools, in collaboration with Colorado State University (CSU) and Chapin Hall. Following the development of this tool, CSU and Chapin Hall will develop an evaluation procedure that will work towards Colorado’s intended outcome: reducing higher-level placements.

Permanency Services

Colorado’s interventions and initiatives—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 *CFSR Statewide Assessment* 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. In addition to this, CDHS has contracted with IMPAQ to examine potential changes to the predictive analytics algorithm that is being utilized. This collaboration will provide CDHS staff with the opportunity to identify, earlier in the life the case, children and youth at risk of emancipation. Beginning in July 2017, CDHS’ Permanency Specialist will gather data from this program on a quarterly basis, including information on the number of children and youth served

through the program and the permanency outcomes of all children and youth served through the program. CDHS anticipates that this program will help increase children and youth exits to permanency. An update on this project will be provided in the 2019 APSR.

Colorado's Relative Guardianship Assistance Program (RGAP) is available to assist children and youth in achieving legal permanency when reunification and adoption are not appropriate permanency goals. RGAP provides financial assistance and case services to relatives and certain non-relatives who have assumed legal guardianship or allocation of parental responsibility of children and youth whom they previously served as relative and non-relative foster parents. Case services are purchased program services that meet the needs of the child/youth in the assistance agreement for services that are not covered by the RGAP financial assistance or Medicaid. Examples include specialized therapies and respite care. In FFY 2016 the number of children and youth participating in the program increased from 43 to 70; during this same time frame, eight children and youth exited the program. An estimated 115 children and youth will be served in FFY 2017, and approximately seven children and youth are expected to exit the program. In FFY 2017 CDHS has engaged families, county departments, and the Permanency Task group for feedback regarding what post-permanency services would best support families. Between August and December 2016, CDHS and county department staff hosted eight Post-Permanency Services and Supports Forums in the southeast, south, southwest, western slope, and northeastern regions of the state. These forums allowed adoptive parents, kinship caregivers, guardians, county staff, and community providers to discuss what post permanency supports are needed statewide. In addition, three Post-Permanency Services and Supports Forums were conducted in April 2017 in the Front Range and along the I-25 corridor. The forums were sequenced to begin in the rural perimeters of the state and finished with the Front Range counties. This ensures the feedback received represents the diversity of Colorado's communities.

Commonly requested services include respite care; financial support with transportation, particularly for those in rural communities who need to transport children or youths to specialized services; crisis intervention services; and financial support for non-Medicaid approved therapies. In FFY 2017 CDHS initiated a competitive procurement process to identify agencies that will provide statewide post-permanency services that align with these needs, especially in rural areas with limited access to such services. These services will be funded in part through Adoption and Legal Guardianship Incentive Payments as well as through 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. Specific services and costs are pending completion of the procurement process. CDHS anticipates a vendor will be selected by the end of FFY 2017; an update will be provided in the 2019 APSR.

Based on the recommendations of stakeholders that include foster parents and the Permanency Task Group, CDHS partnered with the Office of the Child's Representative (OCR) and legal staff of county departments to push for statutory changes that expand RGAP eligibility and include additional court venues that can allow legal permanency. At the beginning of FFY 2017, RGAP eligibility rules were expanded to children and youth who did not have a pre-existing relationship at the time of out-of-home placement, given certain conditions. This change to the Code of Colorado Regulation is the result of

statutory changes during the 2016 legislative session. Youth and their non-related foster parents may now be eligible for RGAP in the following circumstances:

- the youth is at least 12 years of age and consents to the guardianship;
- the court finds that the child or youth has a substantial psychological tie to the foster parent(s) with whom the youth has resided for at least 12 consecutive months; and
- removal from the foster home would be detrimental to the child or youth's well-being.

Further, the court must find that the foster parents are unable to adopt due to exceptional circumstances and are willing to provide and are capable of providing a stable and permanent environment. Younger siblings may also be included in the assistance agreement with similar court findings. While they must be consulted, their consent, however, is not required. In all cases, guardianship may occur through the Probate Court, or the Dependency and Neglect Court may appoint Allocation of Parental Responsibility. These changes will expand eligibility for RGAP, thereby increasing opportunities for legal permanency for children and youth in foster care.

CDHS's RGAP Administrator has provided training and technical assistance to a number of Colorado's counties to support implementation of these rule changes. Between October 2016 and February 2017, trainings were provided to Alamosa, Jefferson, La Junta, La Plata, Mesa, Montrose, Pueblo, Summit, and Weld counties. Training was also provided during the quarterly Foster Care Coordinators meeting and the Adoption Supervisors meeting. During these trainings, the CDHS RGAP Administrator reviewed the changes to RGAP eligibility, provided the counties with reference materials and an overview of the changes, and discussed the ways in which this would impact program implementation. Continued support and training will be provided as needed. An update on the impacts of these program changes will be provided in the 2019 APSR.

Additionally, Colorado has passed legislation that better promotes permanency for children and youth in foster care. In May 2017 the Colorado General Assembly passed legislation that changes current law requiring that for a child to be adopted, the child must be present in the state at the time the petition for adoption is filed, to no longer require the child to be present in the state for an adoption petition to be filed. This update to current law removes barriers to travel and time commitments in pursuing adoption, thereby creating opportunity for adoption petitions to be filed in a timely fashion.

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 represented 38%, 4,026 children, of all new child welfare involvements in FFY 2016, and 83% 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 2016, 69% 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 3: Length of time in foster care for children ages 0 to 5 who were in care on the last day of the FFY 2016

Length of time in foster care	FFY 2015	FFY 2016
Total number of children in age group	1,765	1,919
Less than 6 months	44% <i>Count: 775</i>	43% <i>Count: 819</i>
6 – 11 months	24% <i>Count: 420</i>	25% <i>Count: 471</i>
12 – 23 months	25% <i>Count: 442</i>	26% <i>Count: 506</i>
24 – 35 months	6% <i>Count: 105</i>	5% <i>Count: 101</i>
36 months or more	1% <i>Count: 23</i>	1% <i>Count: 22</i>

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 programs that seek to prevent this population from entering the child welfare system. 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 2017, 26 family resource centers are providing services to residents of 49 counties around the state. CDHS also supports the family resource center model intermediary, the Family Resource Center Association.
- 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 Incredible Years Parenting Programs are currently available in six counties, and CDHS anticipates 120 families will be served during this reporting period.
- 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. Parents as Teachers Programs are currently available in 12 counties, and CDHS anticipates 1,053 families will be served during this reporting period.
- **Stewards of Children Child Sexual Abuse Prevention Training** is an evidence-informed prevention training that increases knowledge, improves 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.
- **Nurturing Healthy Sexual Development** is a community training that helps participants better understand the sexual development of children and how to respond to children's sexual behaviors and questions in ways that promote healthy development. The curriculum is designed to increase promotion of sexual health, reduce barriers to parents and providers discussing sexual behaviors, and prevent child sexual abuse through identification of concerning behavior in victims and potential perpetrators. Prevent Child Abuse Vermont, Illuminate Colorado, and the Colorado Children’s Trust Fund collaborated on the development of the training curriculum, and the intended audience includes child care providers, school personnel, health and mental health care professionals, and parents of children under eight.
- **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. Healthy Steps Programs are available in 9 counties, and CDHS anticipates 1,305 families will be served during this reporting period.
- **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.

For the children in this age group who interface with Colorado’s child welfare system, the services 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 varies 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 have been utilizing the new tools since January 1, 2017. The prior safety assessment tool was generally completed within the first 30 days of an assessment. In contrast, the new safety assessment tool is designed as a decision-making tool and is to be completed at the time of initial response. The Administrative Review Division began reviewing use of the tool

in CY 2017, and the CPS Unit will continue to support county workers and supervisors in reviewing performance data and providing ongoing technical assistance to address barriers and steadily improve performance over the next two years.

- Supervisors approve all safety plans and placements when children are removed from their homes. Supervisors also approve 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 interventions as part of child welfare waiver demonstration, specific identified children ages 0 to 6 will be screened for trauma using a specialized protocol, *The Checklist: Identifying Children at Risk Ages 0-6*.
- 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

A key requirement that was not included in the CFSP, but is relevant to this population, is the expedited permanency planning process. Colorado statute requires expedited procedures for the permanent placement of children under the age of six (C.R.S. 19-1-123). For cases in which the child is within this age range, the Supreme Court of Colorado requires Colorado's judicial districts to develop case processing procedures that will enable Colorado's courts to ensure that the issue of permanent placement for dependent and neglected children is addressed within 6 months of a judicial finding of abuse and neglect. In contrast, Permanency Planning Hearings for cases that involve older children and youth are to be conducted within 12 months.

In FFY 2017 Colorado's Birth-to-Five Task Group completed research and made recommendations for the prevention of maltreatment for this population of children. The group was convened in FFY 2016 to answer the question, How do the child welfare and early childhood systems, in partnership with families and communities, prevent maltreatment of children ages five and under? Membership included DCW staff, OEC staff, and stakeholders from both the Child Welfare and Early Childhood Sub-PACs. CDHS staff and stakeholders from Colorado's early childhood community were essential participants not only to ensure their perspective informed next steps, but also to foster stronger ties between the state's child welfare and early childhood systems.

The Birth-to-Five Task Group engaged in multiple activities, including reviewing reports and research, conducting focus groups, and analyzing data. The first area of focus was county practice and performance data related to the screening and assessment of reports of suspected child abuse and/or

neglect. This focus was based on a hypothesis that the child welfare system was not making correct screening decisions and/or conducting thorough child welfare assessments.

The second area of focus was understanding cross-system collaboration. This focus was based on a hypothesis that the child welfare system cannot be the sole protector of children and that the early childhood system can be a valuable partner in the prevention of child maltreatment. Based on a year's worth of research, data analysis, and discussion, the Birth-to-Five Task Group made four recommendations:

1. Explore decision-making at the points of assessment closure and case closure
2. Address high staff turnover rates within both child welfare and early childhood systems
3. Enhance cross-system collaboration
4. Ensure that child welfare is a part of the Office of Early Childhood's Child Maltreatment Prevention Strategic Framework for Action to be released later in calendar year 2017

Please refer to the group's final report in Appendix D for further information on the recommendations.

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. There are 25 sites that provide PSSF services to 36 counties and both of Colorado's federally recognized tribes. Post-adoption services are available to all counties through a contract with the Adoption Exchange.

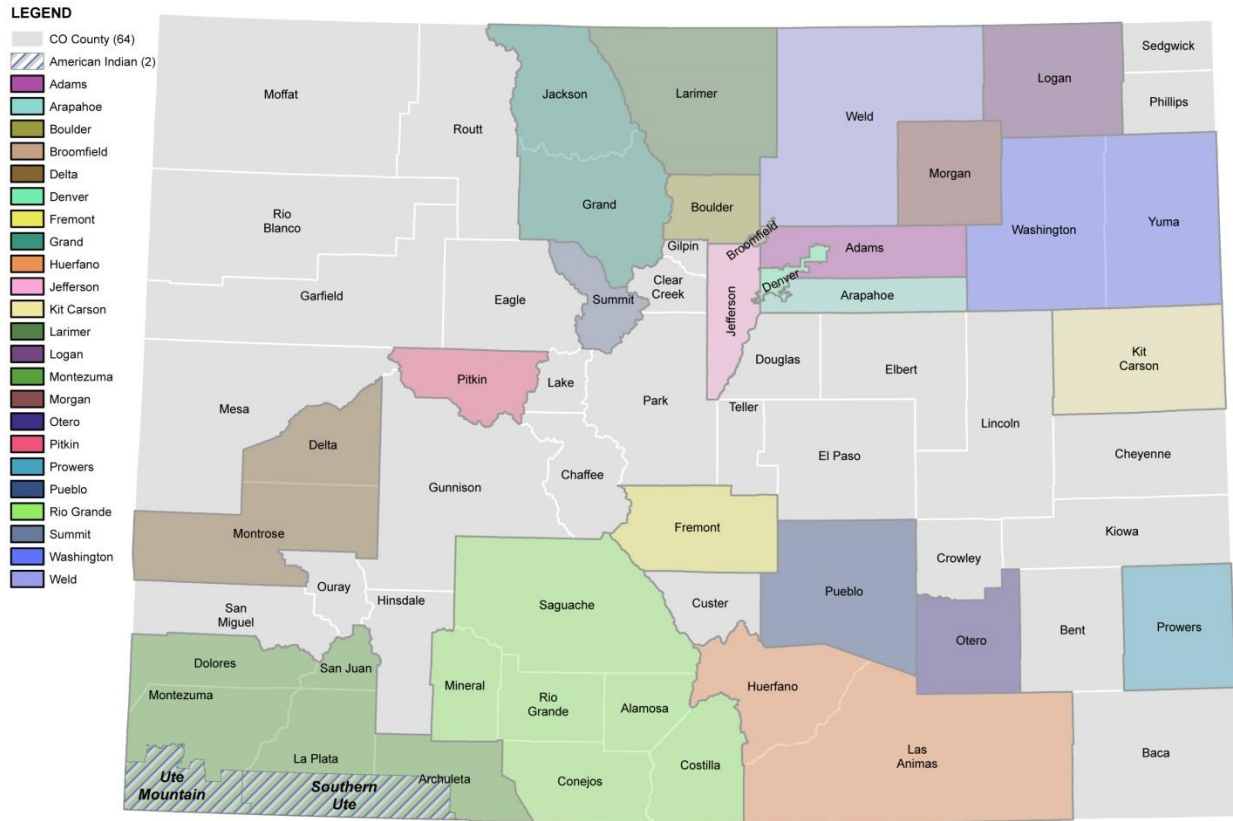
In FFY 2017 the PSSF application process has been modified to incorporate research on Colorado's PSSF program. CDHS completed research into PSSF programming to better understand the types of services that lead to positive outcomes for individuals and families served by the program. Findings from the research informed revisions to the application process so as to guide applicants to evidence based programs and practices for each of the four service areas. New PSSF contracts were awarded for the time period April 1, 2017 through September 30, 2017. CDHS anticipates PSSF services in FFY 2018 will be available throughout the state with a similar number of sites and in like 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 - 20%;
- Family support services – 20%;
- Time-limited family reunification services - 20%;
- Adoption promotion and support services - 20%; and
- Planning and coordination - 10%.

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 5: Map of FFY 2017 PSSF sites, which are represented by different colors (This map is liable to change as the OEC is still negotiating some PSSF contracts).



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 programs and agencies, in order to meet the needs of their communities. For example, one of the rural PSSF sites supports a youth group with PSSF funds to help youth focus on school productivity and improve attendance, life skills, and social skills including anti bullying activities.

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. For example, a large urban PSSF site is providing a portion of their family preservation services through their crisis walk-in center, where families can come to receive emergency services such as food certificates, bus tickets for transportation, clothing, and fatherhood services. The center also provides an expedited access to TANF benefits with the aid of a service navigator.

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.

As an example of the services provided through the time-limited reunification service area, one PSSF site provides case management in the home. This helps with safety issues relating to the cleanliness of the home and providing a safe environment so that children can be placed in the home when possible. A family advocate works with the family individually to check off items on a checklist developed to help the family provide a safe environment (safe sleeping arrangements for infants, hazardous materials locked up). The checklist also gives the families pointers on how to do emergency cleaning. The advocate also works intensively using the Bootstraps Financial Education Program to help families identify financial priorities and to feel empowered about their finances.

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' postadoption 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.

The Adoption Exchange, the organization that provides a bulk of adoption support services in Colorado, recently began developing an adoption navigator program modeled after a program in Michigan that incorporates adoption navigators. The navigator provides one-on-one support to a family through the adoption process and works through challenges the family may encounter such as waiting, matching, transition, placement, and finalization. As the navigator has been closely involved with the family, the thought is that the family will continue to have the relationship and feel comfortable seeking help later if they experience difficulties after finalization, resulting in earlier support for families—before they are in crisis.

Prior to receiving PSSF services in any service area, families' needs are identified through an intake process that includes family input on services they feel would be beneficial for their family. The family often sets the goals they would like to work on with the service provider, and the relationship is one that fosters family engagement and buy-in. Many sites provide some type of family engagement meetings during the service provision period. PSSF sites work closely with community service providers to help with resources for the families. Families are provided individualized services based on the family's identified needs.

The following table is a breakout of available FFY 2016 data from PSSF county departments and community providers. All PSSF sites track the total number of individuals 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 2018.

Table 4: FFY 2016 Individuals and families served by Colorado’s PSSF program

PSSF Service Area	Number of Individuals Served – FFY 2015	Number of Families Served – FFY 2015	Number of Individuals Served – FFY 2016	Number of Families Served – FFY 2016
Family Preservation	4,499	n/a	3,315	n/a
Family Support	2,826	n/a	3,023	n/a
Time-limited Reunification	1,401	n/a	1,401	n/a
Adoption Promotion and Support	2,790	n/a	502	n/a
Services through the Adoption Exchange	511	136	1,314	265

The number of individuals and families served in each service area has changed since FFY 2015 due to a variety of factors. For example, a number of PSSF sites changed agencies or discontinued services altogether, as they were no longer contracting with CDHS, which contributed to the decline. Further, as a result of serving high-needs families, the sites appear to be providing more services, more intensely, to fewer families.

In addition to the numbers above, Colorado’s PSSF sites provided one-time direct services to 26,348 individuals. One-time direct services typically include the provision of goods and services that help families meet the basic needs of their children or provide supports in conjunction with a community event and sponsor, such as school backpacks filled with school supplies. A limitation of the one-time services data, however, is the data reported by each site may include individuals receiving other PSSF services; therefore, there may be duplication in the numbers.

CDHS continues to work to improve PSSF data collection. The plan is to launch a new information system in April 2017 that will enhance CDHS’ ability to reliably track individuals and families that may receive multiple services from different sources, without compromising the confidentiality of the individuals or 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. Sites currently track their service provision on a spreadsheet, and the data is reported through semi-annual reports.

Based on available data, there is strong evidence that PSSF promotes positive outcomes for the individuals and families served by the program. The current data collection and reporting methods do not facilitate the tracking of outcomes across grant years. CDHS anticipates the new information system will enhance the PSSF program’s capacity to do so in upcoming years.

CDHS provides training to PSSF sites through multiple venues including sites visits, webinars, and informational sessions held at annual conferences. In FFY 2017 training topics include the following:

- standards of quality for family strengthening and support;
- Colorado Family Support Assessment Tool;
- motivational interviewing;
- nurturing fathers;
- children's safety;
- financial empowerment;
- family engagement meetings; and
- strengthening families.

Training needs continue to be identified and addressed through site visits from the Program Manager and through site reports.

IV 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 CFSR Statewide Assessment focuses primarily on information and data about the following:

- compliance with training certification for initial and ongoing child welfare staff and foster parents;
- evaluation of quality of training; and
- CWTS’ continuous quality improvement efforts.

The proceeding CWTS section focuses on its management structure, training methodologies, and curriculum. An updated Training Plan is included in Appendix F.

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 Unit. Kempe works closely with its Leadership Council and training providers to develop and deliver training that is engaging, innovative, and reflects child welfare best practice. Leadership Council members include:

- The Butler Institute for Families at University of Denver;
- The National Association of Counsel for Children;
- Metropolitan State University of Denver’s 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, county commissioners, foster parents, and the judicial system.

CWTS' training integrates web-based training, classroom facilitation of skill development, and transfer of learning (TOL) experiences 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, supervisors, foster parents, and child welfare leaders to practice and test new concepts learned through web-based and classroom training while learning about case practice in their real work settings; and
- facilitate mentoring relationships between learners and their leaders.

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, based in critical thinking.

All new child welfare caseworkers and supervisors are required to attend pre-service training for their respective roles. New caseworkers attend the 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 experiences. As of July 1, 2015, the Fundamentals training series was rewritten and redesigned to incorporate web-based training components and a practice simulation experience that allows new caseworkers to demonstrate their newly developed competence, while being supported by a facilitator and assessed by their leader, in a controlled environment.

New supervisors attend the New Supervisor Training Academy series. Using case-based scenarios, the academy was recently modernized with a keen focus on the unique and influential role of Colorado's casework practice supervisors and launched as a pilot in October 2016. The pilot delivery was attended and evaluated by DCW and county staff. Stakeholder feedback from the pilot has been incorporated and an enhanced version of the academy is actively being delivered.

The redesigned academy includes a blend of informative web-based training, experiential classroom skills development modules, and a simulated supervision experience where new supervisors demonstrate their competence through practical application with a caseworker while receiving coaching support from the training team. The redesign of the supervisor academy is also structured to allow one week between each classroom module so that supervisors can complete TOL experiences with on-the-job experiences.

New caseworkers have the opportunity to obtain a trainee certification, which allows the new caseworker to carry up to five assessments and/or cases as a primary worker. In order to obtain this certification, the new caseworker must have completed the Fundamentals courses, the Casework Simulation course, and Legal Preparation course—with only the TOL activities remaining for their full

certification. This certification is valid for up to one year. In order to request a Trainee Certification, the county must submit a supervision plan for the new caseworker. This plan should outline who is supervising the new caseworker and how long they plan the worker will be on the Trainee Certification. This certification allows counties to help relieve caseload burdens on regular, certified caseworkers while also helping new caseworkers transition to the county.

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, some content areas for in-service training include the following:

- assessment of safety and risk;
- family strengths and needs;
- interviewing children and youth;
- engaging with families;
- legal and policy basis for child welfare practices;
- implications and considerations of foster care and adoption;
- child and adolescent development;
- the effects of abuse/neglect on development;
- the impact of trauma and trauma informed practices;
- sexual abuse;
- sex trafficking issues and implications;
- mental health factors and considerations;
- domestic violence factors and implications;
- substance abuse factors and implications;
- practices that influence permanency; and
- cultural inclusivity and disparity, including but not limited to the Indian Child Welfare Act.

In addition to the preceding content areas, supervisors' in-service training includes data-driven leadership and management, worker safety, and building a resilient workforce.

CWTS has more than 140 courses in its in-service library and actively offers approximately 60 of those at any given time. These courses are offered at the regional training centers and are often delivered within 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 2017 CWTS is working to improve the foster parent training program, including foster parent core and in-

service courses available for foster, kin, and adoptive families. A revised version of foster parent core training is anticipated to launch in the fall of 2017.

In calendar year 2016 CWTS provided 48 offerings of safety and risk training. CWTS effectively trained all of Colorado's certified caseworkers and supervisors in the utilization of its new safety and risk assessment tools. In addition to safety and risk assessment training, CWTS is developing curriculum and is actively piloting courses that are 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 the following:

- Documentation;
- Navigating Egregious Harm and Fatality Incidents;
- Educational Advocacy;
- Working with children, youth, and parents who are developmentally delayed;
- Informed Supervision;
- Working with Non-Offending Parents;
- Institutional Abuse;
- Bridges out of Poverty;
- Youth Suicide Prevention;
- Crisis Intervention;
- Crucial Conversations; and
- Human Trafficking Response 201 level for caseworkers, supervisors, and managers.

In FFY 2018 CWTS intends to be a more comprehensive learning system by serving all functional areas within CDHS (e.g., child welfare, juvenile justice, behavioral health, early childhood education). CWTS is equipped and ready to develop comprehensive educational programs, including state-of-the-art learning methodologies which engage multi-disciplinary professionals who serve children, youth, and family. Updates on CWTS' progress toward this goal will be included in the 2019 APSR.

CWTS will continue driving competency based learning programs for Colorado's children, youth, and family serving professionals. This will occur by way of CWTS launching an Individualized Learning Needs Assessment (ILNA) framework. This framework was built on a foundation made up of various competencies related to caseworkers, supervisors, and foster parents. ILNA will be used by learners and leaders to assess individual worker competence and subsequently address learning needs through participative interaction with CWTS.

Based on the learning needs identified through workers' ILNAs, CWTS will also design, develop, and deliver multiple learning methodologies (e.g., web-based training, classroom courses, etc.). Topic specific learning methods will also be designed, developed, and delivered through a levels of learning approach (e.g., 101's, 201's, 301's, etc.). This approach will give learners an opportunity to start at an appropriate level and work through the levels to gain progressive amounts of knowledge. CDHS anticipates this system will go live mid to late calendar year 2017. An update on the results of this system will be provided in the 2019 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. Other forms of technical assistance target counties that are underperforming on important measures. The *CFSR Statewide Assessment* describes training and technical assistance efforts related to the federal safety, well-being, and permanency outcomes. Program and initiative specific examples of training and technical assistance are included in relevant sections throughout this report. For instance, the *Update on Service Description* section (page 60) describes the training and technical assistance CDHS provides to counties that are implementing the new sex trafficking screening tool. In FFY 2018 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:

- evaluating the impact of permanency roundtable and facilitated family engagement interventions;
- providing a training curriculum to support implementation of the Preventing Sex Trafficking and Strengthening Families Act (page xx);
- producing a consistent, measurable definition of family engagement to be used statewide;
- 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, 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:

- CDHS' new kinship care quality assurance review process is described in the *Update on Service Description* (page 39).
- Research related to children and youth who are at risk of emancipation and CDHS' predictive analytics algorithm is described in the *Permanency Services* section of the *Update on Service Description* (pages 43-45).

- Improved interoperability between Trails and Colorado’s Medicaid claims information system is described in the *Updates to Targeted Plans in the CFSP* section (page 102).
- Updates to Trails as part of the Trails Modernization Project are included in the *Systemic Factors – Statewide Information System* section of the *CFSR Statewide Assessment*.
- Findings from evaluations of SafeCare® Colorado, the Core Services Program, and the child welfare waiver demonstration are included in their respective sections.

V 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 communities. There are two federally-recognized tribes with land bases 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 solely American Indian/Alaska Native live in Colorado. Of this population, 46,395 live in urban areas, largely concentrated in the Denver metro area and Colorado Springs. The 2010 Census Bureau also shows there are 104,464 people in Colorado who identify as American Indian/Alaska Native in combination with one or more races. These population numbers are up 35.3 percent since the 2000 Census, and Census estimates indicate an upward 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 for the state's American Indian urban populations. In order to facilitate communication and collaboration, CDHS employs a Tribal liaison and an ICWA Program Administrator who are responsible for nurturing and strengthening the department's relationship with the tribes and organizations that serve the state's American Indian urban communities.

In 2012 CDHS entered into the State of Colorado's formal Tribal Consultation Agreement to ensure 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. In August 2016 CDHS' leadership team visited both tribes to address action items from the 2015 CDHS Tribal Consultation and discuss new issues. Representatives from DIFRC, DIHFS, and La Plata County also participated in the consultation.

The consultation generated four action items related to child welfare:

- update the State-Tribal Indian Child Welfare Act (ICWA) agreements;
- explore what resources are needed to offer tribes increased support from both CDHS and county departments;
- refine contracts so tribes can access state child welfare services funding; and
- continue working with both UMUT and SUIT on fully accessing Core Services funding.

Since the consultation, CDHS has worked to address the issues raised by the tribal representatives. Efforts related to updating the ICWA agreements are addressed in the proceeding *Compliance with ICWA* section.

During the consultation, CDHS staff and tribal representatives highlighted opportunities for more coordination and collaboration specifically in the areas of early childhood family support programs and

training for staff of the tribes' departments of social services. Over the past several years, CDHS has made efforts to extend early childhood family support programs to the tribes, specifically SafeCare® Colorado and Promoting Safe and Stable Families (PSSF). SafeCare® Colorado is available to both tribes through Montezuma County Public Health Department, which has operated as a SafeCare® site since January 2014.

In the past, CDHS and local program staff 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 whose office is based on the reservation. As a result of those engagement efforts, the UMUT applied for and was awarded SafeCare® funding for SFY 2017. A home visitor has been employed by the tribe to serve UMUT families who are in need of services. A contract for SFY 2018 is in process to ensure the UMUT has continued funding to support their SafeCare® program.

The UMUT continues to receive PSSF program funding to offer PSSF services in their community. UMUT's PSSF program typically funds parenting education; transportation for parents to attend therapy with children who are in out-of-home placements in neighboring counties; and transportation to cultural events that encourage, foster, and preserve social connections. CDHS' PSSF program administrator travels annually to meet with the tribe's department of social services' staff to provide guidance and assist with the tribe's PSSF service planning and budget. In August 2016 staff met to discuss program requirements, access to services, and future needs of the tribal community. UMUT staff indicated that there were gaps in services related to families experiencing domestic violence, substance abuse, and parental education. The next scheduled visit will take place in the last quarter of FFY 2017.

In response to the 2016 Tribal Consultations' conversations about early childhood family support programs, the UMUT, CDHS, and Colorado Department of Education (CDE) signed a memorandum of understanding (MOU) in February 2017 to provide a framework for collaborative service delivery to pregnant women, children ages birth to five, and their families who are served by the UMUT's early childhood programs. Highlights of provisions included in the agreement include the following:

- The UMUT has the sovereignty to decide whether to license early care and education programs within its jurisdiction and is exempt from State of Colorado licensure requirements.
- Representatives of the UMUT will participate in local Early Childhood Council meetings.
- CDHS will promote and fund all services that are offered to Colorado licensed early childhood programs to UMUT's early childhood programs.
- CDHS will ensure that current behavioral and mental health prevention services offered by CDHS programs to Colorado's children, families, and early care and education staff are also offered to the children, families, and early care and education programs' staff of the UMUT.
- CDE will provide opportunities for Colorado Preschool Program and/or Early Childhood At-Risk Enhancement slots to be available to UMUT early care and education programs through local school districts.

In addition to these select provisions, the agreement outlines specific communication and collaboration responsibilities for each of the parties under the agreement.

In FFY 2017 CDHS has also worked with the SUIT to increase the tribe's access to early childhood family support programs. Staff and tribal representatives discussed development of a MOU similar to the one between the UMUT, CDHS, and CDE. CDHS also connected tribal representatives to San Juan Basin Health, which administers the Nurse Family Partnership Program as well as other early childhood wellness programs for the region. San Juan Basin Health recently employed a tribal outreach coordinator who is responsible for building relationships between the NFP and both tribes. These conversations are still in progress.

With regard to training for staff of the tribes' departments of social services, all training through the Child Welfare Training System (CWTS) is open to the tribes. Additionally, CDHS provides reimbursements for all travel expenses to support tribal staff's access to these trainings. CDHS will continue to work with the tribes to reduce any barriers to receiving further training from CWTS. An update on these efforts will be provided in the 2019 APSR.

Two of the 2016 Tribal Consultation action items are related to funding for the tribes. 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. In order to improve utilization of funds, CDHS worked to allow the tribes more flexibility in spending their child welfare services block appropriation. During the 2016 legislative session, CDHS and Governor Hickenlooper advocated for passage of a budget proposal, which the Colorado General Assembly later approved, that allows the tribes to use the holdout for the provision of all CDHS approved child welfare services for Native American children. Changes to the eligibility requirements will now allow tribes the flexibility to utilize the funds not only for out-of-home placements, but also for any in-home services aligned with those approved by any county department. This flexibility supports the tribal social service agencies with maintaining children in their home while allowing for the provision of child welfare services. Since July 1, 2016, CDHS staff has met with both SUIT and UMUT tribal councils, tribal social service's staff, and tribal attorneys to increase capacity building efforts ensuring the most effective and efficient use of funds. The contract between the UMUT and CDHS was executed in December 2016, and the UMUT is now billing CDHS for child welfare services. The contract with SUIT was executed in May 2017.

In addition to the child welfare block appropriation holdout, each tribe is allocated \$25,000 annually to provide Core Services in their communities. Since July 2016 CDHS and the tribes have continued discussions related to Core Services implementation, specifically the various ways in which Core Services funding may be used. 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. The SUIT is interested in utilizing Core Services funding to serve more tribal families through a parenting mentorship program for young women and mothers. UMUT staff are evaluating which services would be most useful for their community and will contact CDHS once they are ready to move forward with implementation.

CDHS will meet again with the tribes in FFY 2017 to address action items from the 2016 CDHS Tribal Consultation and discuss new issues. Outside of the annual formal consultation meetings, CDHS staff routinely meet with tribal representatives to work through program and/or initiative specific issues. The proceeding paragraphs provide highlights of this work.

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 Department of Human Services 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 address issues on a case by case basis.

CDHS continues to extend supports to both tribes' child maltreatment prevention and child welfare services work. In 2015 UMUT, Montezuma County, and CDHS entered into a MOU that outlined call-handling protocols for calls pertaining to tribal members living on the reservation that are received through Colorado's child abuse and neglect hotline. A similar MOU is in progress with the SUIT, and their tribal council is expected to sign by the end of FFY 2017. In February 2017 CDHS finalized and issued call handling practice guidelines for all calls received by the Hotline County Connection Center that involve people with tribal affiliation. These MOUs and practice guidelines will ensure that calls are quickly routed to the responsible authorities, and that children and youth in need will receive appropriate services.

In November 2016 UMUT staff requested guidance from CDHS regarding required policies and procedures to operate the youth shelter on the Ute Mountain reservation. Although CDHS no longer provides licenses for this type of facility, CDHS staff were able to provide guidance based on past practice related to expectations for case workers and shelter staff (i.e. defining responsibilities, confidentiality) and potential policies for the tribe to consider (i.e. pre-screening, security, emergencies, day-to-day operations, protections for children). CDHS also offered to assist in training shelter staff and consult with the UMUT on policies for youth shelter.

CDHS is collaborating with DIFRC and the tribes to develop diligent recruitment strategies for American Indian/Alaska Native foster homes. In March 2017 CDHS hosted a collaborative recruitment and retention meeting, in which DIFRC staff presented culturally appropriate recruitment strategies to county departments and CPAs. These strategies are also included in the curriculum of the diligent recruitment trainings that CDHS is delivering throughout the state in FFY 2017. Staff anticipate these strategies will be integrated into many county and CPA recruitment plans. The *Updates to Targeted Plans Within the 2015-19 CFSP* section of this report includes more information about CDHS' diligent recruitment trainings.

Community outreach is an integral part of Colorado's recruitment strategy, and given the need for American Indian foster and adoptive families, CDHS and its partners hosted a foster care information

table at the Denver Powwow in March 2017. Over the course of three days, CDHS, county, and CPA staff shared information about Colorado’s recruitment needs and the process for becoming foster parents. During the event, 28 families signed up for additional information.

Colorado’s tribes have also identified a need for more foster families within their communities. The UMUT has requested CDHS’ support in recruiting, training, and onboarding tribal foster families. The SUIT has requested CDHS’ support in retaining current foster families. Conversations between CDHS staff and tribal representatives are in progress. The 2019 APSR will provide an update on these efforts.

Lastly, CDHS staff continue to work with the tribes to ensure they have access to supports and services through the Chafee Foster Care Independence Program (CFCIP). Youth from both tribes are able to access supports and services through La Plata County’s CFCIP. During this reporting period, there have been two referrals for youth who are members of the SUIT. In order to better promote the program, CFCIP will be included as an agenda item for the August 2017 CDHS-Tribal Consultation. An update will be provided in the 2019 APSR.

Compliance with the Indian Child Welfare Act (ICWA)

CDHS monitors compliance with ICWA as part of its 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. In August 2016 the Colorado Judicial Branch began collecting data related to ICWA. Data points include whether an ICWA investigation was ordered by the court, whether the child met ICWA requirements, and the name of the tribe. The judicial Dependency and Neglect Data Integrity Workgroup implemented this measurement plan to be able to assess the courts’ compliance with ICWA and better focus the branch’s tribal engagement efforts. Information collected through ARD’s case reviews, however, continues to be the primary source of data that CDHS uses to assess statewide ICWA performance. As indicated in the following table, compliance with ICWA is an area requiring improvement for Colorado.

Table 5: FFY 2015 and FFY 2016 ICWA compliance

Measure	CFSP Goal	FFY 2015 Performance	FFY 2016 Performance
Preserving Connections: Were the ICWA requirements met?	95%	29.7%	22.9%

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 continue to collaborate and address areas for improvement. CDHS participates in the ICWA Subcommittee of Colorado’s Court Improvement Program (CIP). The subcommittee is charged with the following:

- establishing best practices for courts to implement in order to comply with the Indian Child Welfare Act and §19-1-126, C.R.S., based upon the recently revised Bureau of Indian Affairs guidelines; and
- coordinating ICWA training for judicial officers and other stakeholders in collaboration with the Colorado Department of Human Services (CDHS).

The subcommittee typically meets quarterly and includes participation from DIFRC, county departments, and legal partners. In FFY 2016 the subcommittee identified two needs to improve Colorado’s ICWA compliance:

- the need for alignment of the 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.

Both of these needs are impacted by new federal regulations related to ICWA and the Bureau of Indian Affairs’ revised ICWA implementation guidelines, which were finalized in December 2016. Highlights from the new regulations include:

- refining the definition of “active efforts” to emphasize the engagement of families in accessing services as opposed to providing information or referrals to services;
- broadening distribution of notifications of child custody proceedings and clarifying the required information in the notice; and
- expanding requirements for determination of “good cause to deviate from placement preferences” including a requirement for more documentation explaining why a deviation occurred, when applicable.

In November 2016 CDHS distributed an informational memo regarding the new regulations, and in December 2016, distributed a policy memo that detailed the impacts of the new regulations on counties’ child welfare practice.

Rule related to ICWA in the Code of Colorado Regulations is being revised to align with the new federal regulations. Revisions include, but are not limited to the following:

- additional definitions and clarifications of terms;
- clarification of notice requirements;
- clarification of voluntary and involuntary proceedings;
- requirements regarding emergency proceedings; and

- invalidating ICWA violations.

CDHS solicited and obtained feedback regarding the proposed rule from the following organizations and collaborative committees: DIFRC, Denver Indian Center (DIC), Permanency Task Group, and CIP ICWA Subcommittee. Staff also hosted two statewide, community stakeholder teleconferences for the same purpose. In January 2017 CDHS met with the UMUT and SUIT to discuss the new federal regulations, implementation guidelines, and the proposed revisions to Colorado's rule. Tribal feedback on the proposed rule revisions included expanding the definition of child eligibility to include whether the child "may be" eligible for membership or citizenship, requesting to use the federal definition of "tribal court," and requesting that the expectations of case coordination during a transfer of jurisdiction be clarified. All stakeholders' feedback was considered, and the final version of the proposed rule was revised and presented to the State Board of Human Services. CDHS anticipates the revised rule will be effective July 1, 2017.

To support county departments' implementation of the new rule, CDHS staff provided presentations and training on the new ICWA federal regulations to county staff including adoption supervisors, foster care supervisors, ICPC coordinators, and recruitment and retention staff. Since January 2017 CDHS has provided 14 trainings to 25 counties. Additionally, CDHS will host a one-day shared learning collaborative in June 2017 to bring together staff from CDHS, county departments, the tribes' departments of social services, the Colorado court of appeals and county attorneys. The purpose of the shared learning collaborative is to improve coordination between all of the groups represented, provide training on the new federal ICWA regulations, and discuss issues impacting children and families who are part of Colorado's American Indian community. The training will include a breakout session focusing on Two Spirit youth in foster care entitled, "How Do We Better Serve Our Two Spirit Youth in Foster Care." Three additional out-of-state tribes with a high percentage of ICWA cases in Colorado were invited and will participate in the shared learning collaborative.

On the judicial side, opening briefs in dependency and neglect proceedings are now required to include a statement of compliance with ICWA, with citations as to where compliance is demonstrated in the record. The new requirement went into effect July 1, 2016, and was based on the recommendations of a subcommittee of the Colorado Judicial Branch's Appellate Rules Committee. Per the revised rule, statements of compliance must contain the following:

- each date when the court made an inquiry to determine whether the child is or could be an American Indian child, and a statement of any identified tribe(s) or potential tribe(s);
- copies of ICWA notices and other communications intended to provide such notice that were sent to the child's parents, the child's American Indian custodian(s), the BIA, or the child's tribe(s) or potential tribe(s);
- the postal return receipts for the ICWA notices;
- responses from the parents or custodians, the BIA, and the child's tribe(s) or potential tribe(s);
- additional notices that were sent to the non-responding tribe(s) or the BIA; and
- date of any rulings as to whether the child is an American Indian child.

The judicial branch's Rules of Juvenile Procedure Committee is also assessing whether changes to court rules are required to comply with the new federal ICWA regulations. This committee's purpose is to periodically review, correct, update, and improve the Colorado Rules of Juvenile Procedure, and currently, the committee is in the process of reviewing rules applicable to dependency and neglect cases. It delegated a review of the new federal ICWA regulations to a subcommittee, which is chaired by a Court of Appeals judge and has representatives from the Denver Judicial Court, Office of Children's Representative (OCR), Office of Respondent Parent Counsel (ORPC), CDHS representatives, a private attorney who represents the tribes, among other participants. The subcommittee is currently working on a proposal that will be vetted through the full committee and then presented to the Colorado Supreme Court for approval. An update on their work will be included in the 2019 APSR.

As the CIP ICWA Subcommittee previously identified, the new federal regulations and related revisions in the Code of Colorado Regulations may necessitate changes to ARD's case review instrument questions related to ICWA. An update on any revisions to the ARD case review instrument will be included in the 2019 APSR.

The second need identified by the CIP ICWA Subcommittee is also an action item from the 2015 CDHS Tribal Consultation: the need for updated ICWA agreements. While there is not an existing agreement with the UMUT, there is an ICWA agreement with the SUIT that was executed in 1981. In March 2017 CDHS staff met with SUIT representatives and reviewed a crosswalk of the existing agreement, the new federal and state ICWA regulations, and identified gaps. CDHS and the SUIT are making efforts to revise the agreement.

CDHS and UMUT representatives also agree that there's a need for an ICWA agreement; however, UMUT representatives expressed concerns about protocols for serving children who are not eligible for UMUT enrollment but who live within the UMUT's jurisdiction. CDHS staff and UMUT representatives will continue to work through these issues in FFY 2017. An update on the progress made towards executing updated ICWA agreements will be provided in the 2019 APSR.

In addition to rule-making and revising ICWA agreements, CDHS and the Colorado Judicial Branch continue to make progress in addressing the twofold charge of the ICWA Subcommittee. A best practice manual and associated benchcards are being developed by the subcommittee. The manual will provide best practices for caseload management of ICWA cases, and the benchcards will guide judicial officers through specific inquiries and relevant guidelines to follow at court hearings throughout the life of a case. CIP anticipates drafts of the manual and benchcards will be completed by the end of FFY 2017, and staff are discussing the possibility of a limited pilot before full implementation in all judicial districts.

Another potential source of ICWA best practices for Colorado will be Denver County Juvenile Court's new ICWA Court, which commenced in January 2017. It is the third such court in the United States and was carefully planned and implemented with the input of multiple stakeholders including the tribes. Prior to the launch of the ICWA Court, Denver County Juvenile Court and Casey Family Programs collaborated to deliver an ICWA Court Training in October 2016 for judicial staff, judicial officers, attorneys, caseworkers, GALs, and CASAs. The purpose of new ICWA Court is to streamline the ICWA

process by establishing clear policies and procedures governing ICWA cases. Denver Juvenile Court anticipates the new court will clear confusion that some attorneys, judges, and judicial officers may have regarding ICWA cases.

Regarding the ICWA training charge, CDHS and its partners provide formal and informal ICWA related training and guidance. The Child Welfare Training System (CWTS) offers a full day training on ICWA as well as another course specifically related to the changes in federal and state regulations. The target audience for these trainings includes judicial and legal partners. Separately, the DIFRC facilitated several trainings in the first half of calendar year 2017. These trainings addressed the following:

- the continuing impact of historic events and inter-generational trauma on Indian children, parents, and families;
- a legal overview of ICWA focusing on jurisdiction, notice, active efforts to reunify families, standards of proof, expert witness requirements, and invalidation of actions for ICWA violations; and
- best practices for achieving permanency and better outcomes for American Indian/Alaska Native children, including tools and resources that aid in ICWA compliance.

Additional training sessions will be conducted through the CWTS in FFY 2018. A minimum of four training sessions will be offered, with additional sessions to be scheduled as needed.

Informally, CDHS' ICWA and Kinship Care Program Administrator has been and will continue to be available to provide onsite, webinar, and/or teleconference training and technical assistance to individual counties or regions. Typically, content for training and/or technical assistance is requested by location. In FFY 2017 the new federal and state ICWA regulations tend to be the most requested topic for training and technical assistance.

The CIP ICWA Subcommittee is also coordinating a multidisciplinary ICWA training specifically for judicial officers and legal counsel. CIP staff are working with the judicial branch's educator to flesh out the curriculum, format of the training, and how the training will be implemented. In the meantime, CIP provided ICWA training for new judicial officers at the Juvenile Justice Institute in July 2016 and a multi-disciplinary training at CIP's Colorado Convening on Children, Youth, and Families in April 2017.

Lastly, as CDHS and the CIP have been emphasizing the need for improved ICWA compliance, other stakeholders such as Office of the Child's Representative (OCR), Office of the Respondent Parents' Council (ORPC), and county attorneys have provided ICWA trainings to their constituencies. OCR conducted two ICWA trainings for GALs during this reporting period. ORPC also delivered two trainings for their attorneys, and the Fall 2016 County Attorney Conference included an ICWA training session.

VI 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 2016 Colorado met the federal goals: 95% of monthly caseworker visits were completed, and 85% 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 organizations 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 2016 CDHS distributed a total of \$223,513 to counties and affiliated agencies through a competitive procurement process. CDHS had \$205,544 in MCV funds available; the remaining \$17,969 was funded through CAPTA. The following table highlights several organizations that received MCV Grant funds.

Table 6: FFY 2016 Distribution of MCV Grant funds

County/Agency	Award Amount	MCV Funds Expenditures
Various counties	\$10,542	Staff and training development
Corporate Translation Services	\$2,707	Translation services for child welfare forms
Denver Children’s Advocacy Center	\$26,553	Secondary trauma services
CSU	\$5,813	Risk & Assessment tools; Applied Research in Child Welfare (ARCH)
Maple Star CO	\$31,103	Secondary trauma services; supervisor training on secondary trauma
Regents of the University of Colorado	\$73,120	Secondary trauma services
Thomson Reuters	\$49,063	CLEAR Software

CDHS used MCV funds to expand access to specific tools and services throughout the state. In October 2016 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. This included providing training to child welfare supervisors on implementing trauma-informed practice and providing these supports to their staff.

MCV funds also continue to be utilized for Applied Research in Child Welfare (ARCH). ARCH's ten-year collaboration between Colorado State University's Social Work Research Center, CDHS, and Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, and Pueblo counties continues to support applied research on child welfare interventions in Colorado. MCV funds have previously been utilized to carry out longitudinal analyses utilizing data from Chapin Hall, which MCV also funds. For example, ARCH is currently carrying out a study on recruitment and retention of Colorado's county caseworkers.

Any of Colorado's 64 counties may apply to receive MCV funds; CDHS continues to oversee applications and distribution of funding for FFY 2017.

VII 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 2016 Colorado was awarded \$232,330. These funds will be used according to the plan outlined in the CFSP, but with a focus on funding post-permanency services across the state. Page 44 of the *Update on Service Description* section describe CDHS' outreach to stakeholders to better understand the types of post-permanency services that are most needed statewide. The total annual estimated cost for statewide implementation of post-permanency services is \$750,000. While this amount vastly exceeds Colorado's incentive award, CDHS will use other available funding sources to pay for services not covered by the incentive award.

CDHS is utilizing Adoption and Legal Guardianship Incentive funds for the following:

- **Post-permanency services:** In FFY 2017 CDHS initiated a competitive procurement process to identify a vendor that will provide statewide post-permanency services that align with the needs identify by Colorado's county partners and community stakeholders. Specific services and costs are pending completion of the procurement process. CDHS anticipates a vendor will be selected by the end of FFY 2017; an update will be provided in the 2019 APSR.
- **Community, Happenings, Ownership by Youth, Involvement, Compassion, and Engagement (CHOICE) Program:** CHOICE is a mentorship program that connects children and youth in foster care with adults who may become lifelong permanent connections. It is modeled after the KIDSAVE program in California. This program is being piloted in Adams County, after which CDHS anticipates it will be implemented statewide. CDHS will provide \$70,000 to this program in FFY 2017.
- **Fatherhood Program:** CDHS is an affiliate of the Fathers and Families Coalition of America. This membership allows CDHS to receive regular policy updates on enhancing fatherhood child welfare practice. Adoption and Legal Guardianship Incentive funds that were awarded in FFY 2016 will be used to pay for the remaining \$1,500 membership cost.
- **Interstate Compact on Adoption and Medical Assistance (ICAMA):** CDHS has a three-year membership with ICAMA. This membership allows CDHS to utilize an intranet that facilitates communication with other states about transferring and receiving adoption assistance agreements. This membership costs \$12,000, \$4,000 of which will be funded through the FFY 2016 award.
- **ICAMA Annual Meeting:** \$4,500 is allocated every three years for CDHS to attend the annual ICAMA meetings.
- **Interstate Compact for the Placement of Children (ICPC):** \$12,000 is allocated every three years for CDHS to attend the annual ICPC meetings.
- **Voice for Adoptions:** CDHS has a two-year membership with the Voice for Adoption organization. This organization is a bipartisan task force that provides accurate information on

national adoption issues, common problems facing children who are awaiting adoption, and advocacy for policies that support adoption. CDHS pays \$3,000 for the two-year membership.

- **North American Council on Adoptable Children (NACAC):** CDHS has a three-year membership with NACAC, which costs \$1,500. NACAC works with policymakers, administrators, and grassroots advocates to reform the foster care system and improve outcomes for children and youth. They disseminate information that will help child welfare professionals and adoptive families better support vulnerable children.

All awarded funds will be encumbered by September 30, 2019 and expended by December 31, 2019. CDHS does not anticipate any challenges or issues in spending the funds timely.

If Colorado is awarded incentive funds in FFY 2017, CDHS would use the funds according to the plan outlined in the CFSP, but again with a special focus on increasing permanency and post-permanency supports. Expenditures may include the following:

- provision of post-permanency supports and services statewide; and
- 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.

VIII CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

The ACF's Children's 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. Colorado's 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, known as 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. DCW staff serve as leads for each of the demonstration project interventions, and they provide technical assistance to participating counties as needed. The intervention specific workgroups meet at least once per quarter.

The target population for the facilitated family engagement meetings intervention includes families who are involved in the child welfare system due to reports of the followings:

- child maltreatment,
- youth beyond the control of the parent,
- child/youth is a danger to self or others, and
- youth at risk of delinquency.

In FFY 2016, 41 counties were implementing facilitated family engagement with 9,940 families. Colorado anticipates this intervention will serve a comparable number of counties and individuals in FFY 2018.

The target population for the kinship supports intervention includes the following:

- kin caretakers who are currently caring for children/youth and who would benefit from services and supports to prevent foster care placement or re-entry to foster care, and
- kin caretakers who would be willing to care for children/youth who are currently in a more restrictive level of care.

In FFY 2016, 34 counties were implementing kinship supports, and 3,636 kin caretakers were served. Colorado anticipates this intervention will serve a comparable number of counties and individuals in FFY 2018.

The target population for the permanency roundtables intervention includes the following:

- all youth with other planned permanent living arrangement (OPPLA) as a permanency goal; and
- all youth who are in the custody of county departments of human services for 12 months or more.

In FFY 2016, 33 counties were implementing kinship supports, and 724 youths were served. Colorado anticipates this intervention will serve a comparable number of counties and youths in FFY 2018.

The target population for the trauma-informed interventions varies by participating county. Most participating counties include children who are receiving child protection services (PA5). Some counties have broader or narrower target populations. For instance, the target population in Larimer County's implementation includes clients who are being served out-of-home, PA5 clients who are receiving on-

going services, and all youth in conflict (PA4) clients who have child welfare involvements for 60 days or more. El Paso County's implementation, however, serves children ages 6 through 11 who are in an out-of-home placement and who have access to Medicaid. Larimer County's target population reflects the philosophical orientation of the county's child welfare agency; whereas, El Paso County's is oriented around the long-term sustainability of the intervention and reflects the population for which Medicaid is guaranteed to pay for trauma-informed assessment and services. In FFY 2016, 20 counties were implementing one or both of the trauma-informed interventions, and 2,136 children/youths were screened for trauma.

Stakeholder feedback spurred a couple of program improvement efforts related to the target populations for specific interventions and interagency collaboration necessary to provide services. There's overlap between the target populations for facilitated family engagement and permanency roundtables: most families that are served by the permanency roundtable intervention also participate in the facilitated family engagement intervention. Participating counties have questioned the efficacy of serving families in both interventions as opposed to one or the other intervention. They have highlighted possible issues that include redundancy of services, inconvenience caused families, conflicting case planning across both interventions, and the expense of delivering both interventions.

The interim evaluation, which was published in February 2016, showed a lack of strict fidelity to the target populations outlined in Colorado's original demonstration project application. Preliminary data show approximately 724 youths were served by the Permanency Roundtable intervention; however, only 40 cases received both Permanency Roundtable and facilitated family engagement interventions. To better understand county decision making with regard to how they offer each intervention and serve families, DCW staff distributed a survey to participating counties in October 2016 and re-administered the survey in January 2017 to gather more responses. The results of the survey were analyzed with the help of the Capacity Building Center for the States. In May 2017 CDHS, the Capacity Building Center for the States, and the Human Services Research Institute met to discuss these results and have another meeting scheduled for June 2017 to continue that discussion. The results of this survey will be shared with stakeholders and inform the development of statewide guidance regarding target populations and services for both interventions.

Implementation of the trauma-informed interventions highlighted opportunities for improved collaboration across systems. In the original design of the interventions, the target population included all children who are eligible for Medicaid. Staff of child welfare agencies would screen children/youth for trauma, and when appropriate, refer the children/youth to community mental health centers (CMHC) where they would receive trauma-informed assessments and services. During implementation, participating counties and mental health agencies encountered some larger systemic barriers that include capacity of local CMHCs, clearly defined assessment responsibilities by agency, and funding logistics.

DCW is collaborating with stakeholders to address each of these systemic barriers. In FFY 2017 efforts include the following:

- IV-E Waiver Oversight Committee discusses and advises on systemic barriers between participating child welfare agencies and behavioral health organizations on a quarterly basis
- The Resiliency Center Project, which was discussed at length in the 2017 APSR, employs a dedicated staff person who is working with agencies and stakeholders to identify assessment process responsibilities by agency and appropriate funding streams to pay for services.
- DCW and HCPF are exploring a possible data sharing agreement that will facilitate the development of a management report to improve timeliness of assessments and highlight geographic regions where more Medicaid providers are needed.
- So as not to delay the provision of mental health services, participating counties are given latitude to use the demonstration project funding to pay for trauma-informed assessment and services through local, private mental health providers.

Altogether, DCW anticipates these efforts will address barriers identified by stakeholders and facilitate improved implementation of the trauma-informed interventions.

To support continuous quality improvement (CQI) efforts related to ongoing implementation of the demonstration project, DCW and county staff collaborated to create data reports that monitor county performance and facilitate decision making with regard to the demonstration project. The first report, created in FFY 2014, is a management report that tracks fidelity measures for each intervention. Examples of the measures include number of individuals and families served by intervention, percentage of target population being served by demonstration project interventions, and timeliness of services by intervention. The second report, created in FFY 2016, presents trend data related to the demonstration project's intended outcomes. The measures include percentage of children in care over 24 months, reduction in average daily population of children in paid placements, reduction in short term removals (children removed from home for less than 14 days), reduction in children re-entering care within 1 year of reunification, and exits to permanency for children in out-of-home care.

In addition to the demonstration project interventions discussed above, the IV-E Waiver Oversight Committee approves expansion projects of existing interventions. The 2017 APSR presented information on the Resiliency Center Project and Larimer County's foster parent support project. In FFY 2017 the oversight committee approved four additional expansion projects in two counties: Logan and El Paso counties.

Two of those expansion projects, Logan County's kinship supports expansion and El Paso County's trauma-informed interventions expansion, are similar to Larimer County's foster parent support project, which contracts with local organizations to provide in home individualized staff support for foster care, non-certified kinship care, and certified kinship foster care homes in their county. In addition to the trauma-informed interventions expansion, El Paso County is expanding their facilitated family engagement intervention to provide wraparound services for youths with high needs or high risk of residential facility placements. The county is also expanding their kinship supports intervention by adding several kin-relevant services including a kinship orientation, trainings, 24/7 in-home crisis services, transportation assistance, and community support teams.

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. The 2017 APSR provided an overview of the preliminary findings. In FFY 2017 DCW staff shared the preliminary findings with counties through existing collaborative forums such as the IV-E Waiver Executive Oversight Committee and intervention specific workgroups. There haven't been any substantial changes to service or program design based on the interim evaluation report. In FFY 2017 the evaluators are doing the following:

- conducting nine site visits,
- administering an annual implementation index survey to assess the success of Colorado's implementation of the interventions,
- developing a survey to be administered to kinship providers, and
- automating data collection and report development.

The final report is anticipated to be completed in December 2018, and a summary of its findings will be included in the 2020 APSR, which is due June 30, 2019.

IX JOHN H. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Colorado's Chafee Foster Care Independence Program (CFCIP) provides an array of supports and services to youth as young as 14 who are likely to age out of foster care and to those young adults between the ages of 18-21 who have left foster care. CFCIP services are offered statewide through county departments of human services. In FFY 2017, 38 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 youth 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, the process by which eligible youth 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 youth 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 went into effect during FFY 2015 and host counties have been incorporating supports and services in their annual plans pursuant to this new objective. At the outset of

participating in the program, CFCIP staff work with youth to develop individualized Chafee plans that identify the youth's 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 yoga classes, art classes, Book and Latte afternoons to promote literacy, permanency dinners to support lifelong connections, and participating in a ropes course to obtain leadership skills.

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 youth to non-profit, community agencies that serve these populations and will accompany youth 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, youth who are struggling with questions regarding their sexuality and gender identity are referred to therapists who specialize in such issues.

Proposed legislation and upcoming policy revisions are also demonstrative of the CDHS's support and affirmation of the sexual orientation and gender identities of youth served by CFCIP. HB17-1156, which passed the Colorado House of Representatives on March 7, 2017, will protect Colorado youth by prohibiting state-licensed and registered mental health care providers from practicing conversion therapy on youth under the age of 18. This will ensure that the mental health care provided to youths is ethical and affirming. Further, the Colorado Children's Code and Volume 7 rules include protections for sexual orientation and gender expression for youth in the foster care system—though they do not include protections for gender identity. Consequently, DCW has asked the Attorney General's office to redefine sexual orientation to include all of the following: "Sexual orientation' means an individual's orientation toward; heterosexuality, homosexuality, bisexuality, pan-sexuality, or asexuality; transgender status where gender identity and/or expression is different from cultural expectations; or another individual's perception thereof."

Staff and provider training is another area where CDHS is working to support and affirm the sexual orientation and gender identities of youth served by the agency. Currently, CWTS offers a course called *Seeing and Hearing LGBT Youth* that introduces LGBTQ issues to case managers, foster parents, and/or biological parents. In addition to this course, CWTS regularly integrates LGBTQ examples in its course offerings for child welfare professionals. Efforts are being made to expand course offerings for staff and providers who work with LGBTQ populations. CWTS is developing a more advanced LGBTQ training for case managers working in the field. Development of this training is anticipated to be completed by FFY 2018.

In addition to these initiatives and proposed policy changes, DCW is pursuing the Human Rights Campaign "All Children All Families" Seal of Approval. This project helps provide a framework for agencies to achieve safety, permanency, and well-being by improving their practice with lesbian, gay, bisexual, transgender, and queer youth and families. In pursuing the seal of approval, DCW's objectives

are to follow best practices for LGBTQ inclusion, publicly demonstrate values of inclusion, and encourage other youth-serving agencies and counties in Colorado to pursue the seal of approval.

Agencies that seek to achieve the seal of approval work to meet ten key benchmarks of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) cultural competency. These benchmarks are:

- client non-discrimination;
- employment non-discrimination;
- organizational partnerships and non-discrimination;
- LGBTQ-inclusive language in all agency controlled forms and internal documents;
- staff training;
- staff advocates;
- client-based feedback and community expertise;
- agency environment and external communications;
- training and support for resource families; and,
- client services and referrals.

While many agencies across the United States have earned the Seal of Approval, DCW's goal is to become the first state-level division to achieve the seal. DCW has completed an agency self-assessment, a staff baseline survey, and is currently receiving technical assistance from the Human Rights Campaign to help explore adopting inclusive policies, practices, and exploring the inclusiveness of the division's training, environment, and communications. DCW also completed an audit of all agency forms and documents to ensure LGBTQ-inclusive language is present. Any necessary revisions to forms and information systems are anticipated to be completed by FFY 2018.

Additional legislative revisions include active efforts to keeping children and youth out of juvenile detention for non-serious offenses. HB17-1207, which was signed by the governor on March 30, 2017, will keep youth aged 10 years old to less than 13 years old out of juvenile detention facilities unless the youth is charged with a felony or weapons charge.

In FFY 2016, 861 youth were served through CFCIP. Colorado anticipates this number is likely to remain stable in FFY 2017 and FFY 2018. 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.

Throughout FFY 2017 CDHS continues to work 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.

In FFY 2017 DCW is also working to improve data collection more broadly, specifically working to collect more reliable data on youth experience in Colorado. Staff are mapping county practices to prepare youth for transition to adulthood and developing a measurement plan based on those practice expectations. Preliminary data points include the development of independent living plans and emancipation plans for eligible youth, the quality of those plans, and number of youth who experience homelessness. In addition to information in Trails, DCW is partnering with local agencies that serve runaway and homeless youth to better understand service utilization of former foster youth at those agencies. These data may be incorporated into CDHS' C-Stat initiative. The 2019 APSR will provide an update of these efforts.

CDHS continues to redesign the state's CFCIP to provide more robust services to transition-aged youth to better prepare them for adulthood. In March 2016 CDHS deployed a comprehensive resource website called OnTheRightPath.org. The website provides resources about housing, money, health, wellness, education, and career planning. The website also provides a database of community resources maintained by Colorado 2-1-1. Work to ensure that the website is interactive and youth friendly is underway and will be ongoing.

In addition to the website, CDHS, in collaboration with Kaiser Permanente and Mile High United Way, is developing a mobile phone application for youth that will connect young people to targeted resources in their communities and provide a social network to connect with other young people who are struggling with similar barriers. The app will allow users to identify their strengths and needs through a process of self-discovery. Beginning with interests, strengths, emotions, and desires, the app will help users identify gaps and direct them to the appropriate resources. Sharing these resources through interactive media will better allow youth to identify, locate, and utilize services available to them.

During FFY 2017 CDHS' CFCIP program continues to work with county departments of human services, stakeholders, and youth advisors to update program guidance to promote a more uniform CFCIP practice and align the program with other statewide services targeted at the same populations. As part of the redesign 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 identify the services that are or will be put in place to address the independent living skills of the lowered age limit.
- County CFCIP plans are required to increase referrals to local workforce programs and coordinate services to locate and support work opportunities and experiences for youth and young adults served by CFCIP.
- County CFCIP programs will be asked to provide an addendum to their annual plan and provide how they will address the requirements of P.L. 118-183 in regards to reporting to law enforcement the victims of sex trafficking. An operational memo is currently being created which will provide the background and requirements of the law as well as a template for the Chafee counties to use in creating the plan.

In order to supplement the work being done by county child welfare programs, CDHS staff also worked with representatives from county Chafee programs to improve program guidance. For example, in response to outdated and inconsistent documentation practices among the county Chafee programs, DCW recently completed updates to the Chafee referral form, the Chafee independence plan, and the Chafee assessment. These changes will ensure that questions are relevant to issues that youth will encounter and will also ensure consistency and consensus of documentation across the county programs. These modifications will provide youths with consistent services and information county-to-county. Once draft copies of these forms are created, DCW plans to seek input from existing Chafee clients and youth advisory boards with the intent to achieve effective/meaningful updates for the recipients of these services. Implementation of these changes is anticipated to be completed in FFY 2018 and will be implemented in tandem with the Trails Modernization Project.

CDHS staff are also working on modifying the funding methodology for county allocations in order to most efficiently and effectively administer their programs, serve their youth, and use their allocated funding. Staff are creating a dataset that would best capture the workload of county Chafee programs. This dataset will be used to help inform county allocations.

All of the policy and program updates highlighted in the preceding paragraphs have been vetted through CDHS' statewide quarterly CFCIP meetings. These meetings allow county CFCIP staff to engage in training, discuss practice and program implementation, and identify areas of need in the program. CDHS also utilizes these meetings to provide updates on any changes made on the federal level that may affect program implementation. For example, when updates had to be made to the Chafee annual plan for P.L. 113-183—which requires reporting to law enforcement any identified victims of sex trafficking—the subsequent Chafee quarterly meeting focused on preparing Chafee programs for this change. In FFY 2017, CDHS staff, in collaboration with representatives of Colorado 9 to 5 and the Colorado Department of Public Health and Environment (CDPHE), coordinated a Positive Youth Development (PYD) Training for the October 2016 Chafee quarterly meeting. The training pushed Chafee programs to expand their view

of PYD and encouraged them to identify specific ways in which to integrate PYD into their programs, which is now a recurring topic at the quarterly meetings.

CDHS continues to partner with stakeholders to address systemic issues that impact youth and young adults through the Pathways initiative's State Inter-Agency Team (SIAT). SIAT is made up of representatives of several state agencies that provide services to transition-aged 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 that reduce instances of homelessness. Participant enrollment took place during June and July 2016. After guidance from the Children's Bureau in early Fall 2016, CDHS continues to refine its package of treatment services. More information about the Pathways initiative is included in the *Update on Service Description* section of this report (pages 40 – 42).

In FFY 2017 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. Individual Chafee programs work with these and other transitional housing programs by providing financial assistance of up to 30% of their Chafee budgets in order to provide access to room and board. CDHS collaborates with DOH to verify youth's eligibility for FUP vouchers. In many cases, county CFCIPs provide housing deposits, apartment start-up funds, and case-management for youth using FUP vouchers. Currently, FUP vouchers are used in El Paso, Mesa, Pueblo, La Plata, Adams, Arapahoe, Broomfield, Jefferson, Denver, Douglas, Weld, and Fremont counties.

Changes were recently made to the FUP by the Housing Opportunity Through Modernization Act (HOTMA). These changes affect eligibility standards, voucher length, and program requirements. CDHS issued a memo in November 2016 to provide information to county departments of human/social services and DYS to inform them about these changes, available technical assistance, and contact information. DCW will continue to coordinate the new FUP changes and ensure that county Chafee programs have access to these housing vouchers.

In addition to the state's FUP, Colorado was chosen to be a Family Self Sufficiency (FSS) demonstration site. FSS extends the time that foster care youth can receive housing vouchers and works to decrease the percentage of former foster care youth who experience homelessness after emancipation. The new voluntary program will allow youth that are nearing the end of their FUP voucher to roll into the 5-year FSS voucher, which will provide on-going housing support while youth pursue employment and educational goals. This demonstration project enables youth to have an interest-bearing escrow account that is based on increased earned income, and FSS funds become available to them when they successfully complete the program. DOLA provided a webinar training to explain the program and the logistics on November 10, 2016.

Another CDHS collaboration around housing involves the Advisory Committee on Homeless Youth (ACHY) and the Rural Collaborative on Homeless Youth (RCHY). ACHY is a strategic planning and action body that advises 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. In order to reinvigorate and reevaluate the direction of the committee and create new goals, the new ACHY coordinator organized a retreat in November 2016. Using Federal Continuum of Care priorities as a guide, retreat participants created several preliminary workgroups that will focus on the following areas and goals for the next two years:

- planning and data collection;
- crisis/emergency services;
- education and employment;
- permanent connections and social emotional well-being;
- outreach; and
- housing development.

In FFY 2017 CDHS and its partners are working to improve data collection regarding youth who are experiencing homelessness. Currently, the annual Point in Time (PIT) count, which is required by federal Department of Housing and Urban Development (HUD), measures the number of people experiencing homelessness in the state. The data is then aggregated and collated into the Annual Homeless Assessment Report and is used to apply for HUD funding. Historically, youth who are experiencing homelessness are undercounted and underrepresented in the annual PIT count. As a result, resources for that population are nominal. In FFY 2017 ACHY members collaborated with DOLA's Division of Housing to create a Youth Supplemental Survey with the intent on capturing more youth who are experiencing homelessness in Colorado. Due to the narrowness of the annual PIT count's definition of homelessness, the supplemental survey was developed to include youth who are experiencing housing instability but who do not meet the HUD definition. Data collected through the Youth Supplemental Surveys will give a more accurate picture of rates of youth homelessness in Colorado and will be used to aid local non-profits in applying for grants.

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 (HTTG): 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. Both state and county CFCIP staff participate in the task group and have been instrumental in identifying the vulnerability of CFCIP youth to human trafficking. For example, the HTTG has been collaborating with CDHS's Administrative Review Division (ARD) to better define "reasonable efforts" made towards identifying victims of sex trafficking. This involves considering what constitutes "reasonable efforts" and how Colorado can better assess and support victims who are

identified through child welfare. Additionally, the task group distributed an operational memo on January 4, 2017 to all counties that provides guidance on the following:

- screening of sex trafficking referrals;
- contact between county staff and any third party persons responsible for the alleged abuse or neglect (PRAN); and
- mandated law enforcement reporting requirements for youth participating in CFCIP.

The task group also assisted in the development of training related to human trafficking that 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.

In addition to the training offered through CWTS, CDHS staff have provided, and will continue to provide, onsite training throughout FFY 2017 to eight counties. These trainings utilize the Capacity Building Center for States' curriculum and are intended to provide resources to support the implementation of the Preventing Sex Trafficking and Strengthening Families Act. An additional 15 trainings have been scheduled throughout Colorado for FFY 2018.

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 discovered that data quality issues related to unclear expectations around data entry rules were contributing to delays in Medicaid eligibility. In March 2016, DCW issued an information memorandum to counties clarifying how caseworkers should enter relevant data into Trails to help prevent Medicaid eligibility delays.

In response to the shifting funding priorities related to the Workforce Innovation and Opportunity Act (WIOA), CDHS continues to partner 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 continue to work closely with their local workforce centers to ensure youth have access to adequate employment. CFCIP staff help youth 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. Youth 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 May 2017 CDHS hosted the 19th Annual Celebration of Educational Excellence; the Denver celebration recognized the academic achievements of 111 graduates who were previously or currently in foster care. Graduates also received computers as graduation gifts to promote continued and lifelong learning. CDHS also helped coordinate the first Annual Western Slope Celebration of Educational Excellence in Mesa County, which honored an additional 22 young people.

CDHS has partnered with the Colorado Department of Education (CDE) in the maintenance of a Foster Care Education Coordinator, employed by the CDE, which provides guidance and technical assistance to school districts in their support of students in foster care. This work is done on site through the districts' Child Welfare Education Liaisons (CWELs). The focus is on K-12 students in foster care. CDHS is also one of the few states in the nation to have a data sharing agreement with the CDE that tracks outcomes for students in foster care with relation to graduation rates, student achievement, and student mobility. This data sharing allows for continued collaborative efforts to ensure interventions and programming are continually developed and adapted to support students in foster care. CDHS' efforts to improve educational outcomes for youth are documented in the 2017 CFSR Statewide Assessment in the well-being outcomes section. 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. Additionally, CDHS' interactive media projects, which are discussed on pages 82-83, provide youth with information, accessible through websites or mobile devices, about sexual health resources.

At the state level, CDHS' CFCIP continues to coordinate with the Colorado Sexual Health Initiative (SHI) and the state's Personal Responsibility Education Program (PREP) to provide evidenced-based trainings on comprehensive sexual health curriculums to county CFCIP staff, caseworkers, and other stakeholders. In FFY 2017, PREP and CDHS collaborated to provide one such training in Mesa County.

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 youth 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 youth 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 *Roadmap 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.

As a result, the training entitled *Engaging Youth in a Coach-Like Way* was rolled out to the Pathways navigators, who provide services and support to youth enrolled in the Pathways program. This training encourages navigators to follow the *Roadmap To Independence Model* in their practices and teaches navigators to help youths identify their own needs. Similar to Permanency Roundtable (PRT) processes, this mode relies on the voice of the youth and the youth's professional team to build a plan that will ensure their needs are met. Updates regarding the new training and certification package will be provided in the 2019 APSR.

In addition to training offered through CWTS, CDHS' CFCIP staff collaborates with stakeholders to develop and deliver specialized trainings for targeted audiences. In August 2016 CFCIP staff led two sessions at the Think Big 2016 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. Also during August 2016 CFCIP staff presented at the Under 26 Workgroup Seminar on opportunities to collaborate and ensure that young people made movements towards independent living. This workgroup focuses on the provision of information regarding best practices and resources to reduce disparities for youth and young adults with behavioral health and intellectual and developmental issues.

On August 3, 2016 CFCIP staff also coordinated training on trauma by Dr. Jim Henry from Western Michigan University for the Colorado Challenge Program (COCH) through the Department of Higher Education. The training provided basic information about trauma, the effect of trauma on behavior in a school environment, and vicarious trauma. CFCIP staff plans on working with the COCH program to provide academic support to ETV youth who are students at the COCH campuses.

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, Tony Grampas Youth Services Board, Former Foster Care Medicaid Task Group, and the Court Improvement Program. In FFY 2017 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 practice to recognize the expertise of youth advisors. Accordingly, youth advisors who are engaged in work with DCW 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:

- Youth participated in the hiring process for positions in DCW's Youth Services Unit, including the Youth Services Administrator.
- In September 2016 CDHS recruited young people from youth advisory boards to review county CFCIP plans. The young people provided insight into what they believed were promising practices in working with foster care youth in preparing them for independent living. They also identified services of program areas they felt could improve and recommendations for opportunities to better engage young people.
- CDHS, CWTS, and Kempe Center staff are currently seeking youth advisory board input on how best to integrate their views into the new caseworker training curriculum.
- Youth input will be sought throughout the development of a youth mobile app.
- In coordination with Shiloh House, a youth advisor position has been created utilizing Casey Family Foundation funds. This part-time paid position will provide youth voice in coordinating the metro-wide youth advisory board and will report directly to the advisory board coordinator, which is a position that will also be hired through the Shiloh House.

Youth input into training is also evident with the collaboration efforts of The Colorado Youth Leadership Network (CYLN), the Kempe Center, and CWTS. Former and current foster care youth perspectives are taken into account by using their input to improve training for new caseworkers. After a meeting with DCW and Kempe Center staff in October 2016, a decision was made to reach out to existing youth advisory boards through CYLN and engage them to assess how best to incorporate youth input regarding the training curriculum. At this time, Kempe Center staff have met with young people from the Metro Youth Advisory Board workgroup (October 2016), the Boulder Youth Advisory Board (November 2016), and the Pueblo Youth Advisory Board (January 2017). They also plan to meet with the boards of El Paso County, Fremont County, and Garfield County. In response to the feedback from the youth advisory boards, the Kempe Center has begun collaborating with CDHS on reaching out to youth, through various youth committees, to request involvement in the design, development, and delivery of training

materials. Youth have been excited to engage in the process through sharing their experiences through various training material formats (i.e. film, written word), reviewing curriculum, and co-facilitating courses. The Kempe Center and Youth Advisory Boards have created a system whereby The Kempe Center, via DCW, will reach out youths and request collaboration on upcoming projects giving the youths autonomy to decide what projects they want to participate in.

CDHS' DCW will hire two youth advisors as part-time, term-limited employees for SFY 2017-18 and SFY 2018-19. DCW is collaborating with CareerWise—a company that coordinates apprenticeships among businesses, students, and educators—which will allow the youth advisors to receive project management credentials. CareerWise also provides support for employers in the design and implementation of youth apprenticeship programming. This includes working with each employer to support their core needs and designing training programs to ensure that these high school students ages 16-18 contribute meaningfully in the workplace at their apprenticeships.

National Youth in Transition Database (NYTD)

NYTD is a federal database that collects information about youth in foster care and the outcomes of young people 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. CDHS is currently processing and analyzing the responses from NYTD Cohort 1 and 2 surveys. The intent of the analysis is to examine youth responses for ages 17, 19, and 21 by county, agency, and local CFCIP. Additional analysis is planned to compare the responses of Cohort 1 nineteen year olds with Cohort 2 nineteen year olds to see if independent living interventions are positively affecting youth outcomes. Any meaningful results will be shared with counties, courts, and other stakeholders.

CDHS also plans to solicit input with the goal of improving service by sharing this information with adolescent and youth supervisors, county CFCIPs, and youth advisory boards across the state. Since the submission of last year's APSR, DCW staff have presented information gleaned from NYTD data to the Colorado State Foster Parent Association, Chafee quarterly meetings, URM quarterly meetings, Pathways Steering Committee meetings, Advisory Committee on Homeless Youth, and the State Workforce Conference.

CDHS continues to make improvements in NYTD data collection. In the summer of 2015, DCW held focus groups with youth 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 revised its communication strategy related to the survey, completed a redesign of the survey, and expanded accessibility. As a result of these changes, DCW saw an increase in survey responses and in the completion rate for NYTD surveys. In FFY 2018 DCW will provide training to DYS staff in order to improve survey response rates from their youths.

New marketing materials were created (e.g. brochures and flyers) and were distributed to agencies serving youth. In addition to traditional media, CDHS expanded its outreach efforts to social media, and the survey itself was redesigned. Modifications included easier log-in options, simplified survey completion instructions, and a new colorful, youth-friendly online interface. During FFY 2017 CDHS also identified other areas that will better improve survey responses including expanding accessibility to mobile devices. A follow-up meeting with youth from the CYLN is scheduled for June 2017 to further discuss any other methods DCW can utilize to improve survey response rates and survey accessibility.

Recently CDHS modified the Trails system to improve the collection of NYTD data responses for both Cohorts 2 and 3. Cohort 2 (19 year old follow-up population) was able to remotely log into Trails and complete their survey. Cohort 3 (17 year old baseline population) caseworkers, supervisors, and administrators will receive an email notification from Trails regarding the deadline and providing instructions on how to complete the survey with the youth. CDHS also continues discussions with ACF as to how to revise survey data collection.

In addition to the improvements suggested by the youth focus groups, CDHS continues to collaborate with interagency and community partners to share data and better locate youths who are scheduled to complete the NYTD survey. CDHS has an existing agreement with HCPF to access Medicaid enrollment information from the Medicaid Management Information System (MMIS) and coordinates with partners who have separate information systems to help locate youths. These partners include the Department of Motor Vehicles, DOLA's Division of Housing, HCPF's Division of Intellectual and Developmental Disabilities, and local runaway and homeless youth providers. CDHS also coordinates internally across all programs to ensure that all eligible youth are located.

Colorado is in the process of preparing for an upcoming NYTD Review. The purpose of the NYTD Review is two-fold:

- to evaluate comprehensively states' policies and practices related to collecting and reporting timely, reliable, and accurate data on youth in transition; and
- to explore how states use NYTD data to evaluate the quality of services provided to youth in transition as part of a CQI framework.

After five years of pre-testing and pilot review testing, the Children's Bureau has finalized a protocol for the new review. While a date for Colorado's review has not been finalized, CDHS staff are being proactive by reviewing all available information pertaining to the review. CDHS is also reviewing its process and procedures for NYTD surveys to assess potential vulnerabilities in advance of the review. An informational memorandum about the review will be drafted and distributed to county departments, tribal representatives, and community stakeholders. Additionally, CDHS will partner with the Colorado Judicial Branch to provide information and solicit their input.

In January 2017 CDHS staff presented information about the NYTD Review to the Chafee Services Quarterly and Youth Services Quarterly meetings. As Colorado prepares for the review, CDHS will continue to engage and inform stakeholders through these venues. Additionally, CDHS is planning a series of focus groups with Youth Advisory Boards throughout the state to solicit youths' feedback and

engage youth representatives who may be able to participate in the review. An update on CDHS' NYTD Review preparations will be provided in the 2019 APSR.

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. In order to ensure that both tribes are aware of the benefits available to their youth, both tribes are included in an informational memo that contains the planning package for the annual Chafee plan and are eligible to apply for federal funds. La Plata county staff also continually attempt to maintain contact with both tribes regarding CFCIP supports and services.

Since the last reporting period, there have been two referrals for tribal youth from the Southern Ute tribe; however, the Southern Ute tribe has not applied for CFCIP funding to manage its own programs. There has been no communication from the UMUT. DCW staff will attempt to facilitate a conversation with the UMUT by the end of FFY 2017 to identify potential barriers to the referral process in order to improve service utilization.

Education and Training Voucher (ETV) Program

Colorado's ETV program serves young people 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 youth who are pursuing postsecondary educational goals through accredited colleges, universities, or career and technical schools. Youth 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 youth 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 youth, monitors their progress, and provides individualized coaching and guidance to help youth navigate their academic and social environments. Youth 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 youth with county CFCIPs and community or school based resources. County CFCIPs receive notification every October and February of all youth receiving ETV support who attend schools in their county in

order to maintain connections and ensure every student in the program is getting the support and services they need. The following table includes the number of youth who have been served through Colorado’s ETV program.

Table 7: 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
Final Number: 2015-2016 School Year (July 1, 2015 to June 30, 2016)	160	77
Estimate: 2016-2017 School Year (July 1, 2016 to June 30, 2017)	132	70

CDHS’ CFCIP program is partnering with stakeholders to expand and strengthen youth and young adults’ access to postsecondary education. The Educational Outcome Steering Committee (EOSC) 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.

EOSC held their final meeting on February 2, 2017. Several counties reported that they had received funding from Casey Family Programs to hire Education Navigators, who help identify the best interest determination for children, and in collaboration with their schools, work to improve educational stability. The committee identified the following achievements as a result of their work:

- increased coordination between child welfare agencies and schools;
- development of sample models for transportation of children and youths;
- inclusion of school stability in best interest determinations prior to moving students to a different school; and,
- utilization of a navigator model for students who need support transferring schools.

In addition to these successes, the EOSC proposed a new rule package for school stability, which went into effect February 1, 2017. This rule package was developed in response to poor educational outcomes for children and youth in foster care and is intended to improve their educational stability. The Fostering Connections Act and Every Student Succeeds Act (ESSA) require that when a child or youth in foster care changes foster care placements, he or she remains in the school of origin with necessary transportation provided or, if this is not in his or her best interest, that the child or youth is immediately and appropriately enrolled in a new school. Consequently, implementation of this rule package has two primary components: 1) A process to determine whether it is in a child or youth's best interest to remain in their school of origin, and 2) written agreements between county department of human/social services and their local educational agencies addressing communication and school transportation. In addition to conducting best interest determination processes and collaborating with local educational agencies to better provide transportation, this rule package also requires counties to document their efforts in Trails.

As planned in the prior year, CDHS submitted 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 (COCH), 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. By the end of FFY 2017, Colorado Challenge will have completed hiring for the project's coordinator, and s/he will begin providing supports to ETV students on these campuses by the end of this school year.

CDHS continues 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, Department of Higher Education, and the National Student Clearinghouse with the intent of taking a longitudinal aspect and tracking the ETV youth over time. CDHS is currently in the process of finalizing a data sharing agreement with the Department of Higher Education and Urban Institute, after which they will begin assessing the current data and tracking it longitudinally.

X UPDATES TO TARGETED PLANS WITHIN THE 2015-19 CFSP

Colorado submitted four plans as discrete 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. All of the plans have been modified, and 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, in FFY 2017 CDHS strategically restructured a staff position to focus exclusively on recruitment and retention communication efforts. This restructured position allows the Communications and Outreach team to provide increased media and communication support to county staff and to align with CDHS' communication efforts to raise awareness about child abuse and neglect prevention. Additionally, a communication and outreach position was reassigned to DCW's Ongoing Services unit to align recruitment and retention trainings with overall foster care and adoption program strategies. The recruitment and retention specialist and the recruitment and retention communication specialist work collaboratively to develop communication tools and trainings supportive of counties and child placement agencies (CPAs).

In FFY 2017 staff focused their efforts on the development of diligent recruitment plans by county departments and child placement agencies. Federal law states that any entity using title IV-E funds for foster care and adoption must have diligent recruitment plans. Consequently, an operational memo was issued on December 15, 2016, requiring data-based diligent recruitment plans to ensure that outreach activities are reflective of the children and youth in out-of-home care. Further, after consulting with other states' child welfare agencies, CDHS developed guidance for including child placement agencies in this requirement.

To support counties and CPAs as they develop diligent recruitment plans, CDHS created a diligent recruitment plan template and monitoring tool. Additionally, CDHS staff have travelled across the state to provide the following training and technical assistance:

- a total of 24 in-person diligent recruitment trainings throughout the state;
- a two-part webinar series sharing best practices and research;
- six in-person trainings on gathering data to inform diligent recruitment plans; and

- one-on-one technical support as necessary.

Ongoing guidance on diligent recruitment was also provided during the quarterly foster care supervisors meeting, quarterly recruitment and retention meetings, and quarterly adoption supervisors meetings, all of which are attended by county and CPA staff.

To further strengthen recruitment of adoptive parents, CDHS expanded its contract with The Adoption Exchange to support existing outreach efforts and increase internal capacity. The Adoption Exchange has been a long-time partner with CDHS, which has aided in the smooth transition of responsibilities. The Adoption Exchange is now contracted to manage all aspects of planning, scheduling, and hosting photo and video shoots for children awaiting adoption. The photos and videos that are produced are used in child-specific recruitment on the Colorado Heart Gallery website (www.coheartgallery.org) and in the traveling Colorado Heart Gallery exhibit. The Adoption Exchange is responsible for implementing required security protocols intended to protect children and youth's images online. Furthermore, The Adoption Exchange is contracted to respond to phone and email inquiries from the public about adoption and foster care. In FFY 2016, 142 children and youth were photographed for the Colorado Heart Gallery exhibit and website. The adoptions of 13 children on the Colorado Heart Gallery were finalized, 29 children were placed with pre-adoptive families, and 13 were matched with pre-adoptive families. Additionally, during this reporting period, child-specific videos on the Colorado Heart Gallery website were viewed more than 117,188 times.

In addition to child-specific recruitment, the Colorado Heart Gallery website and exhibit are effective communication tools to raise awareness about the need for adoptive families. The photography exhibit was displayed in high-traffic venues including a large gift and décor store during the holiday season, the Pepsi Center entertainment venue, a public library, and the Denver County Courthouse for Denver's adoption day celebration, among many other locations throughout the state. Additionally, 76,451 users visited the Colorado Heart Gallery website and viewed 799,154 pages in FFY 2016. In that same reporting period, CDHS and The Adoption Exchange received 4,404 inquiries, 671 of these inquiries are a direct result of the Colorado Heart Gallery website and display.

Colorado also invested in paid social media advertising for recruitment messages and child-specific profiles on the Colorado Heart Gallery. As a result of these efforts, paid recruitment messages reached 15,782 Facebook users in the general public and paid child-specific Facebook posts reached an average 3,222 Colorado residents representing a key target audience outlined in the R&R plan: females ages 35-45. In addition to social media, CDHS engaged television and print media to share positive foster and adoptive family experiences during May and November 2016. Calls to action and storytelling elements were also incorporated in this statewide paid advertising. Further, CDHS targeted potential Latino foster parents with billboard advertising.

Recruitment and retention messaging and creative materials were aligned with CDHS' public awareness campaign that promotes the child abuse and neglect reporting hotline and the prevention of child abuse and neglect. This alignment allowed for the creation of one online destination (CO4Kids.org) for members of the general public who want to support the well-being of children and youth in Colorado.

The new messaging and creative materials were also infused into outreach materials that CDHS develops and makes available to counties and CPAs. The online and print materials, available on-demand in an online toolkit, include vertical banners, bookmarks, flyers, and social media memes. All the materials include images representing target audiences outlined in the recruitment and retention plan, including the LGBTQIA 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 use of photos and stories from current foster and adoptive families is a key element of the recruitment and retention plan. For example, during FFY 2017 CDHS has produced 11 new family videos that address some of the key barriers and benefits of fostering and adopting Colorado's foster kids. These videos are shared online at CO4Kids.org, and they are made available to counties and CPAs. In addition to sharing stories through videos, CDHS launched two blogs to normalize fostering and adoption and to support recruitment and retention. The community blog focuses on positive parenting, the community's role in preventing child abuse and neglect, and foster and adoptive family stories. The community blog seeks to normalize foster and adoptive families and share positive stories from the child welfare system to encourage individuals to get involved. CO4Kids.org also hosts a Parent Partner blog, which provides a space for adoptive parents, foster families, and nontraditional families to share their experiences raising children and youth who have experienced abuse and neglect. The blog seeks to create an online platform to elevate the authentic voices of families involved in child welfare.

To further support recruitment and retention efforts, CDHS engaged a market research firm, Idea Marketing, in order to better identify the demographics of current foster parents in Colorado. Data was collected through an online survey and two informal focus groups (one in Denver and another in Colorado Springs). The research sought to identify common demographics—such as profession, race, or income level—shared by foster parents willing to care for older youth, sibling groups, or children and youth with complex needs. The research did not uncover any significant differences in demographics between the overall population of foster parents and the foster parents who are open to caring for children with higher needs, siblings, and older youth. Idea Marketing's research did identify, however, the types of additional supports that would motivate foster parents to care for siblings, older youth, and children with complex needs. Some of these supports included transportation support and increased financial resources. Another critical finding from Idea Marketing's research was the determination that the longer an individual has served as a foster parent, the more open they are to caring for children and youth with physical and/or mental health needs. This finding speaks to the importance of retention of Colorado's foster parents. The demographic data as well as motivators collected in the survey will inform CDHS' outreach efforts to audiences most likely to become foster parents. Additionally, the research was disseminated through an informational memo and was presented in diligent recruitment trainings for counties and child placement agencies.

Community outreach is an integral part of Colorado's recruitment and retention plan. In FFY 2017 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:

- Denver Boo At The Zoo (October 2016);
- Colorado School Counselor Association Annual Conference (November 2016);
- Denver March Powwow (March 2017)
- Denver PrideFest (June 2017); and
- Juneteenth (June 2017).

In addition to these events, CDHS awarded \$57,987 in recruitment and retention grants to 30 county departments of human services and CPAs. 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 range from \$500 to \$5,000. Each year, these counties submit evaluation reports that discuss the ways in which they utilized these funds and the outcomes that were achieved as a result of this funding. These were submitted on May 15, 2017. Approximately 570 foster, adoptive, and kinship families participated in retention-focused activities ranging from trainings to appreciation events. Funds were also used to provide child care for trainings as well as bring trainings into rural communities, activities that increased participation among foster parents. Due to budget constraints, recruitment and retention grants are not planned for SFY 2018; however, if funding becomes available, the grant application process will be structured in a way to align with the applicants' diligent recruitment plans.

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 families for their contribution to the community. During the National Adoption Month luncheon at the Governor's Mansion in November 2016, Colorado's First Lady, Robin Hickenlooper, and CDHS Executive Director Bicha recognized five families from across the state for their commitment to provide permanent homes to children. Further, in May 2017 Mrs. Hickenlooper and Director Bicha recognized five families as part of National Foster Care Month. These families represented several Colorado counties and were honored for their dedication to Colorado's children in foster care. At each event, honorees were presented with plaques in recognition of their exceptional dedication to foster care and adoption, and videos showcasing the families' dedication were shown during the ceremony. Each event is attended by approximately 100 guests, included elected officials, CDHS representatives, county caseworkers, and family members.

The stories of recognized families are shared via traditional and social media to support Colorado's recruitment and retention efforts. Various media outlets are engaged and success stories related to exemplary foster and adoptive parents are shared with local television stations. For example, the Denver CBS and NBC affiliates recently profiled a Latino adoptive family that was recognized as part of Colorado's National Adoption Month recognition event. Similar media outreach is planned for the 2017 National Foster Care Month and will feature foster parents from the Latino and African American communities.

Health Care Oversight and Coordination Plan

In FFY 2017 Colorado's progress in implementing the 2015-19 Health Care Oversight and Coordination Plan is focused on the following goals:

- Improving the continuity of health care services for children and youth in foster care,
- Oversight of psychotropic medications, and
- Implementation of trauma-informed interventions.

The Well-Being Outcomes section of the 2017 CFSR Statewide Assessment includes information about CDHS' continuous quality improvement efforts related to initial and ongoing physical and mental health care for children and youth in foster care. In addition to the efforts documented in the Statewide Assessment, CDHS is providing guidance to stakeholders in response to their questions and feedback. In FFY 2017 the OCYF Medical Oversight Unit issued guidance to county departments and medical providers clarifying consent and levels of medical care. Based on feedback received from community stakeholders, many clinicians, facilities, and human services personnel misunderstand the process of obtaining consent for health care treatment. These misunderstandings create barriers to obtaining timely treatment as delays in obtaining consent would prevent medical actions from occurring.

In Colorado county departments defer medical consent to the courts, or in cases where parental rights are intact, the child's parents. The level of care needed, however, may impact where county child welfare staff will seek to obtain consent. In complex cases that involve psychiatric treatment, some counties lack staff with sufficient expertise to advise on the treatment prescribed by the medical provider.

CDHS has worked collaboratively with stakeholders to address these concerns. The Permanency Taskgroup and OCYF Medical Oversight Unit worked together to identify areas needing clarification, and CDHS provided guidance distinguishing between emergency, urgent, and routine care needs. Additionally, the Medical Oversight Unit created a mental health and substance abuse consent decision tree that will help guide clinicians through the consent process and address common questions they have. The decision tree will be added to the 2017 Psychotropic Medication Guidelines for Children and Adolescents in Colorado's Child Welfare System, which is due to be published in July 2017. This was developed in response to the misunderstanding among clinicians, facilities, and human services personnel around the process of obtaining consent for health care treatment. The OCYF Medical Oversight Unit anticipates that clients will receive more timely treatment as a result of this decision tree.

In order to address further barriers to obtaining physical and mental health care, the Medical Oversight Unit collaborated with DCW to revise rules in the Code of Colorado Regulations. The revision includes a new requirement that states: "Assure that each child or youth in out-of-home care is accompanied to psychiatric appointments by an adult who has knowledge about the daily functioning behavior of the child or youth." The rule revision was presented to the State Board of Human Services in June 2017, and rules are expected to be effective by the Fall of 2017.

The Health Management Associates Legislative Audit, which was aimed at improving health care for DYS youth, discovered various barriers to the documentation of consistent quality care in the DYS medical clinics. To address these barriers, the Medical Oversight Unit, in collaboration with DYS leadership, carried out corrective action audits and onsite visits. These were completed at the beginning of FFY 2017. The Medical Oversight Unit also developed protocols for specific conditions, such as insomnia and ADHD, to ensure that youth receive quality care without unnecessary delays.

The Medical Oversight Unit is collaborating with DYS to ensure the timely adoption of a new Electronic Health Record (EHR) system. The new EHR will improve the efficiency of DYS clinicians, thus allowing them more time to provide clinical care. The Medical Oversight Unit anticipates that the EHR system will be implemented in FFY 2018.

In addition to identifying the aforementioned barriers and assisting in improving their related performance, the Medical Oversight Unit provides oversight of psychotropic medications in accordance with the Health Care Oversight and Coordination Plan. In FFY 2016, CDHS, HCPF, and OIT collaborated to accomplish the following:

- improve interoperability between Trails and HCPF's claims information system; and
- better document medical information about children and youth in Colorado's child welfare and youth corrections systems.

On a monthly basis, HCPF's claims information system now pushes specific client medical information to the health related sections of Trails. This information includes: youth diagnoses, psychotropic medications that were prescribed, and alternative services that were provided to the clients. OCYF's Medical Oversight Unit and DYS staff review these reports monthly to track the types and amounts of psychotropic medication that is prescribed to clients. They also track usage of alternative therapies for youth with mental health diagnoses and hospitalizations.

To best support these innovations, rule changes, and practice changes, the Medical Oversight Unit provides training and technical support throughout the state. This includes providing technical assistance and support to DYS facilities on health care policies and procedures. For example, the Medical Oversight Unit provided guidance to DYS clinicians regarding how often routine clinical procedures must be carried out—such as monitoring vital signs. The Medical Oversight Unit provided clarification on the national standards with the DYS clinicians, which ensured consistency among all DYS facilities. Furthermore, throughout CY 2016, the Medical Oversight Director provided mental health training seminars to all DYS staff, through a series of in-person seminars at various facilities. These seminars provided DYS staff with basic knowledge about mental illness and how it may impact their interactions with the youth they serve. The Medical Oversight Unit will continue to provide training and technical assistance to DYS facilities throughout FFY 2017 and FFY 2018, supporting their work towards accreditation with the National Commission on Correctional Health Care.

Disaster Plan

Colorado was not affected by a disaster during this reporting period. The plan was updated in March 2017; please see Appendix G for the updated plan.

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 F.

XI STATISTICAL AND SUPPORTING INFORMATION

This section reports statistical and supporting information that is required by the ACF's program instruction related to the 2018 APSR (ACYF-CB-PI-17-05).

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. The Child Welfare Training Unit reviews credentials and experience as part of the caseworker certification process and ensures Volume 7 requirements are upheld.

As of July 1, 2015, the child welfare training program 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 mimicking an initial in-home visit. 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.

The 2018 APSR program instruction requests information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions; data on the education, qualifications, and training of such personnel; and demographic information of the child protective service personnel. CDHS does not currently maintain this specific information about county departments' workforce. The Trails Modernization project, however, will allow CDHS to track more information on the demographics of the state's CPS personnel. Modernized Trails will require users to input their gender and date-of-birth. Users may also choose to input information on their level of educational attainment. This information will not be required at the state-level, though counties may choose to require their staff to input this information. As modernized Trails is implemented statewide throughout FFY 2017 and FFY 2018, more information about the state's CPS workforce will be available for reporting. The 2019 APSR will provide an update on CPS workforce data that are available in modernized Trails.

In the meantime, CDHS does collect demographic information about new caseworkers who are completing the Fundamentals of Child Welfare Casework Practice training requirements. In particular,

CDHS will continue to use information on the race and ethnicity of new child protective services personnel and educational degree type from the Child Welfare Training System. Oversight of this data is now managed by the Kempe Center and Ridgewood Interactive Solutions. The proceeding tables provide information about learners who were enrolled in the *Fundamentals Practice Simulation* course between October 1, 2015 and September 30, 2016.

Table 8: FFY 2016 Trainees – Gender

Response	Frequency	Percent
Male	58	13%
Female	386	86.7%
Gender Non-Conforming	1	0.2%
Total	445	99.9%*

*Percentages may not total 100 due to rounding.

Table 9: FFY 2016 Trainees – Race/Ethnicity

Response	Frequency	Percent
No Response	27	6.1%
African American	32	7.2%
Asian/Pacific Islander	11	2.5%
Caucasian	280	62.9%
Hispanic/Latino	80	18%
Native American	9	2%
Mixed Race	6	1.3%
Other	0	0%
Total	445	100%

Table 10: FFY 2016 Trainees – Education Type

Response	Frequency	Percent
No Response	0	0%
Social Work	184	41.4%
Related Degree	224	50.3%
Other	37	8.3%
Total	445	100%

Table 11: FFY 2016 Trainees – Educational Level

Response	Frequency	Percent
No Response	0	0%
High School or GED	0	0%
Associate’s Degree	3	0.7%
Bachelor’s	284	63.8%
Master’s	154	34.6%
Other	4	0.9%
Total	445	100%

In addition to demographic information about Colorado’s CPS personnel, the 2018 APSR program instruction requests information on the caseload or workload requirements for such personnel. 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 (CWAC), is using these recommendations to allocate new child welfare caseworker positions approved by the Colorado General Assembly to counties with the greatest staffing needs. CWAC has also conducted a salary survey to gather information on each county’s workforce numbers and will use this information, in addition to the caseload study, to determine allocation of additional caseworker positions. In SFY 2016-17, 84 new caseworker positions were allocated to 15 counties and in SFY 2017-18, 67 new caseworker positions were allocated to 15 counties.

Table 12: Division of Child Welfare Caseload Study - caseload recommendations by service type

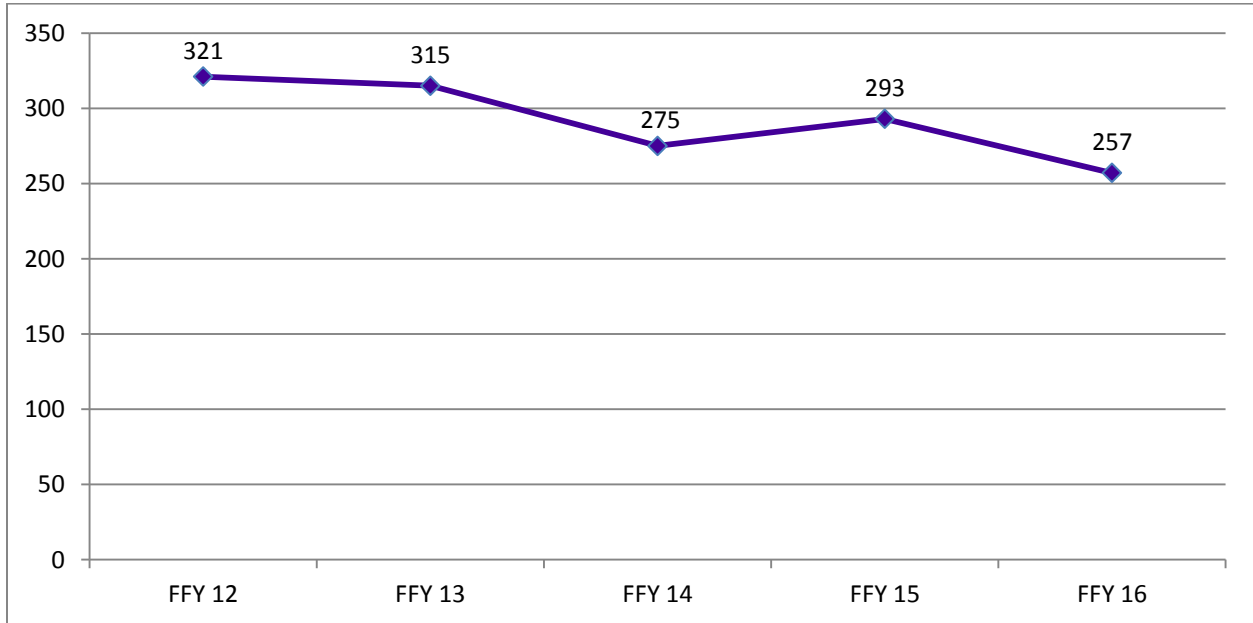
Service Type	Colorado Caseloads per Worker	
	2014 Time Study Results	Recommended per SMEs
Screening	42	36
Family Meetings	28	12
High Risk Assessment	22	15
Family Assessment Response	29	13
Ongoing, In-home	21	14
Ongoing, Out-of-home	16	8
Visitation	19	8
Adoption	24	9
Licensing	23	10

Juvenile Justice Transfers

Between October 1, 2015 and September 30, 2016, there were 257 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. CDHS counted all children and youths who were being served in an out-of-home placement by county departments and were subsequently committed to DYS during FFY 2016. These data may include delinquent youths who were court-ordered to title IV-E eligible community placements. CDHS identified data quality issues in previous years' data. As a result, the proceeding figure provides updated juvenile justice transfers data from FFY 2012 to FFY 2016.

Figure 6: Number of children and youth transferred from DCW to DYS



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 93.

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. 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. As a result, CDHS does not have any reliable data on children who were adopted from other countries and who entered into Colorado's child welfare system. Efforts to address this gap in data collection are ongoing, and an update will be provided in the 2019 APSR.

Monthly Caseworker Visit Data

Monthly caseworker visit data for FFY 2016 will be reported separate from the 2018 APSR and will be submitted to the Children's Bureau by the December 15, 2017 due date.

XII FINANCIAL INFORMATION

Colorado's CFS-101, Parts I, II, and III are submitted with this report as separate files. 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 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. CAPTA funds are allocated to CDHS and are used for interventions and programs at the county level. CAPTA funds are available to be used by all 64 Colorado counties however; because CAPTA funds cannot be used for direct client services there is no way to determine number of individuals or families served by the funds.

As noted in the Update on Service Description section, CDHS continues to work 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 and implementation of the new OEC information system 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 2018 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.

The 2018 APSR program instructions request information on the amount of FY 2005 title IV-B, subpart 1 and non-federal matching funds that Colorado expended for foster care maintenance. In FFY 2005, \$2,890,135 Title IV-B, subpart 1 funds were expended for foster care maintenance and \$630,045 non-federal funds applied as a state match were expended for foster care maintenance. Title IV-B, subpart 1 funds were not used for expenses related to child care and adoption assistance payments, Title IV-E funds are used for those purposes.

Also per the program instructions, FFY 2015 state and local share expenditures for the purposes of title IV-B, subpart 2, amount to approximately \$1,342,279.85. 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.

The CFS-101 Part II form references Population A and Population B in column (k) - Population To Be Served. For the purposes of this form, Population A includes all children and youth in foster care, while Population B includes all children and youth who are eligible for funds per rules in Volume 7 of the Code of Colorado Regulations.

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
BIA	Bureau of Indian Affairs
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
CARA	Comprehensive Addiction and Recovery Act
CASA	Court Appointed Special Advocate
CANS	Child and Adolescent Needs and Strengths
CAFAA	Colorado Association of Financial Aid Advisors
CBCAP	Community-Based Child Abuse Prevention
CCI	Colorado Counties Incorporated
CCIA	Colorado Commission of Indian Affairs
CCR	Code of Colorado Regulations
CCR	Colorado Community Response
CCTF	Colorado Children’s Trust Fund
CCJTF	Colorado Children’s Justice Task Force
CDE	Colorado Department of Education
CDLE	Colorado Department of Labor and Employment
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health and Environment
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
CPR	Center for Policy Research
CPS	Child Protective Services
CQI	Continuous Quality Improvement
C.R.S.	Colorado Revised Statutes
CRSP	Colorado Refugee Services Program
CRT	Community Roundtable
CSFPA	Colorado State Foster Parent Association
CSU	Colorado State University
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
CY	Calendar Year
DDHS	Denver County Department of Human Services
DIC	Denver Indian Center
DIFRC	Denver Indian Family Resource Center
DIHFS	Denver Indian Health and Family Services
DCW	Division of Child Welfare
DDID	Division of Developmental and Intellectual Disabilities
DR	Differential Response
DRLC	Differential Response Leadership Committee
DYS	Division of Youth Services
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 th)
FHC	Family Health Coordinators
FRCP	Family Resource Center Program
FTE	Full Time Equivalent
GAL	Guardian ad litem
HB	House Bill
HCPF	Health Care and Policy Financing
HCCC	Hotline County Connection Center
HIPPY	Home Instructions for Parents of Preschool Youngsters

HRA	High Risk Assessment
HTTG	Human Trafficking Task Group
IGA	Intergovernmental Agreement
IART	Institutional Abuse Review Team
ICAP	Individualized Career and Education Plan
ICPC	Interstate Compact on Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IH	In-Home
LGBT	Lesbian, Gay, Bi-Sexual, Transgender
MCV	Monthly Caseworker Visits
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MOU	Memorandum of Understanding
MPCWIC	Mountains and Plains Child Welfare Implementation Center
MSO	Managed Service Organizations
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
OCR	Office of Children’s Representative
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
ORPC	Office of Respondent Parent Council
OSRI	Onsite Review Instrument
PA3	Program Area 3
PAC	Policy Advisory Committee
PAG	Practice Advancement Group
PAT	Parents as Teachers
PFS	Protective Factors Survey
PIP	Program Improvement Plan
PMD	Performance Management Division
PSSF	Promoting Safe and Stable Families
P.L.	Public Law
PRT	Permanency Roundtables
PSP	Parent Support Providers

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
RMTI	Roadmap to Independence
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 th)
SME	Subject Matter Expert
Sub-PAC	Subgroup of Policy Advisory Committee
START	State and Regional Team
SUIT	Southern Ute Indian Tribe
TANF	Temporary Assistance for Needy Families
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
UMUT	Ute Mountain Ute Tribe
URM	Unaccompanied Refugee Minor
WIC	Women, Infants, and Children
WIOA	Workforce Innovation and Opportunity Act

Appendices

2018 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

June 30, 2017

Submitted by:
Colorado Department of Human Services
1575 Sherman Street
Denver, CO 80203

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COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

Ann M. Rosales, MSW, Director

**2018 Annual Report
Child Abuse Prevention and Treatment Act
2018 Annual Progress and Services Report**

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

June 30, 2017

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I OVERVIEW

Colorado's Child Abuse Prevention and Treatment Act (CAPTA) Plan identifies seven program areas of emphasis from the 14 outlined in CAPTA (42 U.S.C. 501 et seq.), section 106 (a)(1) through (14). Colorado's plan addresses areas 1-4, 6, 7, and 13:

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

In addition, all CAPTA activities are connected to at least one of the following Colorado Department of Human Services (CDHS) initiatives, plans, or objectives:

- Child Family Service Plan (CFSP) goals;
- Citizen Review Panel recommendations;
- Differential Response expansion;
- C-Stat Performance Measures;
- Governor's Child Welfare Plan 2.0; and/or,
- Safety and Risk Assessment Improvements.

II SUBSTANTIVE LEGISLATIVE CHANGES

In order to comply with Justice for Victims of Trafficking Act of 2015, which amended CAPTA with provisions related to sex trafficking, the Colorado General Assembly enacted the following legislation during the 2016 legislative session:

- *House Bill 16-1224*: Concerning child abuse involving human trafficking of minors. This law aligns with requirements of Public Law 113-183 and Public Law 114-22 to include sex trafficking as form of child abuse and/or neglect. In addition, this law requires the use of a uniform sex trafficking screening tool.

III SIGNIFICANT CHANGES TO THE PREVIOUSLY APPROVED CAPTA PLAN

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

IV ACTIVITIES

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

Activities:

- *Child Advocacy Center (CAC) Forensic Interview Training:* In order to improve Colorado’s ability to assess and investigate reports of abuse and neglect, Children’s Justice Act (CJA) funding was utilized to provide training for forensic interviewers throughout the State of Colorado. Training curriculum was developed specifically for Colorado in 2013 and includes classroom and field experience components. Trainees included law enforcement agents, child welfare workers, and child advocacy center staff.
- *Child Welfare Response to Sex Trafficking:* In order to be in compliance with the new federal and state requirements related to sex trafficking, the Division of Child Welfare (DCW) worked with the Human Trafficking Task Group (HTTG) to develop rules, training, Trails enhancements, and guidance to respond to the new requirements. The HTTG is a partnership between the County Human Services Directors Association (CHSDA) and DCW; it meets monthly to discuss issues related to human trafficking. In addition, savings realized through Colorado’s child welfare waiver demonstration project have been utilized to secure a time-limited, full-time Human Trafficking Specialist. This position provides technical assistance to counties in utilizing the screening tool and manages the process of validating the screening tool. This position also responds to reports of third-party sex trafficking and provides case-specific guidance to counties as needed. In order to create a planful expansion of the child welfare response to human trafficking, The Human Trafficking Specialist provides onsite training and technical assistance to counties and has designed and distributed a “toolkit” for counties to utilize when implementing the screening tool. The Human Trafficking Specialist also serves as a co-chair for the Human Trafficking Task Group; please see the description in area (1). CDHS anticipates that, as a result of this position, partnerships with law enforcement and federal agencies responsible for tracking human trafficking will be strengthened. Moreover, CDHS will utilize this position to better connect rural and small counties to available resources and funding for human trafficking program implementation.
- *CJA grant to Pueblo Children’s Advocacy Center:* Funds were awarded for a part-time forensic interviewer/family advocate to support activities outside of direct service.
- *Colorado’s QA/CQI System:* DCW Program staff work with county departments of human/social services to implement quality assurance (QA) and continuous quality improvement (CQI) processes to identify promising practices and opportunities for improvement. Examples include: increasing monthly face-to-face contact with children/youth in out-of-home care, increasing worker retention, implementing a day treatment model, improving outcomes for families with identified substance abuse, and preventing placement of youth in congregate care settings.
- *Digital Images Task Force:* Colorado House Bill 16-1377 created a task force to examine the collection and security of digital images of child abuse and/or neglect. DCW and county department of human/social services are participating in this task force.

- *Differential Response (DR) Expansion*: Legislation enacted in 2012 allowed for the strategic and intentional expansion of DR in Colorado. Colorado used CAPTA funds to support counties utilizing DR, including coaching, support, and additional training as needed. CAPTA funds were also used to provide training and implementation support to counties with the use of DR.
- *Institutional Assessment enhancement*: DCW, in conjunction with the Institutional Assessment Review Team (IART) and community stakeholders, is currently utilizing a CQI process to review statutes, rules, policies, training, guidance, technical assistance and quality assurance activities related to assessment of abuse and/or neglect in child care and/or out-of-home placements. The purpose is to identify modifications that can improve assessment of abuse and/or neglect and ensure that Colorado has a consistent institutional assessment process.
- *Ongoing Coaching and Technical Assistance from Program Staff*: To provide ongoing training and support to county caseworkers, DCW staff members maintain relationships with county staff and are available by phone or in-person for coaching, case consultation and technical assistance related to a variety of topics. Examples include: coaching on safety/risk tools, technical assistance on diligent search, and consulting on difficult cases.
- *Revised Colorado Safety and Risk Assessments*: Colorado completed its roll-out of the revised safety and risk assessments, and now all 64 counties are using the revised assessment tools. Implementation of the revised assessments included training, technical assistance, validation activities, and rule revisions. Additionally, Colorado engaged an implementation science consultant to support the implementation of the revised tools, as well as a researcher to ensure validity of the revised tools.

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

Activities:

- *Child Welfare Response to Sex Trafficking*: See description in area (1).
- *CJA Grants to Ralston House and Tu Casa*: Each of these child advocacy centers (CACs) were awarded grants through the CJA Task Force RFP process to support community-specific programming related to the recommendations of the CJA Task Force.
 - *Ralston House*: Funds were awarded for a half-time prosecutor to explore a model program where the prosecutor observes as many forensic interviews of children and teens as possible and participates in the multidisciplinary team investigative process.
 - *Tu Casa*: Funds were awarded for capacity-building in the San Luis Valley catchment area, a six-county rural and resource-challenged community in Colorado. Activities funded included hiring a bilingual, qualified multi-disciplinary team coordinator to provide coordination and preparation of materials, hiring a qualified family advocate to provide family advocacy and coordination among partners for child abuse cases, and providing regional multi-disciplinary trainings.
- *Colorado's QA/CQI System*: See description in area (1).

- *Expert Case Consultation:*
 - *START:* The State and Regional Team (START) is located at the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. START is a multi-disciplinary team that provides consultation and training throughout the State of Colorado. START includes expert input from a variety of disciplines, including but not limited to: pediatric medicine, forensic psychology, law, social work, and law enforcement. Consultations are available at no cost to the county departments of human/social services and law enforcement agencies.
 - *CANES:* The Child Abuse and Neglect Expert Staffing (CANES) program is facilitated by Illuminate Colorado and utilizes a multidisciplinary team of experts to engage in critical thinking surrounding the dynamics and concerns at play in complex and challenging child abuse and/or neglect cases. The CANES may be utilized at no cost to county departments to determine next steps in a complex, challenging, and/or difficult referral, assessment, or case.

- *Ongoing Coaching and Technical Assistance from Program Staff:* See description in area (1).

- *Participation in the Substance Abuse Trend and Response Task Force (SATF):* In 2013, the Colorado General Assembly reauthorized the Colorado State Methamphetamine Task Force under the name “Substance Abuse Trend and Response Task Force” (Senate Bill 2013-244) with representatives from state government, local governments, and the private sectors. Membership includes legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors. The DCW CAPTA Administrator was appointed to serve as the human services agency representative and also participates in the Substance-Exposed Newborn Subcommittee.

- *Pediatrician Consultation:* Both CAPTA and CJA funding is utilized to ensure that all counties have access to expert pediatricians. These pediatricians are members of IART and the CJA Task Force, and are available on an individual basis as consultants and trainers.

- *Training Scholarships:* Scholarships were awarded to support individual judicial officers, prosecuting attorneys, and other individuals involved with the investigation and assessment of child abuse and/or neglect. These funds are available to support attending in-state trainings and continuing education activities. An application process has been implemented with preference given to individuals from rural Colorado communities.

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

Activities:

- *Colorado’s QA/CQI System:* See description in area (1).

- *Child Welfare Response to Sex Trafficking:* See description in area (1).

- *Diligent Search Enhancements*: An online database is provided at no cost to small and medium sized county departments of human/social services to support diligent search and family finding efforts.
- *Expert Case Consultation*: See description in area (2).
- *Ongoing Coaching and Technical Assistance from Program Staff*: See description in area (1).

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

Activities:

- *Colorado's QA/CQI System*: See description in area (1).
- *Differential Response (DR) Expansion*: See description under area (1).
- *Ongoing Coaching and Technical Assistance from Program Staff*: See description in area (1).
- *Revised Colorado Safety and Risk Assessments*: See description in area (1).

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

Activities:

- *Child Advocacy Center (CAC) Forensic Interview Training*: See description in area (1).
- *Child Welfare Response to Sex Trafficking*: See description in area (1).
- *Colorado's QA/CQI System*: See description in area (1).
- *Coordination with the Colorado Child Welfare Training System (CWTS)*: DCW program staff members meet monthly with CWTS leadership to ensure ongoing alignment between policies and trainings. In addition, program staff members participate in the systematic review of all existing CWTS trainings and in the development of any new training.
- *Court and Legal Representation Improvement Work*:
 - *Best Practice Court Team (BPCTs)*: CJA funds were utilized to provide funds to support the initiatives of the judicial district BPCTs. These teams are primarily concerned with improving the ways in which individual courts in Colorado handle dependency and neglect cases in order to improve the safety, permanency and well-being outcomes for the children and families the court serves.
 - *Colorado District Attorney's Council (CDAC)*: The CJA Task Force is currently partnered with the CDAC to develop a new child abuse and neglect training for prosecutors. CJA Task Force provided funds to ensure that rural prosecutors are able to attend the training. The first training occurred June 2016 and additional trainings will be conducted as needed.
 - *Colorado Court Improvement Program (CIP) and Judicial Training Department*: The CJA

- Task Force has approached CIP and the Judicial Training Department to identify opportunities for improvement in the training and support of judicial officers. The CJA Task Force, CIP, and the Judicial Training Department are conducting a needs assessment, and the CJA Task Force will support recommendations over the next year.
- o Colorado's Office of the Child's Representative (OCR): The CJA Task Force will be supporting a variety of activities within OCR over the next year, including updating resource guides, providing additional training, and compiling research on topics related to abuse and/or neglect.
 - o Colorado's Office of the Respondent Parent Council (ORPC): The CJA Task Force has approached ORPC to identify opportunities for improvement in the training and support of respondent parent counsel. The CJA Task Force anticipates supporting a variety of professional development activities over the next year.
- *Differential Response (DR) Expansion*: See description under area (1).
 - *Institutional Abuse Trainings*: Per recommendations by IART, training, coaching, and technical assistance regarding institutional abuse investigations are provided to counties as needed and through CWTS.
 - *Ongoing Coaching and Technical Assistance from Program Staff*: See description in area (1).
 - o *Training Scholarships*: See description in area (2).

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

Activities:

- *Applied Research in Child Welfare (ARCH)*: This project is a partnership between the Social Work Research Center in the School of Social Work at Colorado State University, the Colorado Department of Human Services, and the departments of human services in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, and Pueblo counties. The purpose of the ARCH Project is to conduct applied research on child welfare interventions that inform social work practice and policy in Colorado and the United States. ARCH is currently conducting research to understand the extent of turnover among child welfare staff.
- *Child Welfare Response to Sex Trafficking*: See description in area (1).
- *Colorado's QA/CQI System*: See description in area (1).
- *Coordination with the Colorado Child Welfare Training System*: See description in area (6).
- *Ongoing Coaching and Technical Assistance from Program Staff*: See description in area (1).
- *Secondary Trauma Support*: To support the ongoing work of child welfare workers throughout the State, the Division of Child Welfare utilized Monthly Caseworker Visit (MCV) and CAPTA

funds to support secondary trauma support. Two providers are available to address issues of secondary trauma:

- o *David Conrad, University Physicians, Inc.*: Dr. Conrad is available to counties to provide brief crisis support, as well as ongoing development of self-care techniques and resilience to vicarious trauma.
- o *Maple Star Colorado*: Maple Star is also available to counties to provide brief crisis support and training regarding secondary trauma and resiliency. In addition, Maple Star provides training and ongoing coaching to enhance supervisors' ability to provide secondary trauma support to workers.

(13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs

Activities:

- ***Birth-to-Five Task Group***: At the national level, the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) was established to produce a national strategy to make recommendations for eliminating child fatalities across the country. In anticipation of the CECANF report, DCW and the state county collaborative Policy Advisory Committee (PAC) created a cross-system work group, which draws its membership from the Child Welfare and Early Childhood Sub-PACs. The purpose of the joint Sub-PAC Task Group was to have early childhood perspective throughout the process to both inform next steps and create a stronger bridge between child welfare and early childhood systems. Based on a year's worth of research, data review, and discussion, the Birth-to-Five Task Group made four recommendations:
 1. Explore decision-making at the points of assessment closure and case closure
 2. Address high staff turnover rates within both child welfare and early childhood systems
 3. Enhance cross-system collaboration
 4. Ensure that child welfare is a part of the Office of Early Childhood's Child Maltreatment Prevention Strategic Framework for Action
- ***Collaboration with the Office of Early Childhood***: An inter-agency work group was established in 2013 to ensure compliance with both Federal CAPTA regulation (P.L. 111-320 Section 106(b)(2)(B)(xxi)) and Colorado Revised Statutes (26-5-108). The legislation ensures that children under the age of five with founded instances of child abuse/neglect are referred to the appropriate agency for developmental screening. Work group participants include representatives from the Office of Early Childhood, the Division of Child Welfare, Colorado Department of Education, county departments of human services, and non-profit organizations. The group meets monthly to develop consistent policies, ensure accurate messaging, provide training as needed, and ensure accurate data collection regarding referrals to developmental evaluations. Projects have included integrating the referral process into Trails and development of an online frequently asked questions document (www.colorado.gov/cdhs/cw/devscreen). Based on the success of the collaboration between the early childhood and child welfare systems, Colorado has presented information about their work at three national conferences:
 1. 2016 Division for Early Childhood's Annual International Conference on Young Children

with Special Needs and Their Families

2. 2016 CityMatCH Leadership & Maternal and Child Health (MCH) Epidemiology Conference
 3. 2016 National Conference on Child Abuse and Neglect
- **Colorado Drug Endangered Children:** Funds were awarded to align hospital policies and/or guidelines on the identification of newborns prenatally exposed to substances and the process for referring families for assessment and support.
 - *Colorado's QA/CQI System:* See description in area (1).
 - *Differential Response (DR) Expansion:* See description under area (1).
 - *Expert Case Consultation:* See description under area (2).
 - *Kempe Center and Colorado Children's Alliance:* Funds were awarded to develop a network throughout Colorado consisting of local and regional experts in communities around the state and focused on providing guided learning and mentoring to local multi-system teams of providers.
 - *Ongoing Coaching and Technical Assistance from Program Staff:* See description in area (1).

V UPDATE ON SERVICES TO SUBSTANCE-EXPOSED NEWBORNS

CAPTA requires states to have laws and/or statewide programs that include the following:

- policies and procedures to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder (FASD); and
- a plan of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or FASD.

Colorado complies with these requirements in the following ways:

- Colorado Revised Statutes (C.R.S.) 19-1-103(1)(a)(VII) includes in the definition of child abuse or neglect “any case in which a child tests positive at birth for either a schedule I controlled substance...or a schedule II controlled substance...unless the child tests positive for a schedule II controlled substance as a result of the mother’s lawful intake of such substance as prescribed.”
- C.R.S. 19-3-304 outlines all persons required to report child abuse or neglect, which includes physicians, physicians in training, surgeons, child health associate, medical providers, nurses, and hospital personnel.
- Requirements for developmental screening referral of all children under age five with a founded allegation of abuse and/or neglect, including a referral to Part C Early Intervention Services for children under age three.
- The criteria for out-of-home placement in the Colorado Code of Regulations include situations where s a drug-exposed newborn and/or a safety concern is identified.
- The Colorado Code of Regulations includes requirements for well-child medical exams.
- Use of the Colorado Family Safety Assessment which includes:
 - determination of the child’s vulnerability, including diagnosed delays or disabilities;
 - criteria for determining current or impending danger;
 - identification of protective factors;
 - safety intervention analysis;
 - development of a safety plan, if appropriate; and,
 - placement of child in out-of-home care.
- Policies and rules related to the development of treatment plans for both child and caregivers which include specific guidance that plans must be child- and caregiver-specific and must include services and goals that directly relate to substance abuse issues identified in the safety and risk assessments.
- Periodic review and monitoring of child protective services for children and caregivers affected by substance use in the following ways:
 - Administrative Reviews as a part of the federally-required Case Review System, that includes monitoring that treatment plans address issues related to substance abuse as

- o identified in the safety and risk assessment and that appropriate services are identified and included;
 - o Periodic supervisory review of safety plans as outlined in the Colorado Code of Regulations; and,
 - o Periodic supervisory and court review of treatment plans, as outlined in the Colorado Code of Regulations.
- Colorado is in the process of modifying the State-Automated Case Management System (Trails) and certain data collection enhancements are planned regarding the number of infants born with and identified as being affected by prenatal substance abuse and the type of substances being used by the caregiver:
 - o July 2017: Additional data points to be collected at the time of referral
 - o Fall 2017: Additional data points to be collected at the time of assessment and case

In addition to activities specific to child protection services, Colorado also actively engages in multi-disciplinary, statewide efforts to improve outreach, consultation, and coordination to support implementation of services and supports for children and caregivers affected by substance use/abuse:

- Substance Abuse Trend and Response Task Force (SATF), Substance-Exposed Newborn (SEN) Subcommittee: The Colorado State Legislature formed the SATF in 2006 and has since reauthorized the group in 2009 and 2013. Membership is set forth in Colorado Revised Statutes and includes 28 members from a wide range of disciplines, including the governor's office, behavioral health, law enforcement, legislature, human services, judicial, and public health. The group's purpose is to examine drug trends, explore effective models of prevention and intervention, recommend policy and practice that supports a coordinated response across disciplines, assist with local-level implementation of models for prevention and intervention, and evaluates state and local efforts for improvement. The SEN subcommittee continues work to align policies and activities related to substance-affected newborns¹. In 2015, the SEN subcommittee identified that hospital procedures related to testing of newborns to determine drug exposure and screening infants for withdrawal symptoms are inconsistent. The result is racial, social, and economic bias in the testing and screening of newborns and caregivers. CDHS utilized Children's Justice Act (CJA) funds to support a hospital learning collaborative that is being facilitated and structured by the SEN subcommittee. The collaborative is working to align hospital policies and/or guidelines on the identification of babies prenatally exposed to substances and the process for referring families for assessment and support. In addition, the CAPTA Administrator is participating in the learning collaborative with the goal of increasing consistency in implementation of best practice approaches in identification of and response to newborns prenatally exposed to substances at time of birth across Colorado.
- Colorado Department of Health & Environment (CDPHE): In their 2015-19 strategic plan², CDPHE identifies Mental Health and Substance Abuse as one of two Flagship Priorities. Within that priority includes the following goals and activities:
 - o A State Innovation Model with funding from the Centers for Medicare and Medicaid

¹ Retrieved from: [https://coag.gov/sites/default/files/contentuploads/oc/Substance Abuse SA/SATF-reports/11th annual substance abuse task force report 2016 final 2.pdf](https://coag.gov/sites/default/files/contentuploads/oc/Substance%20Abuse%20SA/SATF-reports/11th%20annual%20substance%20abuse%20task%20force%20report%202016%20final%202.pdf)

² Retrieved from: https://www.colorado.gov/pacific/sites/default/files/OPP_2015-CO-State-Plan.pdf

- Innovation to develop and test a coordinated, accountable system of care that improves access to integrated primary and behavioral health care. This model includes comprehensive services for children, youth, mothers, fathers, and caregivers.
- o Drug-use prevention activities specifically targeted at pregnant mothers.
 - o Statewide goal of preventing prescription drug abuse.
- Completion of a multidisciplinary child welfare and marijuana health impact study³ that recommended enhancement to mandatory reporting and child welfare assessments, as well as recommendations for revising Colorado Statute related to substance-affected children.
 - Enhancement to home visitation models funded through state funds and Maternal Child, Infant and Early Childhood Home Visitation (MIEC-HV) Federal Grant:
 - o Use of the Child Family Services Assessment as a tool for understanding child and caregiver needs. This assessment includes questions specific to identifying substance use, misuse, and abuse.
 - o Development of a guide to support conversations about substance use with families by home visitors, including processes for referral to community services and referrals to child protective services.
 - o Monitoring referrals made to community services, including substance abuse interventions.
 - Core Services: The Core Services Program was established within the Colorado Department of Human Services (CDHS) in 1994 and is statutorily required to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible⁴. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities. One of ten designated types of Core Services includes: “Substance Abuse Treatment Services: diagnostic and/or therapeutic services to assist in the development of the family service plan, to assess and/or improve family communication, functioning and relationships, and to prevent further abuse of drugs or alcohol.” (Colorado Code of Regulations 7.303.1)
 - Office of Behavioral Health:
 - o Supports and monitors women’s substance abuse treatment services, including regular meetings with inpatient treatment providers to identify areas for improvement and to improve treatment outcomes.
 - o Regional managed service organizations (MSOs) - in connection with the Office of Behavioral Health (OBH) and Health Care Policy & Finance (HCPF) - are assessing the sufficiency and efficacy of substance use disorder services in each region of the state.

³ Retrieved from:

<http://www.ucdenver.edu/academics/colleges/PublicHealth/Academics/departments/HealthSystems/Research/Documents/MJ%20CW%20HIA%20Final%20Report%2011.3.2016.pdf>

⁴ Core Services Evaluation Report, January 1, 2014 to December 31, 2014, Colorado Department of Human Services.

DCW and county departments of human/social services are participating to provide feedback on gaps in services, what works well, and what doesn't work well. One identified area of need is more timely access to inpatient services for mothers with newborns and young children.

With the passage of the Comprehensive Addiction and Recovery Act (CARA), Public Law 114-198, CDHS is engaging in the following activities:

- Collaborating with stakeholders, including parent advocates, other state agencies, legislators, and county departments of human/social services to review statute to identify if changes are needed to address the removal of “illegal” from CAPTA when referring to infants born with and identified as being affected by substance abuse;
- Issuing guidance, in conjunction with HCPF and OBH, related to testing of children who are suspected of being substance-affected;
- Reviewing all trainings related to substance abuse to ensure that practices related to the plans of safe care are adequately promoted;
- Developing a “toolkit” for caseworkers to support practice and decision-making when a substance-affected infant is identified; and,
- Seeking technical assistance and support from Children and Family Futures in reviewing Colorado’s laws, rules, policies, guidance, and tools related to substance-affected children.

VI AMENDMENTS TO CAPTA MADE BY P.L. 114-22 AND P.L. 113-183

Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act, and Public Law 114-22, the Justice for Victims Act, both define sex trafficking of a minor as a form of child abuse and or/neglect. Public Law 113-183 also requires county departments of human/social services to a) identify children/youth who are at risk or have been victims of sex trafficking; b) notify law enforcement of suspected incidents of sex trafficking within 24 hours of becoming aware of the incident; c) determine appropriate services; and d) document activities in the statewide automated case management system. The Colorado General Assembly passed House Bill 16-1224, which requires a statewide, uniform screening tool for children/youth who may be at-risk for sex trafficking.

DCW continues to collaborate with CHSDA to facilitate the HTTG. This group includes county staff, service providers, DCW staff, survivors, and community stakeholders who work to identify areas of needs and make recommendations for improving the child welfare response to sex trafficking.

The following items were completed in calendar year 2016 in order to ensure compliance with new federal and state laws:

- New rules related to children/youth who are at-risk or who are victims of sex trafficking went into effect on October 1, 2016. The rules require the use of a screening tool to identify children/youth who may be at risk for sex trafficking and include requirements for reporting suspected child sex trafficking to local law enforcement agencies.
- Colorado implemented a high-risk sex trafficking screening tool, which is being used statewide as of January 1, 2017. The tool will be validated by the end of calendar year 2018.
- Web-based and classroom training on use of the assessment tool is now available to county department caseworkers, supervisors, and administrators, as well as foster parents and community partners.
- Trails enhancements to meet documentation requirements related to sex trafficking were completed on January 1, 2017
- Guidance for responding to incidents of sex trafficking was issued to county departments.

In addition, savings realized through Colorado's child welfare waiver demonstration project have been utilized to secure a time-limited, full-time Human Trafficking Specialist. This position provides technical assistance to counties in utilizing the screening tool and manages the process of validating the screening tool. This position also responds to reports of third-party sex trafficking and provides case-specific guidance to counties as needed. Consequently, the Human Trafficking Specialist provides onsite training and assistance to the counties, working to better understanding human trafficking practice implementation across the state and serving as a resource to help counties improve their human trafficking practices. For this purpose, the Human Trafficking Specialist has designed and distributed a "toolkit" for counties to utilize when implementing the screening tool. The Human Trafficking Specialist also serves as a co-chair for the Human Trafficking Task Group; please see the description in area (1). CDHS anticipates that, as a result of this position, partnerships with law enforcement and federal agencies responsible for tracking human trafficking will be strengthened. Moreover, CDHS will utilize this position to better connect rural and small counties to available resources and funding for human trafficking program implementation.

VII CITIZEN REVIEW PANEL REPORTS

IART: The 2016 report is attached.

CJA Task Force: Copy of CJA Reapplication and Annual Report submitted May 17, 2016

Child Fatality Review Team (CFRT): The 2015 CFRT Report is attached.



COLORADO

Office of Children,
Youth & Families

Division of Child Welfare

Ann M. Rosales, MSW, Director

Institutional Abuse Review Team (IART) Bi-Annual Report

This report summarizes the activities of the Institutional Abuse Review Team (IART) for the January 2016 through June 2016 period. IART is a Citizen Review Panel that is required by the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 111-320); therefore, IART is required to submit a report for inclusion in Colorado's Annual Progress and Services Report (APSR). The data contained in this bi-annual report will aid in the development of the APSR and direct technical assistance for institutional abuse case workers and providers.

Training and Outreach

Division of Child Welfare (DCW) staff and IART members continue to provide technical assistance and coaching to facility and county staff on an as needed basis. DCW staff has begun working with the Child Welfare Training Academy System to develop Institutional Abuse Assessments training module. The curriculum will be developed in fiscal year 2018.

Data and Outcomes

During the review period from January 2016 to July 2016, IART reviewed 222 institutional assessments. A comparison with the same six-month timeframe in 2015 reveals IART reviewed 250 institutional assessments. This shows a 28 assessment reduction as compared to last year (see table). Based on the assessment review, IART agreed that documentation supported the finding in 192 of the 222 county assessments reviewed in the 2016 six month time frame. This is an overall 86.5% agreement rate with county assessments, and a decrease in agreement rate from 87% during the same six-month timeframe in 2015. IART was unable to agree with the finding in 30 (13.5%) of the county assessments. In 6 (2.7%) of the disagreed assessments, IART was unable to determine if the assessment findings were appropriate or not due to insufficient information. IART's reviews were provided to the counties through the child welfare case management system. All disagreed assessments were sent back to the counties with a recommendation to review and consider changing the findings in assessments in which IART determined the finding was unsupported. IART is continuing to invite counties to have a discussion about the recommendations and about the IART process.



In the table below “Unable to determine” is used to describe only those reviews with information missing from the assessment. Following the review, IART provides the county who completed the assessment with guidance on the missing information. Usage of the label “Unable to determine” has decreased 33% compared to the same time period last year (6 times during the current time period compared to 8 times last year). IART continues to monitor how often “Unable to determine” is used to determine any pattern of concern. If there are areas of technical assistance needed, DCW will reach out to the counties to offer assistance.

IART Annual Comparison

Review Period	Number Reviewed	IART Agreed with Counties Findings	IART Disagreed with Counties Findings	Unable to determine
Jan 2015- Jun 2015	250	216 (87%)	26 (10%)	8 (3.2%)
Jan 2016- Jun 2016	222	192 (86.5%)	24 (11%)	6 (2.7%)

Membership

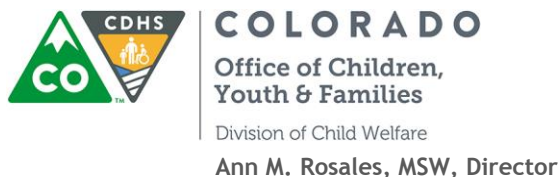
There are 18 regular members assigned to IART. Membership includes representation from: county partners (large, medium and small counties); Colorado Department of Human Services (Division of Child Welfare, Division of Youth Corrections, and the Office of Behavioral Health); Colorado State Foster Parent Association (CSFPA); Child Placement Agencies (CPAs); staff from the residential child care facilities (RCCF); and the medical community. IART regularly assesses and recruits membership to ensure that appropriate groups are represented on the team.

Recommendations

1. Create a protocol for inviting counties to participate when an assessment is being reviewed.
2. Continue to work with the Child Welfare Training System to develop an on-going training for institutional assessment workers.
3. Begin to analyze data trends.

In conclusion, with all the aforementioned information, IART is working on the further development of protocols for review to identify trends and to ensure counties have clear guidance regarding practices around institutional assessments.





Institutional Assessment Review Team (IART) Bi-Annual Report

This report summarizes the activities of the Institutional Assessment Review Team (IART) from July 2016 through December 2016 period. IART is a Citizen Review Panel that is required by the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 111-320); therefore, IART is required to submit a report for inclusion in Colorado's Annual Progress and Services Report (APSR). The data contained in this bi-annual report will aid in the development of the APSR and direct technical assistance for institutional abuse case workers and providers. The purpose of IART is to review Institutional Assessments to determine whether the conducted a thorough assessment.

Training and Outreach

Division of Child Welfare (DCW) staff and IART members continue to provide technical assistance and coaching to facility and county staff on an as needed basis. DCW staff have begun working with the Child Welfare Training Academy System (CWTS) to an develop Institutional Assessments training module. The curriculum is scheduled to be finalized calendar year 2017.

Data and Outcomes

During the review period from July 2016 to December 2016, IART reviewed 257 institutional assessments. Based on the assessment review, IART agreed that documentation supported the finding in 218 of the 257 county assessments reviewed. This is an overall 82% agreement rate with county assessments. IART was unable to agree with the finding in 39 (18%) of the county assessments.

IART's reviews were provided to the counties through the child welfare case management system (TRAILS). All assessments with IART finding disagreement were sent back to the counties with a recommendation to review assessments in which IART determined the finding was unsupported. IART is continuing to invite counties to have a discussion about the recommendations and about the IART process.

Following the review, IART provides the county who completed the assessment with guidance on the missing information. If there are areas of technical assistance needed, DCW will reach out to the county to offer assistance.



IART Annual Comparison

Review Period	Number Reviewed	IART Agreed with Counties Findings	IART Disagreed with Counties Findings
Jul 2015- Dec 2015	220	197 (87%)	28 (13%)
Jul 2016- Dec 2016	257	218 (82%)	39 (18%)

Membership

There are 29 regular members assigned to IART. Membership includes representation from: county partners (large, medium and small counties); Colorado Department of Human Services (Division of Child Welfare, Division of Youth Corrections, and the Office of Behavioral Health); Colorado State Foster Parent Association (CSFPA); Child Placement Agencies (CPAs); staff from residential child care facilities (RCCF); and the medical community. IART regularly assesses and recruits membership to ensure that appropriate groups are represented on the team.

Recommendations

1. Create a protocol for inviting counties to participate when an assessment is being reviewed.
2. Continue to work with the CWTS to deliver training for institutional assessment workers.
3. Begin to analyze data trends.

IART also revised its review tool to collect more robust data. To identify trends in county practice to inform training, technical assistance, and system level improvements





COLORADO
Department of Human Services

The Honorable John Hickenlooper
Governor of Colorado
136 State Capitol
Denver, CO 80203

The Honorable Kevin Lundberg
Chair, Senate Health and Human Services
Committee
201 East Colfax Avenue
Denver, Colorado 80203

The Honorable Dianne Primavera
Chair, House Public Health Care & Human
Services Committee
201 East Colfax Avenue
Denver, Colorado 80203

The Honorable Beth McCann
Chair, House Health, Insurance & Environment
Committee
201 East Colfax Avenue
Denver, Colorado 80203

July 1, 2016

Dear Governor Hickenlooper, Senator Lundberg, Representative Primavera and Representative McCann:

The Colorado Department of Human Services, in accordance with the statutory responsibility established through 26-1-139, C.R.S., submits the attached "2015 Child Maltreatment Fatality Report."

The statute requires that, "On or before July 1, 2014, and on or before each July 1 thereafter, an annual child fatality and near fatality review report, absent confidential information, summarizing the reviews required by subsection (5) of this section conducted by the team during the previous year," shall be developed and distributed to the Governor, the health and human services committee of the senate, and the health and environment committee of the house of representatives, or any successor committees.

Respectfully,

A handwritten signature in black ink that reads "Reggie Bicha".

Reggie Bicha Executive Director

cc: Senator Larry Crowder, Vice Chair, Senate Health and Human Services
Representative Jonathan Singer, Vice Chair, House Public Health Care and Human Services
Representative Joann Ginal, Vice Chair, House Health, Insurance and the Environment
Senator Beth Martinez-Humenik
Senator Irene Aguilar
Senator Linda Newell
Representative Janet Buckner
Representative Kathleen Conti
Representative Jessie Danielson



Appendix C

Representative Justin Everett

Representative Janak Joshi

Representative Timothy Leonard

Representative Lois Landgraf

Representative Brittany Pettersen

Representative Dominick Moreno

Representative Max Tyler

Representative JoAnn Windholz

Representative J. Paul Brown

Representative Daneya Esgar

Representative Stephen Humphrey

Representative Gordon Klingenschmitt

Representative Susan Lontine

Representative Diane Mitsch Bush

Representative Kim Ransom

Representative Sue Ryden

Members of the Child Fatality Review Team

Members of the Colorado State Child Fatality Prevention Review Team

Robert Werthwein, Office Director, Children Youth and Families, CDHS

Marc Mackert, Director, Administrative Review Division, CDHS

Melissa Wavelet, Office Director, Performance and Strategic Outcomes, CDHS

Alicia Caldwell, Deputy Director of Strategic Communications and Legislative Relations, CDHS

Julie Krow, Deputy Executive Director of Community Partnerships, CDHS

Lauren Lambert Schreier, Legislative Liaison, CDHS



2015 Child Maltreatment Fatality Report



COLORADO
Department of Human Services

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Strengthen policies and systems related to sharing child maltreatment data across local agencies in Colorado39

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Executive Summary

The 2015 Colorado Department of Human Services Child Fatality Review Annual Report focuses on identifying commonalities and making recommendations for improvements in the Child Welfare system based on information related to fatal, near fatal, and egregious incidents of child maltreatment. In order to determine trends related specifically to fatalities, information about 22 children involved in fatal incidents, substantiated for child maltreatment in 2015, is combined with data regarding all child maltreatment fatalities occurring in Colorado over the past five years, combined with national trend data.

As outlined in statute, Colorado collects information on several different child and family characteristics across the types of reviewed incidents. From the group of 69 children in 55 substantiated fatal, near fatal, and egregious incidents of child maltreatment occurring in 2015, 43 children in 34 incidents met statutory criteria for full review by the Child Fatality Review Team (CFRT).

Specific findings and recommendations are included in this report. Full CFRT reviews may not conclude in the same year when the incident occurred. Therefore, this report summarizes information from 27 incidents occurring in 2014 and 2015 that were reviewed by the CFRT and/or posted to the public notification website in 2015. Recommendations address the policy findings, and systemic gaps and deficiencies identified during the CFRT review.

Child Characteristics. For fatalities in 2015, the most frequent race/ethnicity was Hispanic (59.1%), followed by White (18.2%). This is a change from 2014, when the most frequent race/ethnicity was White (59.1%) followed by Hispanic (22.7%). The most frequent race/ethnicity for all children in fatal, near fatal, and egregious incidents of child maltreatment in 2015 was White (42%). In Colorado in 2015, males accounted for 59% (13/22) of the victims in substantiated child maltreatment fatalities. Males were victims in 87.5% of the near fatal incidents and 74.2% of the egregious incidents.

Family Characteristics. The most common family structure for children who were victims in fatal, near fatal, and egregious incidents of child maltreatment was a two parent household 36.2% (25/69). This was followed by those who resided with one (1) parent and one (1) unrelated caregiver at 34.7% (24/69). While income level and education level of legal caretakers is not routinely collected by counties, available information on services to families indicated that in 29 of the 36 (80.5%) fatal, near fatal, and egregious incidents reviewed by the CFRT in 2015, the family was eligible for and received some level of supplemental benefits.

Other Family Stressors. Of the families involved in a child fatality substantiated for abuse or neglect, 61.5% (8/13) had some history of identified domestic violence. Additionally, 61.5% (8/13) of families experienced substance abuse issues, and for 38.5% (5/13) of the fatal incidents, there was a history of mental health treatment for at least one caregiver.

Prior Involvement with Child Protective Services. The number of fatalities where the family had prior history with child protective services has ranged from 35% to 82% over the past four

years. In 2015, 57.1% (12/21) fatal incidents had prior involvement, ranging in intensity from one referral not accepted for assessment to involvement that included case services.

Perpetrator Relationship. The victim's mother committed the fatality 40% of the time (12/30), which is above the national trend (28%). The second largest category of perpetrators of fatalities was the victim's father, at 33% (10/30).

Findings and Recommendations. The CFRT highlighted 68 systemic strengths across 27 reports from 2014 and 2015 reviewed by the CFRT and posted since the cutoff of inclusion in the 2014 CFRT Annual Report (4/29/2015) and the cutoff for inclusion in this report (3/31/2016). The most commonly acknowledged systemic strength was case practice by the county departments of human/social services. The CFRT also identified 60 systemic gaps and deficiencies across the child welfare system, and made 107 recommendations related to policy findings. The most common issue identified was the current safety and risk assessment process. There were 167 recommendations resulting from the systemic gaps, deficiencies, and policy findings. These can be found in Appendix C of this report. Appendix D contains updates on the status of 81 recommendations originally included in prior years' reports and were not completed at the time of completion of those reports. This report also includes joint recommendations with the Colorado Department of Public Health and Environment, found on page 39.

Background

Legislative History

Prior to 2011, the Colorado Department of Human Services (CDHS) had limited authority to conduct fatality reviews. Up until 2011, the CDHS conducted less formal reviews on fatalities when the child or family had previous involvement with Colorado's child welfare system in the five years prior to the incident. Since 2011, Colorado's Child Fatality Review Team (CFRT) process has undergone numerous legislative and program changes.

In 2011, House Bill (HB) 11-1181 provided the Colorado Department of Human Services (CDHS) statutory authority (Colorado Revised Statutes § 26-1-139) for the provision of a child fatality review process, and funded one staff position at the CDHS to conduct these reviews. The CFRT function was programmatically located within the Office of Children, Youth and Families' Division of Child Welfare. HB 11-1181 also established basic criteria for determining which incidents should be reviewed by the CFRT. The review criteria included incidents in which a child fatality occurred and the child or family had previous involvement with a county department within the two years prior to the fatality. The legislation also outlined exceptions to reviews if the previous involvement: a) did not involve abuse or neglect, b) occurred when the parent was seventeen years of age or younger and before he or she was the parent of the deceased child or, c) occurred with a different family composition and a different alleged perpetrator.

In 2012, Senate Bill (SB) 12-033 added the categories of near fatal and egregious incidents to the review responsibilities of the CFRT. It also added reporting and public disclosure requirements. This change aligned Colorado statute with federal requirements under the 1996 Child Abuse and Prevention Treatment Act (CAPTA) which mandates that states receiving federal CAPTA funds adopt "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality" (42 U.S.C. 5106 § a(b)(2)(A)(x)). As SB 12-033 became effective April 12, 2012, any impact of adding egregious and near fatal incidents to the total number of incidents requiring review was not fully determined until calendar year 2013.

In January of 2013, responsibility for managing the CFRT program was moved under the Administrative Review Division (ARD), located within the CDHS Office of Performance and Strategic Outcomes. Additionally, with the passing of SB 13-255 in 2013, legislative changes to the CFRT process occurred once again. Specifically, criteria for incidents qualifying for a full review by the CFRT were changed. This included lengthening the time considered for previous involvement from two years to three years, and removing the exceptions related to previous involvement (noted above). These changes expanded the population of incidents requiring a CFRT review. SB 13-255 also provided funding for two additional staff for the CFRT review process; bringing the total staff dedicated to this function to three. SB 13-255 became effective May 14, 2013.

In 2014, SB 14-153 made small changes to the membership stipulations for the state legislative members of the Child Fatality Review Team. SB 14-153 made no changes to the CFRT processes, criteria for qualifying incidents, or incident reporting requirements.

Due to statutory changes over the prior years, which have modified the population of incidents requiring review, and given that changes have occurred within each given calendar year, there is limited ability to interpret trends in the data. Further, any change in the final number of incidents in a given calendar year may have been due to definitional changes rather than to changes in the number of actual incidents. For example, a total of 78 children were reported as alleged victims of a fatal, near fatal or egregious child maltreatment incident during calendar year 2012. This increased to a total of 116 children reported as alleged victims during calendar year 2013, and then to a total of 122 in 2014. The increase was likely due to increased awareness of the reporting requirements and procedures, changes to the definition of near fatal and egregious incidents, and the expanded definition and relevant time period of previous involvement. Since 2013 there have not been any significant statutory changes. Therefore, broad trends can now be considered for the past few calendar years.

Table 1 provides an overview of the overall number and type of incidents since 2012. As shown below, there are variances in the total number of types of incidents over the past four years, with 2015 displaying a decrease in all types of incidents when compared to 2014.

Table 1: Total statewide incidents reported over time and statutory change*

Year	Fatal Incidents	Near Fatal Incidents**	Egregious Incidents**	Total Incidents
2012	59	14	5	78
2013	55	21	35	111
2014	60	30	22	112
2015	43	23	20	88 [^]

*Not all incidents met criteria for CFRT review.

** Near fatal and egregious incidents were not statutorily mandated for inclusion until April 12, 2012.

[^] Two of the 88 incidents reported were determined to not fit the definitions of fatal, near fatal, or egregious. While they are included in the total, they do not appear in the incident specific columns.

Statute requires an annual report to the legislature on July 1st of each year reflecting aggregate information with regard to fatal, near fatal, and egregious incidents of child maltreatment that occurred in the prior calendar year. This annual report focuses on several different subsets of information: all reported incidents, regardless of whether or not the incident was substantiated for abuse or neglect; incidents substantiated for abuse or neglect; incidents substantiated for abuse or neglect with prior involvement in the child welfare system; and, incidents with reports finalized and posted since the completion of the prior year's annual report.

Identification and Reporting of Incidents

Statute requires that county departments provide notification to the CDHS of any suspicious incident of egregious abuse or neglect, near fatality, or fatality of a child due to abuse or neglect within 24 hours of becoming aware of the incident. Over the years of legislative changes in the definition of these applicable populations, county departments have worked diligently to comply with this requirement.

As part of the data integrity process for 2015, data was extracted on a quarterly basis from the Statewide Automated Child Welfare Information System (Trails) for any assessment with an egregious, near fatal or fatal allegation of child maltreatment. Additionally, data was pulled for any child with a date of death entered into Trails. The data was then compared to the reports of incidents received from counties over the course of 2015. This data integrity check identified eight incidents involving nine children who appeared as though their incident met the criteria for notification to the CDHS, but for whom the CDHS did not receive notification from the county. All eight incidents met criteria for public notification. Only one of the eight incidents met criteria for full CFRT review. The other seven did not meet criteria either because they were unsubstantiated for abuse and neglect or the involved families did not have prior history with departments of human/social services (DHS). As part of the data integrity check, notice was sent to the county departments regarding the incidents and the incidents were added to the public notification web page. Discussions with involved counties revealed potential confusion over the specific notification requirements and processes. This helped identify the need for better information and training around the requirements and processes for county staff. The ARD will continue this data integrity process to proactively correct data integrity issues, and to provide technical assistance to county departments, as it continues to be a valuable and necessary part of the CFRT process.

Child Fatality Review Team Process and Timelines

Allegations that are substantiated and have either prior (within the previous three years) or current child welfare involvement require an in-depth case review. These incidents are referred to the Child Fatality Review Team (CFRT) process, which includes a full review of the incident, examination of families' prior involvement with the child welfare system, and recommendations around policy and practice considerations. Table 2 offers a comparison of incidents meeting criteria to be reviewed over the past four years. It is important to reiterate that as the statutory and definitional changes over the prior years have modified the population of incidents requiring review, and each has changed within each given calendar year, it limits the ability to interpret trends in past data.

Table 2: Number of incidents meeting statutory criteria to be reviewed by CFRT

Year	Fatal Incidents	Near Fatal Incidents*	Egregious Incidents*	Total Incidents
2012	9	2	1	12
2013	8	10	21	39
2014	18	14	13	45
2015	12	9	13	34

*Near fatal and egregious incidents were not statutorily mandated for inclusion until April 12, 2012.

Statute allows county departments 60 days from a qualifying incident of fatal, near fatal, or egregious child maltreatment to provide the CDHS with information necessary to inform the review. Because some of this information comes from other agencies (e.g., law enforcement, coroners, etc.), statute also provides the CDHS with the authority to provide extensions to county departments to allow time to gather necessary information that is outside their direct control. Extensions are granted for 30 days at a time, with the ability to grant additional extensions as necessary. The need for extensions impacts the total length of time needed to complete any individual review. To date, 26 of the 34 (76.5%) qualifying incidents occurring in 2015 were afforded at least one extension, with the total number ranging from one to nine extensions.

Incidents Reviewed in 2015

As required by Volume 7 (25 CCR 2509-2), the CFRT must review all incidents within 30 days of the CDHS receiving all required and relevant reports and information critical to an effective fatality review. During 2015, the CFRT was able to review 36 incidents. It is important to note that not all incidents are able to be reviewed within the calendar year in which they occurred. As an example, of the 36 incidents reviewed during 2015, 15 of the incidents occurred in 2014 while the remaining 21 occurred in 2015. Overall, 62% (21/34) of the incidents that occurred in 2015 were reviewed in 2015.

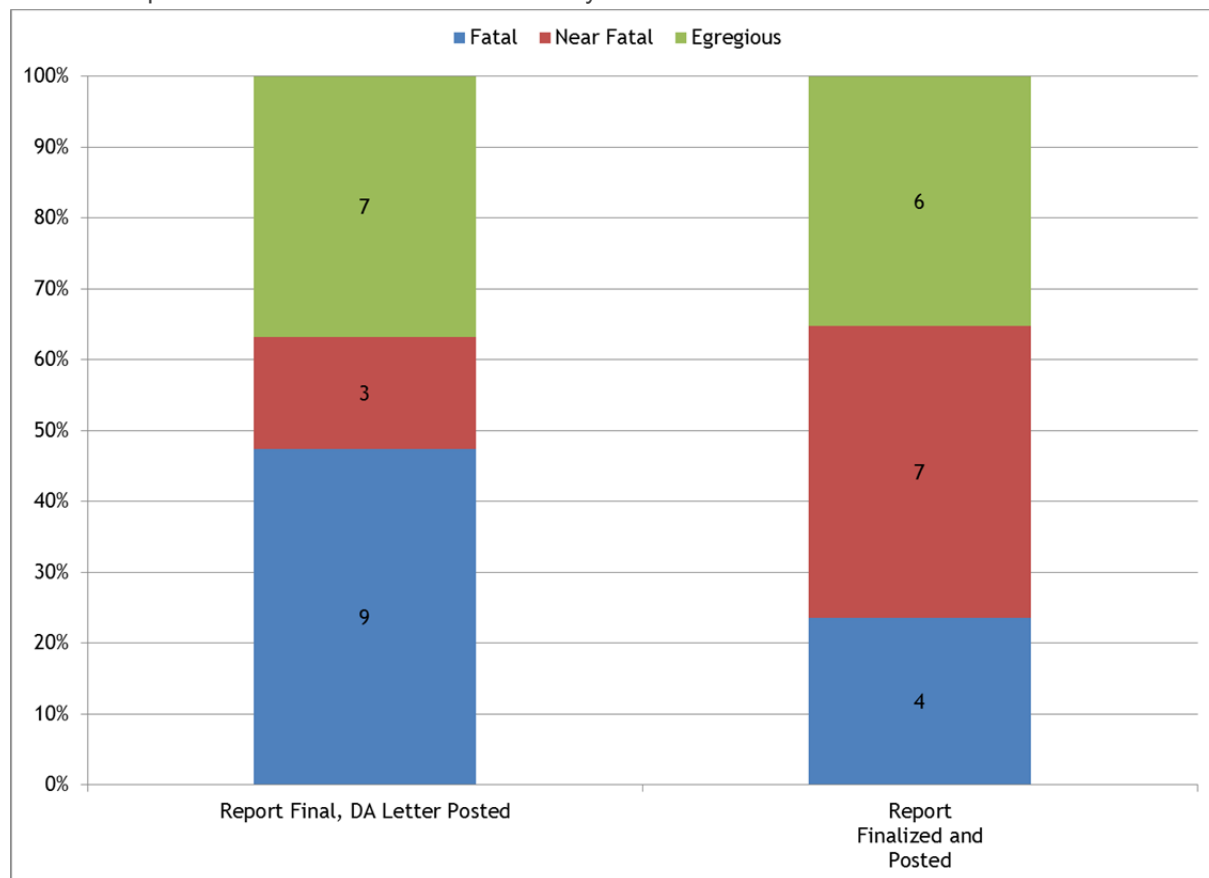
Completion and Posting of Case Specific Executive Summary Reports

Each incident reviewed by the CFRT results in a written report that is posted to the CDHS public notification website (with confidential information redacted). Specifically, statute requires that a case specific executive summary, absent confidential information, be posted on the CDHS website within seven (7) days of finalizing the confidential case-specific review report.

C.R.S. 26-1-139 (5) (j) (I) allows the CDHS to not release the final non-confidential case specific executive summary report if it is determined that doing so may jeopardize "any ongoing criminal investigation or prosecution or a defendant's right to a fair trial," or "any ongoing or future civil investigation or proceeding or the fairness of such proceeding." As such, the CFRT consults with applicable county and/or district attorneys prior to releasing the final non-confidential report when there is current, or likely, criminal or civil investigation and/or prosecution. In these instances, CDHS requests county and district attorneys to make known their preference for releasing or withholding the final non-confidential case specific executive summary report. When a determination is made not to post a case specific executive summary report, a copy of a letter from the county or district attorney in regards to that request is posted to the website. CDHS staff maintain contact with the county or district attorney to determine when the criminal or civil proceedings are completed and that releasing the report would no longer jeopardize the proceedings. At that time, CDHS requests a letter from the county or district attorney authorizing the release of the final non-confidential case executive summary report. The ARD then posts the report on the public notification webpage.

Chart 1 shows the posting status of all CFRT reports for incidents reviewed in 2015. Of the 36 incidents reviewed, final non-confidential case executive summary reports were posted for 17 of them. For the remaining 19 incidents reviewed, it was determined that releasing them could jeopardize criminal or civil proceedings and the reports were not posted. Throughout 2015, all incidents were reviewed and reports posted within the statutorily required timeframes.

Chart 1: Report status of all incidents reviewed by the CFRT in 2015



Child Fatality Review Team Membership and Attendance

As outlined in state statute, the Child Fatality Review Team is comprised of a variety of state and county department of human/social services staff, multidisciplinary members of the community, and external stakeholders. This includes personnel from the Colorado Department of Human Services, the Colorado Department of Public Health and Environment, law enforcement, medicine, and members from Colorado's General Assembly. The team meets monthly to review the circumstances surrounding incidents of egregious, near fatal, or fatal child maltreatment, including factors that contributed to the incident, and the services provided to the child, the child's family, and the perpetrator by the county department for any county with which the family has had prior involvement within the previous three years. The team also works to identify strengths and best practices of service delivery to the child

and the child's family, and when applicable, offers recommendations to improve policy and systemic factors. Team membership and attendance are detailed in Appendix A, with the grayed-out months indicating an individual was not appointed for participation for that CFRT review meeting.

Colorado Department of Human Services and Department of Public Health and Environment Collaboration

The CDHS CFRT staff works closely with the Colorado Department of Public Health and Environment's (CDPHE) Child Fatality Prevention System (CFPS) team to consider data from each system and make joint recommendations based upon these findings. Each review process serves a different purpose and each process is fully supported by the alternate agency. The CFPS staff members at CDPHE serve as the two state appointees from CDPHE to the CDHS CFRT. A CFRT staff person from the ARD is one of the six state appointees from CDHS to the CFPS. In addition to providing the CFPS staff members with access to Trails, CDHS provides CFPS with information (county DHS, medical, police, and coroner reports) gathered by CDHS during its review of each reported child fatality, regardless of whether or not the fatality was substantiated for child maltreatment. Reciprocally, CFPS notifies CDHS when a child abuse and neglect (CAN) fatality of a Colorado resident is identified that does not appear to have been reported to any DHS agency. This cross-reference of information happens on a continual basis and aids in data integrity and identification of all relevant incidents and children.

It is important to note that the CFPS uses different criteria than CDHS to determine deaths they believe were caused by child maltreatment, or when child maltreatment contributed to the death. In their Fiscal Year 2014 Annual Report, the CDPHE provides the following description:

Although Colorado's Children's Code (C.R.S. 19-1-103 (1)) and legal definitions of child abuse and child neglect serve as guidance for the review team, the final decision on whether to record an act of omission or commission is based on available information and professional judgments made by the multidisciplinary CFPS State Review Team. This team includes representatives from departments of human services. The decision to document an act of omission or commission as child abuse or child neglect does not have legal ramifications. The determination is subjective opinion on the part of the CFPS State Review Team and does not trigger any prosecution or action on the part of departments of human services. As such, fatalities classified as child maltreatment by the CFPS State Review Team will not be reflective of official counts of abuse or neglect fatality reported by the Colorado Department of Human Service (CDHS). Additionally, some of these fatalities do not meet the criteria for review by the CDHS Child Fatality Review Team. This is because they were deaths of children with no known prior history of child maltreatment within the three years prior to the fatality and deaths of children for whom child maltreatment was not the direct cause of death. Or, they were deaths of children who were unknown to the department of human services system.

SB 13-255 requires that, as a result of collaboration, the two child fatality review teams make joint recommendations. These recommendations can be found on page 39 of this document, as well as in the CFPS Fiscal Year 2015 Annual Report. Updates and analysis of past recommendations follow the 2015 recommendations.

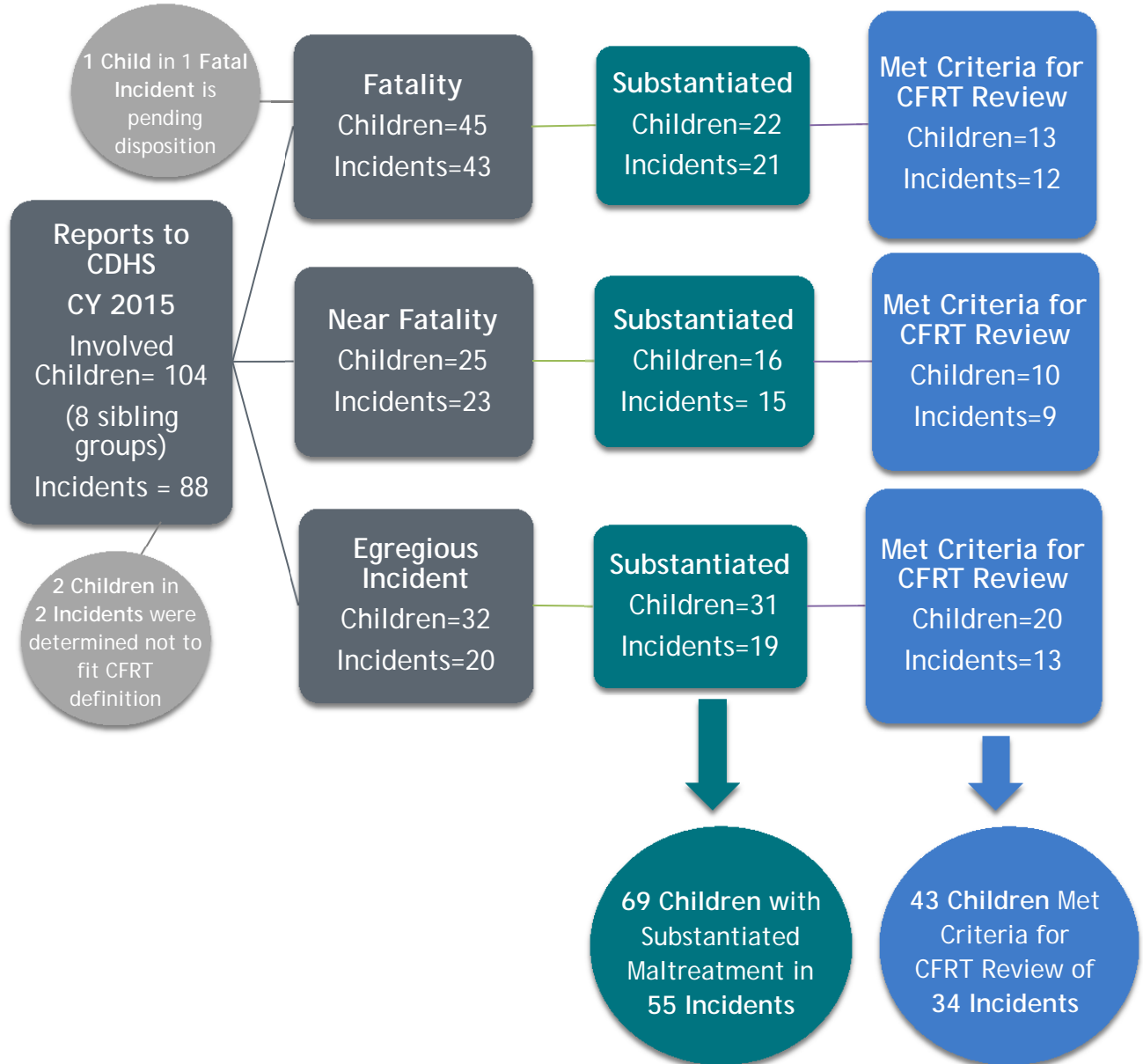
Overview of the 2015 Reports of Fatal, Near Fatal, and Egregious Incidents of Child Maltreatment Victims

As previously discussed, all county departments of human/social services (DHS) must report to CDHS all egregious incidents, near fatalities, and fatalities suspicious for child abuse and neglect. Each incident may involve more than one child. In CY 2015, counties reported 88 incidents involving 104 children who were suspected victims of fatal, near fatal, or egregious child maltreatment. Two children in two incidents were reported to the CFRT but later determined not to fit the definition. For the remaining 102 children, 45 children were associated with 43 fatal incidents, 25 children were associated with 23 near fatal incidents, and 32 children were associated with 20 egregious incidents.

Of those incidents with completed assessments (one fatal incident was pending disposition at the time of this report), 30 incidents regarding 32 children were found to be unsubstantiated for abuse or neglect. Therefore, the incident was not considered to be a result of child maltreatment.

Incidents deemed substantiated are considered the result of child maltreatment and there is a “Founded” disposition against the person(s) responsible for the abuse or neglect. In CY 2015, 55 substantiated incidents included 69 children, 43 of whom had prior involvement with DHS within the statutorily defined time period, thus indicating the need for full CFRT review. Figure 1 depicts the breakdown of the incidents reported in CY 2015. Appendix B contains a list of the counties by incident type.

Figure 1: Children involved in suspected and substantiated incidents of fatal, near fatal, and egregious child maltreatment in 2015



For purposes of this report, the majority of the analysis in the following section focuses on the 69 substantiated victims of fatal, near fatal, and egregious incidents of child maltreatment reported to the CDHS or discovered through the data integrity check (described in the background section). When available, comparisons are made across calendar years and to national data. As this data has been collected for quite some time, trends for the fatal incidents are provided across several years. Table 3 provides an overview of the demographic characteristics of the 69 substantiated victims of incidents that occurred in CY 2015.

Table 3: Summary information of all 69 substantiated victims of child maltreatment fatalities, near fatalities, and egregious incidents in Colorado for CY 2015

Characteristic	Detail	Fatal	%	Near Fatal	%	Egregious	%
Age of Victim at Time of Incident	Less than one	8	36.4%	6	37.5%	9	29.0%
	One	3	13.6%	1	6.3%	1	3.2%
	Two	5	22.7%	1	6.3%	3	9.7%
	Three	1	4.5%	2	12.5%	1	3.2%
	Four	2	9.1%	3	18.8%	1	3.2%
	Five	0	0.0%	0	0.0%	2	6.5%
	Six	0	0.0%	0	0.0%	3	9.7%
	Seven	0	0.0%	0	0.0%	3	9.7%
	Eight	0	0.0%	1	6.3%	0	0.0%
	Nine	1	4.5%	0	0.0%	1	3.2%
	Ten	1	4.5%	0	0.0%	0	0.0%
	Eleven	0	0.0%	1	6.3%	2	6.5%
	Twelve	0	0.0%	0	0.0%	2	6.5%
	Thirteen	0	0.0%	0	0.0%	2	6.5%
	Fourteen	0	0.0%	0	0.0%	0	0.0%
	Fifteen	0	0.0%	0	0.0%	1	3.2%
	Sixteen	0	0.0%	0	0.0%	0	0.0%
Seventeen	1	4.5%	1	6.3%	0	0.0%	
Race/Ethnicity	African American	3	13.6%	1	6.3%	5	16.1%
	Asian	0	0.0%	0	0.0%	0	0.0%
	Hispanic	13	59.1%	4	25.0%	7	22.6%
	Multiracial	1	4.5%	0	0.0%	4	12.9%
	Unknown	1	4.5%	0	0.0%	1	3.2%
	White	4	18.2%	11	68.8%	14	45.2%
Gender	Female	9	40.9%	2	12.5%	8	25.8%
	Male	13	59.1%	14	87.5%	23	74.2%
Family Structure	One parent	1	4.5%	2	12.5%	5	16.1%
	One parent and one related caregiver	1	4.5%	0	0.0%	2	6.5%
	One parent and one unrelated caregiver	7	31.8%	5	31.3%	12	38.7%
	Two parents	10	45.5%	6	37.5%	9	29.0%
	Two parents and relatives	0	0.0%	2	12.5%	3	9.7%
	One related caregiver	1	4.5%	0	0.0%	0	0.0%
	One parent and relatives	2	9.1%	0	0.0%	0	0.0%
	Residential Child Care Facility	0	0.0%	1	6.3%	0	0.0%

Data and Demographics

Within the field of child welfare, studies have indicated a number of factors related to maltreatment, including: child characteristics, family characteristics, and other complicating factors. While fatalities may share certain characteristics that can be used as indicators of risk factors, there is no one profile that will allow child protection workers to identify either future perpetrators or children who will become victims. Please note that little research has been conducted on near fatal or egregious incidents of abuse or neglect.

Child Characteristics

The U.S. Department of Health and Human Services Administration for Children and Families annually publishes the Child Maltreatment¹ report, which provides the most current data available on key demographic characteristics of the children reported to the National Child Abuse and Neglect Data System (NCANDS) for deaths “caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor.” The determination of when abuse or neglect is considered a contributing factor is left to each individual state. Throughout this section, demographic data from Colorado child maltreatment fatalities will be compared to the most recent national child maltreatment fatalities (FFY 2014) to illustrate similarities and differences. National data is not available for near fatal or egregious incidents.

Race/Ethnicity

In analyzing data in this section, it is important to note how race was determined for this report. In the state automated child welfare information system, referred to as Trails in Colorado, race and ethnicity are captured as two separate variables. For the purposes of this report, these two variables were combined into one overall variable. To do so, Hispanic ethnicity was treated as its own race. As an example, if a child was entered into Trails as White with Hispanic ethnicity, the child was considered Hispanic. This matches an approach proposed by the Census Bureau and currently taken by other child welfare researchers².

Nationally, 43% of child fatalities are White children, 30.3% are African American children, and 15.1% are Hispanic children.

Race and ethnicity data from the 2010 Census data from the Colorado State Demography Office indicate that 71.1% of Colorado’s population was White and 4.1% was African American. Approximately 20.6% of the population is of Hispanic or Latino origin. Population forecasts by

¹ US Department of Health and Human Services. (2015). Child maltreatment 2014. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>

² Gonzalez-Barrera, A. & Lopez, M. H. (June 2015). Is being Hispanic a matter of race, ethnicity or both? Retrieved from: <http://www.pewresearch.org/fact-tank/2015/06/15/is-being-hispanic-a-matter-of-race-ethnicity-or-both/>

the State Demographer estimated that by 2020, individuals of Hispanic origin will comprise 24.4% of Colorado's total population. The estimated population for those individuals identifying as White will decrease to 66.2%, while African American population will increase slightly to 4.3%.

Chart 3 displays the race/ethnicity for the 69 victims in the fatal, near fatal, and egregious incidents of child maltreatment that occurred in Colorado in 2015. While Hispanic (59%) was the most frequent race/ethnicity for children in fatal incidents of child maltreatment, White was the most frequent for children in near fatal incidents (69%) and children in egregious incidents (45%). Children of Hispanic race/ethnicity comprised 25% of near fatal victims and 23% of egregious victims. Trends for near fatal and egregious incidents more closely resemble the overall population trends for Colorado.

Chart 3: Race/Ethnicity of victims in all substantiated fatal, near fatal, and egregious incidents of child maltreatment in Colorado for CY 2015

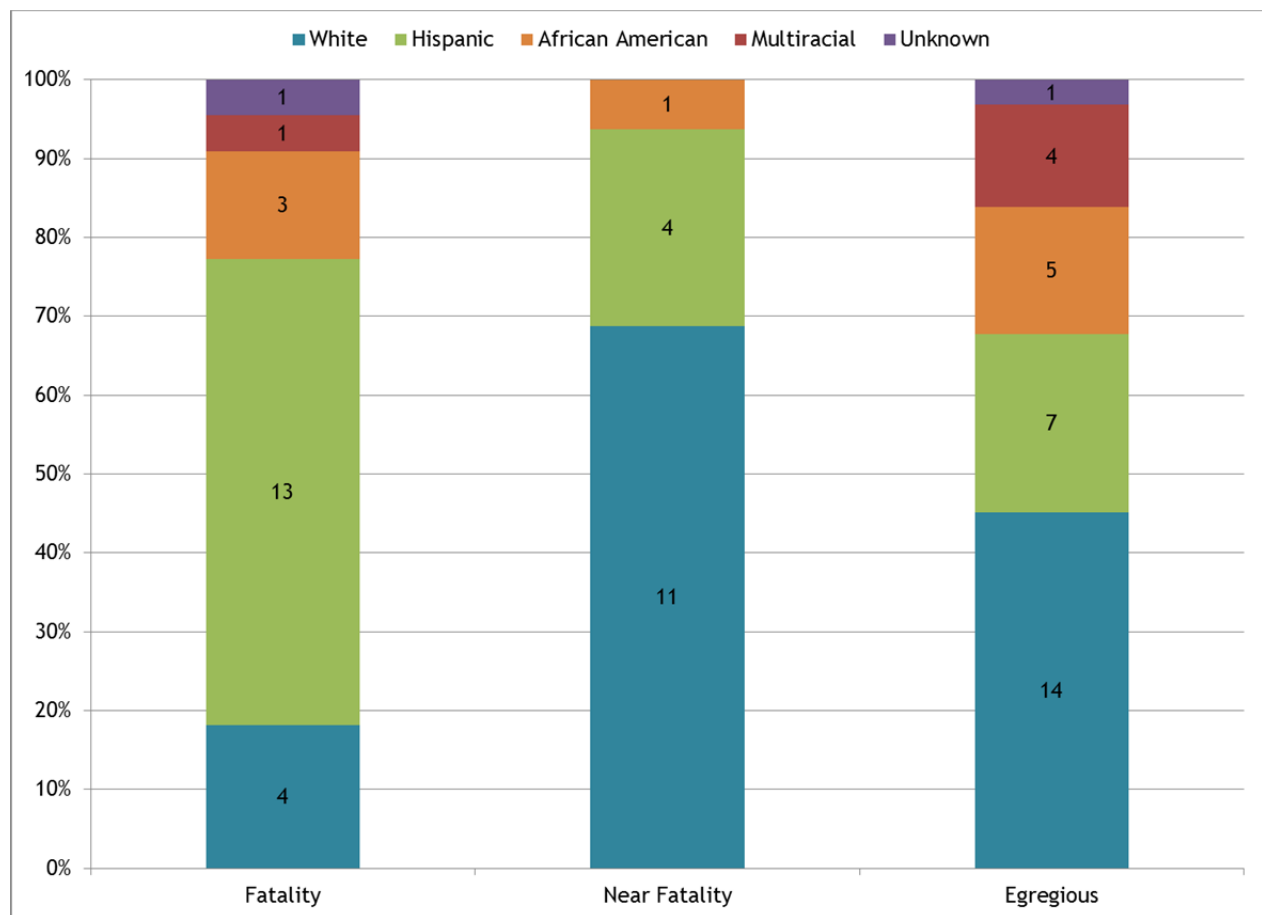
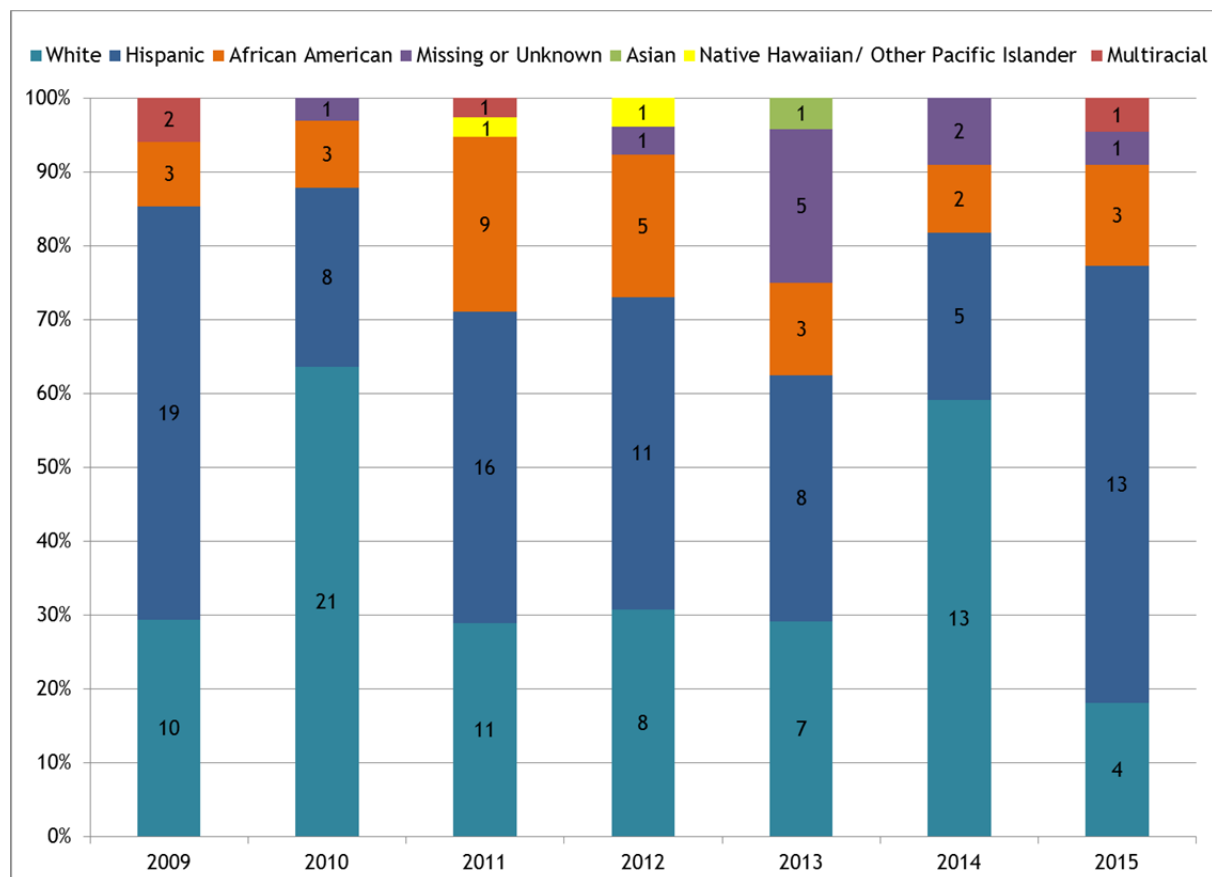


Chart 4 shows the race/ethnicity of all child maltreatment fatalities in Colorado over the past six years. For fatalities in CY 2015, the most frequent race/ethnicity was Hispanic (59.1%), followed by White (18.2%) and African American (13.6%). This is a significant change from 2014, where almost 60% of victims of child maltreatment fatalities were White (59.1%), followed by Hispanic (22.7%).

In calendar year (CY) 2009, Hispanic children had the greatest share of fatalities in Colorado. With the exception of 2010, this trend continued through 2013, with Hispanics comprising more than 34% of the child maltreatment fatalities. For CY 2014 victims identified as White encompassed more than half of the fatalities. However, CY 2015 marked a shift back to the pattern of Hispanic being the majority of victims. This is disproportionate to the population of Coloradans, as White comprised an estimated 68.9% of Colorado's population in 2015, while Hispanics are estimated to be 22.3% of Colorado's population. The percentage of White is expected to decrease over the next 25 years to approximately half of Colorado's population while the Hispanic population increases to 33%, and it will be important to watch those trends in comparison to fatality rates.

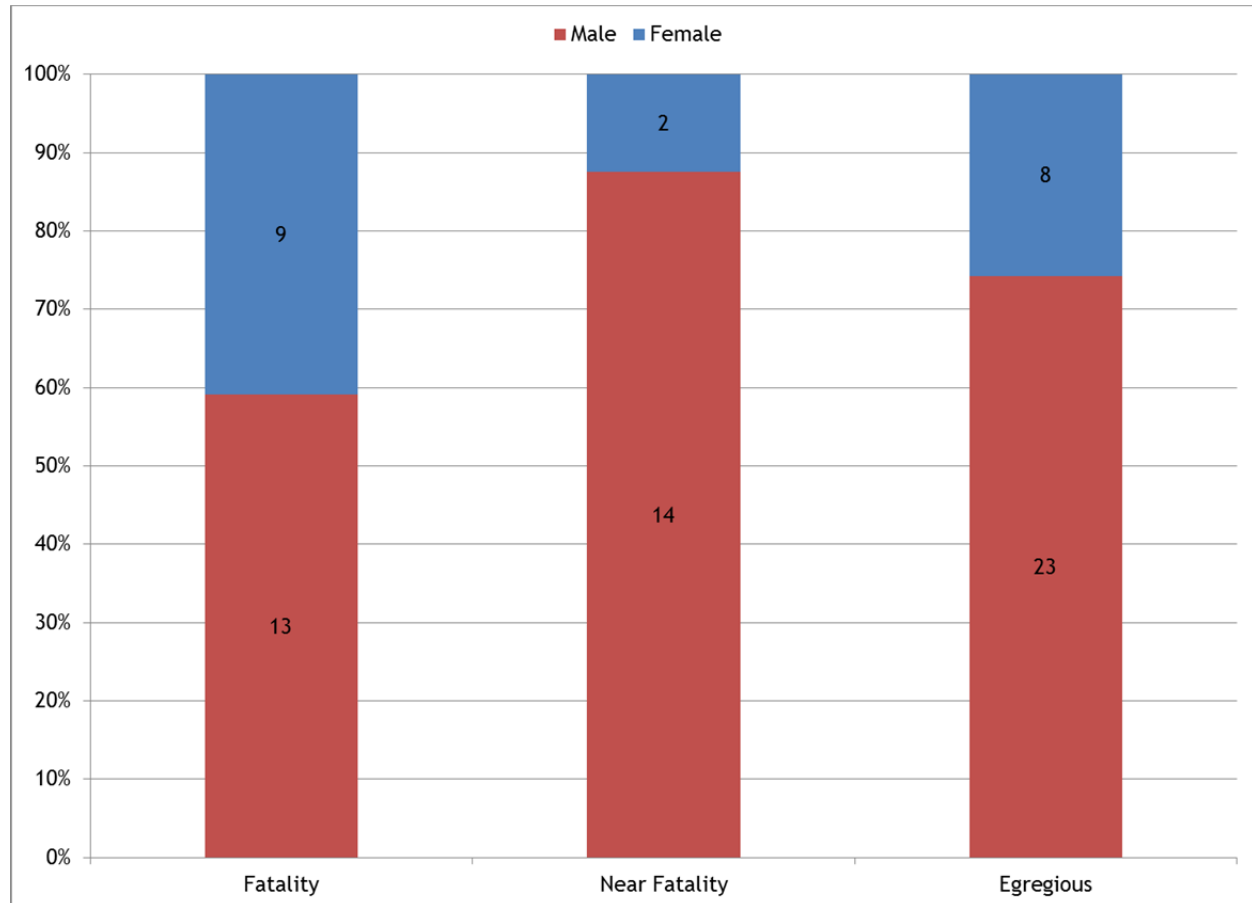
Chart 4: Race/ethnicity of victims in all substantiated child maltreatment fatalities in Colorado over the past seven calendar years



Sex of victim

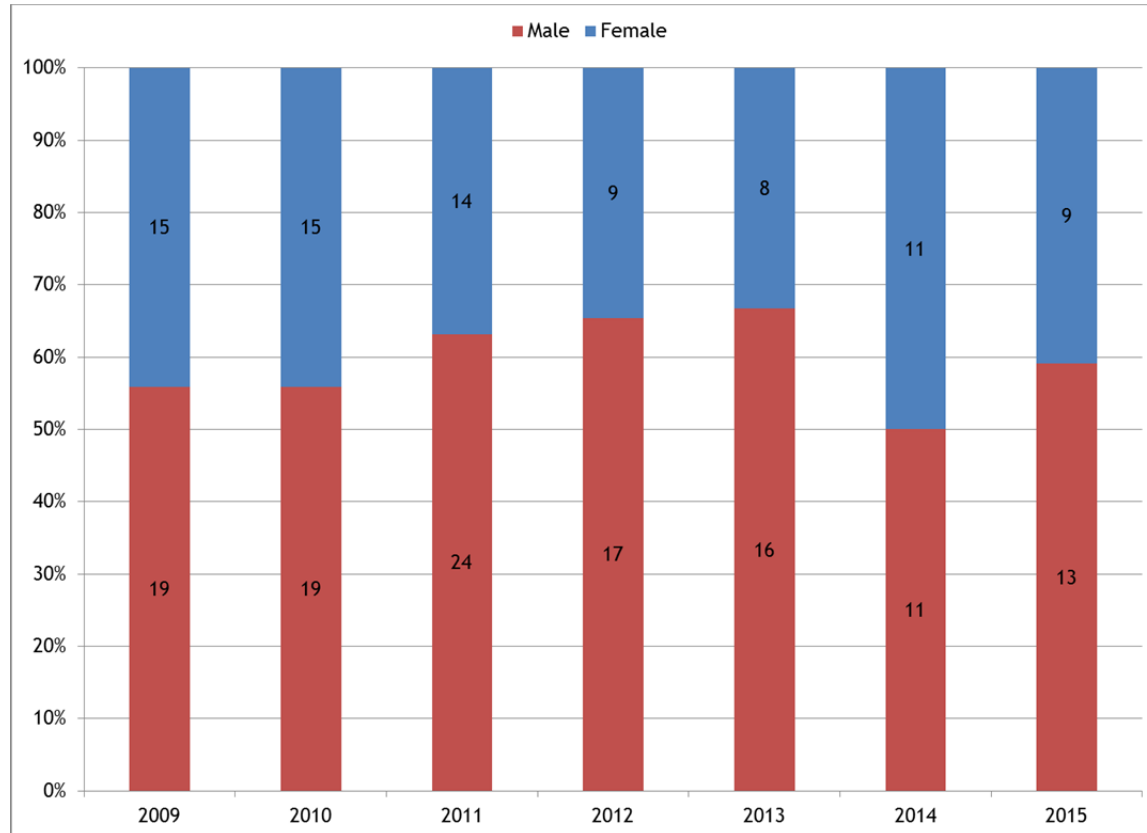
Chart 5 displays the breakdown of differences in the sex of the victims by the type of incidents. Nationally, in FFY 2014, 58.3% of child maltreatment fatality victims were males. In Colorado, in CY 2015, males accounted for 59.1% (13/22) of the children in substantiated child maltreatment fatalities. Males were victims of almost all the near fatalities (87.5%; 14/16) and three-fourths of the egregious incidents (74.2%; 23/31). There are no federal comparison statistics for near fatal or egregious incidents.

Chart 5: Sex of 69 victims in substantiated child maltreatment fatalities, near fatalities, and egregious incidents in Colorado for CY 2015



In the recent past, Colorado mirrored national trends in regard to the sex of child fatality victims. In 2009 and 2010, approximately 56% of child maltreatment fatalities involved males. However, in 2011, the percentage of male victims increased to 63%, and then a high of 67% in 2013. In 2014, this trend in Colorado changed, with males accounting for 50% (11/22) of all fatalities. As demonstrated in Chart 6, for 2015 Colorado (59.1% male) is closely in-line with national trends (58.3% male) in regards to the sex of child maltreatment fatality victims.

Chart 6: Sex of victims in all substantiated child maltreatment fatality victims in Colorado over the past seven calendar years



Age at Time of Incident

Historically, a child's age has been a key demographic factor associated with child maltreatment fatalities. National data shows that in FFY 2014, victims of fatal child maltreatment incidents tend to be younger, with approximately 78% of the child fatalities experienced by children age three or younger, and 44.2% being younger than one year old. Colorado's trends appear to closely follow the national trends. As displayed in Chart 7, approximately 36.4% (8/22) of the fatalities involved victims younger than one year old, and 77.3% (17/22) were three or younger. A similar pattern exists for the near fatalities, as 37.5% (6/16) of the victims were under the age of one, and 62.5% (10/16) were age three or under (see Chart 7).

The pattern of ages of children substantiated in egregious incidents did not exactly follow those of the fatal and near fatal victims. Twenty-nine percent (9/31) of the victims of egregious incidents were under the age of one, and 45.2% (14/31) of all egregious incident victims were aged three or younger. Seven of the 31 victims were ages 11 and older (22.6%), which is a decrease from the past year.

Chart 7: Age of 69 victims in substantiated child maltreatment fatalities, near fatalities, and egregious incidents in CY 2015

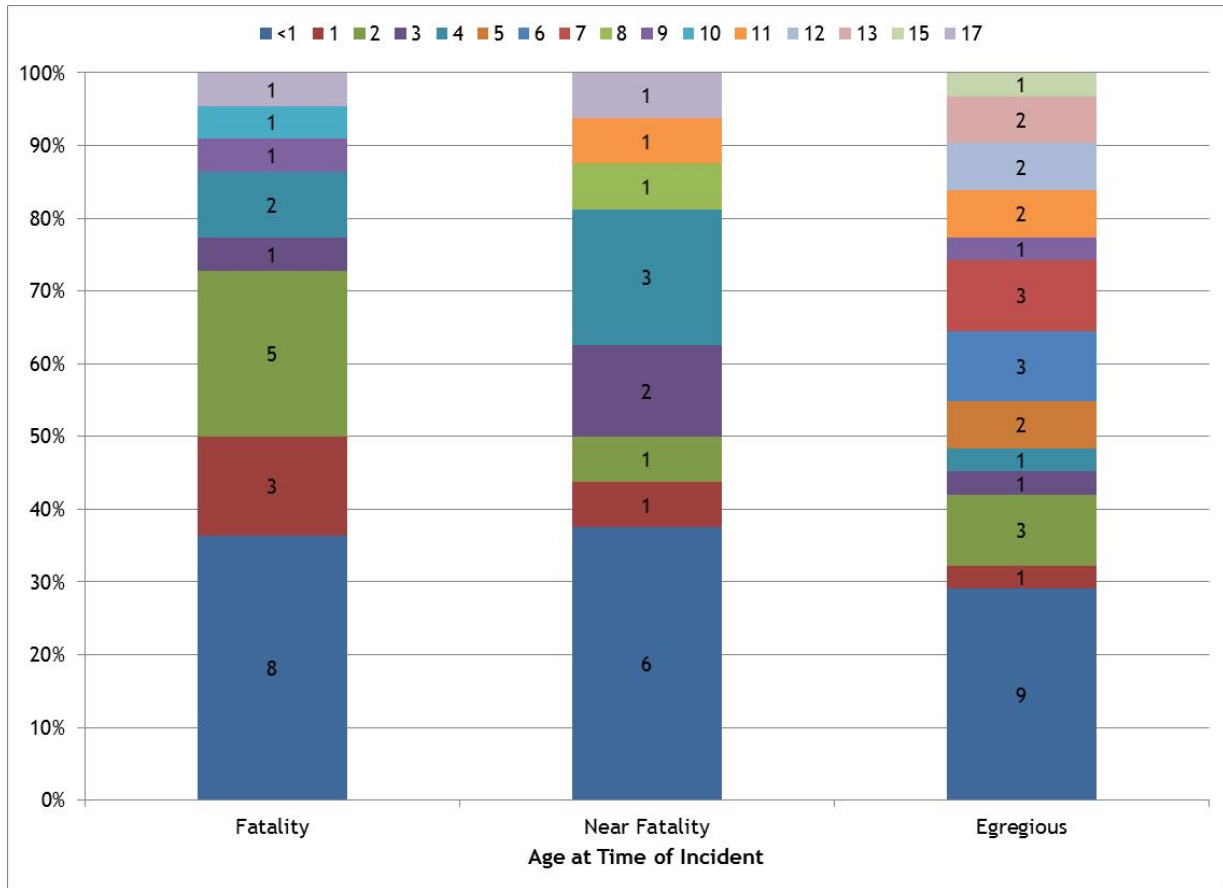
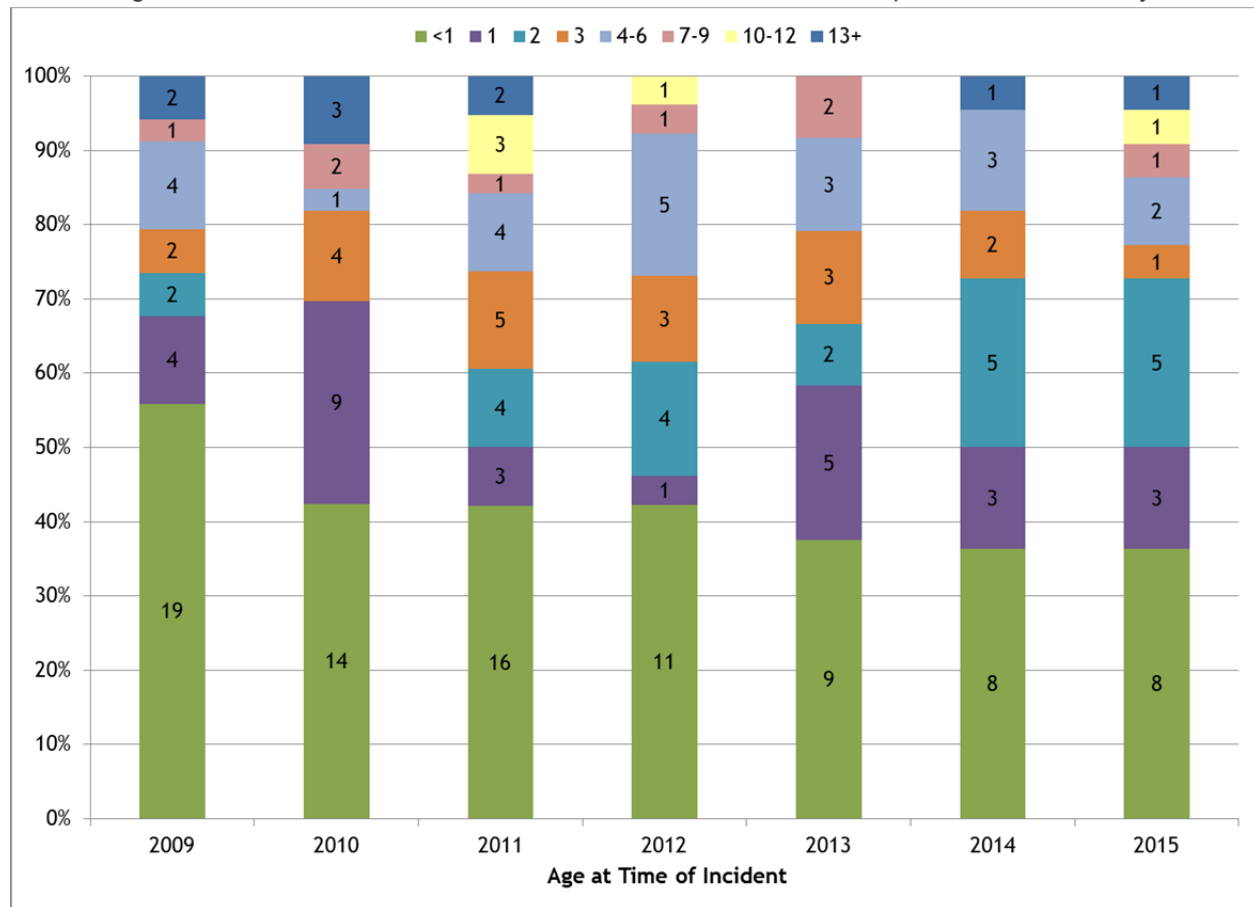


Chart 8 displays the trends in ages of victims in child maltreatment fatalities over the past six years. While it varies slightly over time, approximately 77% of children in fatal child maltreatment incidents are three years of age or younger.

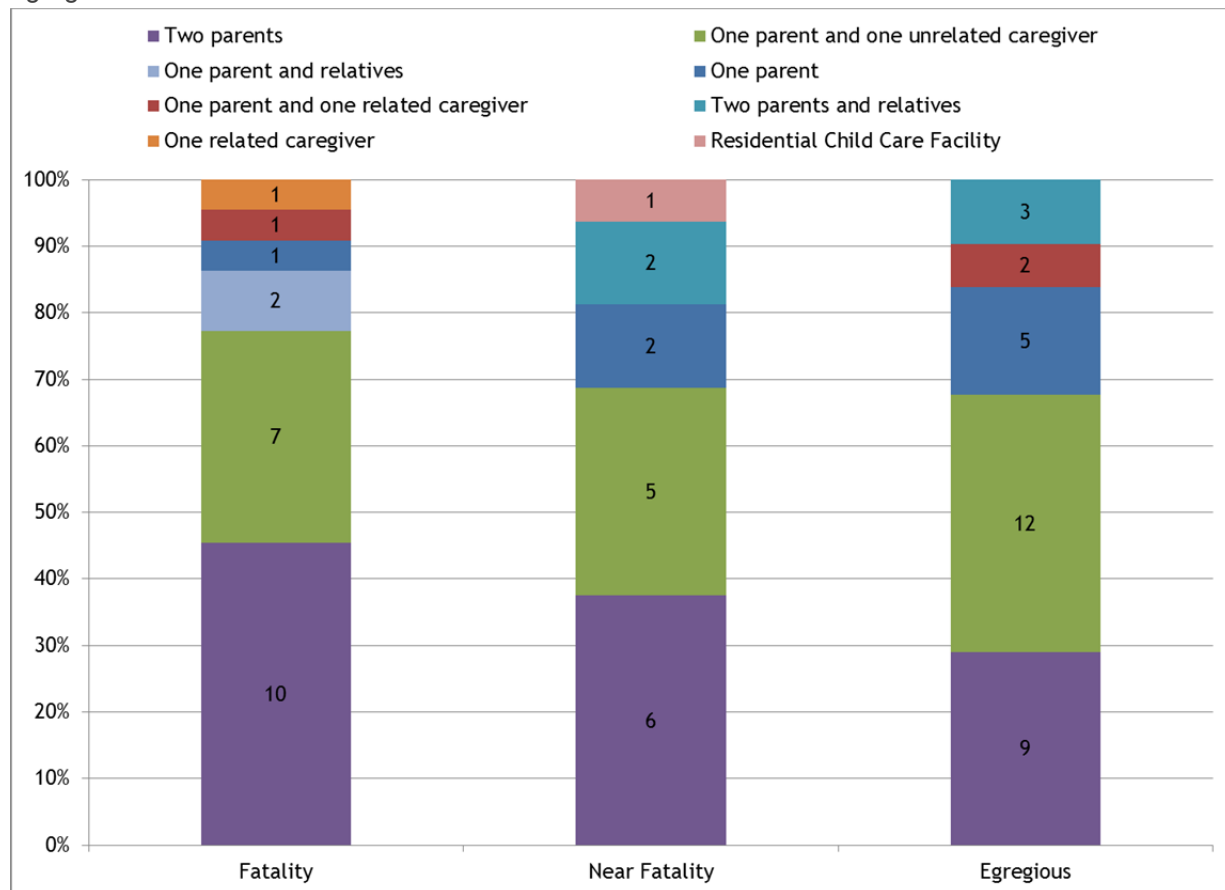
Chart 8: Age of victims in child maltreatment fatalities in Colorado over the past seven calendar years



Family Structure

Family composition is another factor potentially related to child maltreatment fatalities. As displayed in Chart 9, 36% (25/69) of all children in fatal, near fatal, and egregious incidents of child maltreatment lived in families with two parents. The second most common type of family structure across all substantiated incidents was one parent and one unrelated caregiver (34.8%; 24/69). In fact, 77.3% (17/22) of fatal incidents occurred for children in families with two parents or one parent and an unrelated caregiver. These two types of family composition were also most likely for the children in egregious incidents and near fatalities; 67.7% (21/31) of children in egregious incidents maltreatment and 68.8% (11/16) of children in near fatal incidents of child maltreatment. This year, one child in one incident was a victim of a near fatality in a Residential Child Care Facility.

Chart 9: Family Structure of 69 victims of substantiated child maltreatment fatalities, near fatalities, and egregious incidents in 2015



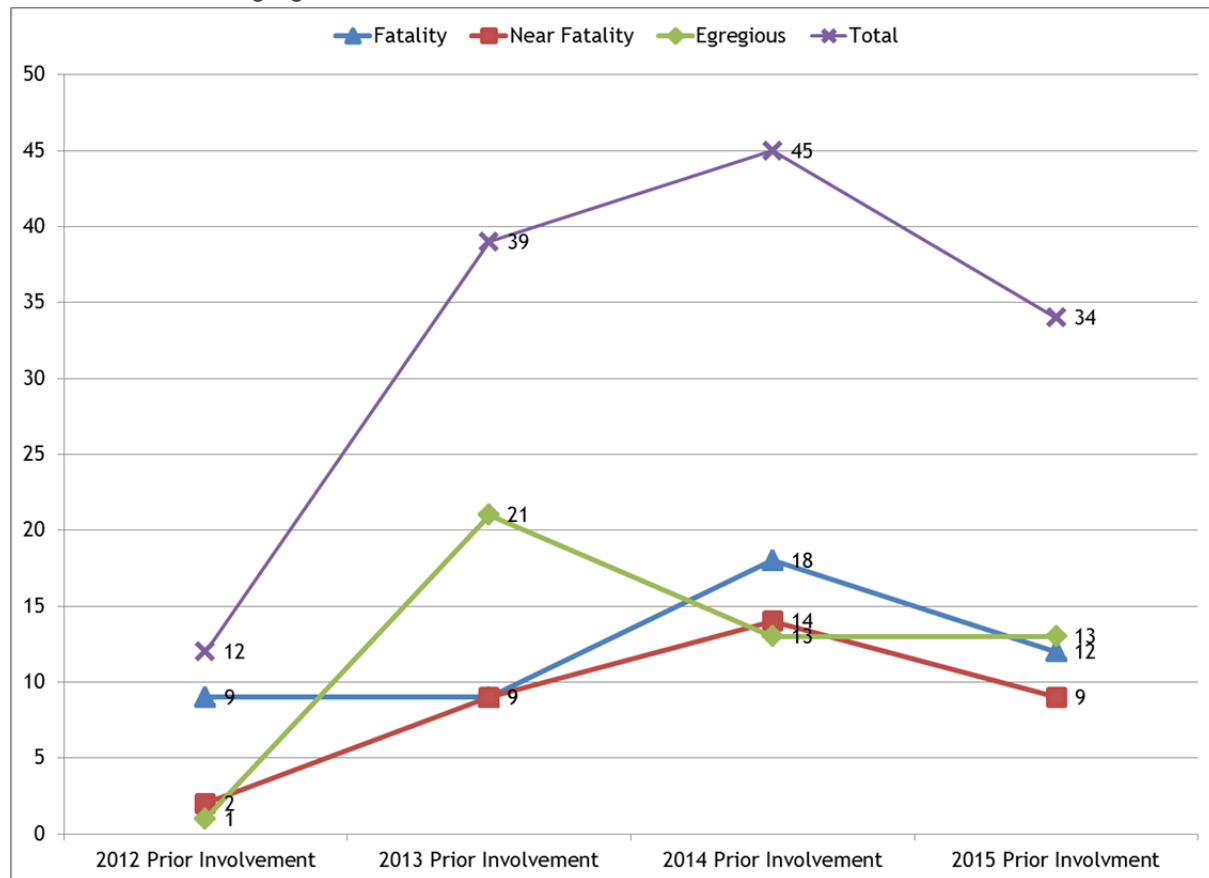
Prior Involvement

Nationally, in 2014, 1.8% of child fatalities involved families with prior out-of-home placement within the past five years, and 12.2% received family preservation services. It is important to note national data varies for this measure based on state and local policy and reporting requirements to the Federal government. According to current state statute, the CFRT is required to conduct a thorough review of fatal, near fatal, and egregious incidents of child maltreatment when there is prior history in the three years preceding the incident. Before the change to statute in 2013, prior child welfare involvement was defined as a two-year time period (2011).

For the child maltreatment fatalities that occurred in Colorado during calendar years 2012 - 2015, approximately 35% to 82% of the families had prior or current child protection history as defined in statute. In 2015, 12 of 21 (57.1%) families involved in fatal child maltreatment incidents had prior history and/or current involvement in the Child Protection System (CPS); in 2014, 81.8% (18/22) of fatalities had prior history and/or current involvement. This is a significant decrease in the number of fatalities in 2015 with prior history compared to those from 2014. The number of families with prior history and/or current involvement for both near fatalities and egregious incidents remained relatively stable from 2014 to 2015. Near

fatal incidents where families had prior history and/or current involvement remained stable at 60.9% (14/23) in 2014 and 60.0% (9/15) in 2015. Families involved in egregious child maltreatment incidents who had prior history and/or current involvement went from 59.1% (13/22) in 2014 to 68.4% (13/19) in 2015. Chart 10 details the trends in incidents with prior and/or current involvement for the past four calendar years.

Chart 10: Prior and/or current CPS involvement of families in substantiated child maltreatment fatalities, near fatalities, and egregious incidents in Colorado from 2012-2015*



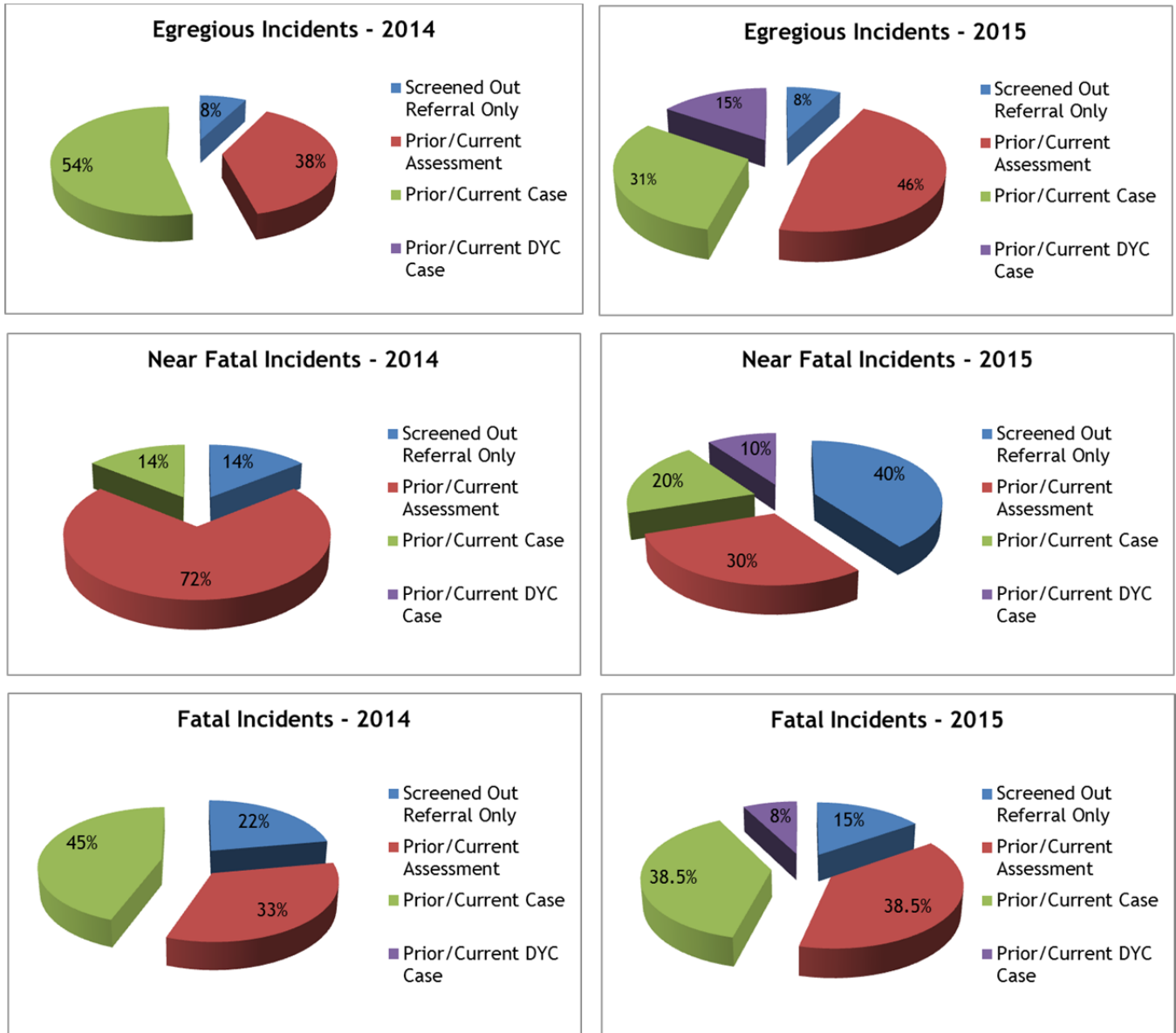
* As the statutory changes over the prior years have modified the population of incidents requiring review, and each has changed within each given calendar year, it limits the ability to interpret trends in the data. Further, any change in the final number of incidents in a given calendar year may be due to definitional changes rather than to changes in the number of actual incidents.

For the first time in 2014, information related to the type and scope of prior involvement was available for analysis, as illustrated in Chart 11 a-f. The same information is available for 2015, allowing for some basic comparisons. In determining the type and scope of prior involvement, this section follows the prior history to the furthest level of prior involvement the family had within the child protection system. For example, if a referral had been made regarding a family, and that referral was accepted for an assessment, the prior history will be counted only in the category for "Prior/Current Assessment." If the referral was not accepted for assessment, it would be counted in the "Prior/Current Referral" category. It should be noted that, for purposes of this report, if a child/family had prior or current involvement in

an open child welfare case and a prior or current involvement within the Division of Youth Corrections, that history was counted in both of those categories. This can result in a duplicate count for a family. While both of these describe a similar level of involvement (i.e., an open case), it can be helpful to distinguish between them. As an example, for CY 2015, there was one fatal and one near fatal incident where the prior involvement consisted of both child welfare and DYC involvement at the case level. As a result, the 2015 charts are based on 13 family involvements for fatalities (rather than 12), and 10 near fatal prior family involvements (rather than 9).

The most common type of prior history and/or current involvement for incidents occurring over the past two years was an assessment. The most frequent type of prior history and/or current involvement in fatal child maltreatment incidents in 2015 were assessments (5/13; 38.5%) and on-going cases (5/13; 38.5%). Conversely, near fatal incidents in 2015 comprised the greatest number (4/10; 40%) of incidents where the only prior history was a screened out referral, meaning the family was referred for a potential allegation of abuse or neglect but no abuse or neglect occurred.

Chart 11a-f: Detail of prior involvement of families in fatal, near fatal, and egregious incidents of child maltreatment

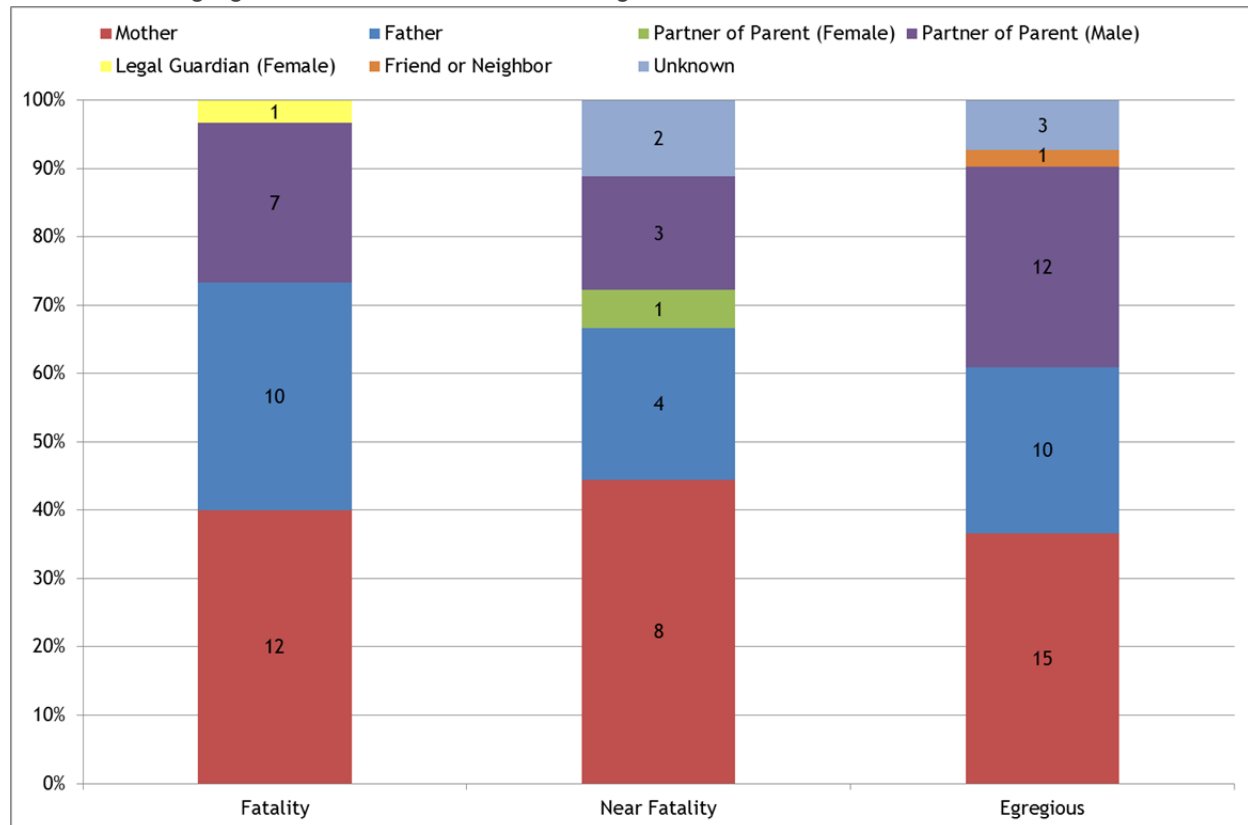


Perpetrator Relationship

Chart 12 displays the relationship between the perpetrator(s) and the victim(s) of fatal, near fatal, or egregious incidents of child maltreatment. It is important to note there can be more than one perpetrator per child and incident. In 2015, the most frequent perpetrator in fatal incidents was the victim’s mother (12/30; 40%), and this is quite above national trends (28%). The second largest category of perpetrators of fatalities was fathers (10/30; 33.3%). For the near fatal incidents, mothers were also the most frequent perpetrators (8/18; 44.4%), and among the other 10 victims, the father was the perpetrator for four victims.

The perpetrators in egregious incidents were most frequently mothers (15/41; 36.6%), followed by the male partner of the parent (12/41; 29.3%) and the father (10/41; 24.4%). Across all types of incidents, five perpetrators were unknown, which means through assessment and investigation, a perpetrator of the incident was unable to be determined.

Chart 12: Perpetrator relationship to 69 victims of substantiated child maltreatment fatalities, near fatalities, and egregious incidents in Colorado during CY 2015*



*More than one perpetrator exists for several children.

Family Characteristics

Several characteristics related to family dynamics appear to be generally associated with child maltreatment. Each of these is discussed below, including the data from fatal, near fatal, and egregious incidents reviewed by the CFRT in 2015. This information is only collected on the families where the incident meets the statutory criteria for review, which results in a more limited scope of analysis. Information on public assistance is at the family level of the legal caregiver(s), while information on the income and education are on the legal caregiver level.

Income and Education Level of Caregivers

In the changes made to the Colorado Revised Statute by SB 13-255, the income of, educational level of, and government assistance or services received by legal caregivers at the time of the incident became a reporting expectation for confidential, case-specific reports reviewed by the CFRT. This information continues to prove difficult to collect and report on, as it was not always part of the available documentation. Income and education level of caregivers are not variables routinely collected during child protection assessments, as assessments are more focused on determining immediate safety of children. For example, in 2015, there were 68 unique caregivers involved in incidents that were reviewed by the CFRT; income information was only known for 27 of these individuals (39.7%). Of those caregivers with known income information, the average income for caregivers involved in fatal incidents is approximately \$21,214.56; \$14,400 for near fatal incidents and \$19,012.78 for egregious incidents.

Educational level was unknown for 54% (37/68) of the legal caregivers. Of the reported education levels for legal caregivers the most common across fatal, near fatal, and egregious incidents of child maltreatment was a high school diploma/GED. This accounted for 61% of the caregivers with a known educational attainment level. An additional 22.5% (7/31) had less than a high school diploma/GED.

Supplemental Public Benefits

In CY 2015, information for 29 of the 36 (80.5%) reviewed incidents indicated that the family qualified for and received some level of supplemental public benefits. According to the most recent available information, nationally, 25.8% of caregivers involved in a child maltreatment fatality received public benefits³. It is important to note that national figures on public assistance received by families of child maltreatment fatalities represent only 23 states and include only fatalities; Colorado's data includes near fatalities and egregious incidents. The most frequently received supplemental benefit was Medicaid, received by 25 of the families. This was followed by Supplemental Nutrition Assistance Program (SNAP), which was received by 17 families. Other types of benefits received included, Supplemental Security Income (SSI),

³ US Department of Health and Human Services. (2014). Child maltreatment 2013. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>

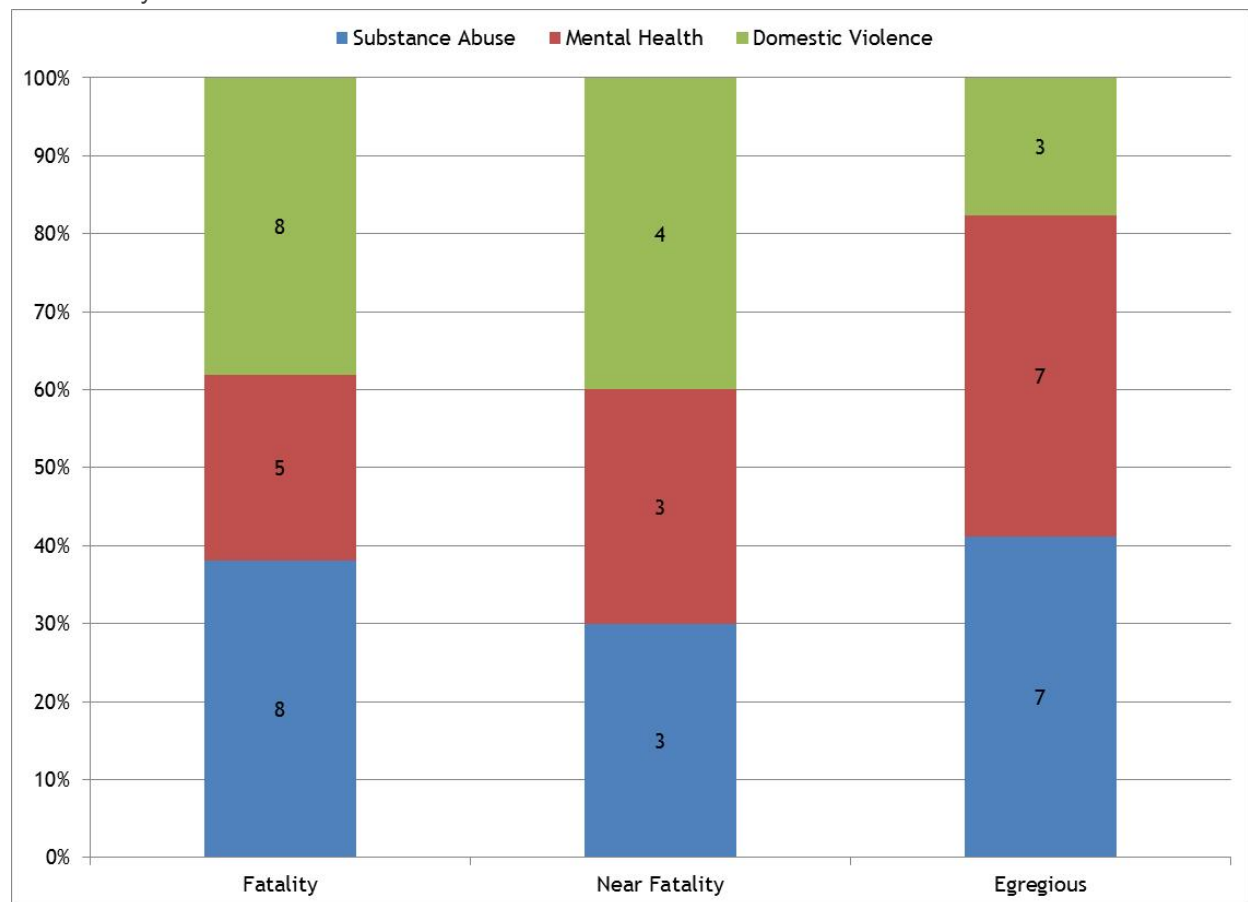
Temporary Assistance for Needy Families (TANF), and Special Supplemental Nutrition Program- Women, Infants, Children (WIC), Social Security Disability Insurance (SSDI), and Colorado Works.

Other Family Stressors

Chart 13 identifies additional elements that were tracked in an effort to determine commonalities among the families involved in fatal, near fatal, and egregious incidents of child maltreatment reviewed in 2015. Nationally, 6.9% of child fatalities were associated with a caregiver who was known to abuse alcohol, while 17.9% of child fatalities had a caregiver who abused drugs. In Colorado, 61.5% (8/13) of the families involved in a fatal incident of child maltreatment reviewed by the CFRT in 2015 had some history of identified substance abuse.

Within the families involved in child fatalities, 61.5% (8/13) of the families experienced domestic violence issues and for 38.5% (5/13) of the fatality incidents there was a history of mental health treatment. More egregious incidents had families identified with mental health issues than in both fatal and near fatal incidents.

Chart 13: Other stressors in families of the child maltreatment fatalities, near fatalities, and egregious reviewed by the CFRT in 2015



Summary of CFRT Review Findings and Recommendations

This section summarizes the findings and recommendations of 27 non-confidential case-specific executive summary reports (hereafter referred to as reports). This includes 26 reports completed and posted to the CDHS public notification website after the date for inclusion in the 2014 CFRT Annual Report (4/30/2015) and prior to and including the end date for inclusion in this year's report (3/31/2016), and 1 report that met criteria for inclusion in the 2014 CFRT Annual Report, but was inadvertently left out. Each of the 27 reports contains an overview of systemic strengths identified by the CFRT, as well as systemic gaps and deficiencies identified in each particular report. The aggregate data from the 27 reports point to the strengths and gaps in the child welfare system surrounding fatal, near fatal, and egregious incidents of child maltreatment.

Using the expertise provided by the CFRT multidisciplinary review, members identified gaps and deficiencies which ultimately resulted in recommendations to strengthen the child welfare system. Reviewers identified policy findings based on Volume 7 and Colorado Revised Statutes. Each report contained a review of both past and current involvement. Using county and state level quality assurance data, reviewers determined if policy findings were indicative of systemic issues within the individual county agency and/or the state child welfare system, and if so, produced one or more recommendations for system improvement.

This section first summarizes systemic strengths found by the CFRT in each of the 27 reports. Then, the section provides an overview of systemic gaps and deficiencies as well as any corresponding recommendations and progress. This section also summarizes policy findings from the 27 reports alongside resulting recommendations and progress.

Summary of Identified Systemic Strengths in the Delivery of Services to Children and/or Families

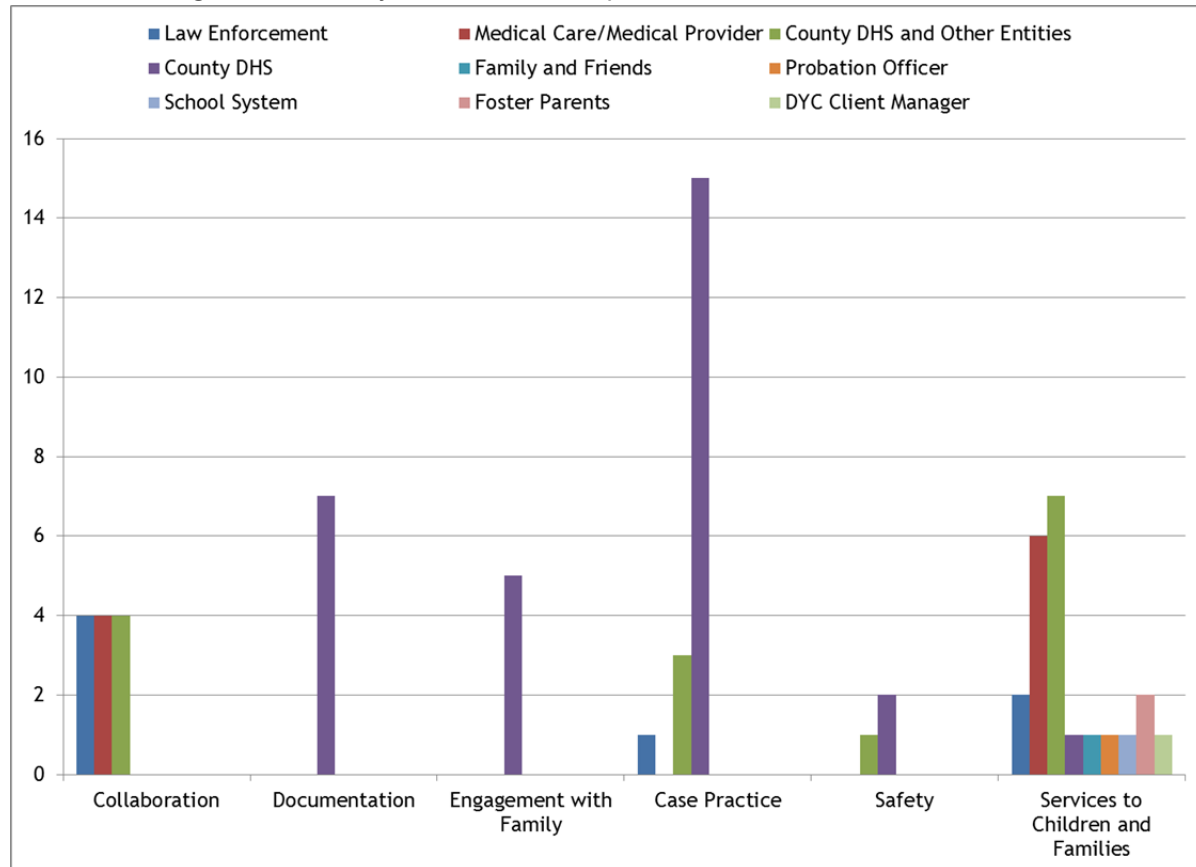
In the 27 fatal, near fatal, or egregious incidents of child maltreatment reviewed by the Child Fatality Review Team and posted to the public notification website, the team noted 68 systemic strengths in the delivery of services to children and families. A qualitative analysis of the 68 systemic strengths indicated six main themes. Items of systemic strength acknowledged by the team can be organized in the following categories: 1) Collaboration, 2) Documentation, 3) Engagement with Family, 4) Case Practice, 5) Safety, and 6) Services to Children and Families. The three systems most frequently mentioned are: 1) County Departments of Human Services (both alone and alongside other entities), 2) Medical Providers, and 3) Law Enforcement. This report outlines each area of systemic strength and the involved entities or individuals. Chart 14 provides a summary of these systemic strengths.

Collaboration

The CFRT uses multi-disciplinary expertise to examine coordination and collaboration between various agencies as reflected in documents from multiple sources. The CFRT identified that at different times, collaboration between county offices and other professional entities was a systemic strength on 12 occasions in 10 reports. Most often, collaboration occurring *after* the fatal, near fatal, or egregious incident was noted as a

strength. For example, county departments and law enforcement worked well together to investigate the circumstances around the incident. Medical providers were also indicated as important collaborative members in the assessment of the fatal, near fatal, and egregious incidents.

Chart 14: Strengths identified by the CFRT review process



Documentation

Documentation by county departments of human services was indicated as a systemic strength on seven occasions in six reports, with regard to casework in the fatal, near fatal and egregious incidents. Specifically, the CFRT noted that county departments of human/social services completed thorough internal reviews of the incidents and were transparent and forthcoming with information.

Engagement of Family

On five occasions, across five reports, it was noted that county departments worked diligently to engage and support family members surrounding fatal, near fatal, and egregious incidents of child maltreatment. In one case, a county involved extended family to support the mother and children after the incident, and coordinated extensive trauma treatment services for them. On another occasion, the county department was able to engage the mother and get her to work with the department.

Case Practice

The CFRT identified caseworkers who excelled in case practice to children and families 19 different times (across 13 reports) following fatal, near fatal and egregious incidents of child maltreatment. For example, caseworkers demonstrated strong practice skills by using a variety of methods to locate other children involved with the family when the children were hard to find. In another incident, the county worked with law enforcement to ensure translation services were available and located a cultural center to help better understand the culture of the family involved in the incident.

Safety

The CFRT identified three instances across three reports where systems surrounding children and families provided excellent work in the promotion of child safety. The CFRT noted the work of a county department of human/social services in sponsoring an educational campaign to promote Safe Sleep environments. County department of human/social services also worked diligently to ensure the safety of any children remaining in the home.

Services to Children and Families

Finally, service provision to children and families, both before and after fatal, near fatal, and egregious incidents of child maltreatment, was noted as a strength 22 times across 15 reports. In several different incidents, the county department of human/social services worked with other entities to help secure therapeutic services for the children and families, including trauma-specific treatment. In addition, partnerships with medical providers helped county department of human/social services explain the signs of child abuse to caretakers so they could better help the child. Finally, the quality of services provided to foster parents helped create stability and safety in two incidents.

Summary of Identified Systemic Gaps and Deficiencies in the Delivery of Services to Children and Families

In the 27 fatal, near fatal, or egregious child maltreatment incidents reviewed by the Child Fatality Review Team with case specific executive summary reports posted to the public notification website, the CFRT identified 60 gaps and deficiencies in the delivery of services to children and families. This number is almost the same as in 2014, reflecting a stable CFRT membership that is consistently able to share and identify multi-systemic issues. This year the systemic gaps and deficiencies can be organized into three main categories: 1) Safety and Risk Assessment Tools, 2) Changes Needed to County Practice or Policy, and 3) Other Unique Issues. Each systemic gap and deficiency, whenever possible, corresponded with a recommendation to address the identified concern. Appendix C contains the recommendations resulting from these 27 incident reviews and information about their implementation status.

Safety and Risk Assessment Tools

A systemic deficiency identified by the CFRT in 25 reports was related to the Colorado Risk and Safety Assessment tools. The team noted that many policy findings were related to the inaccurate use of these tools. As will be discussed in the policy findings portion of this

section, the CFRT noted 40 policy findings related to the use of the safety and risk assessments, spread across 25 of the 27 reports. Statewide and county-specific data further supported this deficiency by continued performance difficulties and inability to meet the statewide goal for accuracy on these tools. This CFRT identified gap, along with policy findings mentioned above, combined to form multiple recommendations in reports. In particular, the recommendations urged attention to training, evaluation and on-going continuous quality improvement of these tools.

The Division of Child Welfare (DCW) began planning for changes to the Colorado Risk and Safety Assessment tools in 2012. These changes were designed to positively impact performance in this area. It was expected the new Safety and Risk Assessment tools would be implemented statewide in 2014. The DCW is working on a phased implementation strategy, and implementation in each county will be based on criteria around performance of county practice. To date, implementation has happened in 23 counties and full implementation across all 64 counties will be complete in 2017.

Changes Needed to County Practice or Policy

The CFRT noted particular county-specific issues with practice and state policy gaps in 10 of the 27 CFRT reports. Several recommendations centered on the county needing to complete a county internal review report of the fatal, near fatal, or egregious incident, as required in Volume 7, 7.106.121 (B) (2). As an example of an area to expand state child welfare policy, in one case the CFRT recommended that the DCW facilitate communication between counties to assist the smaller counties to have a county to contact for purposes of seeing the alleged victim within the assigned response time.

Unique Issues

The remaining half (26/60) of the gaps identified by the CFRT did not constitute overall trends across the 26 reports. However, each gap was uniquely addressed by a recommendation to a specific county, state department, or community partner. All subsequent recommendations, as well as the status of each recommendation, are found in Appendix C.

Summary of Policy Findings

The CFRT staff methodically reviewed county agency documentation regarding the assessment of the fatal, near fatal, and egregious incidents of child maltreatment and prior involvement (13-255, effective May 14, 2013, changed the length of prior involvement from two years to three years). In each review, the CFRT staff identified areas of noncompliance with Volume 7 and the Colorado Revised Statutes.

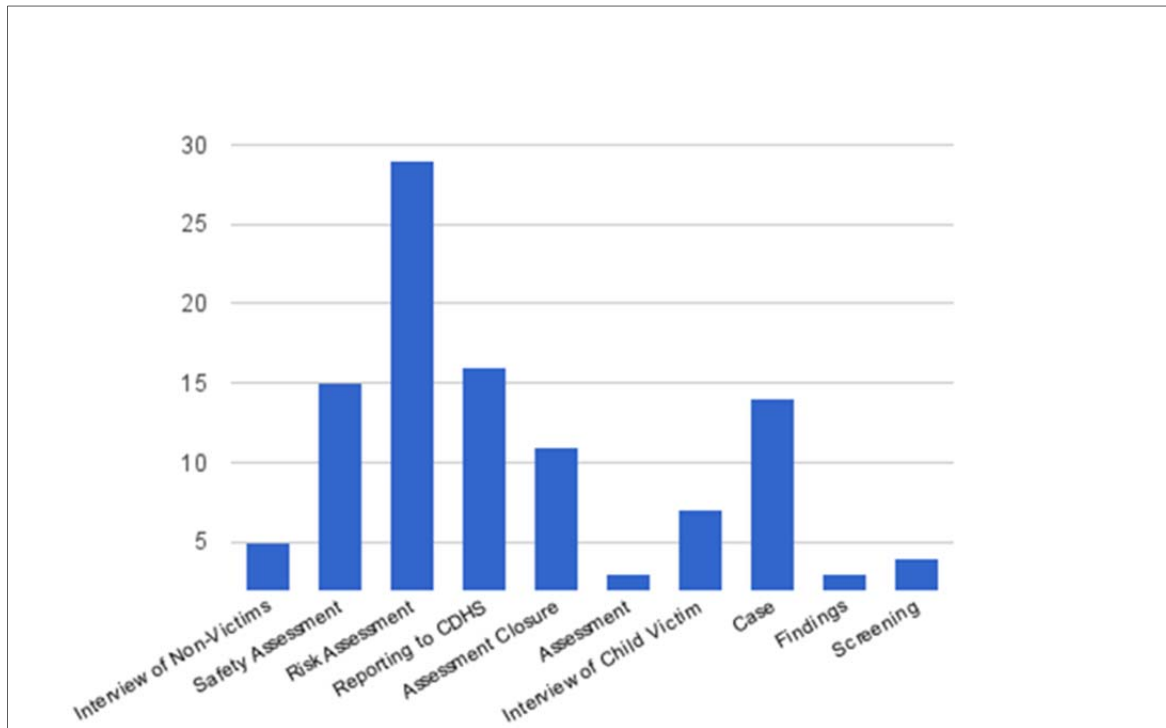
Each policy finding represents an instance where caseworkers and/or county departments did not comply with specific statute or rule. However, there are limitations to interpreting policy findings in the aggregate across the varied history and circumstances of multiple incidents. For example, an individual policy finding related to the accuracy of the safety assessment tool may indicate that a caseworker selected an item on the tool that did not rise to the severity criteria outlined in rule, and this may or may not have adversely impacted overall

decision making in the assessment. Similarly, policy findings related to screening represent referrals where the county incorrectly applied statute and rule, both for referrals that were assigned for assessment *and* referrals that were not assigned for assessment. The findings also refer to the documented classification of referrals not assigned for assessment. Individual policy findings should not be directly correlated with the occurrence of fatal, near fatal, and egregious incidents, but rather present a snapshot of performance in county departments and can direct efforts toward continuous quality improvement.

Recognizing this, the CFRT staff examined each policy finding alongside current county practice and performance to determine whether the finding was indicative of current, systemic practices or issues in the agency. Using data gained from Screen Out, Assessment, In-Home, and Out-of-Home reviews conducted by the Administrative Review Division, or from administrative data gained from the Division of Child Welfare as part of the C-Stat process (including the use of the Results Oriented Management (ROM) system), determinations were made regarding the need for recommendations for improvement related to the policy findings.

There are 107 policy findings from the 27 reports posted between the cutoff for the last CFRT Annual Report (4/30/2015) and this year's report (3/31/2016) that resulted in recommendations. The majority of these policy findings can be categorized into ten categories: 1) Assessment, including thoroughness; 2) Case, including service planning and visits to children and families; 3) Findings of maltreatment, including both not meeting the threshold and not substantiating an allegation when information met criteria; 4) Timeliness to interviewing alleged victims of child maltreatment; 5) Timely Reporting to CDHS of fatal, near fatal, and egregious incidents; 6) Risk Assessment; 7) Safety Assessment; 8) Screening of child maltreatment reports, including inaccurate screening decisions; 9) Timeliness of Assessment Closure; and, 10) Interviewing alleged non-victims of child maltreatment. The frequency by type of policy finding is contained in Chart 15.

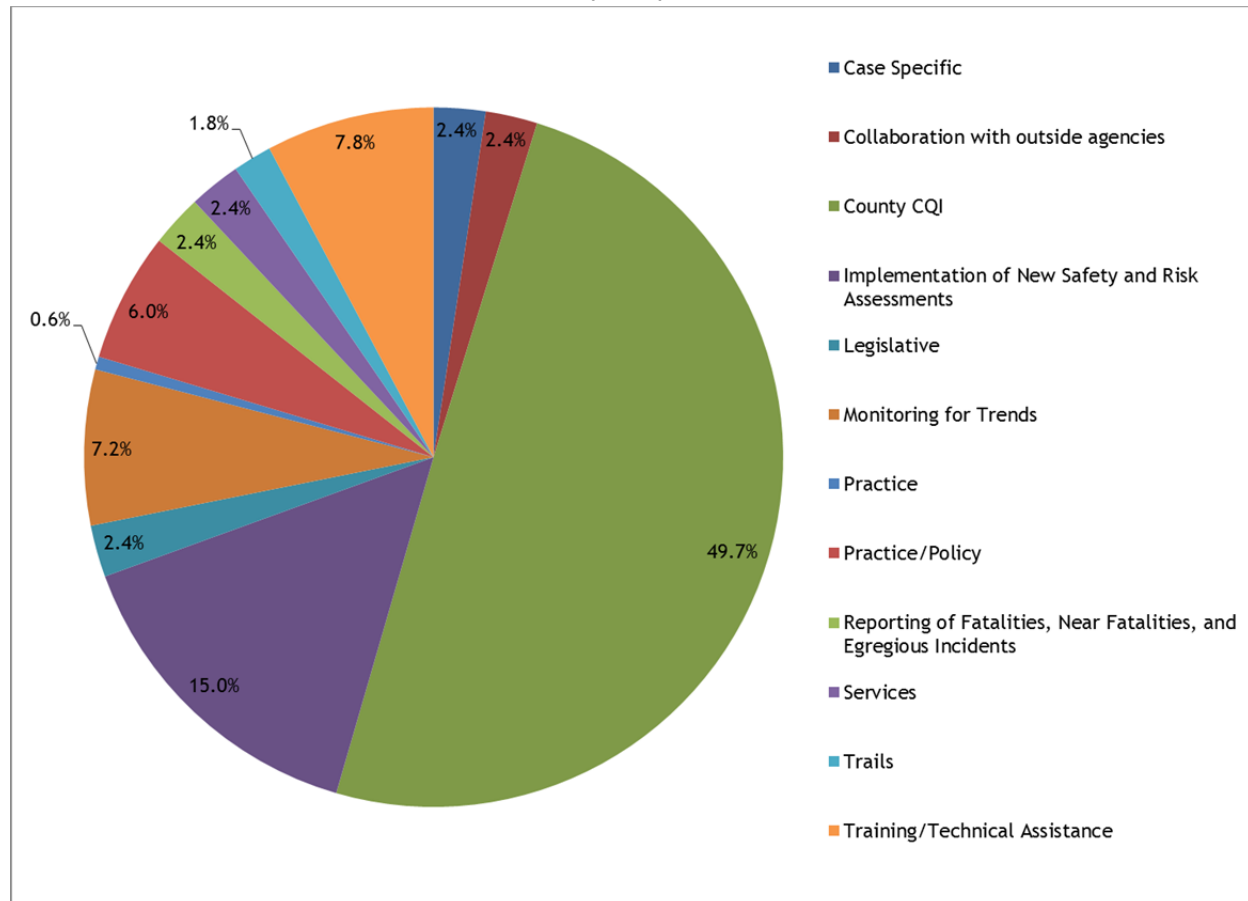
Chart 15: Policy findings by type



2015 Recommendations from Posted Reports

A total of 167 recommendations were made across the 27 posted reports. This included 60 related to systemic gaps and deficiencies and 107 related to policy findings. As illustrated in Chart 16, the top areas recommended are: 1) County CQI to address barriers to performance and implement solutions; 2) Implementation and training on revised risk/safety tools to improve accuracy; 3) Providing training and technical assistance from DCW to county departments; and, 4) Monitoring for trends through the C-Stat and Administrative Review process.

Chart 16. Focus of recommendations in the 27 reports posted between 5/1/2015 and 3/31/2016

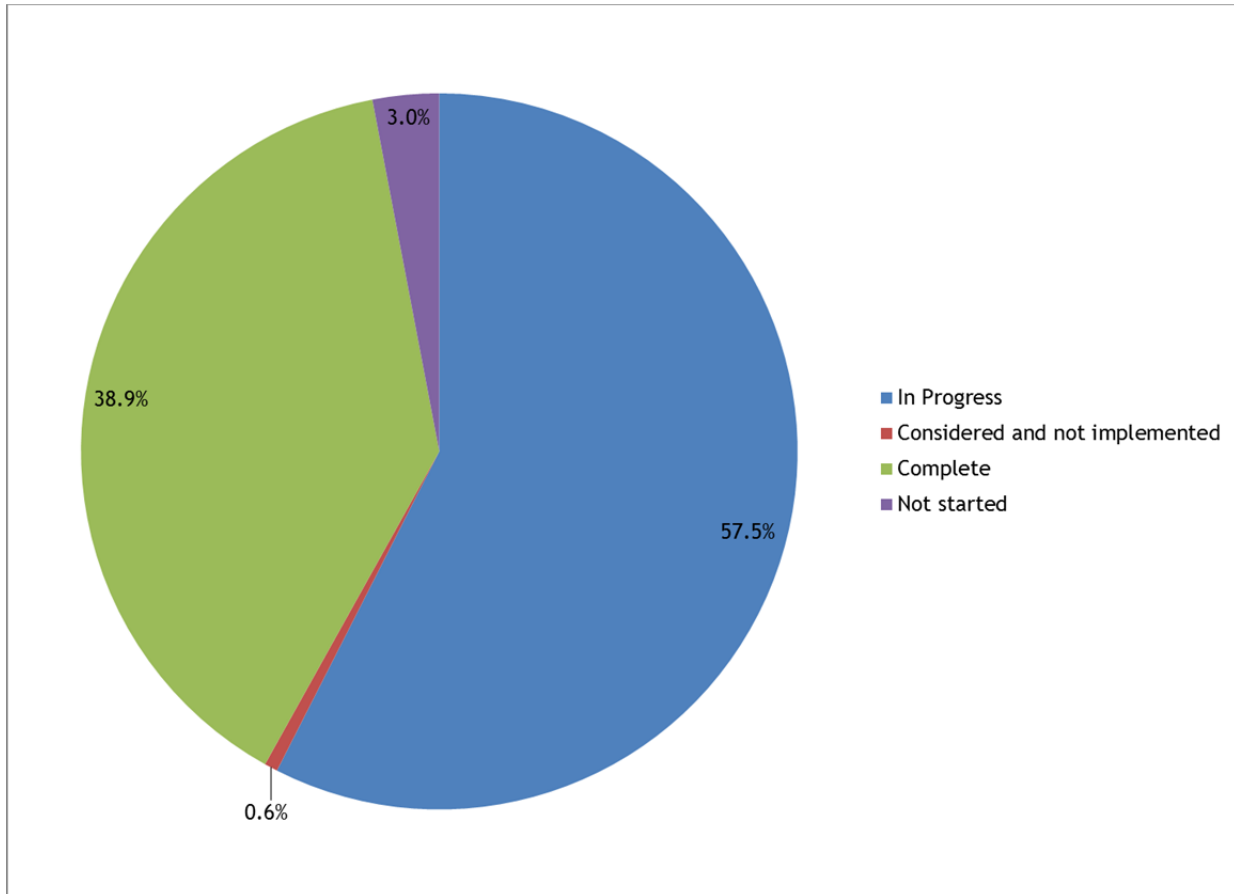


While several recommendations were reviewed in this report, the full texts of all 167 are contained in Appendix C. The status of progress on these recommendations is also presented. As illustrated in Chart 17, 38.9% of the recommendations have been completed while an additional 57.5% are in progress. For one recommendation, it was determined that it would not be implemented at this time. Specifically, the recommendation focused on enhancing the Colorado Trails system to alert caseworkers when a county staff member adds a client into demographics on a referral and/or assessment if that client is open in another Colorado Trails case/assessment/referral. This recommendation was discussed by the County Trails Users Group (CTUG) (an approved task group of the Policy Advisory Committee) and determined that the current alert system is not well utilized within the Trails system. Rather, CTUG

discussed prioritizing the creation of an enhanced notification system as part of the Trails modernization project.

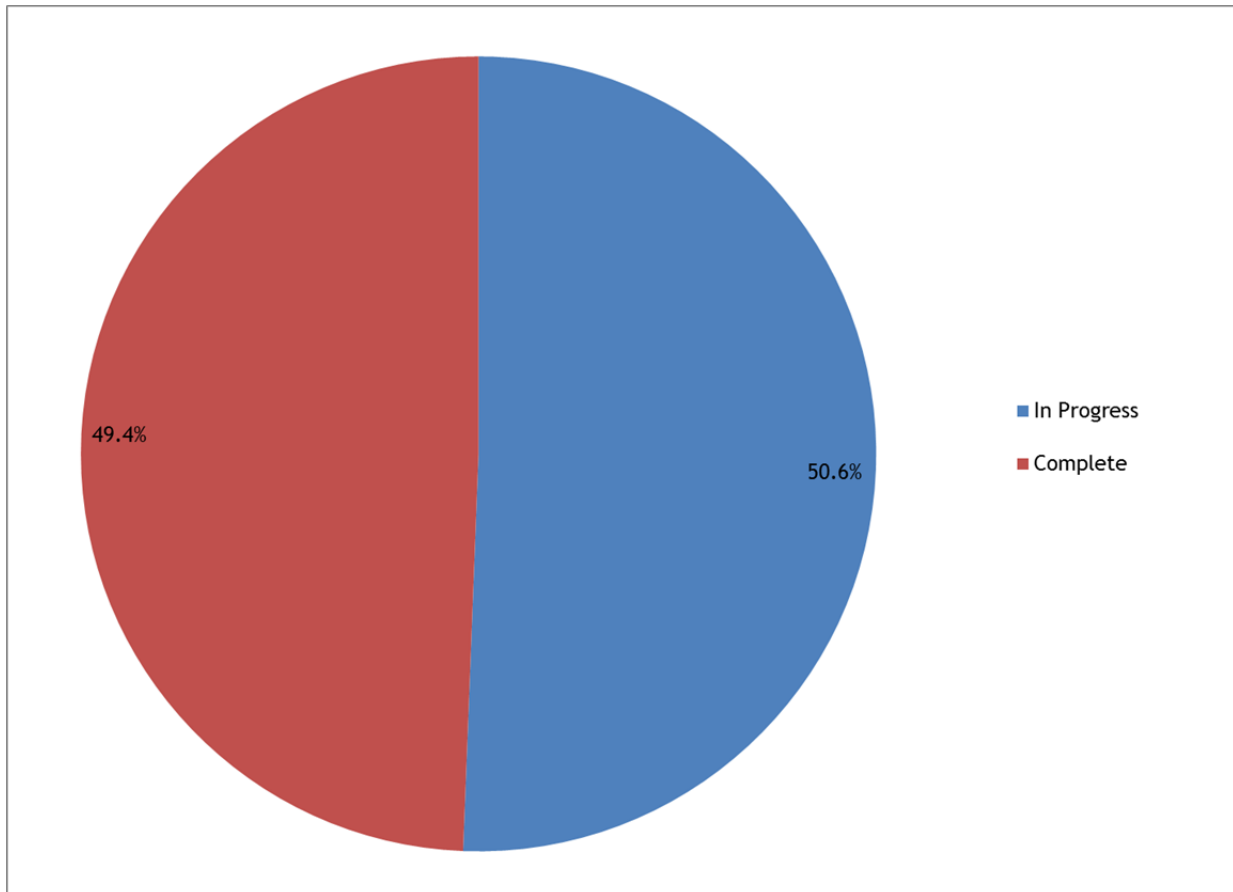
Adding recommendations to the tracking process is an ongoing process, so some small number of them will likely not be started at the time of each year's annual report if they were just finalized and/or added to the recommendation tracking process. This year, there were five recommendations that had not been started at the time of this report. All five of them were recently added to the tracking process.

Chart 17: Status of Recommendations for Reports Posted Between 5/1/2015 and 3/31/2016 (n=167)



An update on the implementation status of the 81 recommendations presented in the 2014 CFRT Annual Report that were not completed at that time are presented in Appendix D. Since the time of the last report, an additional 49.4% of the recommendations were completed. Almost all of the recommendations are either completed or in progress, as noted in Chart 18. Of the 41 recommendations in progress, 11 of them (27%) relate to the statewide implementation of the revised Safety and Risk Assessment tools. As discussed earlier, to date, implementation has happened in 23 counties and full implementation across all 64 counties will be complete in 2017.

Chart 18: Status of Recommendations Not Previously Completed From Reports Posted Prior to 5/1/2015 (n=81)



CDPHE and CDHS Joint Recommendations to Prevent Child Maltreatment

Strengthen policies and systems related to sharing child maltreatment data across local agencies in Colorado

One of the core components of the child welfare system is to make decisions based on the most accurate and current data possible. Sharing data electronically in real time can provide a more complete picture of family circumstances and have an immediate impact on improving child protection decision-making by state and local entities⁴. Although children and families often interact with multiple public agencies, such as local departments of human services, law enforcement agencies, hospitals and substance abuse treatment centers, these agencies do not always have access to data and information across agencies that would best serve children at risk for abuse or neglect fatalities.

Enhancing the ability of local agencies in Colorado to share data is a key component to prevent child abuse and neglect fatalities. Improving data sharing and analyses over time will strengthen prevention and intervention work by helping those who work with families (departments of human services, medical providers, law enforcement courts, and more) and families themselves make better decisions about child safety. One option to improve systems is to ensure access to the data in real-time and through electronic cross-notification among agencies. As a model for this work, Los Angeles County in California developed Electronic Suspected Child Abuse Report System (E-SCARS) to improve communication between law enforcement and child protective services agencies by sharing access to data across law enforcement agencies and departments of human services⁴. A similar approach could be considered by Colorado agencies in order to overcome data-sharing challenges such as high costs, confidentiality concerns and lack of collaboration. In doing so, improved communication and data sharing between agencies will enhance systematic responses to potential incidents of child maltreatment in Colorado. Most importantly, improved data will inform decisions regarding better policies and practices to prevention child maltreatment.

One way to strengthen practices related to sharing of child maltreatment data may be to create a data sharing profile as part of Colorado Trails modernization, which would require specific parameters to ensure confidentiality and minimize misuse. CDHS Division of Child Welfare is currently undergoing a modernization project and can consider this as part of its process.

Additionally, discussions during Child Fatality Review Team meetings consistently highlight the potential benefit of providing access for caseworkers to municipal court records and

⁴ Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). Within our reach: A national strategy to eliminate child abuse and neglect fatalities. Washington, DC: Government Printing Office.

medical databases. For example, caseworkers currently do not have access to municipal court records, which is a barrier to accessing information that could highlight issues frequently co-occurring with child maltreatment such as access to a caregiver's domestic violence history during current or prior relationships.

Pursuant to C.R.S. 25-20.5-407 (1) (i), the CFPS State Review Team is required to collaborate with the Colorado Department of Human Services (CDHS) Child Fatality Review Team to make joint recommendations for the prevention of child fatalities due to child maltreatment. Both teams endorse the recommendation to strengthen policies related to sharing child maltreatment data across local agencies in Colorado.

Appendix A: 2015 CFRT Attendance

CFRT Member*	1/5/15	2/2/15	3/2/15	4/6/15	5/4/15	6/1/15	7/6/15	8/3/15	9/14/15	10/5/15	11/2/15	12/7/15	
*Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT meeting.													
Paige Rosemond, CDHS, Child Protection Manager	Yes	Yes	No	No	No	Yes	No	Yes	No	No			No CFRT Meeting (no incidents ready for review)
Lucinda Connelly, CDHS, Child Protection Manager (appointed 10/20/2015) **initially attended without appointment as backup.								Yes**	Yes**	Yes**	Yes		
Backup: Korey Elger, CDHS, Child Protection Ongoing Administrator (until 8/2015)			Yes	Yes	Yes		Yes						
Brooke Ely-Milen, Domestic Violence Program Director	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Susan Nichols, Administrative Review Division, Manager	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	
Backup: Marc Mackert						No	No						
Colleen Kapsimalis, CDPHE, Child Fatality Prevention System Program	Yes	Yes	Yes	Yes	Yes	By phone	Yes	Yes	By phone	Yes	No		
Giorgianna Venetis, CDPHE, Essentials for Childhood Coordinator	No	No	No	No	No	By phone	Yes	No	Yes	No	By phone		
Low Gaiter, Larimer County Commissioner	No	Yes	By phone	By phone	By phone	By phone	No	Yes	No	By phone	No		
Casey Tighe, Jefferson County Commissioner	Yes	By phone	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No		
Dave Potts, Chaffee County Commissioner	Yes	Yes	Yes	Yes	Yes	Yes	By phone	No	No	Yes	Yes		
Senator Laura Woods (active 08/11/2015) ** this position was vacant from January, 2015 to August, 2015									No	No	Yes		

CFRT Member*	1/5/15	2/2/15	3/2/15	4/6/15	5/4/15	6/1/15	7/6/15	8/3/15	9/14/15	10/5/15	11/2/15	12/7/15
*Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT meeting.												
Representative Jonathan Singer <i>(active 8/19/2015)</i> ** this position was vacant from January, 2015 to August, 2015									No	Yes	Yes	
Dennis Goodwin, Office of Colorado's Child Protection Ombudsman	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	
Det. Amber Urban, Aurora Police Department <i>(resigned 5/2015)</i>	No	No	No	No	No							
Backup: Det. Ron Tanguma	No	No	No	No	No							
Sgt. Brian Cotter, Denver Police Department <i>(appointed 10/5/2015)</i>										Yes	Yes	
Dr. Andrew Sirotnak, Professor of Pediatrics, University of Colorado School of Medicine Director, Child Protection Team at Children's Hospital Colorado	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	
Backup: Dr. Antonia Chiesa		No							Yes			
Leora Joseph, Chief Deputy DA from the 18th Judicial District	No	Yes	Yes	No	No	No	No	Yes	No	No	No	
Kathie Snell, MA, LPC, Aurora Mental Health Center, Chief Operating Officer <i>(appointed 11/2/2015)</i>											Yes	
Libbie McCarthy, Attorney General's Officer	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Michelle Sears-Ward, CDE, Early Learning and School Readiness	Yes	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes	
Backup: Karen Thiel		No	Yes			Yes	Yes		No			
Vacant, Rep. from the field of Child Advocacy <i>(since 11/2014)</i>												
Dan Makelky, Douglas County Department of Human Services	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	

No CFRT Meeting (no incidents ready for review)

CFRT Member*	1/5/15	2/2/15	3/2/15	4/6/15	5/4/15	6/1/15	7/6/15	8/3/15	9/14/15	10/5/15	11/2/15	12/7/15	
*Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT meeting.													
Backup: Ruby Richards/Nicole Becht						Yes	Yes						No CFRT Meeting (no incidents ready for review)
<i>Michelle Dossey, Arapahoe County Department of Human Services</i>	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes		
Backup: Michael DeGretto					Yes								
<i>Shirley Rhodus, El Paso County Department of Human Services</i>	By phone	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
<i>Erin Hall, Administrative Review Division (resigned 8/2015)</i>	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes					
<i>Len Newman, Administrative Review Division</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
<i>Lisa Lied, Administrative Review Division</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

Appendix B: 2012-2015 Incidents Qualified for CFRT Review by County and Type

County*	Fatal Incidents**				Near Fatal Incidents**				Egregious Incidents**				2012 Total	2013 Total	2014 Total	2015 Total
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015				
Archuleta										1	1			1	1	
Adams	2	2		2			1			3	2		2	5	3	2
Alamosa										1				1		
Arapahoe		2	1	1		1		1		1		2		4	1	4
Boulder		1	1			1		1						2	1	1
Clear Creek			1												1	
Denver	1	1	4	1	1	3	3	3		7	3	3	2	11	10	7
Eagle	1			1									1			1
El Paso	2	1	2			1	1	1	1		1	1	3	2	4	2
Fremont							1			1	2	1		1	3	1
Garfield				1												1
Huerfano			1												1	
Jefferson			2	2			4			2	1	3		2	7	5
La Plata								1								1
Larimer			1	1						4		2		4	1	3
Las Animas				1												1
Lincoln												1				1
Logan	1		1										1		1	
Mesa	1		1	1		1		1					1	1	1	2
Montezuma											1				1	
Morgan			1			1	1							1	2	
Otero					1		1						1		1	
Phillips		1												1		
Pitkin											1				1	
Pueblo	1		1			1	2	1		1	1		1	2	4	1
Routt			1												1	
Weld		1		1										1		1
Total	9	9	18	12	2	9	14	9	1	21	13	13	12	39	45	34

* Numbers represented above are indicative of the investigating county for the incident, not of all counties having prior involvement.

** Trend analysis is not yet possible based on yearly comparisons; statutory change occurred related to prior history length and reporting of near fatal and egregious incidents during this three-year period.

Appendix C: Recommendations from 2015 Posted Reports

CFRT ID	Source	Recommendation	Status
15-002	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
15-002	Policy Finding	The Policy Finding related to not interviewing others who may have information regarding the alleged maltreatment during the assessment phase does reflect a systemic practice issue for Fremont County DHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of July 3, 2014 to January 3, 2015, showed that Fremont County DHS interviewed all required parties 87 %, which is slightly below the statewide average (not including Fremont County DHS) of 87.9% for the same time span. It is recommended that Fremont County DHS monitor their performance on this measure to ensure improvement.	In Progress
15-002	Policy Finding	The Policy Finding related to the safety assessment tool does reflect a systemic practice issue in Fremont County DHS. In a recent review of a random sample of assessments that were conducted during a period from July 3, 2014 to January 3, 2015, the Fremont County DHS completed the safety assessment tool accurately in 45.7% of assessments, which is slightly below the statewide average (not including Fremont County DHS) of 79.3% for the same time span. It is recommended that Fremont County DHS employ a process in which barriers to the accurate completion of the safety assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new safety assessment tool is being implemented by the State in 2015, and it is recommended that Fremont County DHS participate in the training and implementation of the new tool.	In Progress
15-002	Policy Finding	The Policy Finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Fremont County DHS. In a recent review of a random sample of assessments that were conducted during a period from July 3, 2014 to January 3, 2015, the Fremont County DHS completed the risk assessment accurately in 45.7% of assessments, which is below the statewide average (not including Fremont County DHS) of 60.2% for the same time span. It is recommended that Fremont County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented. Additionally, the new Colorado Family Risk Assessment tool will be implemented by the State in 2015, and it is recommended that Fremont County DHS participate in the training and implementation of the new tool.	In Progress

CFRT ID	Source	Recommendation	Status
15-006	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
15-006	CFRT	It is recommended that the Colorado Trails system be changed to alert caseworkers when a county staff member adds a client into demographics on a referral and/or assessment if that client is open in another Colorado Trails case/assessment/referral.	Considered and not implemented
15-006	CFRT	CFRT recommends that County Department of Humans Services comply with Volume VII, 7.106.121 (B) (2) in regards to the completion of County Internal Review Reports.	Complete
15-006	Policy Finding	The Policy Finding related to the timeliness of notification reflects a systemic practice issue for DDHS. From January 1, 2015 until August 28, 2015, DDHS provided timely notification to CDHS in 71.4% (5/7) of incidents. It is recommended that: a. DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
15-006	Policy Finding	The Administrative Review Division (ARD) should prioritize training for DDHS casework staff regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	Complete
15-006	Policy Finding	The Policy Findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in DDHS. In a recent review of a random sample of assessments that were conducted during a period from September 14, 2014 to March 14, 2015, DDHS completed the risk assessment tool accurately in 43.6% of assessments, which is below the statewide average (not including the DDHS) of 57.5% for the same time span. It is recommended that the DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. It is recommended that DDHS complete the new Colorado Family Risk Assessment Tool training in accordance with Volume VII 7.107.2	In Progress
15-006	Policy Finding	The Policy Finding related to timeliness of assessment closure does reflect a current systemic practice issue for Arapahoe County DHS. The September C-Stat report, which measures the percentage of assessments closed within 60 days, shows Arapahoe County DHS at 82.5% for August, 2015 which is below the statewide average of 88.1%. It is recommended that Arapahoe County DHS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
15-006	Policy Finding	The Policy Finding related to not interviewing others who may have information regarding the alleged maltreatment during the assessment phase does reflect a systemic practice issue for Arapahoe County DHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of December 28, 2014 to June 28, 2015, showed that Arapahoe County DHS interviewed all required parties 60% of the time. It is recommended that Arapahoe County DHS monitor their performance on this measure to ensure improvement.	In Progress
15-006	Policy Finding	The Policy Finding related to the assessment containing the required content does reflect a systemic practice issue for Arapahoe County DHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of December 28, 2014 to June 28, 2015, showed that Arapahoe County DHS's assessments contained the required content 83.6% of the time, which is slightly below the statewide average (not including Arapahoe County DHS) of 84.7% for the same time span. It is recommended that Arapahoe County DHS monitor their performance on this measure to ensure improvement.	In Progress
15-007	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk assessment tool and that monitoring occur to determine if accuracy in the use of the tool increases as a result of its implementation.	In Progress
15-007	CFRT	In regards to the inaccurate documentation of severity levels by the DDHS, it is recommended that the DDHS make the following corrections in the state automated case management system so the severity levels accurately reflect the level of child maltreatment that occurred. a. The severity level of the allegation of intra-familial neglect; failure to protect against the mother as to the sibling be changed to a 'severe' severity level. b. The severity level of the allegation of intra-familial abuse; physical against the mother's boyfriend as to the child be changed to 'severe-near fatal.' c. The severity level of the allegation of intra-familial abuse; physical against the mother's boyfriend as to the sibling be changed to 'severe-egregious.'	Complete
15-007	Policy Finding	The Policy Finding related to the timeliness of notification reflects a systemic practice issue for DDHS. From January 1, 2015 until August 14, 2015, DDHS provided timely notification to CDHS in 60.0% (3/5) of incidents. It is recommended that: a. The DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete

CFRT ID	Source	Recommendation	Status
15-007	Policy Finding	The Administrative Review Division (ARD) should prioritize training for County casework staff regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	In Progress
15-007	Policy Finding	The Policy Finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in DDHS. In a recent review of a random sample of assessments that were conducted during a period from September 14, 2014 to March 14, 2015, the DDHS completed the risk assessment tool accurately in 43.6% of assessments, which is below the statewide average (not including the DDHS) of 57.5% for the same time span. It is recommended that the DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. It is recommended that DDHS complete the new Colorado Family Risk Assessment Tool training in accordance with Volume VII 7.107.1.	Complete
15-007	Policy Finding	The Policy Finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in PCDSS. In a recent review of a random sample of assessments that were conducted during a period from October 8, 2014 to June 16, 2015, the PCDSS completed the Colorado Family Risk Assessment tool accurately in 63.9% of assessments, which is slightly above the statewide average (not including PCDSS) of 56.8% for the same time span. Due to the low level of performance, it is recommended that PCDSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. PCDSS is currently a pilot county for the new Colorado Family Risk Assessment tool training and implementation and should continue efforts regarding the training and implementation of the new tool.	In Progress
15-022	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk assessment tool and that monitoring occur to determine if accuracy in the use of the tool increases as a result of its implementation.	In Progress
15-022	Policy Finding	The Policy Finding related to timeliness of assessment closure does reflect a current systemic practice issue for JCDCYF. The August C-Stat report, which measures the percentage of assessments closed within 60 days, showed JCDCYF at 79.3% for July, 2015 which is below the statewide average of 87.1%. It is recommended that JCDCYF implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
15-022	Policy Finding	<p>The Policy Finding related to seeing the alleged victim within the assigned response time does not reflect a systemic practice issue for JCDCYF. According to the most recent C-Stat presentation for the month of August, which reflects data from July, 2015, JCDCYF is interviewing the alleged victim within the assigned response time 92.7% of the time which is above the state goal of 90%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of August 1, 2014 to January 31, 2015, showed JCDCYF at 83.6% for observing/interviewing the alleged victim within the assigned response time and 92.7% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that JCDCYF monitor their performance on this measure to ensure they maintain the State goal of 90%.</p>	Complete
15-022	Policy Finding	<p>The Policy Findings related to inaccurate documentation of the Colorado Family Risk Assessment tool do reflect a systemic practice issue in DDHS. In a recent review of a random sample of assessments that were conducted during a period from September 14, 2014 to March 14, 2015, DDHS completed the risk assessment tool accurately in 43.6% of assessments, which is below the statewide average (not including DDHS) of 57.5% for the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. It is also recommended that DDHS complete the new risk assessment tool training in accordance to Volume VII 7.107.1.</p>	In Progress
15-022	Policy Finding	<p>The Policy Finding related to all parties not being included in the Family Services Plan treatment plan does reflect a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review, January 1, 2015 through March 31, 2015, DDHS included all required parties in the Family Services Plan treatment plan 58.9% of the time, which is below the statewide average of 78% for the same time span. It is recommended that DDHS employ a process in which the barriers to including all required parties in the treatment plan are identified and solutions to the identified barriers are implemented.</p>	In Progress

CFRT ID	Source	Recommendation	Status
15-022	Policy Finding	The Policy Finding regarding including all services directed at areas of need identified through assessment in the Family Services Plan treatment plan does reflect a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review, January 1, 2015 through March 31, 2015, DDHS included all services directed at identified areas of need in the Family Services Plan treatment plan 81.1% of the time, which is below the statewide average (excluding DDHS) of 88% for the same time span. It is recommended that DDHS employ a process in which the barriers to including all services directed at identified areas of need in the treatment plan are identified and solutions to the identified barriers are implemented.	In Progress
15-022	Policy Finding	The Policy Finding regarding the 90-Day review/Court report not being in Trails does reflect a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review January 1, 2015 through March 31, 2015, DDHS completed the 90-Day review/Court report in Trails according to Volume 7 65.2% of the time, which is below the statewide average (excluding DDHS) of 71.6% for the same time span. It is recommended that DDHS employ a process in which the barriers to completing the 90-Day review/Court report in accordance with Volume 7 are identified and solutions to the identified barriers are implemented.	In Progress
15-032	CFRT	PCDSS should change the severity levels of the allegations to 'severe-near fatal.'	Complete
15-032	CFRT	DCW should explore the need for a policy or guidance related to entering allegations and findings in the state automated case management for each and every person suspected of abuse or neglect. DCW should provide it if it is determined that a policy or guidance is needed.	Complete
15-032	CFRT	It is recommended that PCDSS locate an infant mental health specialist to assess the interactions between the parents and the baby.	Complete
15-032	CFRT	It is recommended that the Colorado Child Welfare Training Academy offer annual regional trainings on the medical aspects of child abuse and neglect that is directed towards caseworkers who have already completed the new caseworker training series.	Complete
15-032	Policy Finding	The Policy Finding related to the timeliness of notification of the near fatal incident does reflect a systemic practice issue for PCDSS. From October 1, 2014 to October 1, 2015, PCDSS provided timely notification to CDHS in 50% (2/4) of incidents. It is recommended that PCDSS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete

CFRT ID	Source	Recommendation	Status
15-032	Policy Finding	The ARD should prioritize training for County casework staff regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	In Progress
15-032	Policy Finding	The Policy Finding related to the overall finding not matching the definition does reflect a systemic practice issue for PCDSS. In a recent review of a random sample of assessments that were conducted during a period from December 8, 2014 through June 16, 2015, PCDSS substantiated the allegation accurately in 78.7% of assessments, which is below the statewide average (excluding PCDSS) of 92.6% for the same time span. a. It is recommended that PCDSS employ a process in which barriers to the accurate substantiation of allegations are identified and solutions to the identified barriers are implemented.	Complete
15-032	Policy Finding	The CFRT recommended that PCDSS enter a substantiated finding against an unknown PRAN for physical abuse against the baby.	Complete
15-038	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
15-038	CFRT	Regarding reviews of prior DYC involvement: It is recommended that C.R.S§ 26-1-139 be amended to specifically include review of current and prior DYC involvement for fatalities, near fatalities and egregious incidents in the same manner as the statute requires review of prior county human services involvement.	Not Started
15-038	CFRT	It is recommended that DYC develop policy to include the completion of an internal review and submission of the internal review report to CDHS when a youth with prior or current DYC commitment is involved in a fatality, near fatality, and/or egregious incident.	Not Started
15-038	Policy Finding	At the time of authoring this report, Mesa County DHS' most recent review of a random sample of assessments was completed using an instrument that did not include a review of their performance on the completion of RED Team framework; therefore, there is no data available to determine whether this is a systemic practice issue for Mesa County DHS. It is recommended that Mesa County DHS monitor their performance to ensure that they are completing the RED Team framework.	Complete

CFRT ID	Source	Recommendation	Status
15-038	Policy Finding	At the time of authoring this report, Mesa County DHS' most recent review of a random sample of assessments was completed using an instrument that did not include a review of their performance on accurate completion of the six assessment areas within the safety assessment tool; Therefore, there is no data available to determine whether this is a systemic practice issue for Mesa County DHS. It is recommended that Mesa County DHS monitor their performance to ensure that they completing the six assessment areas accurately.	In Progress
15-038	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool do reflect a systemic practice issue in Mesa County. In a recent review of a random sample of assessments that were conducted during a period from October 8, 2014 to June 1, 2015, Mesa County DHS completed the risk assessment tool accurately in 34% of assessments, which is below the statewide average (not including Mesa County) of 59.8% for the same time span. It is recommended that Mesa County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment is being implemented by the State, and it is recommended that Mesa County DHS participate in the training and implementation of the new tool.	In Progress
15-038	Policy Finding	At the time of authoring this report, Mesa County DHS' most recent review of a random sample of assessments was completed using an instrument that did not include a review of their performance on accurately reflecting individual allegations, perpetrators, victims, and findings in the findings window; therefore, there is no data available to determine whether this is a systemic practice issue for Mesa County DHS. It is recommended that Mesa County DHS monitor their performance to ensure that they are accurately reflecting individual allegations, perpetrators, victims, and findings in the findings window.	Complete

CFRT ID	Source	Recommendation	Status
15-038	Policy Finding	The policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for Mesa County DHS. According to the most recent C-Stat presentation for the month of October 2015, which reflect data from September 1-30, 2015, Mesa County DHS is interviewing the alleged victim within the assigned response time 94.4% of the time which is above the State goal of 90%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period from October 8, 2014 through June 1, 2015, showed Mesa County DHS at 69.8% for observing/interviewing the alleged victim within the assigned response time and 84.9% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that Mesa County DHS monitor their performance on this measure to ensure they maintain the State goal of 90%.	Complete
15-038	Policy Finding	The policy finding related to Family Service Plan: 3A Review/Court report does reflect a systemic practice issue in Mesa County. In a recent review of a random sample of In-Home Reviews that were conducted during a period from November 8, 2014 to June 1, 2015, Mesa County completed the required FSP: 3A according to Volume VII in 84% of the cases, which is below the statewide average (not including Mesa County) of 85% for the same time span. It is recommended that Mesa County employ a process in which barriers to the FSP: 3A Review/Court report are identified and solutions to the identified barriers are implemented.	In Progress
15-038	Policy Finding	The policy finding related to Family Service Plan: 5A Review/Court report does reflect a systemic practice issue in Mesa County. In a recent review of a random sample of In-Home Reviews that were conducted during a period from November 8, 2014 to June 1, 2015, Mesa County completed the required FSP: 5A according to Volume VII in 66% of the cases, which is below the statewide average (not including Mesa County) of 74% for the same time span. It is recommended that Mesa County employ a process in which barriers to the FSP: 5A Review/Court report are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
15-038	Policy Finding	The policy finding related to monthly contact with the youth's mother does reflect a systemic practice issue in Mesa County. In a recent review of a random sample of In-Home Reviews that were conducted during a period from November 8, 2014 to June 1, 2015, Mesa County completed required monthly contact with the caregiver/guardians/kin in 34% of the cases, which is below the statewide average (not including Mesa County) of 65% for the same time span. It is recommended that Mesa County employ a process in which barriers to the monthly contact with caregivers/guardian/kin are identified and solutions to the identified barriers are implemented.	In Progress
15-038	Policy Finding	The policy finding related to the quality of contact with the children/youth does reflect a systemic practice issue in Mesa County. In a recent review of a random sample of In-Home Reviews that were conducted during a period of November 8, 2014 to June 1, 2015, Mesa County completed a quality contact with the children/youth in 78% of the cases, which is below the statewide average (not including Mesa County) of 81% for the same time span. It is recommended that Mesa County employ a process in which barriers to the quality of contacts with children/youth are identified and solutions to the identified barriers are implemented.	In Progress
15-038	Policy Finding	The policy finding related to the safety assessment tool does reflect a systemic practice issue in Mesa County. In a recent review of a random sample of assessments that were conducted during a period from October 8, 2014 to June 1, 2015, Mesa County DHS completed the safety assessment tool accurately in 72% of assessments, which is below the statewide average (not including Mesa County) of 77.7% for the same time span. It is recommended that Mesa County employ a process in which barriers to the accurate completion of the safety assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new safety assessment tool is being implemented by the State in 2017, and it is recommended that Mesa County DHS participate in the training and implementation of the new tool.	In Progress
14-014	CFRT	There are planned changes in the safety and risk assessments that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress

CFRT ID	Source	Recommendation	Status
14-014	Policy Finding	<p>For High Risk Assessments opened by the DDHS between October 1, 2013 and March 31, 2014, 67.9% required an extension (were open for 31 days or longer). Of those, 41.7 % had an extension request within 30 days.</p> <p>a. It is recommended that the DDHS employ a process in which barriers to the timely use of extensions for assessments needing to be open longer than 30 days are identified and solutions to the barriers are implemented.</p>	Complete
14-014	Policy Finding	<p>The statewide performance on the use of extensions between October 1, 2013 and March 31, 2014, was also low. Overall, 71.6% of referrals required an extension (were open for 31 days or longer), and 38% of them had an extension requested within the 30 days. As the proper use of extensions during the assessment period may be related to the timely closure of assessments, it is recommended that the Division of Child Welfare begin including data on counties' use of extensions in the analysis and communications related to the C-Stat measure of timeliness of assessment closure.</p>	Complete
14-014	Policy Finding	<p>The policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for DDHS. According to the most recent C-Stat presentation for the month of April 2014, the DDHS interviewed the required parties within the assigned response time 87.6% of the time, which is higher than the previous month of 85.3% although still below the C-Stat goal of 90.0%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during the period of April 8, 2013 through September 30, 2013, showed the DDHS at 87.3%. It is recommended that the DDHS monitor their performance on this measure to ensure improvement in order to meet the state goal of 90%.</p>	Complete
14-014	Policy Finding	<p>The policy finding related to the Colorado Family Risk Assessment is reflective of a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 through September 30, 2013, the county department completed the risk assessment accurately, in accordance with Volume VII, 56.6% of the time, which is below the statewide average of 62.5% (not including DDHS) for roughly the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.</p>	In Progress

CFRT ID	Source	Recommendation	Status
14-026	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-026	Policy Finding	The policy finding related to making reasonable efforts to see the alleged victim within the assigned response time does reflect a systemic practice issue for ACHSD. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of September 18, 2013 to March 18, 2014, the ACHSD made reasonable efforts to see the victim of the allegation 78.2% of the time. It is recommended that ACHSD employ a process in which barriers to making reasonable efforts to see the alleged victims are identified and solutions to the identified barriers are implemented.	Complete
14-026	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from September 18, 2013 to March 18, 2014, the ACHSD completed the safety assessment in accordance with Volume VII 73.6% of assessments, which is below the statewide average (not including ACHSD) of 84.7% for the same time span. It is recommended that ACHSD employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-026	Policy Finding	The policy findings related to the Colorado Family Risk Assessment does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from September 18, 2013 to March 18, 2014, the ACHSD completed the risk assessment in accordance with Volume VII in 43.4% of assessments, which is below the statewide average (not including ACHSD) of 62.5% for the same time span. It is recommended that ACHSD employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-032	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-032	CFRT	As the proper use of extensions during the assessment period may be related to the timely closure of assessments, it is recommended that the DCW begin including data on counties' use of extensions in the analysis and communications related to the C-Stat measure of timeliness of assessment closure.	Complete

CFRT ID	Source	Recommendation	Status
14-032	Policy Finding	The policy finding related to the notification of the egregious abuse incident does reflect a systemic practice issue for DDHS. During the calendar year of 2013, DDHS provided timely notification to CDHS 64.7% (11 /17) of the time. At the time of the writing of this report, DDHS provided timely notifications to CDHS for 73.6% (14/19) of the incidents in the calendar year 2014. Administrative Review Division provided training to DDHS on May 29, 2014 and October 7, 2014. It is recommended that DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
14-032	Policy Finding	The policy finding related to inaccurate documentation of the safety assessment process does reflect a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period of October 30, 2013 to April 30, 2014, it was determined that the DDHS completed the safety assessment process accurately in 67.9% of assessments. The statewide average (excluding DDHS) during this time span was 82.5%. It is recommended that DDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-032	Policy Finding	The policy finding related to the use of extensions does reflect a current systemic practice issue for DDHS. For High Risk Assessments opened by DDHS between January 1, 2014 to June 30, 2014, 68% required an extension (i.e., were open longer than 30 days). Of those, 39.8 % had an extension request within 30 days. It is recommended that DDHS employ a process in which barriers to the timely use of extensions for assessments needing to be open longer than 30 days are identified and solutions to the barriers are implemented.	Complete
14-047	CFRT	It is recommended that the DCW begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-047	CFRT	It is recommended that the Division of Child Welfare facilitate communication between counties to assist the smaller counties to have a county to contact for purposes of seeing the alleged victim within the assigned response time.	In Progress

CFRT ID	Source	Recommendation	Status
14-047	Policy Finding	<p>The policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for Morgan County DHS. According to the October C-Stat, which review data for the month of September 2014, Morgan County DHS is interviewing the alleged victim within the assigned response time 87.5% of the time, which is below the statewide average of 88.9% and is also below the C-Stat goal of 90.0%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of June 16, 2013 to December 16, 2013 showed the Morgan County DHS at 81.6% interviewing the alleged victim within the assigned response time. It is important to note that with the addition of rule 7.202.41 (A) (4) on March 2, 2013, Volume VII now addresses reasonable efforts by the caseworker to see the child victim. During the same time span as above, the Morgan County DHS made reasonable efforts to see the victim of the allegation 89.5% of the time. It is recommended that Morgan County DHS examine their performance on this measure to ensure improvement in order to meet the state goal of 90%.</p>	Complete
14-047	Policy Finding	<p>The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in Morgan County DHS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, the Morgan County DHS completed the risk assessment accurately in 47.4% of assessments, which is below the statewide average (not including Morgan County DHS) of 64.8% for the same time span. It is recommended that Morgan County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.</p>	In Progress
14-047	Policy Finding	<p>The policy finding related to the safety assessment does reflect a systemic practice issue in Morgan County DHS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, the Morgan County DHS completed the safety assessment accurately in 65.8% of assessments, which is below the statewide average (not including Morgan County DHS) of 81.2% for the same time span. It is recommended that Morgan County DHS employ a process in which barriers to the accurate completion of the Colorado Safety Assessment Instrument are identified and solutions to the identified barriers are implemented.</p>	In Progress

CFRT ID	Source	Recommendation	Status
14-047	Policy Finding	The policy finding regarding all parties interviewed as part of the assessment, specifically other family members in the household, does reflect a systemic practice issue for Morgan County DHS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, Morgan County DHS interviewed all required parties in 73.7% of assessments, which is below the statewide average of 86.9% for the same time span. It is recommended that Morgan County DHS employ a process in which barriers to interviewing all parties are identified and solutions to the identified barriers are implemented.	In Progress
14-048	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-048	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment do reflect a systemic practice issue in EPCDHS. In a recent review of a random sample of assessments that were conducted during a period from March 17, 2014 to September 17, 2014, the EPCDHS completed the risk assessment accurately in 54.7% of assessments, which is below the statewide average (not including EPCDHS) of 59.2% for the same time span. It is recommended that EPCDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	Complete
14-048	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in EPCDHS. In a recent review of a random sample of assessments that were conducted during a period from March 17, 2014 to September 17, 2014, the EPCDHS completed the safety assessment accurately in 77.4% of assessments, which is slightly below the statewide average (not including EPCDHS) of 78.7% for the same time span. It is recommended that EPCDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
14-048	Policy Finding	The policy finding regarding the assignment of incorrect response times does reflect a systemic practice issue for EPCDHS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from March 17, 2014 to September 17, 2014, EPCDHS assigned the appropriate response time in accordance with Volume VII 88.9% of the time, which is below the statewide average of 95.1% for the same time span. It is recommended that EPCDHS employ a process in which barriers to the accurate assignment of the response time are identified and solutions to the identified barriers are implemented.	Complete
14-048	Policy Finding	The policy finding related to proper use of the Safety Plan does reflect a systemic practice issue in EPCDHS. In a recent review of a random sample of assessments (55) that were conducted during a period from March 17, 2014 to September 17, 2014, the EPCDHS completed the Safety Plan accurately in 0.0% (0/2) of assessments, which is below the statewide average (not including EPCDHS) of 40.0% for the same time span. It is recommended that EPCDHS employ a process in which barriers to the accurate completion of the Safety Plan are identified and solutions to the identified barriers are implemented.	Complete
14-058	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-058	CFRT	The CFRT recommended that CDHS continue working with all counties to develop a Memorandum of Understanding (MOU) between the county and the law enforcement agencies within that county to improve lines of communication between law enforcement and DHS agencies.	Complete
14-058	CFRT	It is recommended that DCW work with the Community Behavioral Health Division which manages the CDHS contracts with Community Mental Health Councils to identify more community options for substance abuse treatment.	In Progress
14-058	CFRT	It is recommended that CDHS consider options regarding adding a State Judicial or Parole representative to the CFRT.	In Progress

CFRT ID	Source	Recommendation	Status
14-058	Policy Finding	According to the most recent C-Stat presentation for the month of November, 2014, which reflects data from October, 2014, PCDSS is interviewing the alleged victim within the assigned response time 96.6% of the time which is above the state goal of 90%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of May 4, 2014 through November 4, 2014, showed the PCDSS at 83.7% for observing/interviewing the alleged victim within the assigned response time and 89.8% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that PCDSS monitor their performance on this measure to ensure they maintain the State goal of 90%.	Complete
14-058	Policy Finding	The policy findings related to incomplete documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in PCDSS. In a recent review of a random sample of assessments that were conducted during a period from May 4, 2014 to November 4, 2014, the PCDSS completed the risk assessment tool accurately in 74.5% of assessments, which is above the statewide average (not including PCDSS) of 57.8% for the same time span. However, due to their level of performance on this measure, it is recommended that PCDSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommend that PCDSS participate in the training and implementation of the new tool.	In Progress
14-058	Policy Finding	The policy finding related to not interviewing others who may have information regarding the alleged maltreatment during the assessment phase does reflect a systemic practice issue for PCDSS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of May 4, 2014 to November 4, 2014, showed that PCDSS interviewed all required parties 87.2%, which is slightly below the statewide average (not including PCDSS) of 87.7% for the same time span. It is recommended that PCDSS monitor their performance on this measure to ensure improvement.	In Progress

CFRT ID	Source	Recommendation	Status
14-058	Policy Finding	There is a lack of quantitative data related to entering referrals of abuse or neglect into the State automated case management system. It is recommended that PCDSS look at previous referrals to determine if entering data timely appears to be an issue for PCDSS. If it is an issue, it is recommended that PCDSS employ a process in which barriers that prevent all referrals from being entered into the State automated case management system timely are identified and solutions to the identified barriers are implemented.	Complete
14-060	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-060	CFRT	DCW evaluate whether the current training being offered to caseworkers sufficiently addresses the assessment of safety of children, specific to neglect, when parents have cognitive and/or developmental disabilities or if additional training resources need to be identified.	Not Started
14-060	CFRT	DCW explore what community resources are available to support parents with cognitive and/or developmental disabilities across the state and make that information available to the County DHS agencies.	In Progress
14-060	Policy Finding	The policy finding related to inaccurate documentation of the safety assessment process does reflect a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period of April 8, 2014 to October 8, 2014, it was determined that the DDHS completed the safety assessment process accurately in 81.5% of assessments. The statewide average (excluding DDHS) during this time span was 77.3%. It is recommended that DDHS continue to use the process in which DDHS is showing improvements in regards to completing the tool accurately, as evident by the data presented in the most recent assessment review provided to DDHS. Additionally, a new Colorado safety assessment tool is being implemented by the State in 2015, and it is recommended that DDHS participate in the training and implementation of the new tool.	In Progress

CFRT ID	Source	Recommendation	Status
14-060	Policy Finding	The policy finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in the DDHS. In a recent review of a random sample of assessments that were conducted during a period from April 8, 2014 to October 8, 2014, the DDHS completed the risk assessment tool accurately in 55.6% of assessments, which is slightly below the statewide average (not including the DDHS) of 59.3% for the same time span. However, due to the low level of performance on this measure, it is recommended that the DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, the new Colorado Family Risk Assessment tool is being implemented by the State in 2015, and it is recommended that the DDHS participate in the training and implementation of the new tool.	In Progress
14-073	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-073	CFRT	The CFRT recommended that the Child Protection Task Group (CPTG) develop a casework practice guide for managing non-court involved cases including a recommendation to counties that a family engagement meeting be held prior to closure of non-court involved cases.	Complete
14-073	Policy Finding	The policy finding related to the accurate completion of the safety assessment tool does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from March 3, 2014 to September 3, 2014, the ACHSD completed the safety assessment tool accurately in 90.4% of assessments, which is above the statewide average (not including ACHSD) of 80.8% for the same time span. However, the goal for accurate completion of the safety assessment tool is 95%. Therefore, it is recommended that ACHSD employ a process in which barriers to the accurate completion of the safety assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new safety assessment tool is being implemented by the State in 2015, and it is recommended that ACHSD participate in the training and implementation of the new tool.	In Progress

CFRT ID	Source	Recommendation	Status
14-073	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from March 3, 2014 to September 3, 2014, the ACHSD completed the risk assessment tool accurately in 63.5% of assessments, which is above the statewide average (not including ACHSD) of 60.6% for the same time span. Due to the low level of performance, it is recommended that ACHSD employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment is being implemented by the State in 2015, and it is recommended that ACHSD participate in the training and implementation of the new tool.	In Progress
14-073	Policy Finding	The policy finding related to monthly contact with the caregiver/guardian/kin does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of In-Home Reviews that were conducted during a period from March 3, 2014 to September 3, 2014, ACHSD completed required monthly contact with the caregiver/guardian/kin in 73% of the cases, which is above the statewide average (not including ACHSD) of 63% for the same time span. However, due to the low level of performance on this measure, it is recommended that ACHSD employ a process in which barriers to the monthly contact with caregivers/guardian/kin are identified and solutions to the identified barriers are implemented.	Complete
14-073	Policy Finding	The policy finding related to a parent not receiving the services that were identified as being needed through ongoing assessment does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of In-Home Reviews that were conducted during a period from March 3, 2014 to September 3, 2014, the family received the services identified as being needed 84% of the time, which is below the statewide average (not including ACHSD) of 87%. It is recommended that ACHSD employ a process in which the barriers to ensuring the family received the services are identified and solutions to the identified barriers are implemented.	Complete
14-074	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress

CFRT ID	Source	Recommendation	Status
14-074	Policy Finding	The policy finding related to monthly contact with the mother does reflect a systemic practice issue in MCDHS. In the most recent Out-of-Home Administrative Review, in which there is data related to monthly contact with the mother (July 1, 2014 to September 30, 2014), the MCDHS completed required monthly contact with the mother in 66.3% of the cases, which is slightly above the statewide average (not including Mesa County) of 63.9% for the same time span. It is recommended that Mesa County employ a process in which barriers to the monthly contact with mothers are identified and solutions to the identified barriers are implemented.	In Progress
14-074	Policy Finding	The policy finding related to incomplete documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in MCDHS. In a recent review of a random sample of assessments that were conducted during a period from May 4, 2014 to November 4, 2014, MCDHS completed the risk assessment tool accurately in 42.3% of assessments, which is below the statewide average (not including Mesa County) of 58.9% for the same time span. It is recommended that MCDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommended that MCDHS participate in the training and implementation of the new tool.	In Progress
14-085	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-085	CFRT	It is recommended that the CFRT write a letter to the Colorado Department of Corrections (DOC) Division of Adult Parole outlining concerns and proposed solutions regarding improving communication between DHS agencies and Parole.	Complete
14-085	CFRT	It is recommended that the CDHS continue to collaborate with the Colorado Department of Public Health and Environment (CDPHE) in their efforts regarding Safe Sleep education to community partners and include first responders.	In Progress
14-085	CFRT	It is recommended that Colorado State Legislators explore the feasibility of proposing new legislation to re-instate the exception for reviewing incidents where the past involvement "did not involve abuse and/or neglect."	In Progress

CFRT ID	Source	Recommendation	Status
14-085	Policy Finding	The policy finding related to the safety assessment tool does reflect a systemic practice issue in JCDCYF. In a recent review of a random sample of assessments that were conducted during a period from February 14, 2014 to August 14, 2014, the JCDCYF completed the safety assessment tool accurately in 85.5 % of assessments, which is above the statewide average (not including JCDCYF) of 79.2 % for the same time span. The statewide goal for the accurate completion of the safety assessment tool is 95%. Therefore, it is recommended that JCDCYF employ a process in which barriers to the accurate completion of the safety assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new safety assessment tool is being implemented by the State in 2015, and it is recommended that JCDCYF participate in the training and implementation of the new tool.	In Progress
14-085	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in JCDCYF. In a recent review of a random sample of assessments that were conducted during a period from February 14, 2014 to August 14, 2014, the JCDCYF completed the risk assessment tool accurately in 45.5% of assessments, which is below the statewide average (not including JCDCYF) of 61% for the same time span. It is recommended that JCDCYF employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment is being implemented by the State in 2015, and it is recommended that JCDCYF participate in the training and implementation of the new tool.	In Progress
14-086	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress

CFRT ID	Source	Recommendation	Status
14-086	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Larimer County DHS. In a recent review of a random sample of assessments that were conducted during a period from July 3, 2014 to January 3, 2015, Larimer County DHS completed the risk assessment tool accurately in 56.6 % of assessments, which is below the statewide average (not including Larimer County DHS) of 60.3 % for the same time span. It is recommended that Larimer County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment tool is being implemented by the State in 2015, and it is recommended that Larimer County DHS participate in the training and implementation of the new tool.	In Progress
14-088	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	Complete
14-088	CFRT	It is recommended that Colorado State Legislators explore the feasibility of proposing new legislation to re-instate the exception for reviewing incidents where the past involvement "did not involve abuse and/or neglect."	In Progress
14-088	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in EPCDHS. In a recent review of a random sample of assessments that were conducted during a period from March 17, 2014 to September 17, 2014, the EPCDHS completed the risk assessment tool accurately in 54.7% of assessments, which is below the statewide average (not including EPCDHS) of 59.2% for the same time span. It is recommended that EPCDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment is being implemented by the State in 2015, and it is recommended that EPCDHS participate in the training and implementation of the new tool.	Complete
14-089	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-089	CFRT	It is recommended that Colorado Department of Human Services 24-hour monitoring team explore the possibility of developing a list of recommended trainings for foster parents.	In Progress

CFRT ID	Source	Recommendation	Status
14-089	CFRT	It is recommended that DCW work with Trails to develop a way for DHS staff to research foster families and gain a complete and accurate picture, ensuring educated decisions can be made around the placement for children.	In Progress
14-089	CFRT	DCW should explore how to handle situations where a county DHS agency decides to no longer place children in a foster home due to that county's concern about the foster family so that other counties can become aware of those concerns and make more educated decisions.	In Progress
14-089	Policy Finding	The policy finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Fremont County DHS. In a recent review of a random sample of assessments that were conducted during a period from July 3, 2014 to January 3, 2015, the Fremont County DHS completed the risk assessment accurately in 45.7% of assessments, which is below the statewide average (not including Fremont County DHS) of 60.2% for the same time span. It is recommended that Fremont County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented. Additionally, the new Colorado Family Risk Assessment tool will be implemented by the State in 2015, and it is recommended that Fremont County DHS participate in the training and implementation of the new tool.	In Progress
14-089	Policy Finding	The policy finding related to monthly contact with the mother does reflect a systemic practice issue in Saguache County DSS. In the most recent Out-of-Home Administrative Review, in which there is data related to monthly contact with the mother (October 1, 2013 to December 31, 2013), the Saguache County DSS completed required monthly contact with the mother in 20% of the cases, which is below the statewide average (not including Saguache County DSS) of 71.6% for the same time span. It is recommended that Saguache County DSS employ a process in which barriers to the monthly contact with mothers are identified and solutions to the identified barriers are implemented	In Progress
14-089	Policy Finding	The policy finding related to monthly contact with the father does reflect a systemic practice issue in Chaffee County HHS. In the most recent Out-of-Home Administrative Review, in which there is data related to monthly contact with the father (July 1, 2014 to September 30, 2014), the Chaffee County HHS completed required monthly contact with the father in 0% of the cases, which is below the statewide average (not including Chaffee County HHS) of 53.9% for the same time span. It is recommended that Chaffee County HHS employ a process in which barriers to the monthly contact with fathers are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
14-089	Policy Finding	The policy finding related to monthly contact with the father does reflect a systemic practice issue in Saguache County DSS. In the most recent Out-of-Home Administrative Review, in which there is data related to monthly contact with the father (October 1, 2013 to December 31, 2013), the Saguache County DSS completed required monthly contact with the mother/father in 0% of the cases, which is below statewide average (not including Saguache County DSS) of 57.1% for the same time span. It is recommended that Saguache County DSS employ a process in which barriers to the monthly contact with fathers are identified and solutions to the identified barriers are implemented.	In Progress
14-089	Policy Finding	The policy finding related to the assessment containing the required content does reflect a systemic practice issue for Chaffee County HHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of March 3, 2014 to September 3, 2014, showed that Chaffee County HHS's assessments contained the required content 76.2% of the time, which is below the statewide average (not including Chaffee County HHS) of 85.9% for the same time span. It is recommended that Chaffee County HHS monitor their performance on this measure to ensure improvement.	In Progress
14-089	Policy Finding	The Chaffee County HHS policy finding related to incomplete documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Chaffee County HHS. In a recent review of a random sample of assessments that were conducted during a period from March 3, 2014 to September 3, 2014, Chaffee County HHS completed the risk assessment tool accurately in 52.4% of assessments, which is below the statewide average (not including Chaffee County HHS) of 59.1% for the same time span. It is recommended that Chaffee County HHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommended that Chaffee County HHS participate in the training and implementation of the new tool.	In Progress

CFRT ID	Source	Recommendation	Status
14-089	Policy Finding	The Saguache County DSS policy finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Saguache County DSS. In a recent review of a random sample of assessments that were conducted during a period from January 21, 2014 to July 21, 2014, the Saguache County DSS completed the risk assessment tool accurately in 55.6% of assessments, which is below the statewide average (not including Saguache County DSS) of 59.4% for the same time span. It is recommended that Saguache County DSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommended that Saguache County DSS participate in the training and implementation of the new tool.	In Progress
14-089	Policy Finding	The Fremont County DHS policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for Fremont County DHS. According to the most recent C-Stat presentation for the month of May 2015, which reflects data from April 2015, Fremont County DHS is interviewing the alleged victim within the assigned response time 88.2% of the time which is below the state goal of 90%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of July 3, 2014 to January 3, 2015, showed Fremont County DHS at 69.6% for observing/interviewing the alleged victim within the assigned response time and 84.8% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that Fremont County DHS monitor their performance on this measure to ensure they meet the State goal of 90%.	In Progress
14-096	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress

CFRT ID	Source	Recommendation	Status
14-096	Policy Finding	The policy finding related to incomplete documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Pueblo County DSS. In a recent review of a random sample of assessments that were conducted during a period from May 4, 2014 to November 4, 2014, the Pueblo County DSS completed the risk assessment tool accurately in 74.5% of assessments, which is above the statewide average (not including Pueblo County DSS) of 57.8% for the same time span. However, due to their level of performance on this measure, it is recommended that Pueblo County DSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment is being implemented by the State in 2015, and it is recommended that Pueblo County DSS continue to participate in the training and implementation of the new tool.	In Progress
14-096	Policy Finding	The policy finding related to monthly contact with the parent does reflect a systemic practice issue in Pueblo County DSS. ARD Out of Home data from 1st Quarter State Fiscal Year (SFY) 2015 indicates Pueblo County DSS is 57.9% compliant with contacting the mother/guardian/kin in accordance with Volume VII which is slightly lower than the statewide average (not including Pueblo County DSS) of 64.4 % for the same time span. . It is recommended that Pueblo County DSS employ a process in which barriers to the monthly contact with parents/guardian/kin are identified and solutions to the identified barriers are implemented.	In Progress
14-100	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-100	CFRT	The CFRT recommended that they continue to support the efforts of the Colorado Department of Public Health and Environment (CDPHE) towards community Safe Sleep education. The CDPHE's Infant Safe Sleep Partnership should explore the need to include pharmacists as one of the targets for provider training on providing infant safe sleep education. Additionally, the Safe Sleep education webinar for caseworkers and other professionals is in the final stages of completion with an expected roll out date no later than December 31, 2015.	Complete

CFRT ID	Source	Recommendation	Status
14-100	Policy Finding	<p>The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool do reflect a systemic practice issue in BCDHHS. In a recent review of a random sample of assessments that were conducted during a period from April 21, 2014 to October 21, 2014, the BCDHHS completed the risk assessment tool accurately in 61.5% of assessments, which is above the statewide average (not including BCDHHS) of 59.5% for the same time span. Due to the low level of performance on this measure, it is recommended that BCDHHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk Assessment tool is being implemented by the State in 2015, and it is recommended that BCDHHS participate in the training and implementation of the new tool.</p>	In Progress
14-100	Policy Finding	<p>The policy finding related to completing the safety assessment tool timely does reflect a systemic practice issue in BCDHHS. In a recent review of a random sample of assessments that were conducted during a period from April 21, 2014 to October 21, 2014, the BCDHHS completed the safety assessment tool accurately in 88.5% of assessments, which is above the statewide average (not including BCDHHS) of 77.5% for the same time span and below the C-Stat goal of 95%. It is recommended that BCDHHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented. Additionally, a new safety assessment tool is being implemented by the State in 2015, and it is recommended that BCDHHS participate in the training and implementation of the new tool.</p>	In Progress
14-108	CFRT	<p>It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.</p>	In Progress

CFRT ID	Source	Recommendation	Status
14-108	CFRT	<p>The Administrative Review Division (ARD) authored a policy and research analysis of the definition of egregious incidents of child maltreatment. The policy analysis is to be used by State and County staff as a resource to provide additional guidance on how to determine if a specific incident of child maltreatment meets the criteria as an egregious incident of abuse and/or neglect. A Dear Director Letter was distributed to all county DHS directors in March 2015 containing the policy analysis for county DHS staff.</p> <p>It is recommended that the ARD continue to work with the Child Welfare Training System on developing curriculum for training based on the policy analysis.</p> <p>It is recommended that the ARD train County Department of Human Services staff regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.</p>	In Progress
14-108	CFRT	CFRT recommends that Counties Department of Human Services comply with Volume VII, specifically 7.106.121 (B) (2) in regards to the Counties Internal Review Reports.	Complete
14-108	Policy Finding	The policy finding related to the timeliness of notification reflects a systemic practice issue for DDHS. From January 1, 2015 until August 28, 2015, DDHS provided timely notification to CDHS in 71.4% (5/7) of incidents. It is recommended that: a. DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS;	Complete
14-108	Policy Finding	The Administrative Review Division (ARD) should prioritize training for County casework staff regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	In Progress

CFRT ID	Source	Recommendation	Status
14-108	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in DDHS. In a recent review of a random sample of assessments that were conducted during a period from September 14, 2014 to March 14, 2015, DDHS completed the risk assessment tool accurately in 43.6% of assessments, which is below the statewide average (not including the DDHS) of 57.5% for the same time span. It is recommended that the DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. It is recommended that DDHS complete the new Colorado Family Risk Assessment Tool training in accordance with Volume VII 7.107.1.	In Progress
14-108	Policy Finding	The policy finding related to the new abuse/neglect allegation from a reporter party that was not documented in the Trails system as a new referral/assessment does reflect a systemic practice issue for DDHS. It is recommended that DDHS participates in training on when to enter new referrals/assessments.	In Progress
13-055	CFRT	There are planned changes in the safety assessment that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare begin the statewide implementation process of the new safety assessment tool and that monitoring occur to determine if accuracy in the use of the tool increases as a result.	In Progress
13-055	CFRT	It was discussed at the CFRT meeting that Denver County no longer sends domestic violence resources to victims through the postal service. The Domestic Violence Practice Guide for Child Protection Services also addresses this in Practice Key #22. It is recommended that the Division of Child Welfare make efforts to disseminate the Guide to child protection workers.	Complete
13-055	Policy Finding	The policy finding that outlines inaccuracy of the Safety Assessment process does reflect a systemic practice issue in Denver County. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from 4/8/2013 to 9/30/2013, the county department completed the safety assessment process accurately, in accordance with Volume VII, 71.7% of the time, which is below the statewide average of 81.6% for the same time period. It should be noted that in regards to the accurate completion of the Caregiver Protective Capacity the county completed this accurately 94.3% of the time. It is recommended that Denver County employ a process in which barriers to the accurate completion of the Safety Assessment are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
13-069	Policy Finding	The policy finding related to the DDHS not reporting the egregious incident to CDHS within 24 hours of learning of the situation does reflect a systemic practice issue in this county department at the time of this referral. During calendar year 2012, Denver County provided timely notification to CDHS in 90% (9/10) of incidents. For calendar year 2013, this declined to 64.3% (11/17). It is recommended that: a. Denver County consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
13-069	Policy Finding	The ARD should prioritize training for DDHS regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	Complete
13-073	CFRT	There are planned changes in the safety and risk assessments that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
13-073	CFRT	The Division of Child Welfare should explore the resources currently provided with Federal funding through the Child Abuse Prevention and Treatment Act (CAPTA) and explore the need for more additional secondary trauma providers as well as resources to provide education on secondary trauma prevention.	Complete
13-073	CFRT	It is recommended that the Division of Child Welfare consider the need for additional guidelines or procedures to follow when there is a significant disagreement between counties.	Complete
13-073	CFRT	The Division of Child Welfare should consider whether the guidance currently provided in statute regarding prospective harm as it applies to child protection cases is adequate or if further statutory or regulatory guidance is necessary.	Complete

CFRT ID	Source	Recommendation	Status
13-073	Policy Finding	The policy findings related to the lack of timely completion of the Colorado Family Risk Assessment does reflect a systemic practice issue in Arapahoe County DHS. In a recent review of a random sample of assessments that were conducted during a period from July 30, 2013 to January 30, 2014, the Arapahoe County DHS completed the risk assessment accurately in 69.8% of assessments, which is above the statewide average (not including Arapahoe County DHS) of 63.8% for the same time span. It is recommended that Arapahoe County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
13-073	Policy Finding	For the policy findings related to Arapahoe County DHS requesting assessment extensions timely, for High Risk Assessments opened by Arapahoe County between July 1, 2013 and December 31, 2013, 75% required an extension (i.e., were open longer than 30 days). Of those, 50.2 % had an extension request within 30 days. It is recommended that Arapahoe County DHS employ a process in which barriers to the timely use of extensions for assessments needing to be open longer than 30 days are identified and solutions to the barriers are implemented.	Complete
13-073	Policy Finding	The statewide performance on the use of extensions between July 1, 2013 and December 31, 2013 was also low. Overall, 66.3% of referrals required an extension (opened beyond 30 days), and 45.3% of them had an extension requested within the 30 days. As the proper use of extensions during the assessment period may be related to the timely closure of assessments, it is recommended that the Division of Child Welfare begin including data on counties' use of extensions in the analysis and communications related to the C-Stat measure of timeliness of assessment closure.	Complete
13-073	Policy Finding	The policy finding related to timeliness of assessment closure does reflect a current systemic practice issue for Arapahoe County DHS. The C-Stat measure is based on the standard 30 days, as well as an additional 30 days to allow for extension requests supported in Volume VII. The April 2014 C-Stat report, which measures the percentage of assessments closed within 60 days regardless of extension status, shows Arapahoe County DHS at 61.3% for High Risk Assessments for March 2014. This number is below the statewide average for March 2014 of 89.6% for High Risk Assessments, and is also below the goal of 90.0%. It is recommended that Arapahoe County DHS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are enacted.	Complete

CFRT ID	Source	Recommendation	Status
13-073	Policy Finding	It is recommended that DCW continue to monitor county performance regarding the timelines of assessment closure and engage with Arapahoe County DHS as necessary to ensure improved performance in this area.	Complete
13-073	Policy Finding	The policy finding related to the DDHS not reporting the near fatality of the sibling to CDHS within 24-hours of learning of the situation does reflect a systemic practice issue in this county department at the time of this referral. During calendar year 2012, DDHS provided timely notification to CDHS in 90% (9/10) of incidents. For calendar year 2013, this declined to 64.7% (11 /17). It is recommended that: The DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS;	Complete
13-073	Policy Finding	The ARD should prioritize training for DDHS regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	Complete
13-073	Policy Finding	The policy violation related to the inaccurate completion of the Safety Assessment reflects a systemic practice issue in the DDHS. In a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 through September 30, 2013, the DDHS completed the safety assessment accurately, in accordance with Volume VII, 71% of the time, which is below the statewide average (not including DDHS) of 81.6% for roughly the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
13-073	Policy Finding	The policy violation related to the inaccurate completion of the Colorado Family Risk Assessment is reflective of a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 through September 30, 2013, the county department completed the risk assessment accurately, in accordance with Volume VII, 56.6% of the time, which is below the statewide average of 62.5% (not including DDHS) for roughly the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
13-073	Policy Finding	The policy finding related to the Arapahoe County DHS not reporting the near fatality of the sibling to CDHS within 24-hours of learning of the situation does reflect a systemic practice issue in Arapahoe County DHS at the time of this referral. During calendar year 2012, Arapahoe County DHS provided timely notification to CDHS in 50% (3/6) of incidents. For calendar year 2013, this increased to 72% (5/7). It is recommended that: Arapahoe County DHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
13-073	Policy Finding	The ARD should prioritize training for Arapahoe County DHS regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	Complete
13-075	CFRT	There are planned changes in the risk assessment that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare begin the statewide implementation process of the new risk assessment tool and that monitoring occur to determine if accuracy in the use of the tool increases as a result of their implementation.	In Progress
13-075	Policy Finding	The policy finding related to accurate completion of the Colorado Family Risk Assessment does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from March 2, 2013 to September 3, 2013, ACHSD completed the risk assessment accurately in 71.2% of assessments. While this is above the statewide average of 59% for the same time span, it is recommended that ACHSD employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
13-081	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
13-081	CFRT	The CFRT acknowledges the complications DHS agencies are presented with by having to restrict the case record in Trails, while also needing that information. The CFRT recommends DCW explore ways to allow assigned caseworkers, their supervisors, and identified administrative staff access to the entire case record while having it restricted to others. DCW is to ensure that at least one person in each county has the restricted access profile.	Complete

CFRT ID	Source	Recommendation	Status
13-081	CFRT	DCW should explore the resources currently provided with Federal funding through the Child Abuse Prevention and Treatment Act (CAPTA) and explore the need for more secondary trauma providers as well as resources to provide education on secondary trauma prevention. DCW needs to identify a more practical way of supporting the counties. CFRT members from other counties recommended small counties partner with larger counties for support and direction.	Complete
13-081	CFRT	In regards to county and CDHS staff not understanding the Child Fatality Review Team process, and in particular, the statutory requirements regarding Initial Notification when fatalities, near-fatalities, and egregious incidents suspicious to have been caused by abuse or neglect, it is recommended that the Administrative Review Division provide training for county and CDHS staff regarding the Child Fatality Review Team process with specific guidance regarding the Initial Notification requirements.	In Progress
13-081	CFRT	As the proper use of extensions during the assessment period may be related to the timely closure of assessments, it is recommended that the DCW begin including data on counties' use of extensions in the analysis and communications related to the C-Stat measure of timeliness of assessment closure.	Complete
13-081	Policy Finding	The policy finding regarding the assignment of incorrect response times does reflect a systemic practice issue for Phillips County DSS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, Phillips County DSS assigned the appropriate response time in accordance with Volume VII 85.7% of the time. The statewide average (excluding Phillips County DSS) was 95.5% for the same time span. It is recommended that Phillips County DSS employ a process in which barriers to the accurate assignment of response times are identified and solutions to the identified barriers are implemented.	Not Started
13-081	Policy Finding	The policy finding related to inaccurate documentation of the safety assessment process does reflect a systemic practice issue in Phillips County DSS. As part of a routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period of June 16, 2013 to December 16, 2013, it was determined that the Phillips County DSS completed the safety assessment process accurately in 66.7% of assessments. The statewide average (excluding Phillips County DSS) during this time span was 81.2%. It is recommended that Phillips County DSS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
13-081	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in Phillips County DSS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, the Phillips County DSS completed the risk assessments accurately in 44.4% of assessments, which is below the statewide average (excluding Phillips County) of 64.8% for the same time span. It is recommended that Phillips County DSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
13-081	Policy Finding	For High Risk Assessments opened by Teller County DSS between November 1, 2013 to April 30, 2014, 82.3% required an extension (i.e., were open longer than 30 days). Of those, 4.6 % had an extension request within 30 days. 1) It is recommended that Teller County DSS employ a process in which barriers to the timely use of extensions for assessments needing to be open longer than 30 days are identified and solutions to the barriers are implemented.	Complete
13-081	Policy Finding	The statewide performance on the use of extensions between November 1, 2013 to April 30, 2014 was also low. Overall, 70.1% of referrals required an extension (opened beyond 30 days), and 40.8% of them had an extension requested within the 30 days. As the proper use of extensions during the assessment period may be related to the timely closure of assessments, it is recommended that the DCW begin including data on counties' use of extensions in the analysis and communications related to the C-Stat measure of timeliness of assessment closure.	Complete
13-081	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in Teller County DSS. In a recent review of a random sample of assessments that were conducted during a period from April 22, 2013 to October 22, 2013, the Teller County DSS completed the risk assessments accurately in 73.3% of assessments, which is above the statewide average (not including Teller County) of 62.5% for the same time span. It is recommended that Teller County DSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
13-081	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in El Paso County DHS. In a recent review of a random sample of assessments that were conducted during a period from September 5, 2013 to March 5, 2014, the El Paso County DHS completed the risk assessments accurately in 49% of assessments, which is below the statewide average (not including El Paso County) of 63.3% for the same time span. It is recommended that El Paso County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	Complete
13-081	Policy Finding	The policy finding related to reasonable efforts to interview the mother, the alleged perpetrator, does reflect a systemic practice issue for Phillips County DSS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of June 16, 2013 to December 16, 2013, showed the Phillips County DSS at 77.8%, which is below the statewide average (not including Phillips County) of 86.9% for the same time span. It is recommended that Phillips County DSS monitor their performance on this measure to ensure improvement.	Not Started
13-081	Policy Finding	For High Risk Assessments opened by El Paso County DHS between November 1, 2013 to April 30, 2014, 71.3% required an extension (i.e., were open longer than 30 days). Of those, 41.1% had an extension request within 30 days. It is recommended that El Paso County DHS employ a process in which barriers to the timely use of extensions for assessments needing to be open longer than 30 days are identified and solutions to the barriers are implemented.	Complete

Appendix D: Status Update for Recommendations from Previously Posted Reports

CFRT ID	Source	Recommendation	Status
14-003	Policy Finding	The policy finding related to seeing the alleged victim within the assigned response time may reflect a systemic practice issue for Lincoln County DHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of July 29, 2012 to January 29, 2013, showed the Lincoln County DHS at 70%. It is important to note that with the addition of rule 7.202.41 (A) (4) on March 2, 2013, Volume VII now addresses reasonable efforts by the caseworker to see the child victim. During July 29, 2012 to January 29, 2013, the Lincoln County DHS made reasonable efforts to see the victim of the allegation 70% of the time. According to the most recent C-Stat data for January-March 2014, Lincoln County DHS is interviewing alleged victims within the assigned response time 90% of the time, and meets the C-Stat goal of 90.0%. It is recommended that Lincoln County DHS monitor their performance on this measure to maintain their most recent performance of 90%.	Complete
14-003	Policy Finding	The policy finding related to interviewing the person responsible for the abuse and/or neglect does not reflect a systemic practice issue for Lincoln County DHS. In a recent review of a random sample of assessments that were conducted during a period from March 18, 2013 to September 18, 2013, the Lincoln County DHS interviewed all required parties including person responsible for abuse and /or neglect in 90% of assessments, which is slightly above the statewide average (not including Lincoln County) of 87.2% for the similar time span. It is recommended that Lincoln County DHS monitor this in order to maintain their performance at 90%.	Complete
14-003	Policy Finding	There is a lack of quantitative data related to entering information of abuse/or neglect into the State automated case management system. It is recommended that Otero County DHS look at the previous referrals to see if entering data timely appears to be an issue for Otero County. If it is an issue, employ a process in which barriers that prevent all referrals from being entered into the State automated case management system by the end of the business day are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
14-004	CFRT	There are planned changes in the safety and risk assessments that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	Complete
14-004	CFRT	In regards to the difficulties counties have in knowing exactly when to intervene at a higher level while providing voluntary services to a family, the CFRT recommends that the DCW discuss this issue with the Child Protection Task Group and explore whether or not additional guidance can be developed to assist counties when dealing with these types of situations.	In Progress
14-008	CFRT	It is recommended that the Division of Child Welfare explore whether there is a need to develop a rule in Volume VII on when a child is selected as "Participating as a Child" in the State automated case management system.	In Progress
14-012	CFRT	Regarding the systemic gap of multiple law enforcement officers compared to one caseworker: a. The CFRT recommended that DCW determine a protocol to review the ability of counties to provide multiple caseworkers during critical incidents that co-occur with a law enforcement investigation. This was recommended to take place through the workload study.	In Progress
14-014	CFRT	There are planned changes in the safety and risk assessments that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress

CFRT ID	Source	Recommendation	Status
14-014	Policy Finding	The policy finding related to the Colorado Family Risk Assessment is reflective of a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 through September 30, 2013, the county department completed the risk assessment accurately, in accordance with Volume VII, 56.6% of the time, which is below the statewide average of 62.5% (not including DDHS) for roughly the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-019	CFRT	The Division of Child Welfare (DCW) should encourage county DHS agencies to develop Memorandums of Understanding (MOU) and/or protocol for working with all shelters in their respective counties to ensure the DHS' has access to children when there is concern for child abuse/neglect. The DCW and the Domestic Violence Program (DVP) should create a sample MOU and/or protocols and work with the counties and shelters, when needed, to complete this process.	In Progress
14-024	Policy Finding	There is no data available regarding the policy finding related to the late receipt of the Internal Review report and supporting documentation. Routt County DHS did not have any reportable incidents in 2012. There were two reported fatalities in 2013 that did not meet criteria for a CFRT review as there was no prior DHS involvement for those incidents. Although this is the only incident that met CFRT review criteria in recent history, the ARD recommends that Routt County DHS employ a process in which barriers to the timely submission of required documents for a fatality are identified and solutions to the identified barriers are implemented.	Complete
14-026	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress

CFRT ID	Source	Recommendation	Status
14-026	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from September 18, 2013 to March 18, 2014, the ACHSD completed the safety assessment in accordance with Volume VII 73.6% of assessments, which is below the statewide average (not including ACHSD) of 84.7% for the same time span. It is recommended that ACHSD employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-026	Policy Finding	The policy findings related to the Colorado Family Risk Assessment does reflect a systemic practice issue in ACHSD. In a recent review of a random sample of assessments that were conducted during a period from September 18, 2013 to March 18, 2014, the ACHSD completed the risk assessment in accordance with Volume VII in 43.4% of assessments, which is below the statewide average (not including ACHSD) of 62.5% for the same time span. It is recommended that ACHSD employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-032	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-032	Policy Finding	The policy finding related to the notification of the egregious abuse incident does reflect a systemic practice issue for DDHS. During the calendar year of 2013, DDHS provided timely notification to CDHS 64.7% (11 /17) of the time. At the time of the writing of this report, DDHS provided timely notifications to CDHS for 73.6% (14/19) of the incidents in the calendar year 2014. Administrative Review Division provided training to DDHS on May 29, 2014 and October 7, 2014. It is recommended that DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete

CFRT ID	Source	Recommendation	Status
14-032	Policy Finding	The policy finding related to inaccurate documentation of the safety assessment process does reflect a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period of October 30, 2013 to April 30, 2014, it was determined that the DDHS completed the safety assessment process accurately in 67.9% of assessments. The statewide average (excluding DDHS) during this time span was 82.5%. It is recommended that DDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-041	Policy Finding	The policy finding related to monthly contact with the child in the out-of-home placement setting does reflect a systemic practice issue in Dolores County DSS. In the most recent Out-of-Home Administrative Review (April 1, 2013 to June 30, 2013), the Dolores County DSS completed monthly contact with the child in the correct setting in 50% of the cases, which is below the statewide average of 91% for the same time span. It is recommended that Dolores County employ a process in which barriers to the monthly contact with children in the correct setting are identified and solutions to the identified barriers are implemented.	In Progress
14-046	Policy Finding	The policy finding related to seeing the alleged victim within the assigned response time reflects a systemic practice issue for the DDHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of April 8, 2014 to October 8, 2014, showed the DDHS at 76.4% for interviewing/observing the alleged victims within the response time. The DDHS made reasonable efforts to interview/observe the victim 89.1% of the time. According to the most recent C-Stat presentation for the month of November 2014, the DDHS is interviewing the alleged victims within the assigned response time 84% of the time which is below the state goal of 90%. It is recommended that the DDHS monitor their performance on this measure to ensure improvement in order to meet the state goal of 90%.	Complete

CFRT ID	Source	Recommendation	Status
14-047	CFRT	It is recommended that the DCW begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-047	CFRT	It is recommended that the Division of Child Welfare facilitate communication between counties to assist the smaller counties to have a county to contact for purposes of seeing the alleged victim within the assigned response time.	In Progress
14-047	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in Morgan County DHS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, the Morgan County DHS completed the risk assessment accurately in 47.4% of assessments, which is below the statewide average (not including Morgan County DHS) of 64.8% for the same time span. It is recommended that Morgan County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
14-047	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in Morgan County DHS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, the Morgan County DHS completed the safety assessment accurately in 65.8% of assessments, which is below the statewide average (not including Morgan County DHS) of 81.2% for the same time span. It is recommended that Morgan County DHS employ a process in which barriers to the accurate completion of the Colorado Safety Assessment Instrument are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
14-047	Policy Finding	The policy finding regarding all parties interviewed as part of the assessment, specifically other family members in the household, does reflect a systemic practice issue for Morgan County DHS. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, Morgan County DHS interviewed all required parties in 73.7% of assessments, which is below the statewide average of 86.9% for the same time span. It is recommended that Morgan County DHS employ a process in which barriers to interviewing all parties are identified and solutions to the identified barriers are implemented.	In Progress
14-048	CFRT	It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-048	Policy Finding	The policy finding related to proper use of the Safety Plan does reflect a systemic practice issue in EPCDHS. In a recent review of a random sample of assessments (55) that were conducted during a period from March 17, 2014 to September 17, 2014, the EPCDHS completed the Safety Plan accurately in 0.0% (0/2) of assessments, which is below the statewide average (not including EPCDHS) of 40.0% for the same time span. It is recommended that EPCDHS employ a process in which barriers to the accurate completion of the Safety Plan are identified and solutions to the identified barriers are implemented.	Complete
14-050	CFRT	It is recommended that all counties contact the Child Protection Team at CHC when there is conflicting medical information given on a case involving suspected child abuse. If local medical professionals refuse to comply with CHC recommendations, the county should notify CHC so that CHC can contact the local medical professionals personally.	Complete

CFRT ID	Source	Recommendation	Status
14-050	Policy Finding	<p>The policy findings related to not interviewing the sibling(s) or other children in the household does reflect a systemic practice issue in Archuleta County DHS. In a recent review of a random sample of assessments that were conducted during a period from September 30, 2013 to March 30, 2014, the Archuleta County DHS interviewed all required parties as part of the assessment 83.3% of the time, which is slightly below the statewide average (not including Archuleta County DHS) of 88.5% for the same time span. It is recommended that Archuleta County DHS monitor their performance on this measure to ensure improvement.</p>	Complete
14-050	Policy Finding	<p>The policy finding related to not interviewing others who may have information regarding the alleged maltreatment during the assessment phase does reflect a systemic practice issue for Alamosa County DHS. In a recent review of a random sample of assessments that were conducted during a period from January 21, 2014 to July 21, 2014, the Alamosa County DHS interviewed all required parties as part of the assessment 87.8% of the time, which is slightly below the statewide average (not including Alamosa County DHS) of 88.1% for the same time span. It is recommended that Alamosa County DHS monitor their performance on this measure to ensure improvement.</p>	Complete

CFRT ID	Source	Recommendation	Status
14-050	Policy Finding	The policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for Alamosa County DHS. According to the December C-Stat, which reviewed data for the month of November, 2014, Alamosa County DHS is interviewing the alleged victim within the assigned response time 88% of the time, which is below the statewide average of 90% and is also below the C-Stat goal of 90.0%. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of January 21, 2014 to July 21, 2014 showed the Alamosa County DHS at 78.3% interviewing the alleged victim within the assigned response time. It is important to note that with the addition of rule 7.202.41 (A) (4) on March 2, 2013, Volume VII now addresses reasonable efforts by the caseworker to see the child victim. During the same time span as above, the Alamosa County DHS made reasonable efforts to see the victim of the allegation 82.9% of the time. It is recommended that Alamosa County DHS monitor their performance on this measure to ensure improvement in order to meet the state goal of 90%.	Complete
14-058	CFRT	It is recommended that the Division of Child Welfare (DCW) continue the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.	In Progress
14-058	CFRT	The CFRT recommended that CDHS continue working with all counties to develop a Memorandum of Understanding (MOU) between the county and the law enforcement agencies within that county to improve lines of communication between law enforcement and DHS agencies.	Complete
14-058	CFRT	It is recommended that DCW work with the Community Behavioral Health Division which manages the CDHS contracts with Community Mental Health Councils to identify more community options for substance abuse treatment.	In Progress
14-058	CFRT	It is recommended that CDHS consider options regarding adding a State Judicial or Parole representative to the CFRT.	In Progress

CFRT ID	Source	Recommendation	Status
14-058	Policy Finding	<p>The policy findings related to incomplete documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in PCDSS. In a recent review of a random sample of assessments that were conducted during a period from May 4, 2014 to November 4, 2014, the PCDSS completed the risk assessment tool accurately in 74.5% of assessments, which is above the statewide average (not including PCDSS) of 57.8% for the same time span. However, due to their level of performance on this measure, it is recommended that PCDSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommend that PCDSS participate in the training and implementation of the new tool.</p>	In Progress
14-058	Policy Finding	<p>The policy finding related to not interviewing others who may have information regarding the alleged maltreatment during the assessment phase does reflect a systemic practice issue for PCDSS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of May 4, 2014 to November 4, 2014, showed that PCDSS interviewed all required parties 87.2%, which is slightly below the statewide average (not including PCDSS) of 87.7% for the same time span. It is recommended that PCDSS monitor their performance on this measure to ensure improvement.</p>	In Progress
14-058	Policy Finding	<p>There is a lack of quantitative data related to entering referrals of abuse or neglect into the State automated case management system. It is recommended that PCDSS look at previous referrals to determine if entering data timely appears to be an issue for PCDSS. If it is an issue, it is recommended that PCDSS employ a process in which barriers that prevent all referrals from being entered into the State automated case management system timely are identified and solutions to the identified barriers are implemented.</p>	Complete

CFRT ID	Source	Recommendation	Status
14-079	Policy Finding	<p>The policy finding related to the assessment containing the required content does reflect a systemic practice issue for Alamosa County DHS. As part of a routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period of January 21, 2014 to July 21, 2014, showed that Alamosa County DHS' assessments contained the required content 70% of the time, which is below the statewide average (not including Alamosa County DHS) of 86.4% for the same time span. It is recommended that Alamosa County DHS employ a process in which barriers to the accurate completion of the safety assessment tool are identified and solutions to the identified barriers are implemented.</p>	In Progress
14-079	Policy Finding	<p>The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Alamosa County DHS. In a recent review of a random sample of assessments that were conducted during a period from January 21, 2014 to July 21, 2014, the Alamosa County DHS completed the risk assessment tool accurately in 67.5% of assessments, which is above the statewide average (not including Alamosa County DHS) of 59.4% for the same time span. Due to the level of performance on this measure, it is recommended that Alamosa County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment tool are identified and solutions to the identified barriers are implemented. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommended that Alamosa County participate in the training and implementation of the new tool.</p>	In Progress
13-002	Policy Finding	<p>2. The policy finding related to late assessment closure in Montrose County does not reflect current systemic practice in the county department. The C-Stat report, which measures the percentage of assessments closed within 60 days, shows the county department increasing from 54% in March of 2012 to 87% in July of 2013. It is recommended that the county continue engagement in the C-Stat process for continuous improvement on this measure in order to meet and/or exceed the goal of 90%.</p>	Complete

CFRT ID	Source	Recommendation	Status
13-002	Policy Finding	3. The policy violation that reflects that the children were not contacted monthly, face-to-face, is not reflective of an area needing improvement for Montrose County. In the most current ARD Quality Assurance Review report, the data showed that the county is performing at 92% in this area. It is recommended that the county consider using the Trails report that tracks monthly, face-to-face contacts of children as a component of supervision to ensure continued or improved performance in this area.	Complete
13-002	Policy Finding	The policy violation related to completion of the Colorado Safety Assessment in Montrose County does not reflect a systemic practice issue in this county department. In a recent review of a random sample of assessments that were conducted during a period from 8/18/2012 to 3/18/2013, the county department completed the safety assessment accurately in 87% of assessments. Also of note are planned changes in the safety assessment that will occur in 2014 and may impact performance. It is recommended that DCW ensure that Montrose county receives the training prior to the implementation of the changes.	Complete
13-008	Policy Finding	The policy finding related to late assessment closure does not reflect current systemic practice in the county department. A recent C-Stat report, issued 7/19/2013, which measures the percentage of assessments closed within 60 days, shows the county department at 83%. The C-Stat measure is based on the standard 30 days, as well as an additional 30 days to allow for extension requests supported in Volume VII. It is recommended that the county continue engagement in the C-Stat process for continuous improvement on this measure in order to meet and/or exceed the goal of 90%.	Complete
13-008	Policy Finding	3. Policy violations related to the Colorado Family Risk Assessment do not reflect a systemic practice issue in this county department. In a recent, generalizable random sample, 83% of risk assessments were found by reviewers to have been completed accurately. Of note are changes in the Colorado Family Risk Assessment slated for spring, 2014. The changes will include clearer definitions of each item in the assessment as well as a coordinated training effort. It is recommended that DCW ensures that Arapahoe County staff receives this training prior to implementation of the new instrument.	Complete

CFRT ID	Source	Recommendation	Status
13-014	Policy Finding	<p>4. The policy violations related to the Colorado Family Risk Assessment do not reflect a systemic practice issue in Arapahoe DHS. In a generalizable random sample from July 2013, data indicates Arapahoe DHS completed the risk assessment accurately in 83% of assessments, which is above the statewide average of 53% for the same time. As mentioned above in the summary of identified systemic gaps and deficiencies, there are planned changes in the Colorado Risk and Safety Assessment tools which are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the DCW, as implementation of these changes occurs, provide training and technical assistance to Arapahoe DHS in this area.</p>	Complete
13-029	Policy Finding	<p>The policy finding indicating that Denver County notified the Colorado Department of Human Services of the fatality six days late does reflect a systemic practice issue in this county department at the time of this referral. During calendar year 2012, Denver County provided timely notification to CDHS in 90% (9/10) of incidents. For calendar year 2013, this declined to 64% (9/14). It is recommended that Denver County consider creating a more formal process for recognizing and reporting fatal, near fatal, and egregious incidents of child maltreatment to CDHS.</p>	Complete
13-038	Policy Finding	<p>4. The policy violation related to timeliness of assessment closure reflects a current systemic practice issue for Boulder DHHS. The C-Stat report measure is based on the standard 30 days, as well as an additional 30 days to allow for extension requests supported in Volume VII. The C-Stat report, which measures the percentage of assessments closed within 60 days regardless of extension status shows Boulder County is currently closing 84.9% of their assessments on time as of the data for September 2013. This number is above the statewide average for September 2013 of 83.7 %, but below the goal of 90.0%.</p> <p>a. It is recommended that Boulder DHHS employ a process in which barriers to the timely closure of assessments are identified and solutions to the identified barriers are implemented.</p>	Complete

CFRT ID	Source	Recommendation	Status
13-040	Policy Finding	<p>The policy finding indicating that Alamosa County notified the Colorado Department of Human Services of the egregious incident four days late does reflect a systemic practice issue in this county department at the time of this referral. During calendar year 2012, Alamosa County provided timely notification to CDHS in 100% (1/1) of incidents. For calendar year 2013, this declined to 0.0% (0/1). It is recommended that Alamosa County consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.</p>	Complete
13-040	Policy Finding	<p>3. The policy finding that outlines inaccuracy of the safety assessment process for this Alamosa County referral does reflect a systemic practice issue in this county department. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from 12/23/2012 to 6/23/2013, the county department completed the safety assessment process accurately, in accordance with Volume VII, 59.0% of the time, which is below the statewide average of 83.9% for roughly the same time period. It should be noted that specific to the 15 Standardized Safety Concerns of the Safety Assessment, Alamosa County completed this tab accurately 76.9% of the time for the same time period, compared to 93.4% accuracy on the 15 Standardized Safety Concerns statewide for roughly the same time period.</p> <p>a. It is recommended that Alamosa County employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.</p>	Complete
13-040	Policy Finding	<p>The policy finding related to the safety assessment does reflect a systemic practice issue in Rio Grande DSS. In a recent review of a random sample of assessments that were conducted during a period from December 23, 2012 to June 23, 2013, the Rio Grande DSS completed the safety assessment accurately in 83.3% of assessments, which is below the statewide average (not including Rio Grande) of 83.5% for the same time span. It is recommended that Rio Grande DSS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.</p>	Complete

CFRT ID	Source	Recommendation	Status
13-040	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in Rio Grande DSS. In a recent review of a random sample of assessments that were conducted during a period from December 23, 2012 to June 23, 2013, the Rio Grande DSS completed the risk assessment accurately in 62.5% of assessments, which is above the statewide average (not including Rio Grande) of 56.7% for the same time span. It is recommended that Rio Grande DSS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	Complete
13-054	Policy Finding	2) It is recommended that DCW continue to monitor county performance regarding the timelines of assessment closure and engage with Arapahoe County DHS as necessary to ensure improved performance in this area.	Complete
13-055	CFRT	There are planned changes in the safety assessment that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare begin the statewide implementation process of the new safety assessment tool and that monitoring occur to determine if accuracy in the use of the tool increases as a result.	In Progress
13-055	Policy Finding	The policy finding that outlines inaccuracy of the Safety Assessment process does reflect a systemic practice issue in Denver County. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from 4/8/2013 to 9/30/2013, the county department completed the safety assessment process accurately, in accordance with Volume VII, 71.7% of the time, which is below the statewide average of 81.6% for the same time period. It should be noted that in regards to the accurate completion of the Caregiver Protective Capacity the county completed this accurately 94.3% of the time. It is recommended that Denver County employ a process in which barriers to the accurate completion of the Safety Assessment are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
13-069	Policy Finding	The policy finding related to the DDHS not reporting the egregious incident to CDHS within 24 hours of learning of the situation does reflect a systemic practice issue in this county department at the time of this referral. During calendar year 2012, Denver County provided timely notification to CDHS in 90% (9/10) of incidents. For calendar year 2013, this declined to 64.3% (11/17). It is recommended that: a. Denver County consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
13-069	Policy Finding	The ARD should prioritize training for DDHS regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	Complete
13-070	CFRT	In regard to caseworkers' ability to assess the safety of children when parents have cognitive and/or developmental disabilities and identify resources in the community to support these parents, it is recommended that: a. DCW identify what training is currently being provided to caseworkers regarding assessing the safety of children when parents have cognitive and/or developmental disabilities.	Complete
13-070	CFRT	DCW explore what community resources are available to support parents with cognitive and/or developmental disabilities across the state and provide that information to the County DHS agencies.	Complete
13-071	CFRT	There are planned changes in the safety assessment that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare begin the statewide implementation process of the revised safety assessment tool and that monitoring occur to determine if accuracy in the use of the tool increases as a result of its implementation.	In Progress

CFRT ID	Source	Recommendation	Status
13-071	Policy Finding	<p>The policy finding related to inaccurate documentation of the safety assessment process reflects a systemic practice issue in EPCDHS. As part of a routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period of September 18, 2012 to March 18, 2013, it was determined that the EPCDHS completed the safety assessment process accurately in 81.5% of assessments. The statewide average during this time span was 83.8% with the statewide goal being 95%. It should be noted that in regards to the accurate completion of the Caregiver Protective Capacity the EPCDHS completed this accurately 98.1%. It is recommended that EPCDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.</p>	In Progress
13-073	CFRT	<p>There are planned changes in the safety and risk assessments that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.</p>	In Progress
13-073	Policy Finding	<p>The policy findings related to the lack of timely completion of the Colorado Family Risk Assessment does reflect a systemic practice issue in Arapahoe County DHS. In a recent review of a random sample of assessments that were conducted during a period from July 30, 2013 to January 30, 2014, the Arapahoe County DHS completed the risk assessment accurately in 69.8% of assessments, which is above the statewide average (not including Arapahoe County DHS) of 63.8% for the same time span. It is recommended that Arapahoe County DHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.</p>	In Progress
13-073	Policy Finding	<p>It is recommended that DCW continue to monitor county performance regarding the timelines of assessment closure and engage with Arapahoe County DHS as necessary to ensure improved performance in this area.</p>	Complete

CFRT ID	Source	Recommendation	Status
13-073	Policy Finding	The policy finding related to the DDHS not reporting the near fatality of the sibling to CDHS within 24-hours of learning of the situation does reflect a systemic practice issue in this county department at the time of this referral. During calendar year 2012, DDHS provided timely notification to CDHS in 90% (9/10) of incidents. For calendar year 2013, this declined to 64.7% (11 /17). It is recommended that the DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
13-073	Policy Finding	The ARD should prioritize training for DDHS regarding the fatality review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm and near fatalities.	Complete
13-073	Policy Finding	The policy violation related to the inaccurate completion of the Safety Assessment reflects a systemic practice issue in the DDHS. In a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 through September 30, 2013, the DDHS completed the safety assessment accurately, in accordance with Volume VII, 71% of the time, which is below the statewide average (not including DDHS) of 81.6% for roughly the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
13-073	Policy Finding	The policy violation related to the inaccurate completion of the Colorado Family Risk Assessment is reflective of a systemic practice issue in DDHS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 through September 30, 2013, the county department completed the risk assessment accurately, in accordance with Volume VII, 56.6% of the time, which is below the statewide average of 62.5% (not including DDHS) for roughly the same time span. It is recommended that DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress

CFRT ID	Source	Recommendation	Status
13-073	Policy Finding	<p>The policy finding related to the Arapahoe County DHS not reporting the near fatality of the sibling to CDHS within 24-hours of learning of the situation does reflect a systemic practice issue in Arapahoe County DHS at the time of this referral. During calendar year 2012, Arapahoe County DHS provided timely notification to CDHS in 50% (3/6) of incidents. For calendar year 2013, this increased to 72% (5/7). It is recommended that Arapahoe County DHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.</p>	Complete
13-085	Policy Finding	<p>The policy violation identified in the child's out of home case and pertaining to the frequency of contact with the child's mother/guardian/kin is reflective of a systemic practice issue in Arapahoe County. In this case, there was a contact made February 11, 2014. At the time of the review by ARD this had not been entered into the case however that has been corrected. Data from the 2nd quarter of state fiscal year 2014 (10/1/13-12/31/13) indicates that contact with the child's mother/guardian/kin is documented in accordance with Volume VII 81.1% of the time. It is recommended that Arapahoe County employ a process to identify the barriers to documentation of monthly contact with the child's mother/guardian/kin and solutions to the barriers be implemented.</p>	In Progress

CFRT ID	Source	Recommendation	Status
13-092	CFRT	<p>It was recommended that the mother needs to acknowledge the children were injured in the care of their father. Larimer County DHS has developed a more in-depth treatment plan for the mother which includes a psychological evaluation with a developmental assessment and a parent/child interactional to proceed with services designed to acknowledge safety concerns and build caregiver protective capacity for the mother. Larimer County DHS is seeking the recommendations from the evaluations and assessment to build caregiver protective capacity for the mother and building next steps in their treatment plan. For the mother involved in the egregious abuse incident, Cognitive Behavioral Therapy, which is a hands-on practical approach is recommended.</p> <p>Treatment plans should be written in a specific, measurable, agreed upon, realistic and time limited (SMART) format. In using the SMART format, the caseworker will develop, with the family, the steps to build the desired behavioral change needed to create a safe environment for the child and/or caregiver protective capacity. The treatment plan will include specific measurements of the desired behavioral change, for example: while good attendance with a service provider is important, it is necessary for the treatment plan to articulate specific behavioral changes that the parent must demonstrate in order to achieve the objective. It is recommended that CDHS Division of Child Welfare provide further guidance on creating and using measurement of behavioral change in the treatment plan.</p>	Complete
13-096	CFRT	<p>There are planned changes in the safety and risk assessments that are scheduled to occur in 2014 that were designed to positively impact performance in this area. It is recommended that the Division of Child Welfare (DCW) begin the statewide implementation process of the new risk and safety assessment tools and that monitoring occur to determine if accuracy in the use of the tools increases as a result of their implementation.</p>	In Progress

CFRT ID	Source	Recommendation	Status
13-096	CFRT	In regard to caseworkers' ability to assess the needs and safety of children who have significant cognitive and/or developmental disabilities and identify resources in the community to support these parents, it is recommended that: a. DCW explore what community resources are available to support parents with children who have significant cognitive and/or developmental disabilities across the state and provide that information to the County DHS agencies.	Complete
13-096	CFRT	In regard to caseworkers' ability to assess the needs and safety of children who have significant cognitive and/or developmental disabilities and identify resources in the community to support these parents, it is recommended that: b. The DDHS connect the youth and the sibling on this case with the CCB and explore services specific for the youth under the Children's Extensive Support (CES) waiver.	Complete
13-096	CFRT	In regard to caseworkers' ability to assess the needs and safety of children who have significant cognitive and/or developmental disabilities and identify resources in the community to support these parents, it is recommended that: c. The DDHS explore whether the youth and the sibling are eligible to receive Social Security Income (SSI) benefits, and if so, assist in applying for SSI benefits for the youth and the sibling.	Complete
13-096	Policy Finding	The policy finding related to the DDHS not reporting the egregious situation to CDHS within 24-hours of learning of the situation reflects a systemic practice issue in this county department at the time of this referral. During calendar year 2013, the DDHS provided timely notification to CDHS for 64.7% (11 /17) of incidents. To date in calendar year 2014, this declined to 50% (6 /12). It is recommended that the DDHS consider creating a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete

CFRT ID	Source	Recommendation	Status
13-096	Policy Finding	The policy finding regarding all required parties being interviewed as part of the assessment reflects a systemic practice issue for the DDHS. In a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 to September 30, 2013, the DDHS interviewed all required parties 85.2% of the time, which is slightly below the statewide average (not including the DDHS) of 87.3% for approximately the same time period. It is recommended that the DDHS employ a process in which barriers to interviewing all required parties as part of the assessment are identified and solutions to the identified barriers are implemented.	Complete
13-096	Policy Finding	The policy finding related to the Colorado Safety Assessment does reflect a systemic practice issue for the DDHS. In a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 to September 30, 2013, the DDHS completed the safety assessment accurately in 71.7% of assessments, which is below the statewide average (not including the DDHS) of 81.6% for approximately the same time period. It is recommended that the DDHS employ a process in which barriers to the accurate completion of the safety assessment are identified and solutions to the identified barriers are implemented.	In Progress
13-096	Policy Finding	The policy finding related to inaccurate documentation of the Colorado Family Risk Assessment reflects a systemic practice issue for the DDHS. In a recent review of a random sample of assessments that were conducted during a period from April 8, 2013 to September 30, 2013, the DDHS completed the risk assessment accurately in 56.6% of assessments, which is below the statewide average (not including Denver County) of 62.5% for approximately the same time period. It is recommended that the DDHS employ a process in which barriers to the accurate completion of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented.	In Progress
12-001	Incident Specific Report	The DCW should work with OIT to develop a scrolling alert in Trails to allow for improved communication among county departments when there are significant concerns regarding an individual or family. In addition to the functionality, the DCW should collaborate with county child welfare professionals to determine criteria for the use of such functionality.	Complete

CFRT ID	Source	Recommendation	Status
12-033	Incident Specific Report	Assessment tools should be created and used in Program Area 4: Youth in Conflict assessments/cases as they are in Program Area 5: Child Abuse and Neglect assessments/cases.	In Progress
12-033	Incident Specific Report	Training competencies should be developed for caseworkers that will be handling Program Area 4: Youth in Conflict assessments/cases.	In Progress
2012	Annual Report	Tracking egregious incidents of child maltreatment began in August 2012. While there is a small sample size to date, data reflects that egregious incidents are much more likely to occur with older youth. As supported within the case specific recommendations, this indicates the need for enhanced assessment of safety and risk for families and youth involved in Program Area 4: Youth in Conflict cases. Program Area 4: Youth in Conflict practice tends to focus on the behaviors of the youth. It is recommended that policy be modified to support the practice of conducting a broader assessment of familial strengths and needs specific to dealing with difficult behavior in youth. Specifically, tools and policy should be created supporting assessments of the family's needs for supportive services. These services may help parents develop increased coping skills and more appropriate responses to difficult behavior in their children.	In Progress



COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

Ann M. Rosales, MSW, Director

**Birth-to-Five Task Group:
Recommendations for the Colorado Department of Human Services'
Child Welfare and Early Childhood Sub-Policy Advisory Councils**

Introduction

The first five years of a child's life are vitally important for healthy development and growth. It is also the period of time when a child is the most vulnerable to suffering consequences of child abuse and neglect. The Colorado Department of Human Services (CDHS), Office of Children, Youth, and Families (OCYF) Division of Child Welfare (DCW) oversees the system charged with responding to allegations of child maltreatment. The CDHS Office of Early Childhood Division of Community and Family Support was established with a Child Maltreatment Prevention Unit. Both DCW and DCFS, are constantly looking to better understand how to support families and prevent child maltreatment.

At the national level, the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) was established to produce a national strategy and to make recommendations for eliminating child fatalities across the country. In anticipation of the CECANF report, CDHS requested that the Policy Advisory Committee (PAC) establish a joint sub-PAC Task Group with representatives from both the Child Welfare and Early Childhood sub-PACs. The purpose of the joint sub-PAC Task Group was to inform next steps and create a stronger partnership and bridge between child welfare and early childhood systems.

Group members included skilled, experienced, and passionate workers, providers, managers, and administrators from both the child welfare and early childhood systems (see Appendix A for full participant list). Members volunteered their time due to a deep commitment to ensure they are doing the best work possible for the children and families they work with each and every day. The group was charged with recommending policy, training, and cross-system collaboration changes by answering the question: *How does the child welfare and early childhood systems, in partnership with families and communities, prevent maltreatment of children age five and under?*

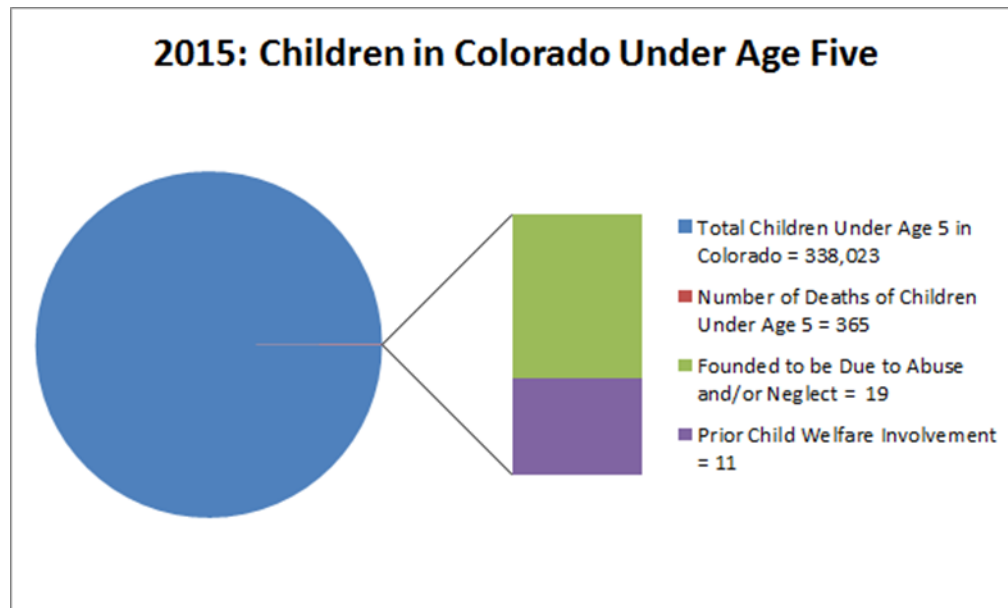
During calendar year 2016, the group engaged in multiple activities, including reviewing reports and research; conducting focus groups; and analyzing data. The first area of focus was the performance and data related to the screening and assessment of reports of suspected child abuse and/or neglect to the child welfare system. This focus was based on a hypothesis that the child welfare system was not making correct screening decisions and/or conducting thorough child welfare assessments. The second area of focus was understanding cross-system collaboration. This focus was based on a hypothesis that the child welfare system cannot be the sole protector of children and that the early childhood system can be a valuable partner in the prevention of child maltreatment. A sub-committee was utilized to explore the first area of focus, while the full Birth-to-Five Task Group was utilized to explore the second area of focus.

Based on a year's worth of research, data review, and discussion, the Birth-to-Five Task Group makes four recommendations:

1. **Explore decision-making at the points of assessment closure and case closure**
2. **Address high staff turnover rates within both child welfare and early childhood systems**
3. **Enhance cross-system collaboration**
4. **Ensure that child welfare is engaged in the Colorado Child Maltreatment Prevention Framework for Action developed out of the Office of Early Childhood**

The Problem

As indicated in the following diagram, there were 338,023 children under the age of five residing in Colorado in 2015. Within that age group there were 30,706 reports of child abuse and neglect made to child welfare agencies. There were 365 child deaths for children under five in Colorado in 2015, 19 - or 5% - of those deaths included suspected child abuse and neglect. Of those 19, eleven (11) - or 3% of all deaths in this age group - had prior child welfare involvement.



Sources: Child Fatality Review Team, 2016
Colorado Department of Health & Environment, 2016
Division of Child Welfare, 2016

The Birth-to-Five Task Group found it difficult to make extensive recommendations based on the circumstances of 11 children and instead, expanded their view to understand the issue of abuse and/or neglect of children age five and under. While the statistics vary, data does point to the existence of common factors, or conditions that may place above-average stress on families that contributed to the abuse and/or neglect of their children. For example, regarding child deaths of all ages, between 30% and 60% of caregivers have a history of mental health concerns (CFRT, 2014; Douglas, 2013); at least one-third of caregivers who have abused and/or neglected their children have a history of substance abuse (CFRT, 2014; Douglas, 2013; Fujwara, et al, 2009); and, over one-third of caregivers have a history of domestic violence (CFRT, 2014). In addition, 50% of caregivers are young parents under age 25 (Fujwara, et al, 2009) which has been linked to less tolerance for normal child behaviors and inappropriate expectations for young children. Finally, at the time of the child death, the majority of caregivers were experiencing major life events, such as losing a job (Douglas, 2013). However, these characteristics are also common among families involved with child welfare and are identified through the Colorado Risk Assessment.

Assumption #1

Colorado's Child welfare system is not responding adequately to allegations of abuse and neglect for the 0-5 population.

Findings: Sub-committee data analysis found that this assumption is not valid. While expecting to find deficiencies in Colorado's child welfare system including screening of abuse and neglect allegations and confirmation of the presence of abuse and neglect; the Birth-to-Five Task Group found the exact opposite: high performance in the rates for acceptance of referrals and assessment of suspected child maltreatment.

One way to measure success is to utilize CDHS Administrative Review Division (ARD) performance data for whether or not counties made correct decisions of whether to accept (screen-in or screen-out) a referral of suspected child maltreatment. This review data consistently shows that county departments of human/social services are making accurate screening decisions over 95% of the time.

The diagram on the following page details the number of children who experience repeat maltreatment after various types of child welfare involvement.

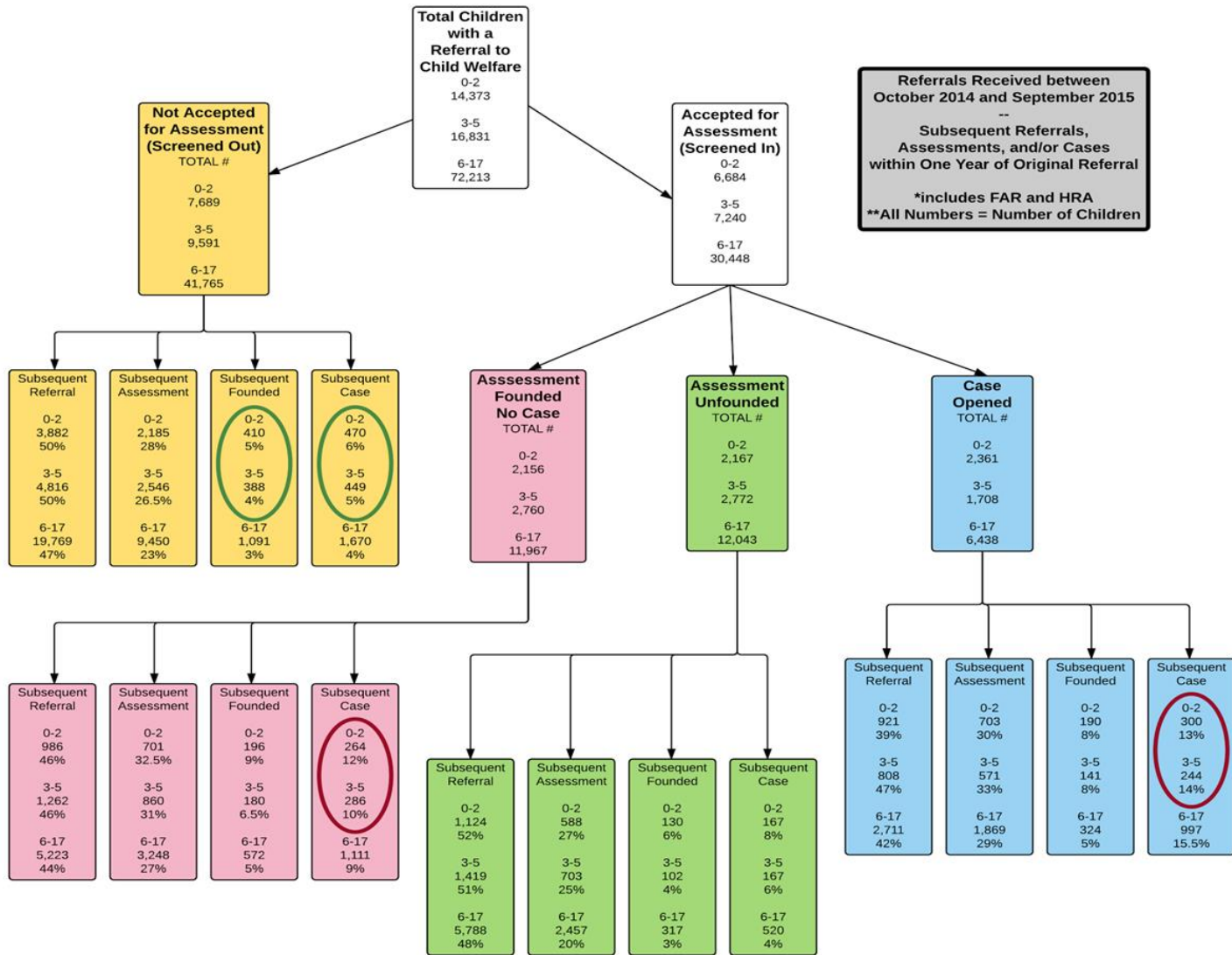
The two areas of concern in the data, as highlighted by red circles, is the percentage of children that have a founded assessment of abuse and/or neglect after either:

1. A founded assessment when no case is opened to provide ongoing services, and
2. A case has been opened to provide ongoing services.

In both of these circumstances there is a higher rate (12% and 13%, respectively) of having a subsequent case than in other scenarios and is a vital point for further exploration by both the Division of Child Welfare and county departments of human or social services.

Couple this data with the information that is known about the family characteristics of substance abuse, domestic violence, and mental health concerns and it becomes clear that these are most likely complex families with multiple challenges. These are not situations that can be addressed in a silo of child welfare and instead, must be addressed with deep engagement of family supports and professionals from multiple systems and agencies. This finding is similar to the findings of the CECANF, who stated in their final report: *"We realize that parents of children who die from abuse or neglect are often struggling. They may have drug addictions, mental illnesses, cognitive disabilities, or previous criminal histories. They may face domestic violence at home or live in unsafe, crime-ridden communities. These conditions do not excuse harmful behaviors toward children, but they do help to explain why no single agency, acting alone, can address all of the complex circumstances in troubled families' lives."* (CECANF, 2016, p 12)

2014-15: Repeat Maltreatment



Source: Division of Child Welfare, 2016

Assumption #2:

The child welfare system cannot be the sole protector of children and that the early childhood system must be a valuable partner in prevention child maltreatment

Findings: The Birth-to-Five Task Group found that this assumption was valid. Members of the Birth-to-Five Task Group conducted twenty focus groups to explore and understand cross-systems that intersect with families. The purpose of the focus groups was to gain information from professionals across disciplines throughout Colorado who help families access services and prevent child fatalities. Below are the questions posed by Task Group members to focus groups from local communities:

1. What makes it easy for families to access the services and supports they need?
2. When you see a need or have a concern for a family, what makes it easy to refer a family for additional services or support?
3. What can we do to decrease deaths of children five and under in Colorado?
4. We often hear that confidentiality issues make it difficult to share information to support families. How can communities share important information to support families?

Based on the information gathered from the focus groups, the Birth-to-Five Task Group identified the following as pivotal findings:

1. Relationships matter: Families are more likely to engage in a service if the referring person/agency has an existing relationship with that service provider *and* professionals are more likely to make appropriate referrals when they understand the available services and the intake/uptake processes. There are also opportunities for shared professional development and training resources when these two groups connect.
2. Collaboration and information sharing is vital: Families are more likely to have positive outcomes when their team of professionals (caseworker, child care provider, early intervention provider, etc.) work together to align treatment plans and family expectations, and when they have the ability to share important family-related information.

Recommendations:

1. Explore decision-making at the points of assessment closure and case closure

In the review of the data, the Birth-to-Five Task Group saw no need for additional screening of assessment requirements or changes to child welfare statute, rules, or policies related to the assessment of child abuse and/or neglect allegations. However, the Birth-to-Five Task Group did identify the need to further explore the data related to a higher rate of recurrence of child abuse and/or neglect after a founded assessment has been closed and after a child welfare service case has been closed. The Birth-to-Five Task Group recognizes that assessment and case closure are important decision-making points. Therefore, the Group recommends that counties and sub-PAC further explore the data and the need for policies, training, and/or guidance regarding decision-making at assessment and case closure, including the use of the safety and risk assessments throughout the life of a case.

2. Address Staff Turnover Rates

When analyzing Colorado's child welfare data, the group determined that Colorado's child welfare workforce performs well when making screening decisions and assessing for child abuse and/or neglect and that there is a robust system for training, supporting, and coaching the workforce. However, high performance and robust training comes at a cost. Child welfare experiences high rates of turnover and burnout, high caseloads and inadequate time and compensation allowances. While the Birth-to-Five Task Group found the need for enhanced collaboration across systems, the Birth-to-Five Task Group also encountered two systems battling the negative effects of turnover. When rates of turnover are high, individual agencies are constantly recruiting, hiring, and training new staff, while also covering vacant position workloads. These activities render professionals unable to engage in the relationship-building that supports cross-system collaboration. The cost of worker turnover is staggering. The Applied Research in Child Welfare (ARCH) at Colorado State University is in the process of analyzing 10 years of child welfare employment data across Colorado. From 2005-2015, seven of the ten largest Colorado counties had an average turnover rate of 29.7% within intake teams, with a total of 648 workers leaving intake positions over the 10 year period (ARCH, draft, 2016). With a conservative estimate of \$54,000 per new hire (NCWII, 2016), this has cost Colorado over \$35 million dollars in the last ten years in only seven of Colorado's 64 counties.

Child welfare is not the only system facing turnover. The Colorado State University SafeCare Colorado (SCC) Pilot Project Evaluation Report (2016) found a 36% worker turnover rate within SCC sites with an average of 13 months from training to time of departure. In 2004, the National Association for the Education of Young Children (NAEYC) reported the average annual turnover rate for early childhood educators to be more than 30 percent. A 2012 report by the National Association of Child Care Resource & Referral Agencies (NACCRRRA) showed a turnover rate between 25 and 40 percent (NACCRRRA, 2012). These studies show that turnover has been a challenge for the early childhood field for the last 25 years. In response, a new effort is underway in Colorado to develop sustainable and varied approaches to recruit, retain, compensate, and support a well-qualified early childhood workforce through research, planning, and pilots that will lead to the spread of practices throughout the state. The Colorado Transforming the Workforce Project is fundraising to pilot existing innovation that promotes retention and higher compensation of the early childhood workforce.

In communities strapped for resources, spending less on turnover and more on service delivery improve program outcomes and ensure that all families have access to the right support, services, and interventions, at the right time.

3. Expand Cross-system Collaboration

Families involved in the child welfare system are complex. Child welfare data showed that cross-system engagement, both prior to child welfare involvement and after a child welfare concern has been identified, as an area for exploration and opportunity. Protecting children from abuse and/or neglect is a complex process and there are many opportunities for enhancing collaboration at the family-, community-, and system-levels.

Examples of cross-system collaboration include, but are not limited to:

- a. System-Level: Prevention Steering Committee, cross-system sub-PAC work groups, connecting collaboration to quality child care ratings, etc.
- b. Community-Level: Memorandums of Understanding (MOUs), Collaborative Management Program, Early Childhood Councils, identifying services availability, streamlining referral processes, shared learning/training opportunities, etc.
- c. Family-Level: Family Engagement Meetings, Support Planning, having a warm hand-off when making referrals for services, etc.

4. Connect Child Welfare with the Office of Early Childhood's Child Maltreatment Prevention Plan Framework for Action

As a starting point to improving partnerships, the Office of Early Childhood is finalizing a Child Maltreatment Prevention Framework for Action, which outlines the interplay between foundational principles, strategies, and outcomes. The Framework for Action offers an outline in which communities can examine cross-system practices and develop local action plans ensuring that child welfare and early childhood both, along with other community partners, play vital roles in the implementation of the Framework for Action. Ensuring that county child welfare departments are participating in the community-level initiatives is vital for supporting both systems and the connections between the systems.

Conclusion

Working to prevent child fatalities and child maltreatment of children age five and under is complex and challenging work. It occurs within families and communities, with coordinated support from professionals working with the family. The CECANF report highlights the need for a multi-disciplinary prevention design. By reviewing Colorado-specific data, the Birth-to-Five Task Group was able to identify that Colorado has the appropriate statute, rules, and policies related to responding to and assessing referrals of suspected child abuse and/or neglect. The Birth-to-Five Task Group also identified the importance of cross-system collaboration in addressing the most complex family issues - such as substance abuse, mental health concerns, and domestic violence.

However, the Birth-to-Five Task Group identified turnover as the factor that inhibits strong cross-system collaboration. At the family level, relationship-building and consistency are key to developing strong engagement and as professionals change, the relationship is broken and engagement is lost. At the system level, professionals must have the capacity to learn about programs, understand referrals process, and explore opportunities for creating efficiencies and filling gaps. Again, turnover creates the barrier to strong cross-system collaboration. A stable, consistent early childhood and child welfare workforce means that all families in Colorado are engaged with the right support, services, and interventions at the right time when their children were at the most important stages of development.

Appendix A: Birth-to-Five Task Group Participants

DCW State Representative	County Representative	OEC State Representative
Lorendia Schmidt, CAPTA Administrator CDHS Division of Child Welfare lorendia.schmidt@state.co.us 303-866-4268	Nicole Becht, Intake Program Manager Douglas County DHS nbecht@douglas.co.us (303) 814-5354	Julia Blomberg SafeCare Colorado Program Manager CDHS/Office of Early Childhood julia.blomberg@state.co.us 303.866.4291

County Department of Human/Social Services Committee Members

Region	County Representative
Metro	Katrina Schrock, katrina.schrock@denvergov.org (Denver)
Metro	Michelle Dossey, mdossey@arapahoegov.com (Arapahoe)
Metro	Nicole Brecht, nbecht@douglas.co.us (Douglas)
Metro	Terrie Ryan-Thomas, tryan-thomas@bouldercounty.org (Boulder)
Northeast	Angela Mead, meadxxad@co.larimer.co.us (Larimer)
Northeast	Angela Sneddon, angela.sneddon@state.co.us (Morgan)
Northeast	Stacie Devore, devoresl@co.weld.co.us (Weld)
Northwest	Kim DuBois, kim.dubois@pitkincounty.com (Pitkin)
Northwest	Sarah Luben, sarah.luben@eaglecounty.us (Eagle)
San Luis Valley	N/A
San Luis Valley	N/A
Southeast	Patsy Hoover, patsyhoover@elpasoco.com (El Paso)
Southeast	Stacie Kwitek, stacie.kwitek@state.co.us (Fremont)
Southwest	Jacque Berry, jacque.berry@mesacounty.us (Mesa)
Southwest	

State Committee Members:

Agency	State Representative
DCW Child Protection Services Unit	Lucinda Connelly, lucinda.connelly@state.co.us
DCW Training Unit	Mimi Scheuermann, ann.scheuermann@state.co.us Molly Judson, molly.judson@state.co.us
Administrative Review Division (ARD)	Caire Krol, caire.krol@state.co.us Allison Riley, allison.riley@state.co.us
OEC - Project LAUNCH	Ann Bruce, ann.bruce@state.co.us
OEC - Prevention	Kendra Dunn, kendra.dunn@state.co.us
OEC - Family Resource Centers	Laurie Wolowitz, laurie.walowitz@state.co.us

Stakeholder/Community Committee Members:

Agency	Representative
Hilltop (Mesa County)	Corina Otero, corinao@htop.org
Arapahoe County Early Childhood Council	Gretchen Davidson, gretchen@acecc.org
Mile High Learning	Joan Holtz, joanh@milehighlearning.org
Foothills Gateway CCB (Larimer County)	Laura Veradt, laurav@foothillsgateway.org
Early Childhood Partnership of Adams County	Lisa Jansen-Thompson, lisa@ecpac.org
Early Milestones Colorado (state-wide)	Molly Yost, myost@earlymilestones.org Morgan Janke, mjanke@earlymilestones.org
Strive Colorado CCB (Mesa County)	Sarah Johnson, sjohnson@strivecolorado.org
Colorado Children's Hospital	Susie Mclain, susie.mclain@childrenscolorado.org
Family Development Center (Routt County)	Tami Havener, thavener@familydevelopmentcenter.org

Appendix B: References

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	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements
1	Foster Family Celebration Event	High profile celebration event at Governor's mansion each May honoring foster families recognition of Foster Care Awareness Month.	X	X	X	X	X	X	Current foster families	General	Attendees and Media exposure
2	Adoption Celebration Event	High profile celebration event at Governor's mansion each November honoring adoptive families recognition of Adoption Awareness Month.	X	X	X	X	X	X	Current adoptive families	General	Attendees and Media exposure
3	The Adoption Exchange (TAE) -- Recruitment & Response Team (RRT), Membership	Information sessions for potential adoptive families, response to inquiries from AdoptUSKids, tracking and follow up of inquiries, child-specific and general recruitment, matching and referral services, website profiles of waiting children, communication with counties about waiting children.	X	X	X	X	X	X	Potential adoptive families	General, Targeted, & Child Specific	TAE maintains a database of all children profiled on the website and the recruitment efforts and inquiries for each child, website analytics
4	Predictive Analytics	Colorado is utilizing predictive analytics to identify children and youth who need child-specific recruitment. Wendy's Wonderful Kids recruiters are also aiding in the recruitment of potential foster and adoptive parents.				X	X	X	Potential foster and adoptive parents	Child Specific	
5	Diligent Recruitment Plan	All counties and child placement agencies are required to submit a plan to CDHS detailing their data driven plan for the diligent recruitment of foster and adoptive families that resemble Colorado's youth in care.					X	X	Counties and child placement agencies	Targeted & Child Specific	Number of plans, trainings and technical support
6	Technical Assistance and Training	CDHS staff provide technical assistance and training to support the recruitment and retention activities by counties and child placement agencies and identify potential opportunities to improve recruitment and retention.	X	X	X	X	X	X	County Human Service Departments and Child Placement Agencies	General, Targeted	Number of site-visits, number of trainings held.
7	Communication and Training for Foster, Adoptive and Kinship Families	Regular communication and education regarding issues faced by families caring for children and youth who experienced adverse childhood experiences and promotion of training, education and resources available to families to support retention.				X	X	X	Potential foster and adoptive parents, community	General	Number of Emails, Newsletter Open Rate, and Website Analytics

	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements
8	Retention & Recruitment Grants	Mini grants for county departments and child placement agencies for approved activities supporting the recruitment and retention of foster and adoptive families. Funds can also be used for child specific recruitment on a case by case basis.	X	X	X	X			Current foster parents & targeted audiences for new foster/adoptive parent recruitment	General, Targeted & Child Specific	Feedback forms from counties, data will be compiled and summarized
9	Colorado Heart Gallery	The Colorado Heart Gallery is both a traveling display and online gallery at coheartgallery.org that includes portraits and videos of children and youth waiting for adoption to help parents get to know these amazing kids. Also includes management of CARR registrations, scheduling photo shoots, notifying caseworkers of photo shoots and expired CARR registrations. The Colorado Heart Gallery is a collaborative project which would not be possible without volunteer photographers who donate their time and talents to produce the portraits; and TAE, an extraordinary partner to CDHS.	X	X	X	X	X	X	Potential foster and adoptive parents, community	General, Targeted, & Child Specific	Media mentions, website analytics, Facebook followers, number of photos, videos views, inquires, number of children adopted
10	PSA stories from foster families, adoptive families and young people.	Gather Foster and Adoptive Parent recommendations from county partners to use for development of foster and adoptive parent stories to use for various recruitment & retention purposes. Families are photographed and videotaped, when appropriate, and their stories and images are shared through various media forms, including websites, social media and earned media. Engage with young people to raise awareness of the need for foster and adoptive families in Colorado.	X	X	X	X	X	X	Potential foster and adoptive parents	General & Targeted	Number of photos and videos of family stories, website analytics, and video views
11	Statewide Campaign Materials	Branded marketing materials used statewide to recruit foster and adoptive families. The online tool-kit and printed materials include bookmarks, social media tools, vertical banners, and postcards.	X	X	X	X	X	X	Counties, community partners, potential foster & adoptive parents	General & Targeted	Usage by counties, CPA's across the state, website analytics
12	Community outreach for Targeted Audiences	In collaboration with county and child placement agencies, have a presence/booth at targeted community events and fairs.	X	X	X	X	X	X	Broad based outreach - with partners to reach specific target populations	General & Targeted	Number of emails acquired, inquires, attendance at Info nights post-event, County/CPA feedback
13	Market Research	Conduct market research and focus groups to refine messaging for targeted marketing and to align prevention and reporting awareness efforts.				X			Counties, community partners, potential foster & adoptive parents	General & Targeted	Completed
14	Targeted Marketing - LGBTQ Community	Targeted marketing efforts to recruit from the LGBTQ community including the development of materials that reflect the views and cultural norms of this community, relationship building with community organizations and earned media.	X	X	X	X	X	X	LGBTQ Community	Targeted & Child Specific	Social media & website analytics, families recruited

	Project	Description	SFY 14	SFY 15	SFY 16	SFY 17	SFY 18	SFY 19	Targeted Audience	General, Targeted, or Child Specific Recruitment	Potential Outcomes & Measurements
15	Targeted Marketing - Treatment Foster Care	Targeted marketing efforts to recruit foster parents to provide this new and specialized service in Colorado.				X	X	X	Targeted groups determined from market research	Targeted & Child Specific	Social media & website analytics, families recruited
16	Targeted Marketing - Hispanic Community	Targeted marketing efforts to recruit from the Hispanic community including the development of materials that reflect the views and cultural norms of this community, relationship building with community organizations and earned media.				X	X	X	Hispanic Community	Targeted & Child Specific	Media exposure, social media & website analytics, families recruited
17	Targeted Marketing - African Americans	Targeted marketing efforts to recruit from the African American community including the development of materials that reflect the views and cultural norms of this community, relationship building with community organizations and earned media.				X	X	X	African Americans	Targeted & Child Specific	Social media & website analytics, families recruited
18	Targeted Marketing - Special Needs/developmental disability community	Targeted marketing efforts to recruitment from the Intellectual/Developmentally Disabled community including the development of materials that reflect the views and cultural norms of this community and relationship building with community organizations.				X	X	X	Families with Intellectual/Developmentally Disabled children/ community	Targeted & Child Specific	Social media & website analytics, families recruited
19	Social Media & Online Marketing	Online marketing and social media engagement and paid Facebook posts which encourages additional engagement including around targeted times during the year such as May and November and family based holidays. Boosts also include targeted web advertising to drive traffic to the social media pages and child specific boosts for Colorado's longest waiting children or children who need additional recruitment efforts.	X	X	X	X	X	X	All Coloradans who use social media, potential adoptive/foster parents, specific targeted demographic groups	General, Targeted & Child Specific	Website analytics, social media engagement and reach, families recruited
20	Paid and Earned Media	Paid media, as budget allows, to purchase online and traditional advertising, utilize public service announcements, and engage traditional media to tell foster and adoptive stories and highlight the need.	X	X	X	X	X	X	All Coloradans, potential adoptive/foster parents, specific targeted demographic groups	General & Targeted	Media exposure, impressions
21	Marketing & Communications Summit	A high level meeting (front range and western slope) with county, CPA staff and communications about R&R market research data, build support for statewide awareness efforts and use of appropriate language.			X				Counties (Communications, Caseworkers, Supervisors, PRTs), CPAs	General & Targeted	Attendance from county Communication and R&R staff, adaption of Statewide branded images/language
22	Business/Community Partner Development	In partnership with TAE, outreach to local/statewide business to support adoption and foster care in Colorado.				X	X	X	Businesses and community partners	General & Targeted	Number of new businesses and community partners engaged, CO Heart Gallery displays

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Training Plan – Revised June 30, 2017

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<i>Pre-Service Training for new and re-assigned caseworkers and supervisors</i>							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
New Caseworker Academy; The Fundamentals of Colorado Child Welfare Casework Practice	<p>This training consists of seven modules in which learners obtain the knowledge, skills, and abilities with regard to the Fundamentals of Colorado Child Welfare Casework Practices. Learners are steeped in the Colorado Practice Model, the Colorado Children’s Code, Volume VII rule, effective navigation and use of the TRAILS (SACWIS system) and policy which govern child welfare practices. The modules include:</p> <ul style="list-style-type: none"> • <i>Welcome to Child Welfare Web-based Training (web-based)</i>- provides the basic understanding of the Colorado Child Welfare System and introduces learners to the values, concepts, and practices underlying child welfare practice in Colorado • <i>Hotline/RED Team (hybrid training)</i>- learners will be equipped to conduct solution-focused, safety organized, and engaging hotline calls and will acquire the knowledge and skills needed to participate effectively in the RED Team process • <i>Engaging with Families (classroom)</i>- Learners will have an understanding of how critical family engagement is to effective child welfare practice and will be equipped with strategies for achieving effective engagement. • <i>Comprehensive Assessments (hybrid training)</i>- Learners will be equipped with the critical-thinking and assessment skills needed to effectively engage children, youth, families, families’ support networks and other professionals in comprehensive assessments of safety, permanency, and well-being throughout the duration of a family’s involvement with welfare in Colorado. Web-based component gives foundational knowledge about skills and competencies required for comprehensive assessments. 	Combination of web-based, classroom and field-based	The Kempe Center	109.5 hours	One of the seven Fundamentals courses are provided every week, in every region.	New child welfare caseworkers and supervisors	Preparation for and participation in judicial determinations, case management and supervision, development of case plan, case reviews, screening and assessments, permanency planning

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	<ul style="list-style-type: none"> • <i>Working Toward Closure (classroom)</i>– Learners will gain a basic understanding of the critical decisions that inform planning with families and be able to think critically about decision making and planning with families, involve the children, youth, and family, as well as the support network, and other professionals in making critical decisions throughout the family’s involvement with child welfare, execute key decisions with families, facilitate safety and support planning, make reasonable or active efforts to prevent placement or to plan for placement, make findings in a High Risk Assessment, close an assessment, plan for permanency, conduct case planning and evaluation, achieve reunification, close a case, and document contacts and critical decisions made throughout the assessment and case-planning process in the statewide automated child welfare information system (Trails). • <i>Legal Preparation for Caseworkers</i>- Dives into the details on each of the key moments in the court process for both dependency & neglect and delinquency cases. Learners will engage with real case scenarios, have the hand-on opportunity to practice skills, and walk away with an understanding of each party’s rights in a case, the purpose of each hearing, and their role throughout the proceedings. Learners will also be equipped with basic strategies for effectively testifying as an expert witness • <i>Practice Simulation (field-based)</i>-Gives learners the opportunity to apply all of the knowledge, skills, and abilities developed throughout the Fundamentals through an interaction with a live family. Learners participate in self-reflection and post simulation reflection and feedback with a facilitator. 						
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Estimated Total Cost of this Training Type	\$921,087.00
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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
New Supervisor Academy; Navigating the SEA of Leadership	New supervisor training consisting of six modules: <ul style="list-style-type: none"> • <i>Module 1. Charting Your Course in the SEA of Supervision Web-Based Training-</i> Lays the foundation for leadership and provides learners with the tools and resources needed to support their supervisory practice throughout training and beyond. • <i>Module 2. Supportive Supervision-</i> Explores the importance of providing supportive supervision throughout all functions of child welfare leadership. 	Combination of classroom, web-based, and field-based	The Kempe Center/Butler Institute for Families	70 hours	6 - 8 regional offerings per year and additionally based upon county demand	New child welfare supervisors	General Supervisory skills (50%)

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	<ul style="list-style-type: none"> • <i>Module 3. Educational Supervision-</i> Learners will emerge from course prepared with the coaching skills necessary to promote workers performing best child welfare practice standards within the parameters outlined in Volume 7. • <i>Module 4. Administrative Supervision-</i>Focuses on the specialized child welfare leadership and management tasks that are required to motivate and maintain organization, productivity, and compliance. This module includes data-informed supervision and educates learners in the effective use of TRAILS and ROM as a supervisor. • <i>Module 5. Supervision Skills Practice Simulation-</i>Opportunity for learners to apply their freshly attained competencies in a “real-life” supervision session with a worker. • <i>Module 6. Supervision Skills Practice Simulation Review and Feedback-</i>Designed to provide and encourage peer review and feedback after the skills practice simulation experience. This course will solidify the skills and knowledge gained from previous courses and the skills practice simulation, as well as give learners the opportunity to walk away with new insights gained from their peers. 						
<p>Estimated Total Cost of this Training Type</p>	<p>\$215,857.00</p>						

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Foster and Adoptive Parent Pre-Service Training

<p>Foster Parent Core Training</p>	<p>This training provides introductory level information needed to successfully become a foster/kinship/adoptive parent. Topics include: the legal process; the child welfare system and how it works; the impact of maltreatment in the lives of children and youth in care; strategies for providing a nurturing, culturally responsive, and therapeutic environment for children and youth; and approaches for partnering with families of origin.</p> <p>Prior to attending Foster Parent Core, learners must complete the following pre-requisite web-based trainings:</p> <ul style="list-style-type: none"> • Child Development and the Effects of Trauma: The Essentials (this is a prerequisite for the age group modules) • Child Development and the Effects of Trauma: the age group module for the specific age that learner plans to care for (Infant and Toddler, Adolescent, School Age Child) • The Reasonable and Prudent Parenting Standard 	<p>Classroom-based, web-based prerequisites</p>	<p>The Kempe Center</p>	<p>9.5 hours in class, 14.5 total including class-based and required web-based prerequisites</p>	<p>36 Offerings in multiple Regions</p>	<p>Foster / kinship / adoptive parents</p>	<p>Training and licensing of foster home and institutions</p>
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<p>Estimated Total Cost of this Training Type</p>	<p>\$171,273.00</p>
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Cost Allocation Methodology: Initial training activities for new or reassigned employees, and foster and adoptive parent training are allocated by applying Social Services Random Moment Surveys (SSRMS) to IV-E eligible training activities, weighted by the caseload penetration rate and are eligible for Federal matching at 75%.

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<i>In-Service Training Offerings</i>							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Welcome to Child Welfare Web-Based Training	<p>As the initial course in the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> series, this interactive, self-guided online training is designed to provide a basic understanding of the Colorado Child Welfare System. Learners will be introduced to the values, concepts, and practices underlying child welfare practice in Colorado and will gain an understanding of the following areas:</p> <ul style="list-style-type: none"> • history of child welfare; • mission, vision, and values of the Colorado Department of Human Services; • types of abuse and neglect that a caseworker will encounter when working in child welfare; • Colorado Children’s Code (Title 19) and Volume 7 (Social Services Rules), which outline and inform child welfare practice in Colorado; • programs, resources, and services that caseworkers utilize when working with children, youth, and families; and • Trails, Colorado’s automated case management system. <p>Learners will have the opportunity to engage in an assessment of individual learning styles. This process will support learners in identifying professional development and transfer of learning (TOL) activities that align with how they best learn. With the solid foundation of knowledge built through this course, learners will be prepared to successfully engage in the remaining <i>Fundamentals of Colorado Child Welfare Casework Practice</i> courses. Learners will be prepared for casework practice with children, youth, and families. Learners are encouraged to revisit this web-based course frequently as it is intended for use as a resource that supports continuous learning on the job.</p>	Web-Based Training	The Kempe Center	5 hours	Offered ongoing and unlimited online	Caseworkers, supervisors, case aides, foster, kin, and adoptive parents and other child welfare and legal professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>Child Development and the Effects of Trauma: Adolescent Development</p>	<p>This interactive, self-guided online course is designed to help child welfare professionals and foster, kinship, and adoptive parents understand the impact of trauma on the development of adolescents who have experienced child abuse and neglect. This is an optional course for learners who are completing the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> course series.</p> <p>Learner personal experiences in caring for and working with children and youth will be a resource during this training. Video examples of typical and atypical development, interactive activities, and written resources will be provided to explore the impact of abuse and neglect. Throughout the training, learners will be asked to consider the impact that abuse and neglect might have on the children and youth you are caring for and working with, and how this impact might manifest in a child or youth's behavior.</p> <p>The <i>Adolescent Development and the Effects of Trauma</i> course is one course in a series of four online courses related to child development and the effects of trauma. This course focuses specifically on adolescents and can only be completed once <i>Child Development and the Effects of Trauma: The Essentials</i> is completed.</p> <p>The other courses in the series are:</p> <ul style="list-style-type: none"> • Infant and Toddler Development and the Effects of Trauma • School Age Child Development and the Effects of Trauma <p>In this training learners will explore four developmental domains:</p> <ul style="list-style-type: none"> • physical, • cognitive, • social-emotional, and • sexual. <p>Within each domain, the following topics will be covered:</p> <ul style="list-style-type: none"> • typical developmental milestones for adolescents, • indicators that development has been affected or disrupted by trauma, • guidelines for what caregivers and caseworkers can do when 	<p>Web-Based Training</p>	<p>The Kempe Center</p>	<p>1.5 hours</p>	<p>Offered ongoing and unlimited online</p>	<p>Caseworkers, supervisors, case aides, foster, kin, and adoptive parents and other child welfare and legal professionals</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
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	<p>developmental concerns have been identified,</p> <ul style="list-style-type: none"> • opportunities for caregivers and caseworkers to practice identifying atypical development, and • guidance for caregivers and caseworkers on how best to support adolescents affected by trauma. 						
The Art and Heart of Facilitated Family Engagement Meetings	<p>Learners will obtain knowledge of principles and practices that lie behind a successful facilitated family meeting. This course exposes learners to facilitation techniques that change the culture of their communication with one another, with families, and about families. Learners will leave equipped with new approaches to successfully facilitating family meetings. This course is most beneficial when learners already had experience with or a role in a formal family meeting process.</p>	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally as needed based upon county demand	Family meeting facilitators, supervisors of facilitators for formal meetings, coaches, and other child welfare practitioners who take on the role of facilitator in formal family meetings	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>Working Towards Closure: Documentation and Decision Making</p>	<p>This four-day <i>Fundamentals of Colorado Child Welfare Casework Practice</i> course is an interactive, action-oriented classroom training. Upon completion, learners will have a basic understanding of the critical decisions that inform planning with families. They will bring to life the values, concepts, skills, and practices of child welfare practice in Colorado, and be able to</p> <ul style="list-style-type: none"> • think critically about decision making and planning with families; • involve the children, youth, and family, as well as the support network, and other professionals in making critical decisions throughout the family's involvement with child welfare; • execute key decisions with families; • facilitate safety and support planning; • make reasonable or active efforts to prevent placement or to plan for placement; • make findings in a High Risk Assessment; • close an assessment; • plan for permanency; • conduct case planning and evaluation; • achieve reunification; • close a case; and • document contacts and critical decisions made throughout the assessment and case-planning process in the statewide automated child welfare information system (Trails). • With the solid foundation of knowledge built through this course, learners will be prepared to successfully engage in the remaining <i>Fundamentals of Colorado Child Welfare Casework Practice</i> courses and will be prepared for casework practice with children, youth, and families. 	Classroom	The Kempe Center	26 hours	Offered once every 7 weeks in every region for new caseworkers and available for registration by all child welfare professionals across levels	Caseworkers, supervisors, case aides, foster, kin, and adoptive parents and other child welfare and legal professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
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<p>Worker Safety: Protecting Those Serving Others</p>	<p>Casework can be unpredictable and sometimes dangerous. Caseworkers focus on promoting the safety, permanency, and well-being of the children and youth they serve. But to do so effectively, they must also prioritize their own safety and well-being. The goal of this one-day classroom course is to arm learners with strategies and critical-thinking skills that will help them stay safe in the field. Through engagement with real case scenarios, learners will draw on their own experiences to examine what makes a situation unsafe and what can be done to preserve personal safety. Specific areas of exploration will include</p> <ul style="list-style-type: none"> • personal and environmental safety, • preparing for safety before a visit, • maintaining safety during a visit, and creating a personal safety plan. 	Classroom	The Kempe Center	6.5 hours	24 regional offerings pre year – required for all new caseworkers following completion of the Fundamentals Colorado Child Welfare Casework Practices 24 regional offerings pre year – required for all new caseworkers following completion of the Fundamentals Colorado Child Welfare Casework Practices	Caseworkers	Case management and supervision, development of the case plan, communication skills, screening and assessments; Worker Safety
<p>Child Development and the Effects of Trauma: The Essentials</p>	<p>This interactive, self-guided online course is designed to help child welfare professionals and foster, kinship, and adoptive parents understand the impact of trauma on the development of children and youth who have experienced child abuse and neglect. This is an optional course for learners who are completing the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> course series. <i>The Essentials</i> course is one course in a series of four online courses related to child development and the effects of trauma. This course is designed to provide a foundational understanding of child development and the effects of trauma and is a prerequisite for the other courses in the series:</p> <ul style="list-style-type: none"> • Infant and Toddler Development and the Effects of Trauma • School Age Child Development and the Effects of Trauma • Adolescent Development and the Effects of Trauma <p>Learner personal experiences in caring for</p>	Web-Based Training	The Kempe Center	1 hours	Offered ongoing and unlimited online	Caseworkers, supervisors, case aides, foster, kin, and adoptive parents	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	and working with children and youth will be a resource during this training. Video resources will be offered to provide examples of typical and atypical development, interactive activities, and written resources learners can access to explore the impact of abuse and neglect. Throughout the training, learners will be asked to consider the impact that abuse and neglect might have had on the children and youth currently being served, and how this impact might manifest in a child or youth's behavior.						
Child Development and the Effects of Trauma: Infant and Toddler Development	This interactive, self-guided online course is designed to help child welfare professionals and foster, kinship, and adoptive parents understand the impact of trauma on the development of infants and toddlers who have experienced child abuse and neglect. This is an optional course for learners who are completing the <i>Fundamentals of</i>	Web-Based Training	The Kempe Center	1.5 hours	Offered ongoing and unlimited online	Caseworkers, supervisors, case aides, foster, kin, and adoptive parents and other child welfare and legal professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p><i>Colorado Child Welfare Casework Practice</i> course series.</p> <p>Learner personal experiences in caring for and working with children and youth will be a resource during this training. Video examples will be shown to provide examples of typical and atypical development, interactive activities, and written resources learners can access to explore the impact of abuse and neglect. Throughout the training, learners will be asked to consider the impact that abuse, neglect might have on the children and youth being served, and how this impact might manifest in a child or youth's behavior.</p> <p><i>The Infant and Toddler Development and the Effects of Trauma</i> course is one course in a series of four online courses related to child development and the effects of trauma. This course focuses specifically on infants and toddlers and can only be completed once <i>Child Development and the Effects of Trauma: The Essentials</i> is completed.</p> <p>In this training, learners will explore four developmental domains:</p> <ul style="list-style-type: none"> • physical • cognitive • social-emotional • sexual <p>Within each domain, the following topics will be explored:</p> <ul style="list-style-type: none"> • typical developmental milestones for infants and toddlers • indicators that development has been affected or disrupted by trauma • guidelines for what caregivers and caseworkers can do when developmental concerns have been identified • opportunities for caregivers and caseworkers to practice identifying atypical development • guidance for caregivers and caseworkers on how best to support infants and toddlers affected by 						
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<p>Child Development and the Effects of Trauma: School Age Child Development</p>	<p>This interactive, self-guided online course is designed to help child welfare professionals and foster, kinship, and adoptive parents understand the impact of trauma on the development of school age children who have experienced child abuse and neglect. This is an optional course for learners who are completing the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> course series.</p> <p>Learner personal experiences in caring for and working with children and youth will be a resource during this training. Video examples will be shown to provide examples of typical and atypical development, interactive activities, and written resources you can access to explore the impact of abuse and neglect. Throughout the training, learners will be asked to consider the impact that abuse and neglect might have on the children and youth who are being served and working with, and how this impact might manifest in a child or youth's behavior.</p> <p>The <i>School Age Child Development and the Effects of Trauma</i> course is one course in a series of four online courses related to child development and the effects of trauma. This course focuses specifically on school age children and can only be completed once <i>Child Development and the Effects of Trauma: The Essentials</i> is completed.</p> <p>In this training learners will explore four developmental domains:</p> <ul style="list-style-type: none"> • physical • cognitive • social-emotional • sexual <p>Within each domain, learners will explore the</p>	<p>Web-Based Training</p>	<p>The Kempe Center</p>	<p>1.5 hours</p>	<p>Offered ongoing and unlimited online</p>	<p>Caseworkers, supervisors, case aides, foster, kin, and adoptive parents and other child welfare and legal professionals</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
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	<p>following topics:</p> <ul style="list-style-type: none"> • typical developmental milestones for school age children • indicators that development has been affected or disrupted by trauma • guidelines for what caregivers and caseworkers can do when developmental concerns have been identified • opportunities for caregivers and caseworkers to practice identifying atypical development • guidance for caregivers and caseworkers on how best to support school age children affected by trauma 						
<p>Achieving Permanency through Round Tables</p>	<p>This interactive one-day training prepares learners for participation in permanency roundtables (PRTs). They will acquire a framework for understanding why permanency is necessary and possible for every child and youth. In addition to learning what a permanency roundtable is and who should participate, learners will practice permanency-focused skills as they are applied through roundtables.</p> <p>Upon completion of this course, learners will be able to</p> <ul style="list-style-type: none"> • define permanency • explain the importance of permanency in achieving positive outcomes for youth • describe the purpose, roles, and phases of a permanency roundtable • demonstrate the outcomes achieved through Permanency Roundtables • experience the strategies for engaging youth and families in achieving permanency • explain strategies for overcoming resistance to permanency with youth and families • apply the tools and techniques to locate permanent connections for youth • proceed through the necessary steps to prepare for Permanency Round Tables 	<p>Classroom</p>	<p>The Kempe Center</p>	<p>6.5 hours</p>	<p>6 regional offerings per year and additionally as needed based upon county demand</p>	<p>Caseworkers, Supervisors, GALs, Community Partners</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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	<p>This course is open to all public child welfare staff and administrators, community partners, contract agencies, court officials, and community partners (including those working with mental health, domestic violence, or substance abuse). Any professional or organization embarking on the implementation of Permanency Roundtables should attend this course.</p>						
<p>Adolescents: The 411</p>	<p>This two-day hybrid model training helps learners to understand adolescents—and the reasons for the challenges they present in casework. In the online portion of the training, learners review adolescent development and substance use and abuse trends. Learners bring two cases of their own to the classroom, which they use throughout this portion of the training. Building on the online content, the classroom content prepares learners to</p> <ul style="list-style-type: none"> • understand barriers to health development, including the impact of substance use, trauma, and family dynamics • understand common behavioral health disorders and how they manifest with adolescents • identify appropriate assessment techniques and strategies • develop case plans that are responsive to an adolescent’s needs <p>Upon completion, learners will have a solid foundation from which to address the developmental, familial, and behavioral health factors that influence case outcomes.</p>	<p>Hybrid (classroom and web- based training)</p>	<p>The Kempe Center</p>	<p>20 hours (13 classroom, 7 web-based training)</p>	<p>6 regional offerings per year and additionally based upon county demand</p>	<p>Caseworkers and other child welfare professionals</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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Brain Essentials	<p>A child's environment, whether wonderfully nurturing or replete with adverse childhood experiences (ACEs), shapes the sequential development of the brain. Children need stable and supportive relationships with their caregivers. They must be nurtured in order to thrive. Yet even the best-intended practices of courts and agencies are not always in sync with cutting-edge research.</p> <p>This two-part, full-day course will provide a safe and fun learning milieu in which learners will hear about, experience, reflect on, and experiment with the exponential growth in what is known about the most important part of our bodies: our brain.</p> <p>With insight on how the brains work, learners will better understand why parents may make poor decisions, why children who have experienced trauma act as they do, and why child welfare workers and other stakeholders sometimes arrive at conclusions influenced by improper biases.</p> <p>Case scenarios will give learners a chance to practice strategies that recognize and defeat unwelcome biases, leading to more just decisions. The goal of this course is to align proven practices with current brain research.</p>	Classroom	National Association for the Counsel of Children	8 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, Supervisors, Case Aides	Case management and supervision, development of the case plan, communication skills, screening and assessments
Consequences of Maltreatment for Child Development	<p>This interactive, classroom-based course will help learners understand the impact of trauma on the development of children and youth who have experienced child abuse and neglect.</p> <p>Trauma and post-trauma adversities can profoundly influence children's acquisition of developmental competencies and their capacity to reach important developmental milestones in domains such as cognitive functioning, emotional regulation, and interpersonal relationships. A learners personal experience in caring for and working with children and youth will be a resource during this training; learners will be asked to consider the impact that abuse and neglect</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers; foster, kin, and adoptive parents	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>might have on the children and youth for whom they are caring and working with, and how this impact might manifest in a child or youth's behavior. Learners will be introduced to videos, interactive activities, case studies, and written resources that they can access to explore the impact of abuse, neglect, and other forms of trauma.</p> <p>Most importantly, learners will explore the guidelines and strategies that caregivers, caseworkers, therapists, and the entire child welfare system can use when trauma and its developmental consequences have been identified. Understanding these guidelines and strategies will allow us <i>all</i> to think critically about our decision-making at critical points in a case.</p> <p>To create safety, permanency, and well-being for children and youth, it is necessary for child welfare to be trauma-informed <i>as a system</i>. For that reason, learners are strongly encouraged to register for this course together with members of their county's multidisciplinary team.</p>						
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Creating Healing Attachments for Children	This one-day course, designed both for caseworkers and for foster and kinship parents, highlights the needs of children and youth in out-of-home care around the critical area of attachment. Through collaborative discussions and interactions, learners leverage knowledge and experiences while also deepening understanding of the risk factors for attachment difficulties. This class engages learners in considering the impact maltreatment can have on attachment and in exploring ways of supporting children and youth in out-of-home care through healing attachment experiences and care; and provides opportunities to practice assessing for and documenting attachment.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Supervisors; Caseworkers; Foster, Kin, and Adoptive parents	Referral to services, development of the case plan, case management

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<p>Comprehensive Assessments</p>	<p>Starting with a pre-classroom web-based training and following with a three-day, skills-based classroom training, this experiential hybrid course is one of the required courses in the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> series. Successful completion will equip learners with the critical-thinking and assessment skills needed to effectively engage children, youth, families, families’ support networks, and other professionals in comprehensive assessments of safety, permanency, and well-being throughout the duration of a family’s involvement with child welfare in Colorado.</p> <p>A comprehensive assessment identifies, gathers, and weighs information to clarify the significant factors affecting a child or youth’s safety, permanency, and well-being; the protective capacities within the family; and the family’s ability to promote the safety of their children. The web-based component of this course gives a foundational knowledge about the skills and competencies required for comprehensive assessments:</p> <ul style="list-style-type: none"> • facilitating comprehensive assessments • assessing for and identifying child maltreatment • assessing for safety of and risk to children and youth using the Colorado Family Safety and Risk Assessment Tools <p>In the classroom training, learners will explore and practice the following:</p> <ul style="list-style-type: none"> • using critical-thinking skills in child welfare practice • applying critical-thinking skills to the facilitation of collaborative comprehensive assessments with families • engaging families in the use of the Colorado Family Safety and Risk Assessment tools and its instructions for assessing safety of and risk to children or youth • using a family-focused, child-centered approach when facilitating comprehensive assessments with families 	<p>Hybrid (Classroom and Web-Based Training)</p>	<p>The Kempe Center</p>	<p>22 hours (2.5 web-based, 19.5 classroom)</p>	<p>Offered once every 7 weeks in every region for new caseworkers and available for registration by all child welfare professionals across levels</p>	<p>Caseworkers, Supervisors</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
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	<ul style="list-style-type: none"> collaborating with multidisciplinary team members, community partners, and other professionals to help families achieve safety, permanency, and well-being for their children and youth 						
Enhancing Practice Through Group Supervision	<p>In this one-day course, learners will develop the necessary skills to effectively prepare for and participate in group supervision in the workplace. Case studies, discussions, and practice sessions will equip learners to:</p> <ul style="list-style-type: none"> prepare themselves for consultation in group supervision navigate through the Consultation and Information Sharing Framework to enhance their critical thinking engage in a rigorous and balanced assessment of their casework practice support their peers in critically thinking about their work <p>Learners will leave ready to leverage group supervision as a resource for solution building toward the ultimate goal: enhanced engagement practices and outcomes with families.</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers	Referral to services, development of the case plan, case management
Ethics and Liability: The Big Issues	<p>Child welfare professionals are called to this field with good intentions: helping children, youth, and families. Here is a one-day course to help “do it right.” Learners will acquire a basic of understanding of the law through engagement with real case scenarios. The course will support day-to-day practice by highlighting risk management, the ethics of social work, and child protection standards.</p>	Classroom	The National Association of Counsel for Children	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Case Aides, Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments
Facilitators of Change	<p>This course focuses on the skills learners need to effectively facilitate informal family meetings—those meetings at which a family, its supports, and a child welfare practitioner discuss the family’s continued involvement with the department to mitigate or eliminate the child protection concern. Learners will hone their abilities to engage with families, leveraging skills acquired in <i>Engaging With Families</i> (a Fundamentals of Colorado Child Welfare Casework Practice course and a prerequisite for this course). This course will allow learners to identify:</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<ul style="list-style-type: none"> • personal strengths that can help them authentically engage families • personal challenges to fostering trust and relationship building • strategies for self-management during a meeting • strategies for becoming a more effective facilitator of change with families <p>Learners will leave equipped to guide an informal meeting in a way that fully integrates the values and skills of the Colorado Practice Model.</p> <p>**Recommended Prerequisite: In order to maximize the learning experience in this course, it is strongly recommended that learners first register for and complete the Fundamentals course, Engaging with Families, unless their child welfare practice experience is commensurate with the content learned in Engaging with Families.</p>						
<p>The FAR Process</p>	<p>The Colorado Differential Response (DR) Model represents an organizational shift in participating child welfare agencies that impacts all parts of the organization, including essential infrastructure changes and a deepened and enhanced set of social work practices.</p> <p>In this one-day course, learners will gain a comprehensive understanding of the Colorado DR Model and will take a deep dive into learning about one of the organizational processes of the model: the dual-track response. Within a dual-track response system, allegations of child maltreatment that have been referred to the department and accepted for assessment can be assessed through a High Risk Assessment or a Family Assessment Response.</p> <p>This course will engage learners in activities that will build their understanding of each step of the Family Assessment Response process. Learners will have opportunities to discuss, reflect upon, and ask questions about the FAR process to support understanding and implementation of a dual-track response, for caseworkers, counties, and communities, and most importantly, the children, youth, and families that they serve.</p>	<p>Classroom</p>	<p>The Kempe Center</p>	<p>6.5 hours</p>	<p>6 regional offerings per year and additionally based on county demand, particularly delivered with counties implementing the Differential Response model</p>	<p>Caseworkers, Supervisors, Managers, Administrators, other child welfare professionals, county department stakeholders</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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	Following this course, learners will be prepared to participate in the <i>Partnering With Families in Differential Response</i> course to learn about the social work practices that can be applied within a FAR process.						
Motivating Positive Outcomes with Adolescents	<p>This one-day training expands on the basic content discussed in The Adolescent 411. Adolescents can be challenging, even on the best of days. The goal of this training is to help learners promote positive outcomes by increasing learner understanding why an adolescent is “behaving” in a specific way and how to effectively work with adolescents, their families, and their community. Upon completion, learners will be prepared to</p> <ul style="list-style-type: none"> • build rapport with resistant adolescents • understand the purpose behind problematic behaviors • develop skills to effectively intervene with adolescents; • identify barriers to permanency so that learners can engage teens in permanency planning 	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Case Aides, Foster Parents, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Partnering with Families in Differential Response	<p>The Colorado Differential Response (DR) Model represents an organizational shift in participating child welfare agencies that affect all parts of the organization, including essential infrastructure changes and a deepened and enhanced set of social work practices.</p> <p>In this two-day course, learners will embark on a journey through the seven enhanced social work practices of the Colorado DR Model:</p> <ul style="list-style-type: none"> • A rigorous and balanced assessment • Strategies for including children and youth • The Consultation and Information Sharing Framework • Evidence-based assessment tools; • Risk and goal statements; • Participation of extended networks; and • behaviorally-based safety and support plans 	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally based on county demand, particularly delivered with counties implementing the Differential Response model	Caseworkers, Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>Learners will explore and practice how to apply these practices to building authentic partnerships with families in order to achieve the goals of safety, permanency, and well-being. Learners are encouraged to share stories and experiences with each of these practices throughout the training to enhance the practice of all learners.</p> <p>Following this course, learners will have the knowledge and skills necessary to engage families in a DR system and will have engaged in critical thinking to recognize how the social work practices in the DR model will enhance your current work with children, youth, and families.</p>						
<p>Partnering with Families to Overcome Challenges</p>	<p>This two-day classroom course is designed to help learners enhance their Solution-Focused Practice skills and gain a deeper understanding of a family’s perspective. Learners will build on the foundations that they have learned in other classes to hone their skills to carefully match the solution-focused questions that work best for each family, that will enhance engagement, and that will create greater fulfillment for themselves as workers and for each family. Ways in which this approach is uniquely different from other models will be explored, and the six Solution-Focused interventions will be practices to boost child welfare practices. This course is specifically designed to ensure that learners leave the classroom ready to effectively implement these skills with families.</p> <p>Upon completion, learners will</p> <ul style="list-style-type: none"> • have hands-on tools for immediate use when they find themselves challenged to engage with the most difficult families • understand how and why each type of intervention works • be able to adapt their language and questions to meet families where they’re at, and know how to ensure that these tools are a genuine and a good fit with their personal style as a worker 	<p>Classroom</p>	<p>Denver Center for Solution-Focused Brief Therapy</p>	<p>13 hours</p>	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Caseworkers, Supervisors</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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Permanency Roundtable Skills	<p>This experiential course will provide learners with the skills needed to effectively participate in Permanency Roundtables. Learners will have the opportunity to practice these skills and to engage in a mock Permanency Roundtable. Upon completion, learners will</p> <ul style="list-style-type: none"> ● understand the goals, values, and roles of the Permanency Roundtable case consultation process ● appreciate the objectives of each of the six phases of the Permanency Roundtable case consultation process ● know how to use the forms related to the Permanency Roundtable case consultation process ● be able to demonstrate the skills involved in a successful Permanency Roundtable session, including appreciative listening, asking non-blaming questions, and clarifying participants' operating agreements 	Classroom	The Kempe Center	3.25 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors, GALs, department collaterals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Protecting Professional Resiliency	<p>In this one-day classroom course, Solution-Focused Practice is turned inward. Casework is vital, and without intervention, it can have a negative impact on caseworkers. Applying solution-focused tools and skills protects professional resiliency and can reverse burnout. Learners will learn to identify the signs of professional burnout and the symptoms of trauma-informed stress, and develop and learn to use an “emergency roadside repair kit” to keep themselves invigorated and engaged. Learners will identify protective factors and learn to utilize solution-focused thinking to decrease stress and enhance satisfaction in the work place.</p> <p>As a result of taking this class learners will</p> <ul style="list-style-type: none"> ● recognize unique signs of stress and professional burnout ● develop and personalize a list of tools and resources to have on hand to deal with challenging situations ● understand the role of the “emergency roadside repair kit” in protecting professional resiliency, and ● have the ability to use the “emergency roadside repair kit” to protect professional resiliency 	Classroom	Denver Center for Solution-Focused Brief Therapy Center	6.5 hours	24 regional offerings pre year – required for all new caseworkers following completion of the Fundamentals Colorado Child Welfare Casework Practices	Caseworkers, Supervisors, and Managers	Case management and supervision, development of case plan, case review, worker retention (50%), stress management training (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Trauma-Informed Practice for Case Aides	<p>This two-day training is the first in a series of three trainings designed specifically for Case Aides. Learners will participate in a wide array of activities, and will learn the core skills needed in order to make child welfare interventions with children and families.</p> <p>Specifically, Case Aides will learn how to</p> <ul style="list-style-type: none"> • engage clients (by establishing rapport through listening, reflection, clarification) • assess and defuse hostile/angry clients • avoid power struggles and develop strategies to disengage when power struggles occur • apply these skills in visitation practices and services <p>Learners will leave with practical, culturally appropriate intervention techniques that can be used immediately with families.</p>	Classroom	The Kempe Center	13 hours	6 regional offerings per year and provided more according to county demand	Case aides	Case management and supervision, development of the case plan, referral to services, relational competence cultural competence

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<p>Building Safety When Parents Use Substances</p>	<p>This interactive one-day classroom course gives learners the foundation they need in order to identify when substance use is affecting child safety. Learners will learn how to build a consistent response when working with families impacted by substance use.</p> <p>A best-practice response is contingent upon familiarity with the dynamics of substance use, abuse, and addiction. Learners will become familiar with these dynamics and will consider the impacts of substance use on child welfare practice—from screening to assessment to an ongoing case. Learners will leave informed and equipped to enhance safety-building practices with families when substance use is a factor.</p> <p><i>Note:</i> This course is specifically designed for new caseworkers and those who have less than two years' experience. More experienced caseworkers and supervisors may be better served by another course: <i>Enhancing Practice With Families Impacted by Substance Use.</i></p>	Classroom	Illuminate Colorado	6.5 hours	24 regional offerings – required for all new caseworkers following completion of the Fundamentals Colorado Child Welfare Casework Practices	Child Welfare Case Aides, Child Welfare Case Workers with less than two years of experience	Case management and supervision, case planning, protective factors, general substance abuse
<p>Building Safety with Families Impacted by Mental Illness</p>	<p>According to the National Alliance on Mental Illness, one in four adults—approximately 61.5 million Americans—experiences mental illness in a given year, with 1 in 17 experiencing a serious mental illness. Given these statistics, it is highly probable that children and youth who become involved in the child welfare system will have a caregiver who is or has experienced a mental illness.</p> <p>This course will prepare learners to assess the behavior of caregivers with a mental illness to determine if the behavior inhibits their ability to provide for the well-being needs of children and youth in their care. The course will also encourage learners to consider other factors related to the child, youth, other family members, and the community. The goal is always to facilitate a comprehensive understanding, assessment, and evaluation that leads to informed planning and decision-making. To that end, learners will engage in case-based scenarios and activities that focus on recognizing behaviors and factors</p>	Classroom	The Kempe Center	6.5 hours	24 regional offerings – required for all new caseworkers following completion of the Fundamentals Colorado Child Welfare Casework Practices	Caseworkers, Supervisors	Case management and supervision, case planning, protective factors, general substance abuse

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	influenced by mental illness, and the level of impact the behaviors may have on the child or youth.						
The Reasonable and Prudent Parent Standard	<p>On a daily basis, parents and caregivers are faced with decisions regarding their children’s safety, permanency, and well-being. These decisions require the use of judgment. The task is complicated for caregivers of children and youth in foster care given the number of laws, policies, guidelines, and rules that restrict activities and require potentially time-consuming approval processes.</p> <p>Because most children or youth in foster care will likely struggle to experience a “normal” childhood or adolescence, the Reasonable and Prudent Parent Standard was enacted to create more normalcy for them. This self-paced web-based training will help learners:</p> <ul style="list-style-type: none"> • understand the Reasonable and Prudent Parent Standard (RPPS) as it is outlined in federal law and in Volume 7 (Social Services Rules) • consider how to work effectively with those involved in the care of children and youth in out-of-home placement to operationalize the Reasonable and Prudent Parent Standard in decisions that are made for children in out-of-home placements • reflect on how to interact with children and youth in a culturally responsive and supportive way to promote their healthy development and enhance their well-being <p>Those who will be a foster or out-of-home caregiver or provider in Colorado, must obtain initial training in the Reasonable and Prudent Parent Standard through this web-based training. They are then required to receive training annually from their certifying, sponsoring, or owning organization in applying the RPPS.</p>	Web-Based Training	The Kempe Center	1.5 hours	Ongoing and unlimited availability on line	Foster, Kin, and Adoptive Parents; Case Workers; Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse

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	This training also targets caseworkers working with children and youth in out-of-home care. It is designed to enhance their understanding of the RPPS and help them understand how they can support caregivers or providers in operationalizing it.						
SAFE for Administrators	<p>This one-day classroom training, provided by the Consortium for Children (CFC), utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers.</p> <p>Upon completion, learners will:</p> <ul style="list-style-type: none"> • understand how the SAFE Home Study is used • appreciate the importance of SAFE Home Studies to maintaining the safety of children • know how to monitor SAFE Home Studies 	Classroom	Consortium for Children	6.5 hours	2 regional offerings per year and additionally based on county demand	Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments
SAFE Training	<p>This two-classroom day training, provided by the Consortium for Children (CFC), utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers. Learners will be trained as a Home Study Practitioner in the use of Structured Analysis Family Evaluation.</p> <p>Upon completion, learners will</p> <ul style="list-style-type: none"> • understand how the SAFE Home Study is used • appreciate how important this work is to maintaining the safety of children • be able to perform SAFE Home Studies 	Classroom	Consortium for Children	13 hours	6 regional offerings per year and additionally based on county demand	Caseworkers who certify foster or adoptive homes	Case management and supervision, development of the case plan, communication skills, screening and assessments
SAFE Refresher Training	<p>This one-day training, provided by the Consortium for Children (CFC), utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers.</p> <p>Upon completion learners will</p> <ul style="list-style-type: none"> • understand how the SAFE Home Study is used • appreciate the importance of SAFE Home Studies in maintaining the safety of children 	Classroom	Consortium for Children	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers who certify foster or adoptive homes	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>SAFE Sleep: Creating Safe Sleep Environments for Infants</p>	<p>In this interactive web-based training, how to effectively engage with families in talking about and creating safe sleeping environments for infants will be learned. Customs and myths related to infant sleep will be explored, along with recommended approaches and interventions associated with reductions in the risk of sleep-related infant deaths. When learners finish this training, they will be able to</p> <ul style="list-style-type: none"> • describe the prevalence of infant death associated with the sleep environment • explain the sleep-related risks for infants, including Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) • summarize the recommendations for the American Academy of Pediatrics for reducing the risk of sleep-related infant deaths • explain the role of the caseworker in educating families about safe- sleep practices • describe the type of information the caseworker might need to discuss or share with families when assessing safe-sleep practices • describe how best to support families in creating safe sleep environments for their infants. <p>This enhanced knowledge and these skills will equip learners to thoroughly assess with families whether infants’ sleep environments are safe and to have crucial, culturally responsive conversations about this important aspect of caregiving.</p>	<p>Web-Based Training</p>	<p>The Kempe Center</p>	<p>2 hours</p>	<p>Ongoing and unlimited online availability</p>	<p>Caseworkers; Supervisors; Foster, Kin, Adoptive Parents</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
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<p>Seeing and Hearing LGBTQ Youth</p>	<p>LGBTQ youth have been involved in the Child Welfare system since its inception. Today, however, they have greater visibility. An increasing percentage of youth openly identify as LGBTQ. The number of LGBTQ youth experiencing abuse and neglect from peers and adults has also increased, and there is recognition of need for supports and services beyond what child welfare practice has historically provided. As a result, there is a sense of urgency about advancing the knowledge base and skill set of system professionals.</p> <p>This foundational one-day classroom will give learners the opportunity to learn who LGBTQ youth are and how they can properly support and advocate for this increasing population. Learners will engage in interactive activities and discussions based on both theoretical and tactical frameworks, bridged by a review of the individual values that shape how people navigate the world. This will be a safe space of sharing and learning for all.</p> <p>Whether a case manager, a therapist, a residential provider, or someone who works for a community service agency, completion of this course will equip individuals to offer support services to youth and families beyond their organization's scope of work.</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Supervisors; Caseworkers; Foster, Kinship, and Adoptive Parents; other county agency staff in both human services and behavioral health; Division of Youth Corrections staff; private-practice professionals; staff of community and residential service agencies	Case management and supervision, development of the case plan, communication skills, screening and assessments
<p>Sexually Abused Children: Parenting Game Plan</p>	<p>In this two-day training, learners get informed about appropriate sexual and physical development in children, and learn to identify inappropriate sexual and physical behaviors that children in care may exhibit. Learners are equipped with tools that will help them know when and how to intervene when a child or youth demonstrates unacceptable behaviors, tools for setting house rules, and tools for managing behaviors in a child-centered manner.</p>	Classroom	The Kempe Center	9.5 hours	6 regional offerings per year and provided more according to customer demand	Foster/ kinship/ adoptive parents	Training and licensing of foster homes and institutions, trauma training

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The Invisible Conversation	To build an effective working relationship with a family, child welfare professionals need to understand the family's cultural story and to appreciate how that story influences their perspectives, their decisions, the way they justify decisions, and the creation of identities and social values. This one-day course will engage learners in experiential activities that will cultivate insights related to your own identity and its influence on practice; the development of cultural identity of children and families learners work with; and gain comfort in facilitating courageous conversations with families and other child welfare professionals to promote cultural awareness and responsive practice. This course will encourage learners to critically think and evaluate their current practice to determine how they can improve to better meet the needs of culturally different families while also working to address disproportionate and disparate treatment of culturally different families in the child welfare system. At the conclusion of this course, learners will have practical strategies that are unique to their own journey to employ in their work with families involved in the child welfare system.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers; Supervisors; Case Aides; Foster parents, and other child welfare professionals	Culturally inclusive child welfare assessment and case planning services
Confidentiality Bootcamp	Learners will gain clarity on what records, reports, and information they can share along with who gets access and what happens if a mistake is made. This one-day training demystifies the law. Upon completion, learners are equipped <ul style="list-style-type: none"> • to confidently respond to information requests, to obtain consent forms and releases of information that are legally compliant • to navigate the labyrinth of federal and state privacy laws 	Hybrid (web-based and classroom)	National Association of Counsel for Children	7.5 hours	24 regional offerings – this class is required for all new workers within 12 months of their completion of the Fundamentals of Colorado Child Welfare Casework Practices	Caseworkers	Ethics Training, State agency personnel policies and procedures (50%)

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	This hybrid course combines a short, web-based pre-training with live, interactive classroom instruction. Upon completion, learners are prepared to effectively assess cases without the stress and confusion around confidentiality.						
Data Informed Supervision	<p>Knowledge is power! This one-day course will explore how to access and utilize various data sources (ROM, CFSR, AFCARS, NCANDS) so that supervisors can lead best-practice outcomes for children, youth, and families. Using county-specific data, learners will drill down to the story behind the numbers to identify trends and patterns, and uncover mechanisms to sustain positive results, improve necessary outcomes, and motivate your team.</p> <p>Learners bring a tablet or laptop to this course to actively participate. Learners are also expected to have current ROM login information and a basic understanding of how to navigate to and within data from ROM, CFSR, AFCARS, and NCANDS.</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based upon county demand	Supervisors and Administrators	Case management and supervision, related to data collection and reporting, state agency personnel policies and procedures (50%), job performance enhancement skills (50%)
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Building Safety with Families Impacted by Domestic Violence	<p>This interactive one-day training focuses on bringing the Colorado Department of Human Services (CDHS) <i>Domestic Violence Practice Guide for Child Protective Services (CPS)</i> to life in casework practice. It provides learners with a foundation for identifying when domestic violence is affecting child safety and for constructing a consistent, child-centered, family-focused response when working with a family affected by domestic violence.</p> <p>Because a best-practice response is contingent upon caseworkers' familiarity with the dynamics of domestic violence, this training will familiarizes learners with those dynamics and provide guidelines for working with families from screening to assessment to an ongoing case. It will also address the need for strong coordination with community partners and look at the ways in which those partners can best support child welfare</p>	Hybrid (web-based and classroom)	The Kempe Center	8 hours (1.5 web-based, 6.5 classroom)	12 regional offerings and additionally based upon county demand. This course is recommended for all new caseworkers within 12 months of their completion of the Fundamentals of Colorado Child Welfare Casework Practices.	Caseworkers, Supervisors, GALs, Community Partners	Referral to services, screening and assessments, and case planning

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	<p>planning. Learners have the opportunity to practice the skills outlined in the CDHS <i>Domestic Violence Practice Guide for Child Protective Services</i> so that they can apply those skills with confidence in the field.</p> <p>Prior to the classroom-training, learners complete the web-based training (WBT) portion of this course. The web-based portion will include a review of the CDHS <i>Domestic Violence Practice Guide for Child Protective Services</i>, a brief worksheet, and a pre-test. The goal of the pre-classroom work is to prepare for the skills-based classroom discussions and activities.</p>						
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Engaging With Families	<p>This three-day <i>Fundamentals of Colorado Child Welfare Casework Practice</i> course is an interactive, action-based classroom training. Upon completion, learners will have an understanding of how critical family engagement is to effective child welfare practice, and will be equipped with strategies for achieving effective engagement. The values, concepts, skills, and practices of child welfare work in Colorado will be brought to life, which means learners will be able to</p> <ul style="list-style-type: none"> • use family-focused, child-centered approaches with families • activate the Principles of Partnership with families; • build trust and relationships with children, youth, and families in a culturally responsive manner 	Classroom	The Kempe Center	19.5 hours	Offered once every 7 weeks in every region for new caseworkers and available for registration by all child welfare professionals across levels	Caseworkers, Supervisors	Referral for service, development of the case plan, case management and supervision

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	<ul style="list-style-type: none"> • enhance self-awareness, so that they can engage families in culturally responsive and solution-focused ways • include the voice of children and youth in casework practice • document contacts made throughout the assessment and case-planning process within the statewide automated child welfare information system (Trails) <p>With the solid foundation of knowledge built through this course, learners will be prepared to successfully engage in the remaining <i>Fundamentals of Colorado Child Welfare Casework Practice</i> courses and will be prepared for casework practice with children, youth,</p>						
<p>The Fundamentals Practice Simulation</p>	<p>In order to complete the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> and as a pre-requisite for <i>Crucial Skills for Interviewing</i>, learners must participate in this invigorating child welfare practice simulation. This training gives learners the opportunity to apply all of the knowledge, skills, and abilities developed throughout the <i>Fundamentals</i> learning experience, as learners interact with a live family—from the knock on the door through engagement and the assessment of safety—and the interactions will be recorded for purposes of self-reflection and post-simulation reflection and feedback with a facilitator. Learner skills are supported, observed, and highlighted by a facilitator or coach in an effort to set learners up for success during this experience and beyond.</p>	<p>Field-based experience</p>	<p>The Kempe Center</p>	<p>6 hours</p>	<p>Offered once every 7 weeks in every region for new caseworkers and available for registration by all child welfare professionals across levels</p>	<p>New and existing caseworkers</p>	<p>Referral for service, development of the case plan, case management and supervision</p>

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<p>Engaging and Supporting Kinship Families</p>	<p>Child welfare professionals now recognize the importance of maintaining family relationships for children and youth in care. Engaging and supporting diverse kinship families is complex and challenging work. This day-and-a half workshop is designed to help learners build new skills for effectively engaging and supporting kinship families—and for assessing their strengths and challenges—always with the goal of helping more children and youth find stability with familiar and invested family members. Learners will hear the voices of kinship providers. Experiential activities will provide a deeper understanding of their underlying motivations, strengths, and worries. The following opportunities will be built on with learners</p> <ul style="list-style-type: none"> • developing skills for engaging with kinship families during the initial approach • honing their skills in assessing the dynamics in kinship families that can make or break a placement • learning how to help families make behavioral changes that can promote increased well-being and stability for the children and youth in care • practicing sound and skillful interventions with families who need extra support and understanding 	Classroom	The Kempe Center	10 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, Case Aides, Child Welfare Supervisors/Administrators, GALs and community agency staff working with families	Referral for service, development of the case plan, case management
<p>Hotline/RED Team</p>	<p>This course is designed for hotline workers and caseworkers and building on the learner's personal and professional experiences with quality customer service. This two-day hybrid-model course will provide learners with the knowledge, skills, and abilities needed to successfully carry out the duties associated with the referral and screening process.</p> <p>Through an interactive web-based experience and an action-oriented classroom experience, learners will be equipped to conduct solution- focused, safety-organized, and engaging hotline calls. Learners will acquire the knowledge and skills necessary to participate effectively in the RED</p>	Hybrid (classroom and web-based training)	The Kempe Center	18 hours (5 web-based, 13 classroom)	Offered once every 7 weeks in every region for new caseworkers and available for registration by all child welfare professionals across levels	Caseworkers, Supervisors	Referral to services, screening and assessments

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	(Review, Evaluate, Direct) Team process. Upon completion of this hybrid course, learners will have the opportunity to apply their newfound knowledge and skills through a number of Transfer of Learning (TOL) activities.						
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Training Facilitation Skills Institute 101	<p>Whether a learner is an experienced training facilitator or has never trained a group before, this live, one-day learning lab will maximize facilitation skills and abilities so that learning can be facilitated in an engaging, energizing, and purposeful way. Group-based activities will mirror a training day—from opening activities to closing the day. Each activity will model adult-learning strategies, and reflect on old designs and new methodologies that keep learners engaged, motivated, and connected to the material delivered.</p> <p>Since the emphasis will be on experiential, hands-on learning, learners are encouraged to share knowledge of and experience in facilitating people, process, and content. Along the way, the following strategies and techniques will be gleaned</p> <ul style="list-style-type: none"> • Meeting the needs of varied adult learners and adult learning styles • Encouraging and supporting participatory learning • Promoting the use of powerful questions and critical thinking in a classroom environment • Increasing knowledge and skills related to classroom management <p>Facilitators will leave with new ideas and increased comfort in facilitating the learning of others.</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on programmatic needs of training system	All professional training facilitators who currently train or wish to train on behalf of the Child Welfare Training System (CWTS). CWTS Partner Trainers and Training Pool Trainers are given first-priority seating, as this training is required for them to conduct their job duties. Other child welfare professionals are welcome to attend but may be moved to the wait-list if space is needed for essential learners.	Referral to services, development of case plan, case management and supervision, case review

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<p>Training Facilitation Skills Institute 201</p>	<p>Learning the craft of dynamic delivery means that, as a facilitator, one must fully engage and inspire learning by using cutting-edge techniques and by making full use of self. In this workshop, facilitators will hone their craft by assessing learning and facilitator styles, understanding how curriculum guides the learning experience, practicing platform delivery skills, differentiating between types of facilitation and learning, strategizing on ways to address challenging learner behaviors, integrating Continuous Quality Improvement into facilitation approach, and applying lessons learned in a dynamic delivery practice session.</p> <p>A learning environment will be created where the group draws upon collective knowledge to resolve issues common to learning experiences. Building upon knowledge and skills as both a learner and facilitator of learning events, participants will engage in a variety of practice-based activities modeling effective facilitation.</p> <p>Learners will have the opportunity to connect with a performance acting coach for a customized learning experience and also practice their facilitation skills with peers in a safe environment to try out the knowledge and skills learned in the Institute. The Institute will immediately elevate the learner’s facilitation skills and improve their confidence for engaging learners and maximizing the learning environment.</p> <p>WBT Content will be available for access 10 business days prior to the first day of the classroom portion of training.</p>	<p>Hybrid (classroom and web-based training)</p>	<p>The Kempe Center</p>	<p>19.5 hours</p>	<p>6 regional offerings per year and additionally based on programmatic needs of training system</p>	<p>CWTS facilitators, (for waitlist evaluation, first priority will be given to these registrants)</p>	<p>Referral to services, development of case plan, case management and supervision, case review</p>
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<p>There's an App for That: Family Reunification</p>	<p>This one-day training will sharpen skills in supporting reunification for children, youth, and their families. Learners will apply the Colorado Practice Model skills to a real-life case scenario while spending the day practicing and refining those skills so that they can better assess, plan, and partner with and support families on their road to reunification.</p> <p>Through participation, learners will gain the following "apps":</p> <ul style="list-style-type: none"> • Assessing Readiness for Reunification • Planning to Promote and Maintain Reunification • Partnering With Support Systems • Supporting Families During and After the Reunification Process 	Classroom	Butler Institute for Families	6.5 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, Supervisors, Case Aides, State Staff	Referral to services, development of the case plan, case review, case management and supervision
<p>Supporting Youth in Achieving Permanency</p>	<p>In order to best serve adolescents in planning for permanency and a successful transition to adulthood, thoughtful engagement based on developmental stage is required. Understanding and responding effectively to adolescent needs can be challenging. It is important to be informed and able to advocate for the kids in foster care.</p> <p>This day-and-a-half training will provide a facilitated discussion among foster parents with various levels of experience in this arena. Learners will leave with</p> <ul style="list-style-type: none"> • new skills for engaging youth in their permanency planning and transition to adulthood • new perspectives on how culture and identity affect different youths' experiences in this area • current information on services available to youth making this transition 	Classroom	The Kempe Center	10 hours	6 regional offerings per year and additionally based upon customer demand	Foster, Kin, and Adoptive Parents	Development of the case plan, case management and supervision, training and licensing of foster homes and institutions, child development, resilience skills, relational competence

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Leading Practice through Group Supervision	Building on the knowledge gained in the New Supervisor Pre-Service Training Academy, this one-day interactive training for leaders provides supervisors with the knowledge, skills, and abilities needed to effectively facilitate group supervision. Learners will explore the purpose of group supervision as compared with that of individual supervision, the ways in which group supervision benefits families, facilitation strategies for meaningfully engaging caseworkers in consultation, and strategies for managing challenges to the group supervision process. Learners will leave the training prepared to initiate group supervision with their unit or to enhance the group supervision practices that they already have in place.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based upon county demand	Supervisors, Lead Case Workers, Administrators	Case management, case planning and supervision
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Guided by the Law: ICWA, ADA, ASFA	This web-based training highlights key elements of four key federal laws: the Indian Child Welfare Act (ICWA), the Adoption and Safe Families Act (ASFA), the Multiethnic Placement Act (MEPA), and the Americans with Disabilities Act (ADA). Through engagement with case scenarios, participants will learn how these federal laws affect practice on a day-to-day level. Building on knowledge gained in the <i>Legal Preparation for Caseworkers</i> class, this course breaks down the key provisions of the laws, addressing potential sanctions for failing to follow them and highlighting potential negative effects of violations on children in care.	Web-Based	National Association of Counsel for Children	2 hours	Unlimited online offerings	Case Workers, Supervisors	Referral for services, preparation for and participation in judicial determinations, placement of the child, negotiation and review of adoption assistance agreements

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Recognizing and Identifying Human Trafficking	<p>This interactive, self-guided online training is designed to build safety for children and youth experiencing human trafficking in Colorado by increasing the awareness of the child welfare workforce. Learners will be able to recognize cues or indicators that a child or youth is experiencing human trafficking. Building on existing knowledge and experiences in effective assessment of safety and risk for children and youth, the training will also provide</p> <ul style="list-style-type: none"> • a statistical overview of the human trafficking reality in Colorado • a child welfare–informed definition of human trafficking • engagement 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 • next steps to take once a child or youth has been identified as being trafficked or as having involvement in potential trafficking situations <p>Learners will be able to immediately apply the knowledge gained through this training and integrate it into their everyday casework practice</p>	Web-based	The Kempe Center	2	Unlimited online offerings	Caseworkers, Supervisors, Case Aides, Legal and Mental Health Professionals, and other child welfare professionals	Referral to services, child abuse and neglect issues, communication skills, ethics training
Fostering: How will my family change?	<p>Foster care changes the family in so many ways. Often, these impacts are not considered when a new member is added to a family. In this one-day class, learners will explore ways of helping the foster family adjust to the new family member and his or her special needs and behaviors. Ways of protecting all of the household children from feelings of rejection and disruption, preserving the family, and working with the many players in the child welfare system will all be discussed. Learners are invited to join other caregivers, professional educators, and experienced foster parents in exploring these common foster care issues. The group will strategize methods and plans for minimizing the impact of fostering on the family.</p>	Classroom	The Kempe Center	7 hours	6 regional offerings per year and additionally based upon customer demand.	Foster/ kinship/ adoptive parents	Training and licensing of foster homes and institutions

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Enhancing Practice with Families Impacted by Substance Use	<p>The intersection of child maltreatment and parental substance use is a growing concern across the state of Colorado. This interactive two-day training, suitable for new caseworkers, experienced caseworkers, and supervisors alike, offers advanced skill building. Teams or units are invited to attend together and to bring real-life case examples. Together, the class will combine instruction with an emphasis on sharing successes and overcoming challenges through practical experiences.</p> <p>Learners will leave armed with additional tools to enhance their safety-building practices and aid in decision-making, managing safety, engaging families, identifying protective capacities, and making placement and permanency decisions. Learners will enhance skills in collaborating with professional partners throughout the child welfare system. Learners should come prepared to be challenged and expect to leave with new insights.</p>	Classroom	Illuminate Colorado	13 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, Supervisors	Referral to services, development of the case plan, case management and supervision, communication skills, cultural competence, ethics training
Exploring Trauma	<p>As a foster, adoptive, or kinship parent, having a basic understanding of trauma, its indicators, and contributing factors is essential. Learners will start with this day-and-a-half, entry-level course! Trauma will be defined and understood. How trauma presents itself in children and youth in out-of-home placement will be explained; and how traumatic experiences can affect development will be explored. Learners will gain a deeper understanding of how the brain changes because of experiences such as abuse and neglect, and learners will leave with real-life strategies that can be immediately applied in relationships with children and youth who are affected by trauma. These strategies will enhance coping with difficult behaviors so that safe environment are created for children and youth affected by abuse, neglect, and other kinds of trauma, and create trusting relationships.</p>	Classroom	The Kempe Center	10 hours	6 regional offerings per year and additionally based upon county demand	Foster, Kin, and Adoptive Parents, caseworkers, supervisors, and case aides	Referral to services, development of the case plan, case management and supervision, communication skills, cultural competence, ethics training

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Connecting Families for Success	<p>Lifelong connections are essential in supporting youth in their quest for well-being and creating permanence. This interactive one-day course will help learners to identify ways to create those connections for children and youth in care. Participants will learn to use sleuthing skills to think of and locate creative connections, and have opportunities to practice engagement skills by talking with “children/youth,” “families,” and “support systems” about the importance of these connections.</p> <p>Upon completion of the course, learners will</p> <ul style="list-style-type: none"> • have increased awareness and motivation to find family connections in your practice with children, youth, and families • understand the relevance of family search and engagement • be able to apply strategies for talking with children, youth, and families about maintaining connections and finding families • be able to assess relevant permanency options with children and youth • be able to utilize websites, search engines, and databases to locate connections 	Classroom	The Butler Institute for Families	6.5 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, Supervisors	Placement of the child, case management and supervision, permanency and case planning, communication skills, activity to preserve, strengthen, and reunify families, relational competence
Collaborative Community Partnerships	<p>This interactive one-day course is designed for child welfare caseworkers, supervisors, and community partners. It will deepen understanding of the need for partnership across disciplines and equip learners with strategies for making that happen.</p> <p>Collaboration in the human services can be challenging, that is because the sources of potential conflict are multiple and complex. Each part of the system has its own language, motivations, legal parameters, and unique perspectives. Conflicts among partners can occur for many reasons, including misunderstandings about roles, assumptions about facts or values, miscommunication, personality disagreements, competing professional models, and limited resources.</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, supervisors	Development of the case plan, case management and supervision, communication skills

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	<p>This course will leverage experiences in working with other professionals on behalf of children, youth, and families. Learners will watch videos, participate in interactive activities, consider case studies, and acquire written resources that offer tools and strategies for improving collaboration and managing conflict.</p> <p>Learners will leave with the following knowledge, skills, and abilities:</p> <ul style="list-style-type: none"> ● strategies for resolving conflict and promoting collaboration ● an understanding of the benefits of an interdisciplinary or interagency approach ● an understanding of potential system barriers to collaboration ● the ability to collaborate with practitioners from other agencies and disciplines in a team approach to family assessment, case planning, and service delivery <p>Only by developing a shared perspective can a high-quality service delivery system be built that meets the complex needs of children, youth, and families by offering a coordinated array of services and support. A truly collaborative partnership is a foundation for shared responsibility in the promotion of permanency, safety, and well-being.</p> <p><i>Required Pre-Classroom Work</i> Prior to the classroom training, learners will receive by email a “Difficult Conversations Preparation Worksheet” that they will need to complete and bring to training. This is a confidential worksheet focused on a past, current, or potential professional conflict. Learners will use your completed worksheet to apply new skills and tools learned in the classroom.</p>						
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The Journey: From Foster Care to Adoption	The journey through foster care to adoption is full of excitement as well as fear. This four-hour class will assist caregivers in preparing both foster children and youth, and the other children and youth for the very important move to permanency. Learners will have the opportunity to discuss options for adoption, preserving important connections, grief and loss issues, and ways to address the many, many questions and concerns children have as they transition to adoption.	Classroom	The Kempe Center	4 hours	6 regional offerings per year and additionally based upon county demand	Foster, kin, and adoptive parents	Development of the case plan, case management and supervision, communication skills
Understanding the Role of the GAL	<p>Both caseworkers and guardians ad litem work to advance the best interests of children; yet at times it seems these two roles are miles apart. This one-day, problem-based classroom course brings caseworkers and guardians ad litem together to find solutions that are in the best interests of children. Learners will explore the roles that attorneys and caseworkers play in a dependency and neglect action, analyze case scenarios from different perspectives, and understand how to collaborate within an adversarial system.</p> <p>Through engagement with real case scenarios, strategies for negotiation when reasonable minds disagree about what is truly best for a child will be practiced. Casework is tough. Attorneys don't always make it easier. This course will equip learners with the tools and resources needed to work with child welfare partners and improve outcomes for children.</p>	Classroom	The National Association of Counsel for Children	6.5 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, supervisors, GALs	Development of the case plan, case management and supervision, communication skills
Working with REAL Families	<p>This two-day, hands-on training is the second in a series of three trainings for case aides. Through participation in the classroom activities, learners will develop advanced skills for working with diverse families and their children.</p> <p>Upon completion, learners will</p> <ul style="list-style-type: none"> • have developed the process and skills associated with helping relationships • know how to effectively supervise parenting time with difficult populations • have acquired skills that can be used with families in their homes, as well as in parenting centers 	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally based upon county demand	Case Aides (priority given to case aides who have taken Intervention Skills for Case Aides and to case aides who will be using the material in this training to perform their jobs)	Development of the case plan, case management and supervision, communication skills

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<p>Youth-Centered Permanency Round Tables</p>	<p>A Youth-Centered Permanency Roundtable (PRT), also called a Youth Voice Roundtable, allows each youth's voice to be heard in developing a promising pathway to permanency and a lifetime of connectedness.</p> <p>The purpose of the Youth-Centered PRT training is to help all team members understand how important it is to help youth play an active role in their own planning. Participants will learn to</p> <ul style="list-style-type: none"> • engage with youth in planning for his or her own permanency • talk with a youth about expedited legal permanency • talk with a youth about increasing his or her permanent positive connections • work in conjunction with a youth to finalize a workable permanency action plan that addresses permanency, education, and physical and mental health • ensure that a youth feels understood, appreciated, and hopeful • prepare a youth for participation in the transition phase 2 roundtable • discuss options, action plan, and resources available to a youth in a way that is easily understood 	Classroom	The Kempe Center	3.25 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, supervisors, GAL's	Development of the case plan, case management and supervision, communication skills
<p>Leading Organizational Change</p>	<p>Change happens! And virtually no one looks forward to it nor does it typically occur smoothly. This course will offer learners valuable information and best practices from research to enrich leadership of any kind of change. Learners will practice frameworks, models, and perspectives that can be applied immediately. Learners will employ the Principles of Partnership, the power of parallel process, William Bridge's model of change, and the Social Styles model of interpersonal effectiveness to enrich relationships with those who follow. In this course, learners will:</p> <ul style="list-style-type: none"> • participate actively in small groups to experience and discuss parallel process and each of the six Principles of Partnership 	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally based upon county demand, particularly provided for counties actively working to implement the Differential Response model	Supervisors, Managers, and Administrators	Development of the case plan, case management and supervision, communication skills

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	<ul style="list-style-type: none"> • engage in group activities that provide insight into their staff’s perspective • explore the differences between change and transition • develop a plan to support staff as they manage transitions and change in the workplace • use a Social Styles Inventory and accompanying information to identify their social style and demonstrate an understanding of the strengths and challenges inherent in your style • examine the needs of colleagues with social styles different than their own and identify strategies for adapting to meet those needs <p>Following this two-day course, learners will be empowered as a leader to build, maintain, and enhance partnerships with staff and with external stakeholders. Creating or strengthening these relationships is the key to successfully introducing and managing change in a way that minimizes disruption and enhances resiliency within the organizational culture.</p>						
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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Legal Preparation 201: Expert Testimony	<p>Testifying in court can be terrifying, especially when on the witness stand. This one-day, interactive training is intended to ease the anxiety. Learners will get (lots of) practice providing testimony, and building on the knowledge acquired in <i>Legal Preparation for Caseworkers</i>, learners will be able</p> <ul style="list-style-type: none"> • to establish and maintain credibility • to develop an understanding as to why lawyers ask the questions they do • to respond effectively to the questions asked on direct and cross examination <p>Whether preparing to testify for the first time or a practiced witness, this course will help learners to gain and refine skills. Learners can put nerves to rest and, in a safe and fun environment, learn how to give compelling, credible testimony.</p>	Classroom	National Association of Counsel for Children	6.5 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers,	Preparation for and participation in judicial determinations
Legal Preparation for Caseworkers	<p>One of the initial courses in the <i>Fundamentals of Colorado Child Welfare Casework Practice</i> series, this two-day, interactive classroom training dives into the details on each of the key moments in the court process for both dependency & neglect and delinquency cases. Engagement with real case scenarios will give learners a hands-on opportunity to practice skills, and to participate in a mock-shelter hearing. Upon completion, learners will have an understanding of each party's rights in a case, the purpose of each hearing, and most importantly, the caseworkers' role throughout the proceedings. Learners will be equipped with basic strategies for effectively testifying as an expert witness.</p>	Classroom	National Association of Counsel for Children	13 hours	Offered once every 7 weeks in every region for new caseworkers and available for registration by all child welfare professionals across levels	Caseworkers, case aides, supervisors, directors, and county attorneys.	Preparation for and participation in judicial determinations

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Legal Preparation for Foster Parents	<p>The law of dependency and neglect is complicated, particularly for foster parents, kinship providers, and adoptive parents who are not always present in court and do not necessarily have legal resources available to them. This one-day classroom course delves into the laws that affect foster parents. Upon completion, learners will</p> <ul style="list-style-type: none"> • understand the substance and scope of foster parents' rights • have a basic understanding of the court process • gain tips for participating in court proceedings • develop strategies for navigating the child welfare system 	Classroom	National Association of Counsel for Children	6.5 hours	6 regional offerings per year and additionally based upon customer demand	Foster Parents, Caseworkers, Supervisors, Case Aides, New Directors or County Attorneys	Preparation for and participation in judicial determinations
Medical Aspects of Child Maltreatment	<p>In order to effectively assess and address the safety, permanency, and well-being needs of children and youth, caseworkers need to have knowledge, skills, and abilities that enable them to recognize and respond to maltreatment. Upon completion of this two-day course, learners are be able to</p> <ul style="list-style-type: none"> • recognize the common forms and medical aspects of child maltreatment (physical abuse, neglect, and sexual abuse) • provide medical professionals with essential information by exploring key maltreatment elements with families • inform family safety, service, and support plans with essential medical information • obtain and operationalize a working knowledge of medical terminology, processes, and procedures in order to implement confident interdisciplinary casework practices 	Classroom	The Kempe Center	13 hours	12 regional offerings per year and all new caseworkers are required to take this course within 12 months following the completion of the Fundamentals of Colorado Child Welfare Casework Practices	Caseworkers	Referral to services, development of case plan, case management and supervision, related to data collection and reporting, communication skills, evidence-based practice

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Impacts and Implications of Prenatal Substance Exposure	Facilitated by Illuminate Colorado, this interactive one-day classroom course is designed to give learners a better understanding of the impacts of prenatal exposure to substances on a fetus, an infant, a child, and an adolescent. They cycle through six stations, gaining knowledge about how different substances specifically affect development, and will categorize nine brain processes and associated behaviors that may be affected by prenatal exposures to understand the impacts on children and youth throughout their lifetime. Through hands-on activities, learners will apply their learnings directly to case scenarios and be given opportunities to consider the application to their practice. Upon completion of this course, learners will comprehend the short- and long-term impacts on brain development and functioning, as well the unique challenges associated with maternal substance abuse and the implications for child safety. Additionally, learners will be armed with knowledge to identify children and adolescents who have experienced prenatal substance exposure and the confidence to move forward with these cases.	Classroom	Illuminate Colorado	6.5 Hours	6 regional offerings per year and additionally based upon customer demand	Caseworkers, Supervisors, Case Aides, and other child welfare professionals	Development of case plan, case management and supervision, general substance abuse

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Nurturing Professionals in a Challenging Environment	<p>This one-day classroom course is designed to give leaders the tools they need to protect, nurture, and support child welfare's most valuable resource, its workers. Leaders will learn how to build upon Solution-Focused Practice principles to empower workers while motivating them to effectively complete required work tasks, and will gain the skills necessary to build upon workers' capacity for compassion and empathy and their drive to make a difference in the lives of children and families. Ways of discussing challenging cases that focus on possibility and success will be explored, as will tools for preventing worker burnout.</p> <p>Upon completion, leaders will</p> <ul style="list-style-type: none"> • understand the unique aspects of solution-focused thinking and be able to differentiate this model from problem-focused models • understand how to staff a case using a solution-focused framework • understand the key factors needed in building a resilient workforce • be able to identify three tools they can use immediately with workers 	Classroom	Denver Center for Solution-Focused Brief Therapy	6.5 hours	6 regional offerings per year and additionally based upon customer demand	Supervisors, Managers	Development of case plan, case management and supervision, general substance abuse
SAFE Supervisor Training	<p>This one-day classroom training, provided by the Consortium for Children (CFC), utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers. This course is specifically for learners who supervise SAFE through best-practice supervision methods. It emphasizes effective ways to supervise SAFE and emphasize the importance of supervision in the Home Study Process.</p> <p>Upon completion, you will</p> <ul style="list-style-type: none"> • know how to supervise SAFE Home Studies most effectively and • understand how important supervision is to the home study process 	Classroom	Consortium for Children	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Supervisors of caseworkers who certify foster or adoptive homes	Case management and supervision, development of the case plan, communication skills, screening and assessments, recruitment and licensing of foster families

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<p>Working Together as a Team</p>	<p>Foster, Kin, and Adoptive Parents will work with many professionals within the child welfare system. Child welfare workers need to work as a team with foster, kinship, and adoptive parents. In this one-day, interactive classroom training, learners will come together for real face-to-face conversations and skill-building activities aimed at learning how to collaborate to achieve positive outcomes for the children in care. Learners will leave with a new understanding of the challenges that both foster parents and caseworkers face.</p>	<p>Classroom</p>	<p>The Kempe Center</p>	<p>6.5 hours</p>	<p>6 regional offerings per year and additionally based upon customer demand</p>	<p>Foster parents, caseworkers, supervisors and other child welfare professionals</p>	<p>Worker retention and worker safety (50%), team building and stress management training,</p>
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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
The Nuts and Bolts of Provider Certification	<p>With best practice and Volume 7 Rules and Regulations constantly changing, it can be hard to know exactly what is required to be successful. Whether new or seasoned with working with certified foster care and kinship care providers, this interactive two-day course will have learners leaving able to</p> <ul style="list-style-type: none"> • know strategies for successful recruitment • know what is needed to fully certify a provider • understand how best practice supports the retention of providers • have a great understanding of Volume 7 Rules and Regulations as these pertain their position • have more confidence and knowledge—and less stress 	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers and Supervisors involved in recruitment, certification, retention and recertification of resource providers; administrators; kinship staff; CPA placement supervisors; case managers who certify foster homes	Recruitment and licensing of foster homes and institutions, home studies, state agency personnel policies and procedures (50%), job performance enhancement skills (50%), general supervisory (50%)
Parenting Children with Challenging Behaviors	This two-day training will explore behaviors common in children who are in foster care or who have been adopted, as well as the effects of prenatal substance exposure on the developing brain. Learners will acquire techniques for managing challenging behaviors, and will leave with enhanced parenting skills.	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally based upon county demand	Foster/ kinship/ adoptive parents	Development of the case plan, case management, recruitment and licensing of foster homes and institutions

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Colorado Family Safety and Risk Assessment Training for Caseworkers	<p>One of the fundamental tasks of any child welfare caseworker is assessing and addressing safety and risk. Doing so effectively and in a way that engages families in the process is a key element of the Colorado Practice Model. The Colorado Department of Human Services, in partnership with the counties of Colorado, recently revised the Colorado Family Safety and Risk Assessment Tools in an effort to ensure their reliability, validity, and usability. This hybrid course gives learners the foundation necessary to comprehend the complexities of assessing for safety and risk with families. The one-day classroom portion of the training will</p> <ul style="list-style-type: none"> • equip learners with knowledge and understanding of the revisions made to the assessments, and knowledge and understanding of the definitions and instructions for completing the revised assessment tools • enhance the skills and tools learners use to engage families in the assessment of safety and risk • provide opportunities for supervisors or managers to serve as coaches during the training <p><i>Pre-Classroom Web-Based Training (WBT)</i></p> <p>In order to participate in the classroom portion of this course, learners must complete the WBT portion first. The WBT introduces learners to the structure and organization of the Colorado Family Safety and Risk Assessment Tools. Having this foundation in place allows learners to spend classroom time learning how to complete the tools in partnership with families.</p>	Hybrid (web-based and classroom)	The Kempe Center	13 hours classroom + 2 hours web-based	46 regional offerings per year and additionally as needed in response to county demand	Caseworkers, supervisors	Development of the case plan, case review, case management and supervision, first aid, CPR, or facility security training (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Crucial Skills for Interviewing	<p>Inquire, engage, and explore-oh my! The ability to connect with children, youth, and families in a manner that encourages genuine sharing is crucial to successful child welfare practice. How an individual obtains information profoundly affects cocreating successful outcomes with families.</p> <p>In this three-part course, learners develop their interviewing techniques and take their aptitude for facilitating authentic engagement with families to the next level. Building directly on the learner's practice simulation experience from the caseworker Fundamentals series, this course will enhance their self-awareness and grow their ability to build trust and relationships with children, youth, and families.</p> <p>This course contains three essential parts, completed over the course of a few weeks:</p> <p>Part 1: Web-Based Training: Interview, Shadow, and Self-Assess (2.5 hours) Using a quick Web-based training to guide the learner, they coordinate a time for their supervisor to shadow them as you complete an interview with a family. Afterward, through meaningful dialogue and an assessment process, the learner and supervisor will reflect on the interview and then identify skills for the learner to focus on developing in the classroom.</p> <p>Part 2: Web-Based Training: Foundational Information (2 hours) Next, learners complete the second Web-based training in this series. It provides foundational information essential for successful in-classroom practice and course completion.</p> <p>Part 3: Classroom Session (3 days, 19.5 hours) Using the goals cocreated by the learner and supervisor during Part 1 and building on the Web-based training material from Part 2, the learner will continue to develop their interviewing skills with the guidance of an experienced facilitator.</p>	Classroom	Butler Institute for Families	24 hours (4.5 web-based, 19.5 classroom); 3 hours for supervisors	10 regional offerings per year and additionally based upon county demand	Caseworkers	Referral to services, child abuse and neglect issues, communication skills, screening and assessment

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	<p>Learners will conclude the classroom session with an interview do-over using their enhanced knowledge and skills.</p> <p>The supervisor gets training hours too! Upon the learner's successful completion of this course, their supervisor is eligible to receive training hours for their contribution. The supervisor will receive a certificate of completion, which they can submit online through the CWTS Training Log to receive training hours.</p> <p>Learners should come to CSI ready to delve into maximizing family interviews. They will leave with greater insight and the ability to integrate multiple interviewing techniques into their daily casework practice.</p> <p>IMPORTANT: A learner's success in this course is dependent on their supervisor's commitment and timely support in observing a home visit and completing the self-assessment with the learner. The learner must discuss these requirements with their supervisor and get their agreement of support before registering.</p>						
Solution Focused Practices to Enhance Engagement	Training participants will gain recognition of solution-focused thinking, as differentiated from problem-focused models. Training features six solution-focused interventions and five concrete tools.	Classroom	Solution-Focused Brief Therapy Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisors	Communication skills, evidence-based practices, worker retention (50%)
Solution-Focused Supervision	<p>This one-day hands-on course will expand thinking about the use of Solution-Focused Practice. While, these practices are traditionally used with families, they are equally powerful in motivating staff and leading others. Leaders will learn and practice methods of effectively addressing challenging workplace behaviors in a solution-focused way. Basic agency culture and the creation of organizational safety will be reviewed, and tips for encouraging staff success will be given.</p> <p>Leaders will leave with</p> <ul style="list-style-type: none"> an understanding of why solution-focused principles are so effective 	Classroom	Denver Center for Solution-Focused Brief Therapy	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Supervisors, Managers	Communication skills, evidence-based practices, worker retention (50%)

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	<p>with people (including other professionals)</p> <ul style="list-style-type: none"> • at least five concrete tools that they can immediately begin to use with their colleagues • concrete examples for immediate application 						
Supervising to Permanency	<p>Course instruction provides supervising staff with models and strategies for permanency planning. All supervisors from all areas of child welfare contribute to permanency. In this one-day course, leaders will discover a dynamic and hands-on method of supervising to permanency with the SPOT (Support, Problem-Solving, Opportunities, and Timelines) tool. Leaders will explore and practice the use of the SPOT tool to promote critical thinking and collaboration in the interest of permanency. Learners can plan on a dynamic environment of learning, practicing, and creating!</p>	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Supervisors, Managers	Communication skills, evidence-based practices, worker retention (50%)

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<p>Colorado Family Safety and Risk Assessment Training for Supervisors</p>	<p>One of the fundamental tasks of any child welfare caseworker is assessing and addressing safety and risk. Doing so effectively and in a way that engages families in the process is a key element of the Colorado Practice Model. The Colorado Department of Human Services, in partnership with the counties of Colorado, recently revised the Colorado Family Safety and Risk Assessment Tools in an effort to ensure their reliability, validity, and usability.</p> <p>Day 1 of the classroom training is designed for a child welfare supervisor or manager directly supporting casework staff who engage families in the assessment of safety and risk. At the end of this first day, learners will:</p> <ul style="list-style-type: none"> • have knowledge and understanding of the revisions that have been made to the assessments, and knowledge and understanding of the definitions and instructions for completing the revised assessment tools, as well as skills and tools for effectively coaching staff to the practice of engaging families in the assessment of safety and risk. <p>Day 2 of the classroom training is designed for the above learners along with child welfare caseworkers. This day of classroom training will</p> <ul style="list-style-type: none"> • equip caseworkers with knowledge and understanding of the revisions that have been made to the assessments, and knowledge and understanding of the definitions and instructions for completing the revised assessment tools • enhance the skills and tools caseworkers use to engage families in the assessment of safety and risk • give practice applying the skills and tools learned on Day 1 to coach caseworkers 	<p>Hybrid: Classroom and Web-Based Training</p>	<p>The Kempe Center</p>	<p>15 hours</p>	<p>46 regional offerings per year and additionally as needed based upon county demand</p>	<p>Supervisors</p>	<p>Communication skills, evidence-based practices, worker retention (50%)</p>
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<p>SMART Family Services Planning</p>	<p>Creating Family Services Plans can be a challenge for new and seasoned caseworkers. This one-day course will build on current skills and strengthen abilities to write clear, measurable, and culturally responsive plans. Learners are instructed to bring a present Family Services Plans with redacted family names and together, in a safe, solution-focused environment, the group will review and revive a variety of case examples, refining the ability to</p> <ul style="list-style-type: none"> • develop SMART objectives that reflect a change in behavior • scaffold action steps for success • devise strategies that measure success to ensure that behavior change is occurring and that the areas of current or impending danger and/or risk factors that initiated the Family Services Plan are being addressed. <p>Creation of a Family Services Plans, commonly referred to as a “road map” for families, can encounter obstacles. As the group develops SMART plans to address areas of current or impending danger and/or risk factors, they will anticipate barriers families may face and identify strategies to support them in achieving success.</p> <p>Learners will leave with increased confidence in their ability to formulate, deliver, and measure current and future Family Service Plans.</p>	<p>Classroom</p>	<p>The Kempe Center</p>	<p>6.5 hours</p>	<p>6 regional offerings per year and additionally as needed based upon county demand</p>	<p>Caseworkers</p>	<p>Development of case plan, case management and supervision, child development, visitations, resilience strategies</p>
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<p>Marijuana, Children, and Families</p>	<p>Colorado is one of only a few states in the nation to have enacted laws allowing both medical and recreational marijuana use and cultivation. As the state embarks on this path, it is critical that those who work in child welfare be well informed. In order to make informed decisions regarding the safety of and risks to children, there must be an understanding both the laws and the possible hazards marijuana poses to children. The web-based portion of this hybrid model course will present a factual overview of marijuana and its effects on children, youth, and families:</p> <ul style="list-style-type: none"> • research currently is and is not available • review Colorado’s marijuana laws and regulations • explore risks to children associated with marijuana use and cultivation <p>Then, in the classroom, learners will engage in scenario-based learning and discussion of the complexities inherent in this changed legal landscape. The knowledge and skills acquired in this course will guide decision-making in difficult cases and assist in individualized case planning with families to build child safety and promote healthy families. The goal is to help workers recognize their own values and beliefs about marijuana enhance their competencies for responding to challenging situations, and leverage existing knowledge and practice approaches.</p>	<p>Hybrid (Classroom and Web-Based)</p>	<p>Illuminate Colorado</p>	<p>8.5 hours (2 web-based, 6.5 classroom-based)</p>	<p>12 regional offerings per year and additionally as needed based upon county demand</p>	<p>Caseworkers, Supervisors, Case Aides, and other Child Welfare Professionals</p>	<p>Case review, case management and supervision, general substance abuse</p>
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Supporting Your Special Needs Child	One of the biggest challenges for caregivers of children who are medically fragile or developmentally delayed is not caring for and nurturing these children, but accessing the appropriate support services. In this one-day class, learners will collaborate with other participants to create a “wish list” of services; and will receive critical information and guidance on finding these services and developing relationships with hospitals, doctors, and therapists. Opportunities to practice building a network of support systems with other caregivers occur throughout this class.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based on customer demand	Foster/ kinship/ adoptive parents	Referral to services, development of case plan, case management and supervision, recruitment and licensing of foster homes and institutions, child development
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Psychological Assessments in Child Welfare	This self-guided, interactive course will enhance learner understanding of psychological assessments as they are used within child welfare. Specifically, learners will understand <ul style="list-style-type: none"> • the differences between psychological screenings, assessments, and evaluations • the function of the psychological assessment in case planning • when an assessment should be requested • the distinction between the role of the caseworker and the role of the psychologist in a psychological assessment • some types of psychological assessments that may be helpful when working with families involved with child welfare 	Web-based	The Kempe Center	2 hours	Ongoing and unlimited online offerings	Caseworkers, Case Aides, Supervisors	Development of the case plan, case management

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Two Families, One Goal	<p>Family ties are lifelong, and the goal for nearly every child coming into care is reunification. Foster Parents fill a critical role in maintaining and helping to repair the connection between a child and his or her family of origin. The family of origin may be any relatives of the child or an adoptive family dealing with a disruption.</p> <p>Come to this two-day classroom course to explore with other caregivers ways you can facilitate healthy family relationships while helping a child develop a positive self-identity that is both strong and self-protective. Share your own feelings and experiences, and process positive change in your approach in this area. Course facilitators will include child welfare professionals and experienced foster parents.</p>	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally as needed based upon customer demand	Foster, Kin, and Adoptive Parents	Development of case plan, case management and supervision, training and licensing of foster homes and institutions
Indian Child Welfare Act (ICWA) Training	In this one-day training, participants will learn about the continuing impact of historic events and intergenerational trauma on Indian children, parents, and families. A legal overview of the Indian Child Welfare Act (ICWA) will focus on jurisdiction, notice, active efforts to reunify families, standards of proof, expert witness requirements, and invalidation of actions for ICWA violations. Learners will explore best practices for achieving permanency and better outcomes for American Indian/Alaska Native children, including tools and resources that aid in ICWA compliance.	Classroom	DIFRC	6.5 hours		<p>Caseworkers, Supervisors, Legal Professionals, Judicial Staff, and Community Partners</p> <p>For waitlist evaluation, first priority will be given to these registrants</p>	

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<p>Child Welfare Response to Child & Youth Sex Trafficking: Module 1 for Caseworkers</p>	<p>Module 1 for Caseworkers is the first in a series of training modules designed for child welfare professionals to build learner capacity to identify and serve children and youth who have been sexually trafficked. This course is designed to provide a foundational understanding of sex trafficking and is a prerequisite for two of the other courses in the series:</p> <ul style="list-style-type: none"> • Child Welfare Response to Child & Youth Sex Trafficking: Module 2 for Supervisors • Child Welfare Response to Child & Youth Sex Trafficking: Module 3 for Administrators and Managers <p>In addition, there is a fourth course in the series, which is for caregivers.</p> <p>Module 1 for Caseworkers is an interactive one-and-a-half-day course designed for caseworkers and other frontline staff who could potentially engage with child/youth victims of sex trafficking. In this course, participants will learn about:</p> <ul style="list-style-type: none"> • characteristics of child/youth victims • risk factors • the needs of child/youth victims • strategies for trauma-informed, gender-specific, and culturally responsive approaches. <p>Learners will also cover collaboration and partnership across agencies and providers. Through this training, learners will be able to understand and describe effective identification, documentation, reporting, and service delivery for children and youth involved with the child welfare agency who are victims of, or at risk of, sex trafficking.</p>	<p>Classroom</p>	<p>The Kempe Center</p>	<p>9.25 hours</p>		<p>caseworkers, supervisors, administrators, and managers</p>	
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Child Welfare Response to Child & Youth Sex Trafficking: Module 2 for Supervisors	<p>Once learners have completed Child Welfare Response to Child & Youth Sex Trafficking: Module 1 for Caseworkers as a prerequisite, Module 2, an interactive half-day training, provides information about how to supervise frontline staff working with child/youth victims of sex trafficking. Following this training, learners will be able to apply, monitor, and support the policies unique to the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L.) 113–183 and to supervise effective casework practice related to working with children and youth who are victims of sex trafficking.</p>	Classroom	The Kempe Center	3 hours		Supervisors and Administrators and Managers	
Child Welfare Response to Child & Youth Sex Trafficking: Module 3 for Administrators and Managers	<p>Administrators and managers who have completed Child Welfare Response to Child & Youth Sex Trafficking: Module 1 for Caseworkers as a prerequisite can take Module 3, an interactive half-day training in which they will discuss how to implement the sex trafficking provisions of P.L. 113–183. Participants will learn about the systemic issues related to implementation of the legislation and strategies for how to collaborate across systems and agencies to identify, screen, report, and provide services to child/youth who are victims of sex trafficking.</p>	Classroom	The Kempe Center	2.75 hours		Administrators and Managers	

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<p>Child Welfare Response to Child & Youth Sex Trafficking: Module 4 for Caregivers</p>	<p>Given the intersection between child welfare and sex trafficking, child welfare professionals can play a critical role in identifying and reporting child/youth victims, determining appropriate services and placement options for victims, and helping to prevent future victimization of children/youth currently in care. But child welfare professionals cannot address trafficking alone. In this interactive two-hour module targeted to caregivers, learners will examine basic information about child/youth victims of sex trafficking as they explore the child welfare system response to sex trafficking.</p> <p>Through this course, learners will:</p> <ul style="list-style-type: none"> • gain an understanding of their role as foster or kinship parents/caregivers • learn the federal definition of <i>sex trafficking</i> • recognize the risk factors associated with children and youth who are victims, or at risk of becoming victims, of sex trafficking • understand the impact of sex trafficking on children/youth • develop strategies for responding to children/youth who are in their care 	Classroom	The Kempe Center	2 hours		Foster, Kin, and Adoptive Parents	
<p>Engaging Youth in a Coach-like Way</p>	<p>To build an effective working relationship with older youth, it is essential to understand their story and come to appreciate how their story influences their values, perspectives, decisions, identity, and life choices. Earning the right to influence a young person calls for establishing the insight and ability to make a young person feel seen, heard, and understood.</p> <p>This interactive two-day hybrid course will provide learners with the knowledge, skills, abilities, and insight to effectively engage with older youth in a coach-like way. Upon completion of this course, learners will demonstrate a keen ability to establish meaningful and influential relationships with older youth. Learners will be able to partner with older youth to cocreate environments and plans that help young people generate self-awareness and initiate courageous action to pave the way for success in the future.</p> <p><i>Pre-Classroom Required Work</i> Prior to the classroom training, learners will be required to complete the Web-based training (WBT) portion of this course. The WBT will introduce learners to the Engaging Youth Resource Guide. This guide identifies practice tips, tools, and resources for best serving older</p>	Hybrid (web-based and classroom)	The Kempe Center	14 hours (1 web-based, 13 classroom)		This course is being offered exclusively for the Pathways to Success Navigators. If learners are not invited to this training as part of this project, they are not eligible to register for this course.	

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	<p>youth in their transition to adulthood. It breaks the resources out across five pathways: Permanency, Education, Health & Well-Being, Housing, and Employment. These tools are designed for learners to use with the youth on their caseloads toward achieving their goals. Learners are expected to read this resource guide prior to participation in the classroom training. Following completion of the pre-classroom work, learners will be equipped to meaningfully participate in the skills-based practices within the classroom course.</p>						
<p>Leadership Learning Collaborative</p>	<p>Mid-level managers as agency leaders need to successfully lead their agency’s facilitation of improved safety, permanency, and well-being outcomes for families. The Leadership Learning Collaborative (LLC) can help them elevate and enhance their leadership knowledge, skills, and abilities to do this effectively!</p> <p>Over the course of a four-month, interactive process, participants will learn, practice, and apply knowledge and proficiencies gained throughout this series to elevate their leadership practice in their agency.</p> <p>Here’s how they will do it:</p> <ul style="list-style-type: none"> • Embark on a guided, personalized 360 assessment, calling on those they work closely with to contribute • Participate in strategic mentoring sessions with a personal mentor, identifying ways to target and guide their personal growth. • Take part in collaborative classroom experiences with their colleagues. • Engage in interactive webinars with subject matter experts and colleagues • Try out individualized and targeted approaches back in their agency <p>Learners will leave the LLC ready and able to:</p> <ul style="list-style-type: none"> • manage up, down, and outside the agency; • develop partnerships to achieve positive outcomes for children and families • hone effective and strategic communication skills 	<p>Hybrid (web-based and classroom)</p>	<p>The Butler Institute for Families</p>	<p>39 hours</p>		<p>Mid-level Managers</p>	

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	<ul style="list-style-type: none"> • manage conflict to facilitate consensus building and growth • lead for results and manage with data for continuous quality improvement • address workforce challenges of recruitment, selection, retention, and performance management 						
<p>Mandatory Reporter Training</p>	<p>This Web-based training is for individuals who are required by law to make reports of child abuse or neglect. After taking this course, they will be able to do the following:</p> <ul style="list-style-type: none"> • recognize which professions are considered mandatory reporters in Colorado • appreciate how a Colorado mandatory reporter is uniquely positioned to report suspected maltreatment • identify the indicators and behaviors associated with abuse and neglect, even when they are subtle or nonverbal, including the variety of ways a child may inform a mandatory reporter that they are being abused or neglected • understand the legal obligations of a Colorado mandatory reporter, such as when and how to report suspected or known abuse or neglect and the legal consequences for not reporting • recognize the information a Colorado mandatory reporter will likely be asked when reporting suspected or known abuse or neglect to child protective services or law enforcement • identify groups of children and youth who may be at a higher risk for abuse or neglect and understand what it means to be a vulnerable child • demonstrate, when a child discloses information, the ability to interact with a child using language that is simple, 	<p>Web-based</p>	<p>The Kempe Center</p>	<p>2 hours</p>		<p>individuals who are required by law to make reports of child abuse or neglect</p>	

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	<ul style="list-style-type: none"> • supportive, objective, and not probative distinguish the types of abuse and neglect that occur most frequently and identify signs of trauma • exhibit a working understanding of the difference between reporting and investigating and appreciate the consequences associated with interviewing the child or conducting an investigation before making a report <p>Whether an educator, first responder, healthcare provider, or mental health professional, participants will take the training module identified specifically for their profession. All other mandatory reporters should take either the training for professionals in another field or the training for volunteers who work with children or youth.</p> <p>Note: Training credit hours for this course are not automatically applied. Upon completion, learners are eligible to receive 2 training hours; they will need to print your certificate of completion and submit it online through the CWTS Training Log to receive training hours.</p>						
<p>Partnering for Safety- Modules 1-12</p>	<p>Partnering for Safety Module Descriptions</p> <p>Module 1 – Interviewing for Safety and Danger: What is a Balanced, Rigorous Assessment?</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare</p>	<p>Classroom</p>	<p>The Kempe Center</p>				

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<p>organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the first module, <i>Interviewing for Safety and Danger: What is a Balanced, Rigorous Assessment?</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Overview of family engagement and solution focused interviewing • Definition of safety: What does it mean to have a safety-organized practice? • Example of a balanced, rigorous assessment • Distinguishing between harm, danger, safety, and strengths • Values and principles in this approach <p>Module 2 – Three Questions</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the second module, <i>Three Questions</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Using the Three Questions to guide practice: What are we worried about? What’s working well? What needs to happen? 						
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	<ul style="list-style-type: none"> • Deepening inquiry around the first two questions • Exploring the impact on children • Avoiding generalizations • Exploring the third question, What needs to happen?, by identifying small steps toward change 					
	<p>Module 3 – Interviewing Children</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the third module, <i>Interviewing Children</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Purpose of interviewing children • Ways of engaging children and youth • Use of the Three Houses tool – how and when to use it • Use of the Safety House tool – how and when to use it 					
	<p>Module 4 – Solution-Focused Inquiry</p> <p>Partnering for Safety is a twelve-part modular</p>					

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<p>series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the fourth module, <i>Solution-Focused Inquiry</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • What is solution-focused inquiry? • How come solution-focused inquiry is valuable to use with families? • What are specific solution-focused questions (exceptions, scaling, coping, preferred future, and position questions) that can be used with families? • How to use solution-focused questions in practice (e.g., in a first contact with a family, in assessment, in ongoing/permanency, when developing case plans)? <p>Module 5 – (Re)-Introducing The Consultation and Information Sharing Framework</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners</p>						
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<p>through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the fifth module, <i>(Re)-Introducing the Consultation and Information Sharing Framework</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Definitions in the Framework • Purposes for using the Framework in practice • Questions that facilitate the Framework <p>Module 6 – Risk and Goal Statements</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance</p>						
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<p>to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the sixth module, <i>Risk and Goal Statements</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Description of a risk statement and examples of risk statements in practice • Description of a goal statement and examples of goal statements in practice • Approaches for eliciting input from families to craft risk and goal statements • Ways of using these statements when working with families <p>Module 7 – The Consultation and Information Sharing Framework Part Two: Use With the Family</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the seventh module, <i>The Consultation and Information Sharing Framework Part Two: Use With the Family</i>, learners will explore the</p>						
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	<p>following areas:</p> <ul style="list-style-type: none"> • Taking the Framework into your home visits for use with families • Using the Three-Column map with families • Connecting the Framework and Solution-Focused Questions <p>Module 8 – Network Development</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the eighth module, <i>Network Development</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Purposes of exploring and identifying members of a family’s network • Ways to engage and utilize the family’s network in supporting and planning with families • Examples of strategies for identifying network members • Strategies for developing Safety and Support Circles with a family 					
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<p>Module 9 – Planning</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the ninth module, <i>Planning</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • The difference between insight and action • Safety Planning and Support Planning • Critical elements needed in all plans • Involvement of the family’s network in planning <p>Module 10 – Landing These Ideas in Every Day Work: Part One</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p>						
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<p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the tenth module, <i>Landing These Ideas in Every Day Work: Part One</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Integration of Partnering for Safety in RED Teams • Integration of Partnering for Safety in Group Supervision • Integration of Partnering for Safety in the facilitation of family meetings <p>Module 11 – Landing These Ideas in Every Day Work: Part Two</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-</p>						
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	<p>4, etc.)</p> <p>In the eleventh module, <i>Landing These Ideas in Every Day Work: Part Two</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • Integration of Partnering for Safety in visitation and parenting time • Use of Partnering for Safety to inform/support reunification • Use of Partnering for Safety to achieve permanency <p>Module 12 – Conclusion</p> <p>Partnering for Safety is a twelve-part modular series designed by the Children’s Research Center, in collaboration with the Colorado Department of Human Services and various Colorado counties. The modules take learners through a series of family participatory and solution-focused practice skills, with links to the Consultation and Information Sharing Framework (Lohrbach, 2000), Differential Response, and other recent child welfare practice innovations.</p> <p>The Partnering for Safety modules are designed to allow time in-between modules for learners to practice in the field with support from a supervisor, coach, or peer leader. Each module is approximately three hours in length and delivered in small-group settings.</p> <p>The overall series is designed to have relevance to all employees within a child welfare organization – workers, supervisors, and managers – and across program areas (Intake/Assessment, Ongoing/Permanency, PA-4, etc.)</p> <p>In the twelfth and final module, <i>Conclusion</i>, learners will explore the following areas:</p> <ul style="list-style-type: none"> • A look back and review of all of the Partnering for Safety modules • A look at what social work practitioners have done with Partnering for Safety • A celebration of accomplishments and plan for the future 						
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<p>Safe and Together: Introduction to the Model</p>	<p>In this Web-based training, learners will get an introduction to the internationally recognized Safe and Together™ Model. The model is a set of concepts, tools, and practices to improve how agencies, communities, and individuals respond to domestic violence when children are involved.</p> <p>After this training, learners will be better able to</p> <ul style="list-style-type: none"> • describe the principles and critical components of the Safe and Together™ Model • describe key concepts of the model • describe ways in which the model can change their practice • demonstrate how to apply the approach to child welfare cases 	<p>Web-based</p>	<p>The Kempe Center</p>	<p>2 hours</p>		<p>Caseworkers and Supervisors</p>	

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<p>SAFE Supervisor Training</p>	<p>This one-day classroom training, provided by the Consortium for Children (CFC), utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers. This course is specifically for learners who supervise SAFE through best-practice supervision methods. It emphasizes effective ways to supervise SAFE and emphasize the importance of supervision in the Home Study Process. Upon completion, learners will</p> <ul style="list-style-type: none"> • know how to supervise SAFE Home Studies most effectively • understand how important supervision is to the home study process 	<p>Classroom</p>	<p>Consortium for Children</p>	<p>6.5</p>			
<p>Supervisor Learning Circles</p>	<p>This is an opportunity for participants to connect with their peers to brainstorm ideas, strategies, and solutions that they can apply right away to some of the most common and challenging aspects of their job? Supervisor Learning Circles are 90-minute facilitated group coaching sessions among a small group of supervisors that are intended to leverage participants critical thinking and solution-focused skills related to specific, relevant topics for supervisors.</p> <p>Supervisor Learning Circles take place by videoconference and are facilitated by a CWTS coach. The role of the coach is to support the group in creating a collective agenda, grounded in the topic for the session, and to achieve the desired outcomes identified by the group. Topics for the learning circles vary, but are all grounded in the state-approved Supervisor Job Competencies. Individuals can visit the CWTS website regularly to explore the current topics for the learning circles, as new topics are being introduced on an ongoing basis. Training credit hours are provided for participation.</p>	<p>Online Group Coaching</p>	<p>The Kempe Center</p>			<p>Supervisors</p>	
<p>Estimated Total Cost of this Training Type</p>	<p>\$2,598,782</p>						

Cost Allocation Methodology: In-Service training activities are allocated by applying Social Services Random Moment Surveys (SSRMS) to IV-E eligible training activities, weighted by the caseload penetration rate and are eligible for Federal matching at 75%.

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<i>Trainings Provided by DCW</i>							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
IV-E Training	Training enables eligibility staff to utilize Trails, IV-E module and income verification screens from other systems. Annual training includes updates to module and to policy and procedure.	Classroom	DCW	1 day annual 2 ½ days New Worker training	Annual: 8 statewide sessions Metro region	County, DYC and Tribal staff	Eligibility determinations and re-determinations, Title IV-E policies and procedures, related to data collection and reporting
Children's Habilitation Residential Program (CHRP) Waiver Training	Training provides caseworkers with knowledge of assessments, BUS system and Trails documentation that is needed to effectively serve children and youth with developmental disabilities.	Class room Teleconference	DCW in partnership with DIDD and HCPF	1 day	4 Quarterly meetings— Metro Region and additional meetings in each region once a year	Caseworkers, supervisors, providers, community centered board staff	Development of the case plan, case management and supervision, related to data collection and reporting, screening and assessments

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Credit Record Retention	Training provides volunteers with skills to assist youth to resolve inaccuracies in their credit records before exiting foster care.	Classroom	Contracted	1 day	2 Trainings 2 Regions	Caseworkers, community organizations and partners	Development of the case plan, case management and supervision, permanency planning, child development

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
CANS and Treatment Foster Care	Child and Adolescents Needs and Strengths Assessment training for counties planning to implement a six-month Treatment Foster Care pilot.	Classroom	Contracted expert	4 days	3 Trainings	County, CPA and mental health staff	Development of the case plan, screening and assessments
Differential Response	Training provides an overview of Differential Response and changes to the agency's organizational process with dual-track response	Classroom	DCW	1 day	Upon request	Administrators, supervisors, caseworkers	
Social Security Administration (SSA) and Child Welfare Funding	Course content includes an overview of SSA policy and procedures and Colorado's rules and regulations governing the application for and maintenance of SSI and RSDI trust accounts.	Classroom	DCW	4 hours	Multiple regions	County staff, Social Security Liaisons, financial management supervisors/clerks	Referral to services, case management and supervision
Pathways Guide	Training provides information about the development of the Navigation Modules that align with Federal priorities, House Bill 13-1239, Statewide Youth Plan, youth development goals	Classroom	DCW	1 day	Multiple regions	Youth caseworkers	Related to data collection and reporting

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Secondary Trauma Workshop for Child Welfare Supervisors: Building Resiliency and Responding to Secondary Trauma in Workers	Training enhances supervisory understanding of primary, secondary and vicarious trauma. Additional techniques are provided to help supervisors with the challenges of meeting administrative responsibilities while promoting staff autonomy and providing emotional support.	Classroom	Contracted	1 day	As needed All regions	County Department Child welfare supervisors and staffs	General supervisory skills (50%), team building and stress management (50%)
Estimated Total Cost of this Training Type	\$60,000						
Cost Allocation Methodology: State-provided training activities are allocated by applying Social Services Random Moment Surveys (SSRMS) to IV-E eligible training activities, weighted by the caseload penetration rate and are eligible for Federal matching at 75%.							

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<i>Trails (SACWIS) Training</i>							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Child Welfare 2-Day Navigation Prerequisite: Trails Child Welfare 2-Day Navigation class or Training Academy Modules 3 and 5.	Guides the user to a general understanding of Trails functions, including: comprehensive searching and general casework processes troubleshooting.	Classroom	Trails staff	2 days	Monthly	Caseworkers, supervisors, CPA staff	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
DYC Basic Navigation	Mandatory basic course designed to acquaint the user with general Trails training. Includes practice, individual and group activities as well as self-paced exercises.	Classroom	Trails staff	1 day	Monthly	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
SB-94 Navigation	Specialized training for Senate Bill-94 workers in their job specific area. Course content covers Senate Bill 94 screening, case management, service authorization, and DYC admissions for those who perform that job function. This class is a SB94 staff member's basic Trails training.	Classroom On-line option available	Trails staff	4 hours	Monthly	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Understanding Child Welfare Resource	Class instruction covers the basic and intermediate concepts in the Resource area of Trails. This training is appropriate for beginning provider (or generalist) workers and has value for more experienced workers desiring a review of basic Resource procedures.	Classroom On-line option available	Trails staff	4 hours	Bi-monthly	Child welfare staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Service Provision Refresher Training	Training participants are guided through different types of Removals, including required entries. Service authorizations are reviewed, including Runaway Service.	Classroom	Trails staff	3 hours	Upon request	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
CPA Provider	Specialized training for CPA workers who are new to Trails. Topics include an overview of basic design and use of Trails and the tasks that may be required, such as recording a new foster home service, and critical incident entry.	Classroom Including online option	Trails staff	4 hours	Upon request	Caseworkers, CPA staff	Related to data collection and reporting, job performance and enhancement skills (50%)
CW Core Enhancements and Functionality	Training participants will gain a general understanding of Trials Enhancements and Functionality for Core Services. Topic areas include Trails enhancements, services authorizations, general processes and contract management. Additional topics include Medicaid eligibility screens, Yes Pay/No Pay functionality; substance abuse screens helpful hints and troubleshooting.	Classroom	Trails staff	4 hours	Upon request	Caseworkers, supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
ICPC	Trails ICPC is a specialty class designed to describe the changes to Trails ICPC functionality with the 2012 build. The new functionality records sending and receiving information.	Classroom	Trails staff	4 hours	Upon request	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Child Welfare Adoption	Course content consists of an overview of the adoption process from beginning to end, the important and mandatory fields required for AFCARS, and a clean, complete adoption.	Classroom	Trails staff	4 hours	Upon request	Caseworkers, adoption caseworkers	Negotiation and review of adoption assistance agreements, home studies, related to data collection and reporting, contract negotiation, job performance and enhancement skills (50%)
National youth in Transition Database (NYTD) 101	Colorado is required to assist youth in care (age 17) to complete NYTD baseline surveys on the services they are receiving. This information is used nationally and locally to evaluate and improve services to youth.	Classroom	Trails staff	4 hours	Upon request	Chafee caseworkers, Adolescent caseworkers and supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
CW Merge Training (by request)	Training instructs child welfare workers in the process of merging duplicate client IDs in Trails. A discussion of the Trails windows that affect client merges are covered in detail.	Classroom	Trails staff	4 hours	Upon request	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
DYC Client Manager	Training assists DYC Client Managers in learning all the locations and procedures for documenting their casework in Trails. It includes Commitment, DCP, Service Provision, and other Client Manager tasks.	Classroom	Trails staff	4 hours	Upon request	Supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
CDHS – Client ID and State ID Research	Training covers issues regarding client ID duplication across different systems.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
CIR – DYC	Course content covers all aspects of Critical Incident recording in DYC.	WBT	WBT	<4 hours	WBT	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Court	Course content covers the Court area in Trails, specific to child welfare (CW).	WBT	WBT	<4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
Colorado Address Confidentiality Program	Course instructs participants in the steps for recording information correctly when address confidentiality is required.	WBT	WBT	<4 hours	WBT	Caseworkers, DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Critical Incident – CW	Course content covers Critical Incident recording (CW).	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
CW Security/Org	Walkthrough of tasks in the Security/Organization area of Trails (CW).	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Early Intervention: Developmental Screening	Course content covers Developmental Screening steps.	WBT	WBT	< 4 hours	WBT	Caseworkers	Development of the case plan, case management and supervision, screening and assessments, job performance and enhancement skills (50%)
IV-E Adoption Eligibility Determination	IV-E module training on adoption eligibility.	WBT	WBT	< 4 hours	WBT	Caseworkers, eligibility staff	Development of the case plan, case management and supervision, screening and assessments, job performance and enhancement skills (50%)
IV-E Redetermination	IV-E module training on redeterminations.	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors, eligibility staff	Eligibility determinations and re-determinations, Title IV-E policies and procedures, job performance and enhancement skills (50%)
National Youth in Transition Database – Independent living	Instruction on the steps required for NYTD compliance in Trails.	WBT	WBT	< 4 hours	WBT	Chafee, youth workers	Eligibility determinations and re-determinations, Title IV-E policies and procedures, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Relative Guardian Assistance Program	Instruction of the steps required for Relative Guardian Assistance.	WBT	WBT	< 4 hours	WBT	Caseworkers	Eligibility determinations and re-determinations, Title IV-E policies and procedures, job performance and enhancement skills (50%)
Trails – Alerts WBT	Instruction on working with Alerts in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors	Eligibility determination and re-determination, development of the case plan, Title IV-E policies and procedures, permanency planning, guardianship assistance, job performance and enhancement skills (50%)
Trails – Beginning Colorado Trails	Course content covers introduction to Trails for child welfare caseworkers.	WBT	WBT	<4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
Beginning Colorado Trails – DYC	Introduction to Trails for DYC case managers.	WBT	WBT	< 4 hours	WBT	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails – Cognos (CFSR)	Instruction on the steps involved in using the Cognos interface to retrieve CFSR data.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Trails – Core Contracts	Instruction on completing a Core Services contract in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails – DYC Breakouts	Specialty training for DYC facility staff.	WBT	WBT	< 4 hours	WBT	DYC staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails Child Welfare ICPC	Instruction on completing ICPC documentation in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails Family Service Plan	Review of all Family Services Plan windows in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers, supervisors	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails ILP/ETP	Instruction on the Trails ILP/ETP window.	WBT	WBT	< 4 hours	WBT	Caseworkers, Chafee workers	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails IV-E Initial Determination	IV-E module training on initial determination.	WBT	WBT	< 4 hours	WBT	Caseworkers	Related to data collection and reporting, job performance and enhancement skills (50%)

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Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Trails MOE Determination	Instruction on the MOE documentation steps in Trails.	WBT	WBT	< 4 hours	WBT	Caseworkers, eligibility staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails – Beginning Colorado Trails for CPA workers	Introduction to Trails for CPA workers.	WBT	WBT	< 4 hours	WBT	CPA staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Trails - Fiscal	Instruction on the Fiscal processes in Trails, including recoveries.	WBT	WBT	< 4 hours	WBT	Administrators, casework staff, fiscal staff	Related to data collection and reporting, job performance and enhancement skills (50%)
Estimated Total Cost of this Training Type	Trails training costs are contained in the SACWIS costs for Colorado.						
Cost Allocation Methodology: SACWIS training activities are allocated by applying the weighted caseload penetration rate and are eligible for Federal matching at 50%.							

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<i>Conferences and Summits</i>							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Colorado Convening on Children, Youth and Families	Statewide conference for Best Practice Court Teams, representing human services and judicial staff working collaboratively on judicial district permanency goals.	Keystone Conference Center	State Judicial	3 Days	Yearly	Caseworkers, supervisors, administrators, judges, attorneys, guardians ad litem, CASA	Fair hearings and appeals, referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision, permanency planning, communication skills, state agency personnel policies and procedures (50%), job performance (50%)
Estimated cost of this Training Type	\$40,000 (\$10,000 was from CAPTA funding)						

**DIVISION OF CHILD WELFARE (DCW)
Disaster Plan**

Plan Development Date: February 7, 2017; Updated March 6, 2017

Plan Approved By:

- Luis Guzman, OCYF Deputy Director, 303-866-6373 luis.guzman@state.co.us
- Robert Werthwein, OCYF Director, 303-866-4544 robert.werthwein@state.co.us

Key Points of Contact (“Chain of Succession” for Plan-Continuity of Operations):

<u>Staff Names (Prioritized)</u>	<u>Emergency Phone Number/s</u>	<u>EEmail Address</u>
1. Office Director-Robert Werthwein	303-866-4544 (Office) 720-319-9709 (Home/Cell)	robert.werthwein@state.co.us
2. Office Deputy Director-Luis Guzman	303-866-6373 (Office) 720-454-5841 (Home/Cell)	luis.guzman@state.co.us
3. OCYF Communications Manager- Katie Facchinello	303-866-9909 (Office) 303-246-2062 (Cell)	katie.facchinello@state.co.us
4. DCW Director- Ann Rosales	303-866-3538 (Office) 970-261-2856 (Home/Cell)	ann.rosales@state.co.us

Pre-Designated Alternate Emergency Communications and Sites

❑ **Communications**

1. In the event of a statewide emergency or disaster the Colorado Department of Human Services DCW Disaster Plan shall be initiated.
2. In the event of a statewide emergency or disaster the DCW Call-Down Tree shall be initiated.
3. In the event of a statewide emergency or disaster any communication protocol to DCW shall be outlined in the OCYF Communications Plan that is developed and maintained by the OCYF Communications Manager.

❑ **Primary Work/Services Provision Sites**

1. If, due to a statewide emergency or disaster, DCW personnel are unable to report to their respective work locations, the DCW Call-Down Tree shall be initiated.
2. DCW personnel shall be permitted to conduct their work through mobile or home-based offices until such time as they can report back to their respective work locations and/or alternate work site.
3. The Metro Regional Training site, located at 5670 Greenwood Plaza Blvd., Suite 115, Greenwood Village, CO 80111 may be utilized as a “drop in” work site for DCW staff.
4. Other State facilities/sites may be utilized as a “drop in” work site for DCW staff in accordance with the CDHS COOP.

Emergency Action #1: Ensure continued monitoring, oversight, and technical assistance to counties, providers, tribes, grantees, and vendors.

- ❑ **State-To-County Support:** In the event of a statewide emergency or disaster, DCW county assigned Subject Matter Experts (SMEs) shall maintain contact with counties via telephone, email, and/or in person until such time as the county is no longer in need of additional support. CDHS can offer to complete casework and supervision while a county department may not have available staff due to a disaster. In addition to staffing, CDHS can use our existing hardware to allow county departments

access to our statewide automated case management system.

- ❑ **State-To-Provider Network Support:** In the event of a statewide emergency or disaster, DCW Placement Services Unit shall maintain contact with state licensed providers via telephone, email, and/or in person until such time as the state licensed providers are no longer in need of additional support.
- ❑ **State-To-Tribe Support:** In the event of a statewide emergency or disaster, the DCW assigned tribal Subject Matter Experts (SMEs) shall maintain contact with the CDHS Tribal Liaison via telephone, email, and/or in person until such time as the tribe is no longer in need of support.
- ❑ **State-To-Grantee/Vendor Network Support:** In the event of a statewide emergency or disaster, the lead DCW staff shall maintain contact with grantees/vendors via telephone, email, and/or in person until such time as support is no longer needed.
- ❑ **County-To-State Support:** In the event of a statewide emergency or disaster, counties request on-site assistance from DCW employees, which will be provided, until the situation is stabilized and support is no longer needed.

Emergency Action #2: Ensure the safety and wellbeing of DCW Personnel.

- ❑ In the event of a statewide emergency or disaster, the DCW Call-Down Tree shall be initiated to notify staff of the emergency/disaster and to check on and ensure the safety and wellbeing of DCW Personnel that might have been affected by the disaster.
- ❑ In the event of a statewide emergency or disaster, or at any time as is desired, DCW Personnel are encouraged to utilize the Colorado State Employee Assistance Program (C-SEAP). The Main Phone for C-SEAP is 303-866-4314. For after-hours crisis, contact Colorado Crisis Services at 1-844-493-6255 or <http://coloradocrisiservices.org>.

Emergency Action #3: Preserve essential records and sharing information with other States and the Administration for Children and Families.

- ❑ **Regarding essential records:** 24-Hour Placement Provider files and Adoption records are scanned into their respective electronic systems to ensure these essential records are maintained in the event of an emergency or disaster.
- ❑ **Regarding sharing information with other States:** In the event of a statewide emergency or disaster, the Division Director shall contact the Region 8 Liaison with the Administration for Children & Families (ACF)/Children's Bureau (CB) and his/her supervisor, notifying them of the situation and requesting that the ACF/CB notify the other states of CO's situation. When the situation has stabilized, the Division Director shall again contact the Region 8 Liaison with ACF/CB and his/her supervisor to provide them with this information

Emergency Action #4: Ensure continued services to clients.

- ❑ **State-To-Client Support:** DCW Personnel shall be permitted to access records through Internet connections at a mobile or home-based office site. All DCW Personnel are issued laptop computers and shall have access to the VPN (aka: Cisco AnyConnect Secure Mobility Client). This allows DCW Personnel access to Trails, the Division I Drive, each individual's H Drive, and the Google system.
 - Colorado's child welfare statewide automated case management system (aka: Trails) is housed on a server/s maintained by the Governor's Office of Information Technology (OIT). In the event of a statewide emergency or disaster, any COOP developed by OIT should be shared and followed.
 - The Colorado Child Abuse & Neglect Hotline Application is housed on a server/s maintained by OIT. In the event of a statewide emergency or disaster, any COOP developed by OIT should be shared and followed.
 - Colorado's child welfare Results Oriented Management (ROM) system is housed on a server/s

maintained by University of Kansas (KU). There is a separate, single ROM computer housed at 1575 Sherman Street that is used to back up encrypted files shared via a Data Sharing Agreement and Contract between CDHS and KU. OIT will not and does not support this separate, single ROM computer. In the event of a statewide emergency or disaster resulting in the destruction or damage to this single ROM computer, both ROM and the Community Performance Center are at risk of being unavailable until the computer is replaced.

- The Background Investigation Unit (BIU) of CDHS is the source of background checks for many placement providers. In the event of a statewide emergency or disaster, any COOP developed by the BIU should be shared and followed.
 - The Colorado Financial Management System (CFMS), the system utilized to ensure payment to counties and providers, is housed on a server/s maintained by OIT. In the event of a statewide emergency or disaster, any COOP developed by OIT should be shared and followed.
 - Colorado Education and Training Vouchers (ETV) are managed through an external vendor via a contract. DCW's role is to verify the eligibility of youth for a ETV. This is done through Trails and can continue to occur in the event of a statewide emergency or disaster.
 - In accordance with the Social Security Act, Sec 422 [42 U.S.C. 622], a copy of the Colorado's most recent Child and Family Services Plan is available on the Division I Drive, which is accessible via the VPN (aka: Cisco AnyConnect Secure Mobility Client).
- **County-To-Client Support:** A copy of each county's most recent COOP is available on the Division I Drive, which is accessible via the VPN (aka: Cisco AnyConnect Secure Mobility Client).