



## COLORADO

Office of Children,  
Youth & Families

Department of Human Services

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June 22, 2018

Re: 2019 Annual Progress & Services Report

Dear Ms. Kennerson and Mr. Martinez:

This letter presents Colorado's 2019 Annual Progress and Services Report (APSR). The report comprises an update on Colorado's progress toward accomplishing the goals and objectives outlined in the 2015-2019 Child and Family Services Plan and descriptions of our efforts to promote positive outcomes for Colorado's children, youth and families.

I appreciate your ongoing guidance and support in our efforts to improve Colorado's child and family services.

Please contact Ann Rosales at 303-866-3538 or [ann.rosales@state.co.us](mailto:ann.rosales@state.co.us) with any questions you may have about these documents.

Sincerely,

Minna Castillo Cohen

cc: Reggie Bicha, Executive Director - CDHS  
Jerene Petersen, Deputy Executive Director - CDHS  
Ann Rosales, Director - CDHS Division of Child Welfare

Enclosure





**COLORADO**

Office of Children,  
Youth & Families

Division of Child Welfare

# 2019 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, 2018

Submitted by:  
Colorado Department of Human Services  
1575 Sherman Street  
Denver, CO 80203  
[www.colorado.gov/cdhs/cw](http://www.colorado.gov/cdhs/cw)

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The following appendices are attached as a separate file:

APPENDIX A: 2018 Annual CAPTA Report

APPENDIX B: 2017 Institutional Abuse Review Team Report

APPENDIX C: 2016 Child Maltreatment Fatality Report

APPENDIX D: Assessment and Case Closure Task Group - Final Report Out - January 2018

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## I. INTRODUCTION

The Colorado Department of Human Services (CDHS) is pleased to submit the fourth annual 2015-2019 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-18-01).

CDHS utilized both quantitative and qualitative data to inform the 2019 APSR. Data sources include Trails, which is Colorado's Comprehensive Child Welfare Information System (CCWIS); case reviews conducted by CDHS' Administrative Review Division (ARD); Results Oriented Management (ROM) reports; C-Stat, CDHS' performance-based analysis strategy; and evaluation reports produced by independent third party evaluators. Each of these data sources is described in this report.

### *Collaboration*

Accomplishing the goals and objectives outlined in the CFSP is a collaborative effort. Colorado is a state-supervised, county-administered human/social services system; therefore, CDHS partners with county departments of human/social 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 practice, 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 serve on many of the workgroups referenced above. The updates 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 inclusive list of all collaborators, the following partners and committees are referenced frequently in the 2019 APSR and are instrumental in Colorado's efforts to accomplish the goals, objectives and initiatives outlined in the CFSP:

- The Administrative Review Division (ARD) serves as an independent third party review system under the auspices of CDHS. ARD is the mechanism responsible for the federally required Case Review System and a portion of the Quality Assurance System for both the Division of Child Welfare and the Division of Youth Corrections.
- Colorado Department of Education (CDE) oversees school districts and educational programs that intersect with CDHS, provides CAPTA referrals, initiating contacts, screenings and evaluations.
- Colorado Department of Public Health & Environment (CDPHE) oversees the child fatality prevention system, a multi-disciplinary team that reviews child fatality trends and identifies cross-system prevention strategies.
- The Continuous Quality Improvement (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 Court Improvement Program (CIP) 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 Department of Health Care Policy and Financing (HCPF) administers Colorado's Medicaid program (Health First Colorado), Child Health Plan Plus (CHP+), and other public health care programs.
- The Policy Advisory Committee (PAC) is a state-county collaborative committee that develops and addresses statewide human services policy issues. Membership includes county human/social services directors from various regions of the state, CDHS Office Directors and a representative from the Colorado Department of Health Care Policy and Finance (HCPF).
- The State Board of Human Services (SBHS) 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.
- The Child Welfare Policy Advisory Subcommittee (CW 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.
- U.S. Department of Justice, Office for Victims of Crime (VOC) funds work to combat juvenile human trafficking through partnerships between CDHS and law enforcement across Colorado.

Additional program and initiative specific collaborations are described throughout the report.

In September 2017, the Children's Bureau (CB) and CDHS collaborated to conduct an onsite visit for Colorado's Child and Family Services Review (CFSR). The CFSR reviewed 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 Colorado's child welfare system. The review included the Colorado statewide assessment (submitted in August 2017), on site case reviews (September 2017) and meetings with stakeholder groups (September 2017).

The CFSR found many strengths in Colorado; however, Colorado was not in substantial conformity with any of the seven outcomes. Colorado was in substantial conformity in two of the seven systemic factors. A Program Improvement Plan (PIP) is in development to achieve all of the state's goals. Colorado has identified five overarching themes for practice improvement including: parent engagement, timely achievement of permanency, service array and resource development, national standards (maltreatment and re-entry), and ongoing assessment of safety and risk. Targeted strategies in these areas will be outlined in the PIP.

Over 25,000 stakeholders including state and county staff, interagency partners, service providers, foster parents, Colorado's federally recognized tribes and organizations serving Colorado's American Indian communities were sent the 2019 APSR draft for their review and feedback. A copy of the report will be sent to both of Colorado's federally recognized tribes. Stakeholders were encouraged to submit their feedback to CDHS' Division of Child Welfare (DCW).

This report incorporates the feedback CDHS received from stakeholders and will be publicly available on the CDHS website (<https://www.colorado.gov/pacific/cdhs/publications-reports>) by September 30, 2018 or when final approval is received from the Children's Bureau, along with previous reports.

## 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 CY 2016 the hotline system received 206,107 calls. In CY 2017, the hotline system received 211,544 calls. County departments of human/social services were provided the opportunity to have the state-contracted Hotline County Connection Center (HCCC) take hotline calls and make a report of suspected abuse or neglect on behalf of the county. The county retains all responsibilities for review, assessment and disposition of the report. Forty-three counties (37 full-time and six after-hours only) have chosen to have the HCCC take their calls and submit the report on their behalf. More information about the ongoing operations of the statewide child abuse and neglect hotline is in the *Update on Service Description* section of this report.
- *Intervention 1.1.2 Enhanced Screening:* Colorado promulgated revised rules addressing this area in Volume 7 of the Code of Colorado Regulations, effective August 1, 2017. Through the use of ROM, CDHS staff routinely monitor counties' information-gathering practice and provide coaching, as needed, to improve counties' fidelity to the guidelines outlined in the Code of Colorado Regulations. CDHS has engaged state groups in identifying necessary technical fixes for the Trails Hotline Application to support efficient call taking. In January 2018, in collaboration with county partners, questions related to sex trafficking were updated in the Trails Hotline Application.
- *Intervention 1.1.3 Refer to prevention services:* Colorado continues to see increases in referrals and participation in prevention programs. Program Area 3 (PA3) is composed of programs that direct services to children, youth and families who are at risk of involvement or further involvement with the child welfare system. In CY 2017, there were 4,494 service authorizations serving 9,912 prevention and early intervention clients through Colorado's PA3. Of those, 5,826 were children receiving the prevention/intervention service, and 4,086 were adults receiving the prevention/intervention service on behalf of a child. Since the implementation of PA3 in 2014, counties have determined new ways to provide services in a preventative manner. The number of prevention/intervention services available to families who do not have an open child welfare case has expanded.

Colorado's county departments of human/social services continue to refer eligible families to SafeCare® Colorado and Colorado Community Response (CCR). 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 CY 2016, approximately 4,049 families were referred to the CCR program. Of those, approximately 992 families voluntarily agreed to participate in CCR. More information about Colorado's prevention services is in the *Update on Service Description* section.

CDHS modified rules to include a process for referring families identified through child welfare to prevention services. The rules went into effect on March 1, 2018.

### Objective 1.2 Children are safe.

- *Intervention 1.2.1 Implement and monitor new safety and risk assessment:* Colorado's revised Colorado Family Safety and Risk Assessment tools were fully implemented in January 2017. Additional rule revisions were promulgated in January 2018 and effective in March 2018 to provide further clarity in the use of the tools. A report to monitor the timeliness of completion of the Colorado Family Safety Assessment was developed and is distributed to counties on a monthly basis. All counties have been trained on use of the tool and additional training and technical assistance has been provided to county staff as needed. Training on the use of the tool is included in the new worker training through the Child Welfare Training System (CWTS). Review to the accuracy of the safety and risk assessments began in April 2018. Ongoing assessment of safety and risk, including appropriate use of the tools, is addressed in the PIP submitted in June 2018.

### 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 SFY 2018, 42 counties are implementing facilitated family engagement practices through Colorado's IV-E waiver demonstration project; however, all 64 counties utilize family engagement strategies in case planning and administering services to families involved in the child welfare system as part of practice. Twenty-four counties are practicing permanency roundtables, and 29 counties have implemented kinship supports interventions. More information about Colorado's IV-E waiver demonstration project is in the *IV-E Waiver Project Demonstration Activities* section. Timely achievement of permanency was an issue identified in the 2017 CFSR and strategies to address this are in the PIP submitted in June 2018.
- *Intervention 1.3.2 Develop and implement alternatives to congregate care:* Timely achievement of permanency and engagement of a child/youth's family and placement providers were issues identified in the 2017 CFSR, and strategies to address this for children/youth in congregate care are incorporated into the PIP submitted in June

2018. Colorado is expanding the out-of-home (OOH) continuum by modifying certification and licensing requirements to increase the number of children/youth in a foster home from 4 to 6. It is anticipated that these rules will go into effect in the fall of 2018. Treatment Foster Care (TFC) was identified as a gap in Colorado's OOH continuum. [See Intervention 1.3.3 for updates regarding TFC].

- *Intervention 1.3.3 Implement treatment foster care:* TFC rules were promulgated in December 2017 and went into effect on February 1, 2018. Under the rules, TFC services for county departments of human/social services or child placement agencies (CPA) are approved by the staff on the DCW Ongoing Services Unit and/or licensing staff in the DCW Placement Services Unit within CDHS. TFC services include requirements related to staffing, capacity in the treatment foster care home and training. County departments and CPAs that provide these services must have sufficient infrastructure to meet the rigor of the program. Currently two agencies provide treatment foster care services in Colorado; the next year will be an opportunity for growth of TFC services. Several CPAs and at least one county have stated intent to implement a TFC program. The Care Coordinator and clinical staff, required through the rules---now in-house or through behavioral health organizations, in the future through Regional Accountability Entities (RAE)---provide treatment foster parents with ongoing support to meet the needs of the child/youth in the treatment foster home.

Assessment of the appropriateness of placement in TFC includes evaluating the needs and strengths of the child/youth either using the Child and Adolescent Needs and Strengths (CANS) tool or the Treatment Outcome Package (TOP) instrument. To use the CANS, the evaluator must obtain training and be certified through the Praed Foundation (Dr. John Lyons). CDHS has made training available for the CANS. To use TOP, the evaluator must be part of the seven-county consortium, through Colorado's IV-E waiver demonstration project, testing the instrument. In addition, to promote placement stability, there must be compatibility with the needs and strengths of the child/youth and the experience, skills and expertise of the treatment foster parent(s).

#### 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:* Colorado's Office of Children, Youth & Families (OCYF) Medical Oversight team successfully collaborated with the University of Colorado to develop a project utilizing the ECHO (Extension for Community Health Outcomes) learning collaborative around safe psychotropic prescribing. Thirty primary care physicians (many in rural areas) participated in the fall of 2017, and were able to learn safe prescribing strategies from psychiatric specialists. In addition, the OCYF Medical Oversight team and HCPF jointly produced the 2017 statewide Psychotropic Prescribing Guidelines for Youth in Foster Care. Along with this, both groups continue to co-chair the Psychotropic Steering Committee, which consists of numerous community stakeholders that meet regularly to discuss concerns regarding safe psychotropic prescribing for foster youth in Colorado. The OCYF Medical Oversight team continues to collaborate with HCPF and the Drug Utilization Review Committee to refine the content and style of review letters sent to prescribers in cases of psychotropic medication polypharmacy. These letters are intended to alert the prescriber to the unusual combination of medications, to identify opportunities to reduce or optimize the medication regimen. The OCYF Medical Oversight team is assisting with ways to ensure that the letters are clear and lead to meaningful change. 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 SFY 2018, 15 counties have implemented or are in the process of implementing both of the trauma-informed interventions through Colorado's IV-E waiver demonstration project. Colorado has also added a trauma screening tool into Trails for all caseworkers to use. More information about the trauma-informed interventions is included in the *IV-E Waiver Demonstration Project Activities* section of this report.

#### Goal 1 Measures of progress

1. *Colorado will meet the 90 percent national goal for timeliness of response three out of twelve months for each year of the CFSP.*

A review of data available in the ROM system indicates Colorado met or exceeded the timeliness of initial response goal 12 out of 12 months during CY 2017. As a result of statewide performance meeting or exceeding the 90 percent national goal, this goal was modified in October 2017 to 95 percent.

Table 1: Timeliness of response goal

(source: ROM 3/7/18)

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Feb., June, Sept., Nov., Dec.	Feb. - Dec.	Jan. - Dec.		
Months at or above 90%: 5 of 12	Months at or above 90%: 11 of 12	Months at or above 95%: 12 of 12		

2. Colorado will develop a baseline for the measurement of safety form accuracy for SFY 2016, increase 5 percent per year for SFY 2018 and will evaluate the safety and risk assessment and safety tool accuracy in SFY 2019.
  - o The Administrative Review Division (ARD) modified the Assessment Review Instrument to include questions based on the current rule requirements related to the Colorado Family Safety and Risk Assessments. Reviews began in April 2018.
3. The national standard for "absence of maltreatment recurrence" of 95 percent will continue to be met and maintained throughout the five-year period.
  - o This measure is replaced by the new CFSR Round 3 statewide data indicator Recurrence of Maltreatment. Nationally, 9.1 percent 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 2017 Colorado did not perform better than the national standard. The recurrence of maltreatment is addressed in Colorado's PIP submitted in June 2018.

Table 2: Recurrence of maltreatment

(source: ROM 3/7/18)

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
7.1%	8.5%	9.5%		

4. The national standard of absence of child abuse and/or neglect in foster care (12 months) of 99.68 percent will be met nine of twelve months for each year of the five-year period.
  - o This measure is replaced by the new CFSR Round 3 statewide data indicator Maltreatment in Foster Care, and CDHS 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 CY 2017 Colorado performed better than the national standard; its rate of maltreatment was 7.66 incidents for the twelve month period.

Table 3: Incidents of maltreatment per 100,000 days in foster care

(source: ROM 3/7/18)

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
8.4 incidents	10.1 incidents	7.66 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 percent in 2018.
  - o This measure needs to be updated to better align with the new CFSR Round 3 statewide data indicators. CDHS is reviewing this measure and will recommend a revised measure in the upcoming CFSP.

Table 4: Median stay in OOH care

(source: C-Stat, April 2018)

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
7.2 months	6.6 months	6.9 months		

6. The rate at which children/youth are placed in the most appropriate setting to meet their needs will be maintained at 98.4 percent to 99.4 percent annually for each of the next five years.

- o In FFY 2017, Colorado decreased its performance according to the CFSP baseline.

Table 5: Rate of placements in most appropriate setting

(source: ARD 1/26/18)

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
99.4%	99.0%	96.4%		

7. The rate of medical and dental examinations following placements will improve by 5 percent by 2019.

- o As part of the administrative case review process, ARD assesses whether children and youth receive timely medical and dental examinations following initial placement. Per the Code of Colorado regulations, medical exams are to be conducted or scheduled within two weeks of placement and dental exams within eight weeks of placement. Colorado improved its performance since FFY 2016.

In a collaborative effort with county and state child welfare representatives, the Office of Information Technology (OIT) and HCPF, CDHS created a time-limited Medical Eligibility Subcommittee. Using the CQI process, the subcommittee developed recommendations for process changes around data entry in the statewide automated case management system, Trails, and outreach when a child enters OOH care. Data links were examined and created between HCPF data systems and Trails to send notifications to the HCPF Healthy Communities Family Health Coordinators (FHC) of children entering OOH care so that the FHC's can provide outreach and support to OOH providers in scheduling initial medical and dental appointments. Timely data entry into Trails is necessary to ensure timely notifications are sent allowing for appointments to be scheduled within the required time frames. The subcommittee recommends entering OOH placement information into Trails as soon as possible. Efforts through Trails Modernization are underway to make the Health Passport within Trails more user-friendly for county caseworkers.

Table 6: Rate of timely medical and dental examinations

(source: ARD 1/26/18)

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Medical: 64.2% Dental: 68.8%	Medical: 61.7% Dental: 65.4%	Medical: 63.7% Dental: 67%		
	Medical: -2.5% Dental: -3.4%	Medical: -0.5% Dental: -1.8%		

8. By 2019, trauma-related activities will be

- o 95 percent of children/youth will be screened by CDHS for trauma,
- o 90 percent of children/youth screened in for trauma by CDHS will be assessed by the Office of Behavioral Health (OBH), and
- o 70 percent of children/youth assessed as traumatized will receive evidence-based trauma treatment.

The IV-E Waiver Trauma Informed Assessment and Trauma Focused Treatment interventions were initially developed to compliment the work efforts of OBH's System of Care grant work. During implementation of the IV-E Waiver interventions, barriers to "full" implementation, as described by this goal, were identified. Many localities had limited access to trauma specific resources, including providers and sustainable funding streams. Some counties identified ethical concerns about screening for trauma when they had limited access to service resources. Some were concerned that implementing screens

may otherwise negatively impact the safety, permanency or wellbeing of screened children and youth. For example, a child might need to be moved away from their home or community to gain access to appropriate trauma services. Lastly, some counties expressed concern that screening for trauma might fall outside of their jurisdiction. Participating counties utilize a number of different approaches with varying target populations to use resources most effectively. Those counties that fully invested in building trauma responsive systems quickly realized that the additional training and work led to an increased awareness of needs beyond that which even the IV-E Waiver intervention was designed to address. This motivated a group of counties to apply for intervention funding to “expand” the existing trauma model into what they refer to as the “Resiliency Center” project. Future development of trauma-informed and trauma-focused practices will be informed by the findings of Colorado’s IV-E Waiver Demonstration Project, including the Resiliency Center evaluation.

## 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:* All trainings through the CWTS that include safety assessments have been updated to incorporate the family focused philosophy that is the basis of the Colorado Family Safety and Risk Assessments. CDHS staff developed a monthly report to monitor timely documentation of the safety assessment tool. Since developing the report, statewide performance improvements have occurred. CDHS staff continues to provide coaching to counties on the functionality of the tool.
- *Intervention 2.1.2 Accurately complete safety assessment forms:* Measuring statewide and county performance on the accurate completion of the safety assessment tool is no longer part of the department’s C-Stat initiative; however, it is measured through the department’s qualitative case review system. The ARD has reviewed and revised the relevant case review instrument questions based on rules that were effective January 1, 2017. The ARD did not begin capturing data related to the accuracy of the completion of the Safety Assessment and Risk Assessment tools until April 2018, due to continued collaborative pilot review projects.
- *Intervention 2.1.3 All counties utilize RED teams:* In July 2014, Colorado completed implementation of RED (Review, Evaluate and Direct) teams in all counties, and rules guiding practice were promulgated by the SBHS with a January 1, 2015, effective date. Based on feedback from county child welfare staff, there was a need to look at the requirements and the impact on the fidelity of the RED team process across the state. While counties found value in the RED team process, they were concerned about decreased quality of the practice due to the rule requirements for all referrals to utilize the process. As a result of reviews, CQJ processes, feedback and ongoing analysis of the RED team process, modifications were made to the RED team rules. These rules went into effect March 1, 2018.

### 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; CDHS has collaborated with county departments participating in the facilitated family engagement IV-E Waiver intervention to improve the consistency and quality of meetings. The Colorado Forum on Family Engagement and CDHS leads quarterly facilitated family engagement teleconferences each year to provide training and networking opportunities and to promote the development of facilitated family engagement programs. This included training opportunities on engaging fathers, recognizing human trafficking and building support plans in meetings. CDHS staff also collaborated with county staff to present on safety in facilitated family engagement meetings at the 2017 International Conference on Innovations in Family Engagement. In the first quarter of SFY 2018, 48 counties conducted 6,287 facilitated family engagement meetings, marking the third straight quarter in which over 6,000 meetings were held statewide. CDHS also helped to promote the development of facilitated family engagement programs in several counties that were not participating in the IV-E Waiver intervention and did not have existing programs. Additional initiatives that utilize family engagement principles include the Dependency and Neglect Reform (DANSR) project and the Collaborative Management Program (CMP). Engagement of families, especially fathers, was identified as an area needing improvement in the CFSR. Strategies to improve are included in the 2018 PIP.

### Goal 2 Measures of progress

1. *The sample of screened out referrals monitored by ARD will maintain the rate of 98 percent accuracy of decision-making.*
  - ARD completed a Screen-Out Review in July 2017. The weighted statewide performance for CY 2017 was 96.8 percent, which did not meet the goal for accuracy of the screen-out decision. 96.8 percent of screened out referrals were screened out appropriately, as the referrals did not meet the Volume 7 criteria for assignment.

Table 7: Accuracy of screened-out referrals

(source: ARD 1/26/18)

CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
98.04%	n/a	96.8%		

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

- Youth: The engagement rate will be maintained at 99.9 percent for three out of four quarters each year of the five year period.
- Mother: The engagement rate’s baseline, 91.4 percent, will be maintained for FFY 2015.
- Colorado will increase engagement by 5 percent every year through FFY 2018. The goal will be re-evaluated in FFY 2019.
- Father: The engagement rate’s baseline, 80.8 percent, will be maintained for FFY 2015.
- Colorado will increase engagement by 5 percent 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 efforts were made to engage youth and parents in case planning during qualitative case reviews. In FFY 2017, Colorado did not meet the goal for youth engagement. Caseworkers made efforts to engage youth in case planning in 99.6 percent of cases, and overall, youth participated in 99.3 percent of cases. At 99.7 percent, the rate of efforts to engage youth was highest in the second quarter of FFY 2017 but dropped to 99.5 percent and 99.3 percent for the remaining quarters.
- Colorado did not meet the FFY 2017 goals for engagement of mothers and fathers. In FFY 2017, caseworkers made efforts to engage 90.1 percent of mothers, with 81 percent of mothers participating in case planning. Efforts were made to engage 78.8 percent of fathers, with 65.1 percent of fathers participating in case planning.
- Current efforts to improve engagement of mothers and fathers in treatment planning include providing on-demand technical assistance to county departments of human/social services to assist with engagement strategies around treatment planning as well as writing effective, family-centered goals and objectives. This technical assistance was provided to three counties in CY 2017.
- In 2017, CDHS collaborated with county departments of human/social services stakeholders to inform rule changes to the 90-day review requirements for treatment plans. These changes improved the way progress toward treatment plan objectives and actions by all family members is measured, with the goal of providing increased clarity to families about progress toward case closure. Clarity of treatment plan progress is an important tool for increasing family engagement during involvement with child welfare agencies.
- Improving the engagement of fathers in facilitated family engagement meetings was also the topic of two webinars presented to county family engagement facilitators across the state in December of 2017. These webinars focused on improving paternal attendance at facilitated meetings and developing engagement skills with fathers.
- Family engagement is a theme in the 2018 PIP strategies.

Table 8: *Engagement of family members in case planning*

(source: ARD 1/23/18)

FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Youth: 99.3%	Youth: 99.3%	Youth: 99.6%		
Mother: 95.8%	Mother: 93.6%	Mother: 90.1%		
Father: 89.8%	Father: 82.9%	Father: 78.8%		

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 CDHS Research, Analysis and Data Team; ARD; other data systems; and the counties:* Colorado has worked to streamline communication between these groups through

the Continuous Quality Improvement (CQI) Workgroup, which is composed of CDHS staff, ARD staff and representatives from county departments of human/social services.

- *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, Child Protection Task Group, Permanency Task Group, Administrative Review Steering Committee, Adoption Steering Committee, CQI Workgroup and Training Steering Committee.

Additionally, in preparation for the 2017 CFSR onsite review, an oversight committee consisting of stakeholders from several disciplines met monthly to help prepare and inform the review. When Colorado received the CFSR report, the CFSR Oversight Committee transitioned to oversight of the PIP. The CQI Workgroup was instrumental as Colorado prepared the PIP: the group has facilitated CQI processes related to PIP items, identified measures of performance in areas in need of improvement and supported counties in utilizing CQI processes as appropriate. In addition to the committees convened by CDHS, staff participated in committees and workgroups hosted by interagency and community partners that align with the Department's work. In the spring of 2018, a workgroup convened to review the Colorado Revised Statutes and provide recommendations for technical changes related to Dependency and Neglect statutes. The workgroup includes participants from the judicial department, CDHS, county child welfare, the Office of the Child's Representative (OCR) and other stakeholders.

### Goal 3 Measures of progress

The CFSP notes that Colorado's QA/CQI system will be evaluated by county departments of human/social services and CDHS to determine how the framework meets the CQI needs of CDHS. 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' human/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, permanency 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 CCR 2509-, Volume 7. 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 following section.

Table 9: CY 2017 Child Welfare Services Data

(source: ROM 3/16/18)

	CY 2017
Number of calls to Colorado's child abuse and neglect hotline reporting system:	211,554
Number of referrals:	104,556
Number of referrals accepted for assessment:	37,668
Number of children involved in child welfare services during the reporting period:	21,384
Number of children entering new involvements with child welfare services:	10,164
Number of children who entered foster care during the reporting period:	1,546
Number of children discharged to reunification (parents, relatives, & guardianship):	3,831
Number of children discharged to adoption:	787
Number of children discharged to emancipation:	219

Colorado's child and family services continuum is 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 following 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 five 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 statute, 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 (CCR) 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.

In FFY 2018, local child abuse prevention planning took place in 15 communities utilizing the Colorado Child Maltreatment Prevention Framework for Action, which was launched in April 2017. Federal Community-Based Child Abuse Prevention (CBCAP) funds are supporting these communities to participate in an eight month facilitated planning process, developed by Chapin Hall at the University of Chicago which will end July 30, 2018. Each community is forming a leadership team including parents, developing a community profile to examine existing data, cataloguing available resources and services and soliciting new feedback from families through a survey and focus groups. The communities are identifying and prioritizing strategies to meet the needs of families and prevent child maltreatment. The resulting plan will be used by local communities to respond to government and philanthropic funding solicitations to support implementation of the strategies. The new CBCAP solicitation released late spring requires applicants to have a child maltreatment prevention plan aligned to the Colorado Child Maltreatment Prevention Framework for Action.

Collaboration with stakeholders is a fundamental part of Colorado's delivery of prevention and early intervention services. 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 2018, these two boards are holding joint meetings to increase knowledge and alignment across all child abuse and neglect prevention programs.

The Prevention Steering Committee, created by CDHS, oversees 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, directors of county departments of human/social services and departments of public health.

The Colorado Children's Trust Fund (CCTF) was created by Colorado 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, Family and Children's Program allocation (also referred to as Core Services Program) and funding through Colorado's Title IV-E waiver demonstration project. In 2014, 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. Provide services with a family support plan in closed child welfare involvement with no safety concerns; and
3. Provide services and support to families with children and youth in OOH care to step-down to the least restrictive placement setting.

Since the introduction of PA3, Colorado's county departments of human/social services have used local, state and federal funds to provide and account for prevention/intervention services to children, youth and families. The CCR requires counties to submit a PA3 services delivery plan as an addendum to their annual Core Services Program Plan. In SFY 2018, 60 county departments of human/social services were approved to use Core Services Program funds for PA3 services, showing an increase of six counties from the previous year.

When considering all possible funding sources for prevention/intervention services, there were 4,494 service authorizations serving 9,912 prevention and early intervention clients through Colorado's PA3 in CY 2017. Of those, 5,826 (58 percent) were children receiving the prevention/intervention service, and 4,086 (42 percent) were adults receiving the prevention/intervention service on behalf of a child.

### *Core 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 OOH placement, in need of services to return home, or in need of services to maintain a placement in the least restrictive setting possible.

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

- Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth;
- Prevent OOH 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 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 OOH placement of the child.
2. **County-Designed Services:** services tailored by individual counties to prevent the OOH placement of children, facilitate reunification or achieve 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 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 with family members to improve family communication, functioning and relationships.
6. **Life Skills:** include services provided 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.

CDHS allocates Core Services Program funds to all 64 counties and Colorado's two federally recognized tribes on an annual basis. Each jurisdiction designs a plan with a unique mix of required and county-designed services, resulting in a multifaceted array of services. 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.

In CY 2017 HCPF convened a task group, with CDHS participation, to improve efficiency and ensure that Core Services Program funds are used for individuals and families who do not have access to Medicaid, private insurance, or other funding sources.

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 most recent report, published October 1, 2017, covers CY 2016 program services and activities.

Based on data reported in the CY 2016 evaluation report, the Core Services Program served 29,550 individuals during the reporting period. This represents an increase of 11.8 percent in non-duplicated clients served from CY 2015. Overall, 55 percent of the individuals were children/youth directly receiving services, and 45 percent were adults receiving services on behalf of a child/youth. Despite an increase in volume, the Core Services Program recorded positive outcomes for the fourth straight year.

According to the CY 2016 evaluation report, there were 33,392 service episodes open at any time; representing 12.9 percent increase in service episodes from CY 2015. County-designed services represent 31 percent 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 2016 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 2015. The CY 2016 evaluation reported the following findings.

Table 10: Core Services goal attainment

(source: 2016 evaluation report)

Service episodes closed with “successful” or “partially successful” service outcome	80% <sup>1</sup>
Service goal: remain home	89% attained
Service goal: least restrictive setting	70% attained
Service goal: return home	66% attained

Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$37 million in CY 2016 on OOH placements for children and youth. Over the past four calendar years, an additional \$202 million would have been spent by county agencies statewide if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements.

The evaluator concluded the Core Services Program is working as designed. The program is serving the population targeted by the legislation and is providing the appropriate levels of support as evidenced by the findings that less than 6 percent of children and youth had a subsequent placement after receiving or benefiting from Core Services. At involvement closure, 100 percent of children and youth who received PA3 services remained home. The key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. 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 2015 report and continued in the CY 2016 report with the analysis of follow-up outcomes for children/youth who received PA3 services in CY 2015.

In CY 2017, CDHS staff provided topic-focused training through statewide “Open-Mic” teleconferences as service to counties. Topics included the Core Services Program Plan, PA3, Maximizing Medicaid Funding, Utilizing Trails Data to Enhance Core Services Program Performance, Trails Modernization and the Core Services Program and new child welfare program guidance published through CDHS’ memo series. Ongoing training and technical assistance is provided by CDHS’ Core Services Program Administrator as requested.

#### 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. 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 families with children ages 0 to 5 who are at risk of abuse or neglect. The program typically takes 18-20 weekly sessions to complete, and each session lasts one to one and a half 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. Families are referred to SafeCare Colorado by child welfare and other 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. Eligible families include:

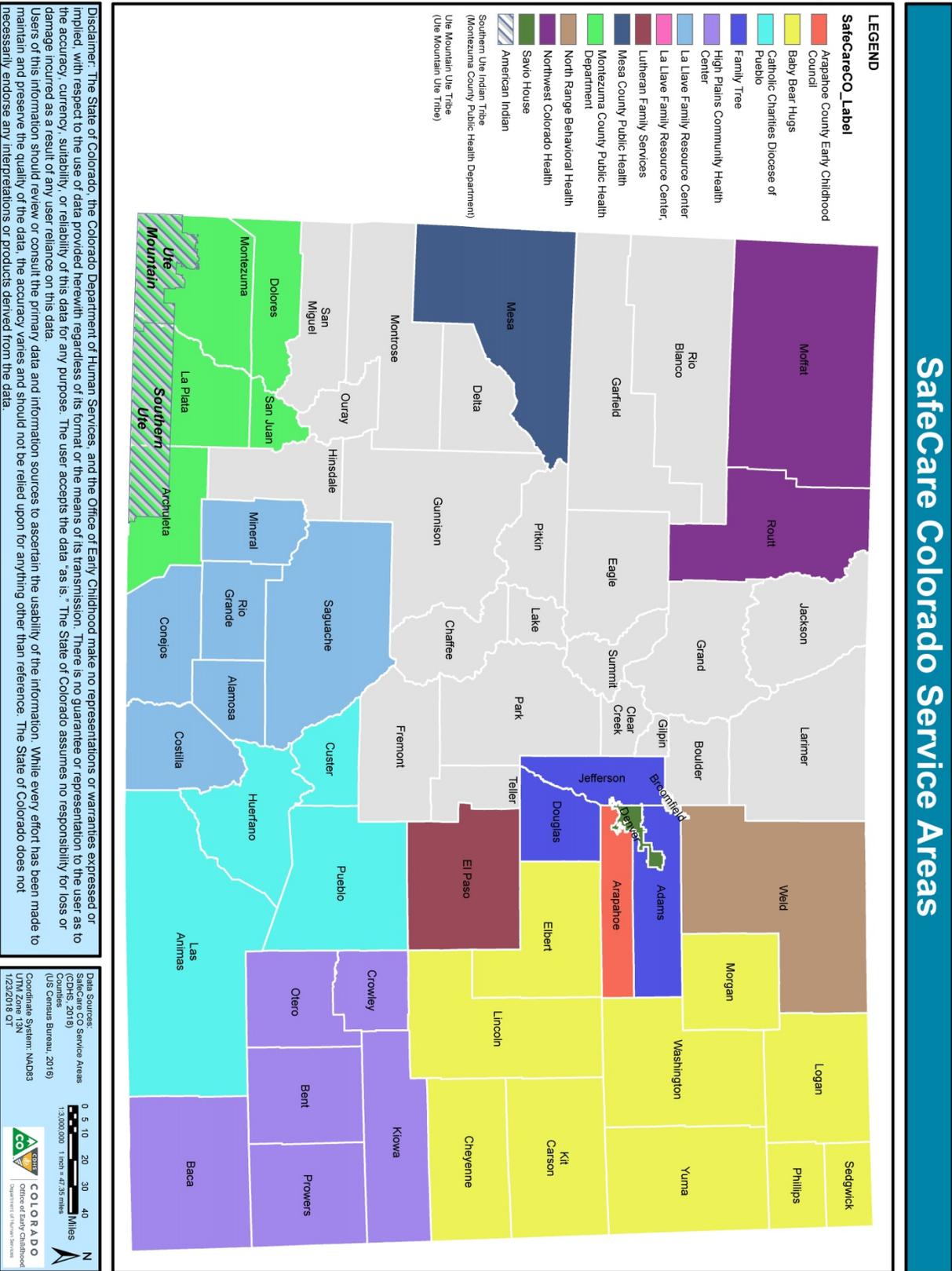
- families who have not been referred to the child welfare system;
- families who were indicated in a screened-out child welfare referral;
- families who are participating in open, non-court involved child welfare involvements; and
- families whose child welfare involvements have closed.

Since July 2016, SafeCare Colorado sites have been required to conduct quarterly meetings with a Community Advisory Team. The purpose of these quarterly meetings is to facilitate relationship building within the community and support program sustainability.

The SafeCare program is funded through CDHS’ Office of Early Childhood and is implemented in partnership with The Kempe Center. The FY 2018 appropriation for SafeCare programming is \$5,449,510. 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.

<sup>1</sup> highest rates seen for “remain home” service goal, PA3 services and county-designated service

Figure 1: Map of SafeCare® Colorado service areas (July 1, 2017, through June 30, 2018)



CDHS anticipates serving approximately 1,300 families through SafeCare Colorado in SFY 2018.

The Social Work Research Center in the School of Social Work at Colorado State University is the independent evaluator of the SafeCare Colorado program, measuring the implementation process, program outcomes and costs. From the evaluation period of January 2014 through March 2017, 2,600 families were served by SafeCare Colorado, across 13 sites serving 41 counties and two tribes. Home safety hazards decreased and knowledge of child health and parent infant/child interaction increased for participating families. A matched group comparison analysis of caregivers who participated in SafeCare and caregivers who did not participate in the program found that rates of children placed into foster care during one year following program completion were lower for families who completed SafeCare (0 percent) than for families in the comparison group who did not complete SafeCare (7 percent).

Between May and August 2016, three programs funded through the Child Maltreatment Prevention Unit were added to the Division of Community and Family Support Data System through multiple enhancement projects: SafeCare Colorado, Colorado Community Response and Promoting Safe and Stable Families. In addition to a web-based program specific user interface, the enhancement projects included the development of a mobile application to support providers with the collection of form/assessment data while working with families in the field. Over 225 providers have been trained and are utilizing the new technology. In FFY 2018, an enhancement to the system will include interoperability between the new information system, the state CCWIS system and an Efforts to Outcomes data system used by the network of family resource centers.

In FY 2017 the SafeCare Colorado program contributed dedicated funding to the Colorado Child Abuse and Neglect Public Awareness Campaign to promote the SafeCare Colorado program, to increase statewide program awareness of SafeCare Colorado, increase referrals to SafeCare Colorado around the state and normalize asking for and receiving help from family support programs. The target audience for the campaign included parents and caregivers who would be eligible for the SafeCare Colorado program, as well as professionals and community members who may refer families in need of the SafeCare Colorado program. The FY 2017 campaign exceeded expectations and delivered over 20 million impressions from out of home, print and digital paid media.

In FY 2018, the SafeCare Colorado program contributed dedicated funding to the Colorado Child Abuse and Neglect Public Awareness Campaign to promote the SafeCare Colorado program. These funds were focused on Digital Paid Media promotion in March and May 2018. Leaning into the use of behavioral economics to improve program implementation, SafeCare ran two different versions of a call to action on the digital banners during March 2018.

In 2016, Colorado was approached to become involved in a small pilot project of the PATSCH program, an integration of components of SafeCare and Parents as Teachers (PAT) in a home-based curriculum of Home Safety and Child Health topics. Two existing PAT sites in Colorado were selected to deliver the PATSCH program as part of an affiliated research study at Georgia State University. Between July and December of 2016, five parent educators at these two sites delivered the PATSCH program to 18 families. Colorado's participants reported significant growth in all areas of the PATSCH curriculum, had significant decrease in the number of hazards in their home and significant improvement in identifying illness and choosing a course of treatment. They also showed improvement in the number of injuries and doctor visits reported at follow-up. Finally, the Colorado participants showed significant improvement in the use of positive parenting techniques and parental supervision.

Through a partnership between the PAT State Intermediary Office, CDHS, Colorado State University (CSU) and private foundation funding, a second phase of PATSCH was implemented in Colorado during 2017. An additional six PATSCH parent educators were trained and delivered PATSCH services at a total of four sites.

Colorado PATSCH partners are working with the National SafeCare Training and Research Center and Parents as Teachers National Center offices to design the next Colorado PATSCH Pilot, which will include modifications based on recommendations from national and Colorado evaluations. The next pilot is anticipated to begin in 2018 and run through 2019.

### *Colorado Community Response*

Colorado Community Response (CCR) is a program that provides 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 neglect using a two generation approach while promoting individual, family and community strengths; increasing economic security; and providing access to needed services. The program targets families who are referred to county child welfare, but are either: (1) screened-out from receiving a response because the referral does not rise to the level of 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 assessments closed without the provision of CPS services.

The CCR model is intended to be a short-term (12-20 weeks) family support program. Participation in the program is voluntary and family driven. The services are tailored to the individual needs of the family. There are seven components of the program.

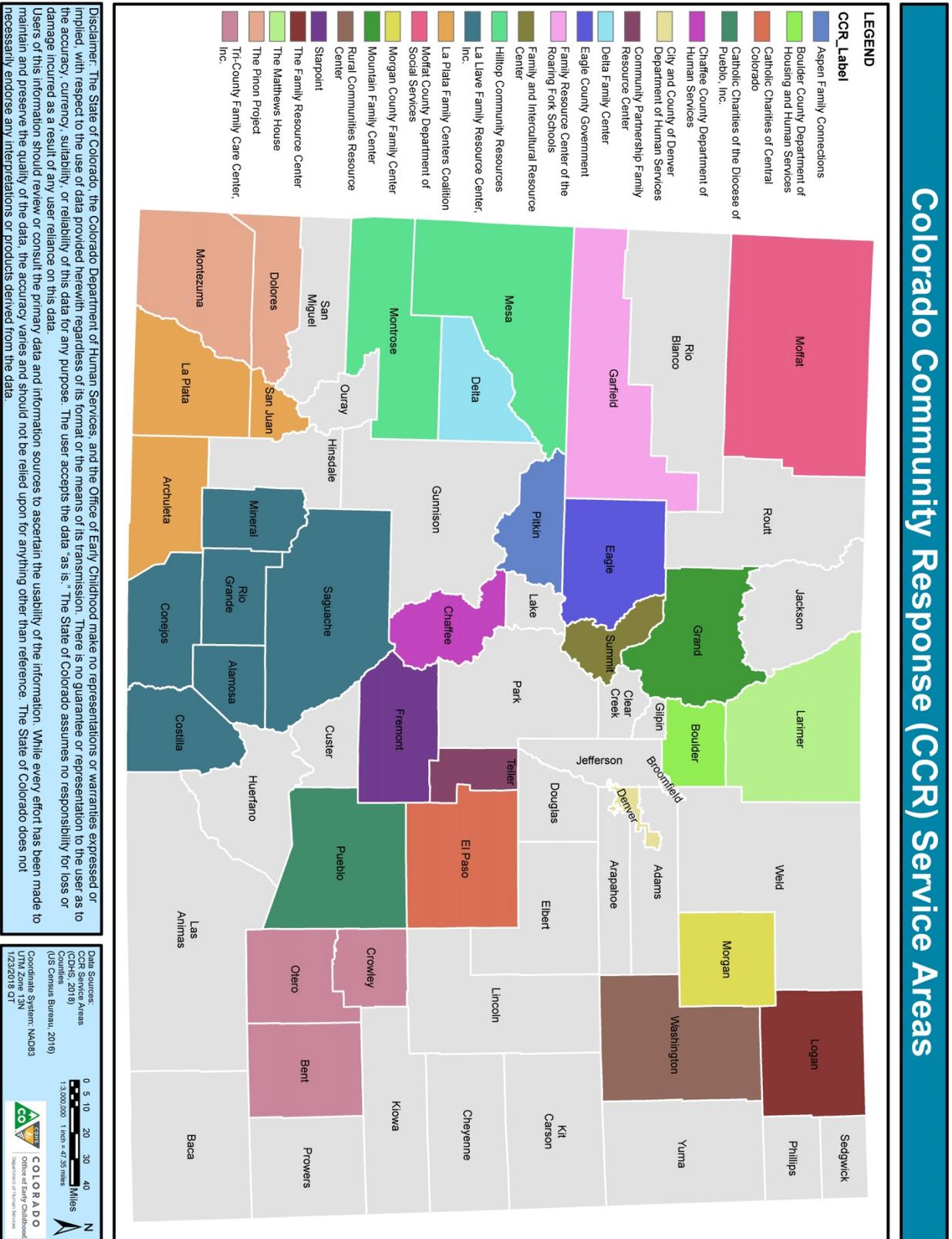
- Outreach and family engagement begins within 48 hours of receiving a referral and is consistent over a two-week period. During this time CCR workers are required to make two phone calls, send a letter and attempt a home visit

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. Sites utilize the Colorado Family Support Assessment 2.0 to measure growth in family functioning over time.
- 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. Site budgets include a subscription to the Financial Health Institute which provides ongoing training, support and tools to the providers.
- Flexible spending funds address a primary focus of CCR, 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.
- Strengthening Families Protective Factors, and social capital, are enhanced by families in the program. This process includes increasing relationships in the community based on reciprocity, trust and cooperation to help families meet their needs.

The program is state-funded in CDHS' OEC. 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. In SFY 2017, CCR served 1,122 families in 24 sites providing services in 34 counties.

Figure 2: Map of CCR service areas (July 1, 2017, through June 30, 2018)



The Social Work Research Center in the School of Social Work at Colorado State University and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect recently completed an independent evaluation of CCR. According to the evaluation, 64 percent of families successfully met their individualized goals and remained engaged with program services, nearly 90 percent of all participants reported the program strengthened relationships within their family, and 86 percent directly attributed improved conditions for their children to the CCR program.

The key findings were:

- Protective factors, known to decrease child maltreatment, increased at the statistically significant level for participating families in the domains of resilience, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting.
- Family functioning increased, from pre-test to post-test on the CFSA 2.0, in all domains when a caregiver had identified a readiness to change and set goals in that domain.
- Significantly more families reported accessing income or benefits<sup>2</sup> at the time of CCR case closure than they had at intake from various public assistance programs, which would be expected to enhance their overall financial stability. Utility assistance and food pantry use saw the largest increases, with a five percent or greater increase in the proportion of families receiving each of these services.
- A majority of caregivers expressed high levels of engagement with their CCR worker as well as satisfaction with the program and the services they received (89 percent of families reported being better off as a result of their participation in the program; 91 percent reported receiving all the help they needed; 98 percent indicated they would call CCR if needing help in the future).
- Rates of subsequent founded assessment were lower for families who completed CCR (5 percent) than for a matched comparison group of families who were not offered CCR (9 percent), with the positive difference approaching statistical significance ( $p=.09$ ).

Planning for a second rigorous independent evaluation has begun and it is anticipated to begin on July 1, 2018. This CCR evaluation has been selected by the Governor's Office to be a project of the Colorado Evaluation and Action Lab, housed at the University of Denver.

Colorado Community Response has two C-Stat measures which are analyzed monthly. One measure looks at whether children in families who complete the CCR program touch the child welfare system after six months post-program completion. A second measure assesses CCR's two generation approach by monitoring a family's progress during program participation on the economic self-sufficiency sub-scale of the Colorado Family Support Assessment 2.0.

In June 2017, the Colorado Children's Trust Fund provided funding for the development of the "Conversation Guide for Professionals on Substance Use, Children, & Families." The tool was developed to assist professional in having difficult discussions with families about substance use and provide tips on how to incorporate topics of substance use and safe storage into conversations with families. In addition to the guide, a family handout and provider training were created. These materials were then piloted by 22 CCR and four Maternal, Infant, and Early Childhood Home Visiting (MIECHV) sites along with the distribution of locking storage bags for families. The pilot ended in September 2017 and qualitative feedback was incorporated into the tool. The Colorado Children's Trust Fund has provided support for the wide dissemination of these tools in 2018 to providers serving families in child abuse prevention programs. Quantitative results will be evaluated in subsequent years.

In 2017, a Prevention Referrals Task Force was created as a joint task force between Early Childhood Sub-PAC and CW Sub-PAC. Its purpose was to explore barriers for county child welfare to refer families who have been screened out or have a closed assessment without the provision of services to community-based child abuse prevention services. The task force was charged with making recommendations to reduce the barriers for these prevention referrals through legislation, rule or other means. The task force recommended a statutory change which was introduced during the 2018 legislative session to allow county departments to share limited contact information for families referred to child welfare with child abuse prevention programs. The proposal did not move forward.

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

Colorado's 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:

- percent of premature birth;
- percent of low-birth-weight infants;

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<sup>2</sup>Benefit areas reported: health insurance, free/reduced school lunch, SNAP, EITC, food pantry, utility assistance, public housing, Colorado Child Care Assistance Program, rental assistance and emergency assistance.

- infant mortality rate;
- infant death rate due to neglect or abuse,
- child death rate;
- percent of women with three risk factors (unmarried, under age 25 and no high school diploma);
- percent of children in poverty;
- proportion of individuals living below the federal poverty level;
- juvenile crime arrest rate;
- overall crime rate;
- percent of high-school dropouts;
- percent 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-sized 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 fits their needs and eligibility. 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 11: Number of counties where MIECHV programs are available and their approximate caseloads in FFY 2018*

Program	No. of counties	Caseload
Healthy Steps <sup>3</sup>	9	1,609
Home Instructions for Parents of Preschool Youngsters (HIPPY)	5	321
Nurse Family Partnership (NFP) <sup>4</sup>	64	3,454
Parents as Teachers	12	993

Colorado was awarded the MIECHV Innovation grant, Working Together, for \$949,664 for the funding period of December 2016 to November 2018. Working Together applies a two-generation focus to support families enrolled in evidence-based home visiting to increase self-sufficiency. The project impacts caregiver access to and completion of the GED, short-term college certificate programs, workforce training and financial literacy education. While caregivers are working toward their goals, their young children simultaneously receive quality care and support services to optimize development. Working Together is an innovative approach, based on theory and research, which streamlines and augments existing programs that support vulnerable families. The goal is to provide wraparound service to 110 families who reside in Alamosa, Saguache and Costilla counties. Sixty-seven families have been served so far, with 22 enrolled in GED, 34 enrolled in short-term certificates and 9 seeking employment services. The collective impact team meets monthly to create systems changes that support the long-term success of families moving out of poverty through integrated services.

#### *Colorado Nurse Home Visitor Program*

The Colorado Nurse Home Visitor Program (Nurse Family Partnership or NFP) provides state funding for 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

<sup>3</sup> Healthy Steps was state funded as of October 1, 2017

<sup>4</sup> Unlike the other three programs, NFP is funded on the state fiscal year; therefore, NFP data reflect the period beginning July 1, 2017 and ending June 30, 2018.

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;
- First-time mother;
- Low-income criteria at intake; and
- Enroll in the program no later than 30 days post-partum.

Mothers who 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 2017-18 CDHS’ Nurse Home Visitor Program is contracted to serve approximately 2,959 families.

*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 41 percent (4,142 children) of all new child welfare involvements in CY 2017, and 80 percent 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 CY 2017, 68 percent had been in care for less than 12 months. The following table represents the length of time in care for this population.

*Table 12: Length of time in foster care for children ages 0 to 5 who were in care on the last day of CY 2017 (source: ROM 3/16/18)*

Length of time in foster care	CY 2016	CY 2017
Total number of children in age group	1,729	1,903
Less than 6 months	44% Count: 764	42% Count: 810
6 - 11 months	25% Count: 440	26% Count: 487
12 -23 months	25% Count: 437	25% Count: 475
24 - 25 months	5% Count: 79	6% Count: 116
36 months or more	1% Count: 9	1% Count: 15

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. In FFY 2018, 30 family resource centers are providing services to residents around the state. There is state funding to provide family support services, which is comprehensive family case management and parent-driven family goal setting, in ten family resource centers.
- 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 were supported by CBCAP funding in seven sites where 206 families were served during this reporting period. In four of these sites, the Incredible Years Dinosaur School curriculum was implemented at the same time with the children in preschool programs. In FFY 2018, the Promoting Safe and Stable Families (PSSF) Program will support another five sites in the implementation of this model.
- 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. PSSF will support nine sites in offering Nurturing Parenting classes with six of those sites being focused on classes for fathers.

- PAT 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 29 sites with funding from multiple public and private sources.
- 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 stories to provide attendees with tools necessary to protect children and prevent child sexual abuse. The Colorado Children's Trust Fund supports offering training across the state.
- 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. The intended audience includes child care providers, school personnel, health and mental health care professionals and parents of children under age 8. The Colorado Children's Trust Fund supports offering this training across the state and is developing an online self-directed course that will be released in 2018.
- 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 3. Healthy Steps Programs are available in nine counties, and CDHS anticipates 1,609 families will be served during this reporting period.
- Head Start and Early 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 past APSR. These efforts and requirements include:

- SafeCare Colorado, CCR and Nurse Family Partnership target families with children under the age of 5. Eligibility for services varies across the three programs. Refer to the preceding program sections for 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 with the family, at the time of initial response. ARD began reviewing use of the tool in April 2018 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 five 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. Current data shows timely compliance with this requirement 99 percent of the time. Missed referrals are due to missing or inaccurate information.
- CAPTA funds were used to provide technical assistance and outreach 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 under age six 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 6 (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.

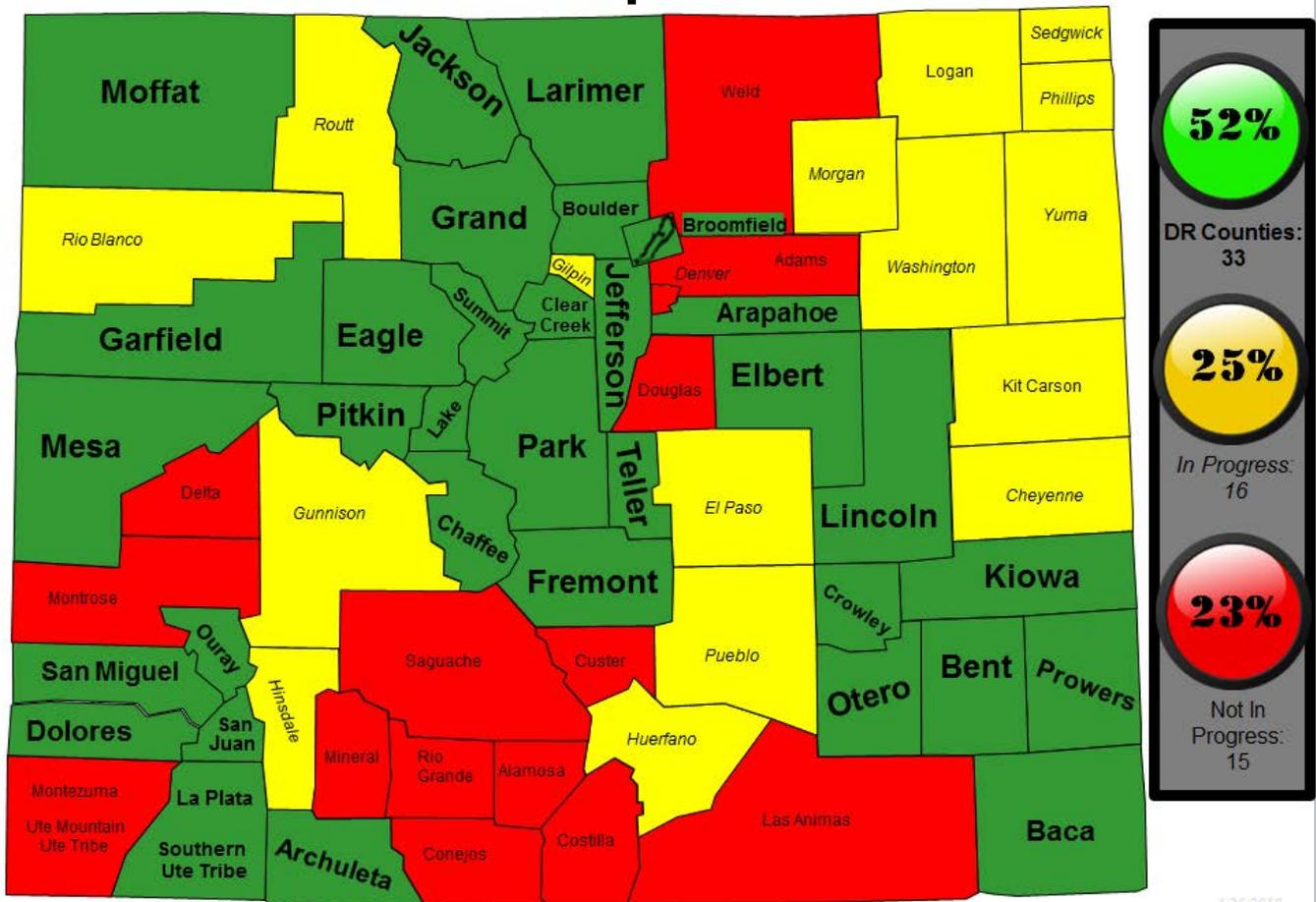
*Child Protective Services (CPS)*

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.

The rule revisions were presented to the SBHS in May 2017 and went into effect on July 1, 2017. Colorado is continuing efforts to improve the state’s RED team process. Since January 1, 2015, Colorado has required most reports of child maltreatment to be screened through the RED team process. With extensive analysis through CQI process and stakeholder input, new rules governing RED teams went into effect on March 1, 2018. The modifications to rules are expected to better align with county capacity and increased fidelity to the RED team.

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 DR 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 CY 2017, DR counties conducted 8,190 FARs.

Figure 3: Map of CY 2018 DR counties (as of 4/26/18)



The CFSP included changes to Colorado’s Family Safety and Risk Assessment tools. As of January 1, 2017, all county departments have fully implemented the new Colorado Family Safety and Risk Assessment tools. CDHS staff continues to monitor counties’ use of the tools to ensure fidelity and quality. More information about the tools is detailed in the *Update on Progress Made to Improve Outcomes* sections of this report.

Colorado continues refining the process for assessments of alleged child maltreatment that occurs in a foster home, licensed facility or in a kinship placement while the child/youth is in the custody of the county. 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; provide feedback and recommendations to providers and governing agencies to reduce maltreatment while children are in OOH placement; and, analyze placement data to help county partners in their placement decision-making processes. Activities include the creation of institutional abuse assessment training through CWTS and the creation of a tool and process to review county institutional referrals that are not accepted for assessment in partnership with ARD. The review process evaluates compliance with the Code of Colorado Regulations and the Colorado Children's Code, as well as the identification of areas in need of improvement. The 2018 legislative session passed a bill to expand the jurisdiction of counties to assess allegation of maltreatment for youth 18-20 who are placed in OOH care and who remain in the custody of the county.

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 which would expand prevention and education efforts while also promoting treatment and recovery. Substance use has a significant impact on Colorado's child welfare system; parental substance abuse was indicated as a removal reason in approximately 43 percent 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. CDHS staff, partnering with multidisciplinary community partners, and led by the Colorado Attorney General have established a steering committee for all substance-exposed newborns which has six individual task groups reporting to it. One of those task groups is developing a community response for plans of safe care for substance-exposed newborns. The work of this multidisciplinary team is to ensure health care providers, early care professionals, law enforcement and treatment providers are identifying consistent protocols for responding and intervening at critical points to ensure caregivers and children receive support and treatment for their substance use disorders.

In addition, the Colorado General Assembly passed legislation, Senate Bill 16-202, during the 2016 legislative session which 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 in 2018 to provide feedback on gaps in services. The MSOs will be examining what currently works well and what can be improved. 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 of Trafficking Act, Public Law 114-22, necessitated changes to Colorado's policies and practices in response to juvenile sex trafficking.

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 and extends the definition of child abuse and neglect to include minor sex trafficking. In addition, HB 16-1224 delineates both the child welfare and law enforcement responses to juvenile sex trafficking.

In order to be in compliance with the new requirements, in 2016, CDHS formed the Human Trafficking Task Group (HTTG) to develop rules, training, Trails enhancements and guidance related to the new requirements:

1. The Code of Colorado Regulations was revised to include rules related to children and youth who are at-risk, or are victims, of sex trafficking. The 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.
3. Training is available to the staff of county child welfare agencies, foster parents and community partners. Trainings available through the CWTS include:
  - a. Recognizing and Identifying Human Trafficking: a web-based introduction to human trafficking available to all caseworkers, supervisors, foster parents and other members of the community interested in learning more about human trafficking
  - b. Screening for Sex Trafficking: a web-based training available to all county staff that providing guidance on identifying and screening in children and youth who are at-risk of or are victims of sex trafficking
  - c. 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. This position provides technical assistance to counties regarding use of the screening tool, supports county responses to juvenile sex trafficking and provides technical assistance and training to county departments of human/social services and stakeholders. 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.

The Human Trafficking Specialist successfully collaborated with the Colorado Human Trafficking Council (CHTC) to apply for and be awarded the Improving Outcomes for Child and Youth Victims of Human Trafficking: A Jurisdiction Wide Approach grant through the Department of Justice. These funds are being utilized to better support training on trafficking, enhance collaboration with law enforcement, develop a statewide service array and pilot regional “navigators” to help communities centralize response to youth trafficking. The grant is funded for three years with a total amount of \$1.4 million.

The Assessment and Case Closure Task Group (ACCTG) was created out of the recommendations from the Birth to Five Task Group, which were reported in FFY 2017 APSR. A recommendation was made to create a time-limited task group that would further analyze the data related to higher rates of recurrence of child abuse and/or neglect after a founded assessment has been closed, subsequent case involvement after a child welfare service case has been closed, and to make recommendations based on this analysis.

The Task Group met 10 times between April 2017 and December 2017. Based on in-depth research, data analysis and discussion, the ACCTG made the following recommendations:

- Provide guidance and training statewide to increase skill development focused on the accurate assessment of family risk factors at both assessment closure and case closure decision points.
- Improve functionality of the Trails CCWS system to ease data entry issues when documenting assessment closure and case closure decisions.
- Assessment Closure: increase compliance with existing rule around assessment closure and use a continuous quality improvement structure to monitor for intended outcome of reduced founded assessments after assessment closure.
- Case Closure: Best practice recommendation to hold a family engagement meeting, facilitated when possible, to finalize a functional support plan at the case closure decision point. Use a continuous quality improvement structure to monitor for intended outcome of reduced subsequent case opening after case closure when practice is implemented to fidelity.

Refer to the group’s final report in Appendix D for further information on the recommendations.

### *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 OOH care. Placement resources include traditional foster care homes, receiving homes, non-certified kinship homes, specialized group homes, group center facilities, treatment foster care homes and residential child care facilities (RCCF). The number of foster care homes remains stable with approximately 2,300 foster care homes certified statewide in CY 2017 (this includes 500 kinship foster care homes). Efforts are underway to increase the number of foster homes across the state in order to increase the number of children/youth served, as well as increase the skill set of foster parents to serve more children/youth that could be diverted from congregate care (RCCF, group home or group center).

During CY 2017, CDHS made concerted efforts to increase focus and implement steps to support foster parents. The Child Welfare Executive Leadership Council (CWELC) requested that CDHS develop a foster parent steering committee to give guidance around barriers and challenges for foster parents as it relates to providing care and navigating systems. The steering committee began meeting in October 2017 and is composed of foster parents, county and state staff, networking group representatives and the Colorado State Foster Parent Association (CSFPA). Three time-limited subcommittees were formed: best practices for foster care; the institutional abuse assessment process; and, alternatives to respite/consistent application of the reasonable and prudent parent standard.

Foster parent retention is an ongoing effort for CDHS. In order to increase compatibility between the needs of the child/youth and the skills of the foster parent, CDHS sponsored three teleconferences in October 2017 with county departments of human/social services and CPAs to encourage the use of the Structured Analysis Family Evaluation (S.A.F.E.) Compatibility Inventory. To improve the quality of home studies, teleconferences were sponsored in February 2018 focusing on developing targeted interviewing strategies for sensitive issues in relationships.

In the fall of 2017, CDHS conducted foster parent town halls across the state to learn what was going well and identify challenges or areas needing improvement. Locations included Colorado Springs, Denver, Ft. Collins, Grand Junction, Greeley and Longmont. A separate facilitated statewide teleconference was broadcast in November 2017. Areas of strength as well as areas of concern were identified. As a result, the aforementioned foster parent steering committee was formed to provide feedback and make recommendations for changes.

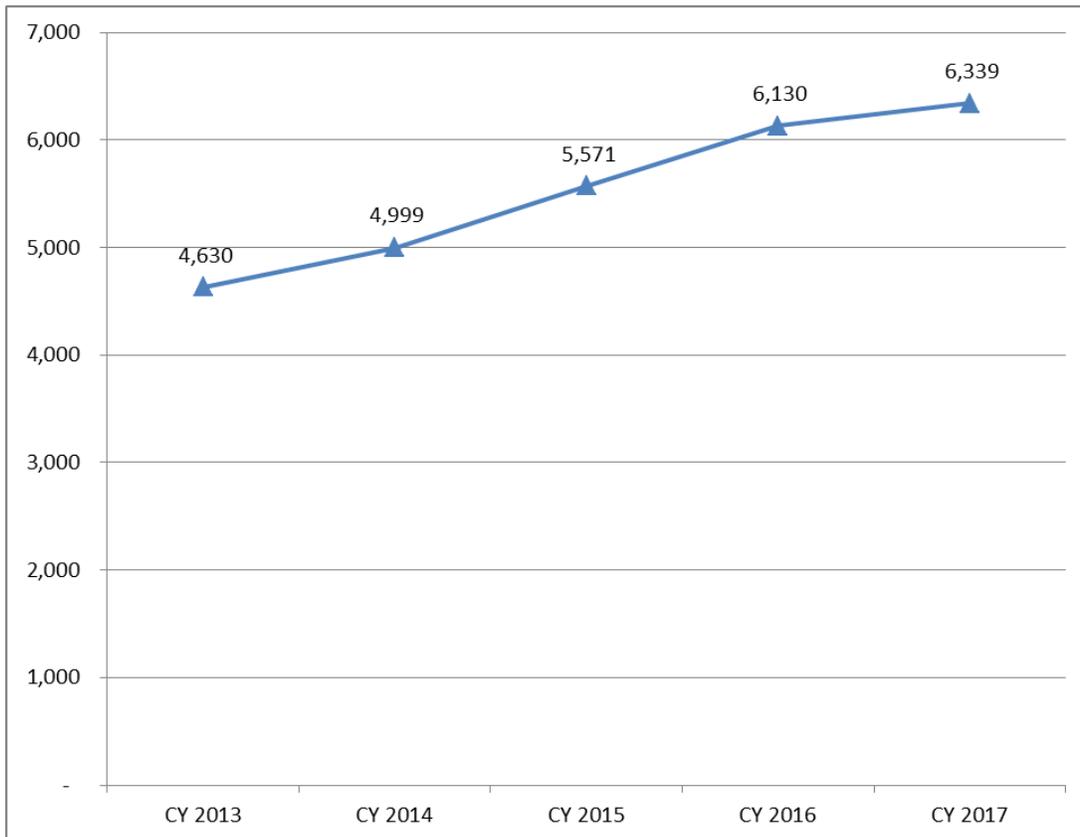
The information learned through the town halls was shared through Information Memo (IM-CW-2017-0065) in December 2017. During the 2018 legislative session a bill was passed to identify information that must be shared with foster providers.

An internal workgroup including stakeholders from the medical community and HCPF have begun researching components needed for a medical foster care program. A group of foster parents with medically involved children/youth have provided information about accessing services, gaps in services, supports and challenges. The group has continued to meet during SFY 2018.

Rule changes made by the Office of Early Childhood allow foster parents to apply for Colorado Child Care Assistance Program (CCCAP) as part of a county option through the protective services category provided they meet income eligibility (foster care reimbursement is excluded). County departments also have the option to fund child care through their child welfare child care allocation. Increasing the use of kinship/extended family placements continues to be an area of emphasis since the implementation of the child welfare waiver demonstration. In SFY 2017, CDHS renewed its contract (with an option of annual renewal for five years) with Thomson Reuters for use of their web-based CLEAR investigation software, which assists balance-of-state counties to complete exhaustive searches for family search and engagement and background checks prior to placing with family or extended family.

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 CY 2013.

Figure 4: Number of children and youth placed in certified and non-certified kinship homes (KFSTR) from CY 2013 through CY 2017 (source: ROM, March 2018)



With the increased use of non-certified kinship placements, CDHS recognizes the need to promote more consistency in practice across the state. A workgroup of the CW Sub-PAC met and developed recommendations for rule revisions related to non-certified kinship practice. County departments who did not participate in the workgroup were invited to share feedback on the recommended rule revisions through a series of teleconferences.

The new rules were effective and the Code of Colorado Regulations was updated as of January 2017; after the roll out, CDHS provided training to 33 counties and hosted two statewide webinars on the implementation of the new kinship care rules. Three additional refresher webinars were held in July and August 2017 for counties needing additional assistance. Individualized technical assistance is available to county departments upon request.

Another effort to promote consistency in kinship care practice across the state is the development of a 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 departments' non-certified kinship care cases are eligible for review every three years. The review process was developed collaboratively with county departments. County staff were invited to provide input on draft protocols and a series of stakeholder teleconferences regarding the review process were held. The final version was approved by CDHS in November 2016. Sixteen kinship reviews were completed in CY 2017. Counties that did not pass were given immediate training and technical assistance, and improvements have been made statewide. Another 18 kinship reviews will occur in CY 2018 and 20 in CY 2019.

Colorado continues 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 CW Sub-PAC to identify a threshold for congregate care usage in Colorado. All parties agreed to a 6.1 percent threshold, meaning no more than 6.1 percent of the average daily population of children and youth with open child welfare involvements will be served in congregate care settings. In CY 2017, 7.8 percent of the average daily population was served in congregate care settings.

A CDHS Congregate Care Workgroup focused on children under age 12 in RCCF care as the target population to research. CDHS is contracting with an individual to conduct a data review of 130 children who were in RCCF from January 1 to June 30, 2017. The intent is to identify practices or interventions that reduce a child's need for an RCCF level of care. Following completion of the data analysis, the workgroup will develop recommendations for strategies and collaborate with county departments of human/social services to implement protocols. One hundred children under the age of 12 were identified as unduplicated. Those still in care in November 2017 (numbering 30) were prioritized for analysis. The remaining 70 have also been analyzed, and further targeted analysis by the contractor will be completed by June 30, 2018. Factors being assessed include:

- Intellectual/Developmental Disabilities (IDD), and who is on the Children's Habilitation Residential Program (CHRP) waiver;
- Reasons for initial level of care and ongoing concerns;
- Delinquencies;
- Custody status;
- Discharge planning (including step down plan at the time of admission) and treatment planning;
- Permanency goal;
- Length of stay;
- Trends observed by county;
- Progress assessment;
- Levers driving sustained placement in congregate care;
- What has been tried and what needs to be tried to get them out of congregate care; and
- Breakdown of all short term (<90 days) and long-term (90 days).

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 ages 12-17;
- Improved collaboration between judicial partners to better identify alternatives to congregate care; and
- Training for caseworkers regarding placement decision-making and 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; tracking statewide and county specific congregate care usage data during monthly C-Stat meetings and assigning subject matter experts (SMEs) to counties with high congregate care usage; working with county departments to engage stakeholders (i.e. GALs, pre-trial coordinators and probation officers) to establish philosophical alignment on congregate usage; and providing targeted training and collaboration with counties to identify barriers and solutions to improve performance. All counties submit an annual diligent recruitment plan for review and approval by CDHS.

The 2018 legislative session passed a bill to define crossover youth (youth crossing over from the child welfare system to the juvenile justice system) and requires child welfare and juvenile justice to work together to create a plan for service provision and permanency planning that involves the least restrictive services and settings.

CDHS and its partners are 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. For Colorado youth and young adults with current or prior child welfare involvement, the overall goal is to improve upon the following core outcomes:

- Permanent connections
- Safe and stable housing
- Health and wellness
- Education
- Career development.

Two additional efforts include Colorado's Pathways to Success (Pathways) Initiative and a pilot of two well-being assessment tools in several counties.

Pathways is a collaborative effort 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 composed 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 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;
- Enhanced independent living skills planning, which builds skills and supports needed for emancipation; and
- 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.

Three community collaborations 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 covering Fremont, Garfield and Weld counties. Each collaborative consists of a county department of human/social services and a federally funded runaway and homeless youth provider.

The target populations served were adjusted in FFY 2017, in order to provide the most appropriate services possible for each population.

- 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 has allowed Colorado to provide the most appropriate services possible to each population and will help target populations that are at risk of being homeless. As part of the process, youth currently go through two screening processes: 1) a brief, initial screening with a county caseworker, and 2) 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. Usability testing has been completed on the screening tools, and the project is continuing to use the screens initially developed.

In FFY 2018, CDHS enrolled approximately 50 new youth in Pathways. All youth who meet the eligibility requirements and are screened into the program, receive support through a navigator. The navigator works with each youth to develop and implement 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 an individualized career and education plan (ICAP). All of these tools and processes are strength-based and build on the youth's individual skills and supports.

The navigators have received specialized coaching training through the CWTS, "Engaging Youth in a Coach-Like Way." This training is intended to help navigators better understand youth's needs. Testing has shown that training and the model of youth engagement are the key components of the Pathways intervention. Maintaining fidelity to the engagement model is included in the formative evaluation plan. Between July 1, 2016, and January 16, 2018, 152 young people were screened for Pathways and 80 have received 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. Key successes and partnering agencies include the following:

- Maintenance 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).

Additionally, several Colorado counties are piloting new well-being assessment tools to better individualize services for children and families with open child welfare involvements. With funding provided through Colorado's IV-E waiver demonstration project, 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 uses statistically validated questions in order to identify children's and youth's strengths and challenges. TOP tracks and measures:

- Child/youth's behavioral and mental health improvement through a specific treatment or intervention; and
- Providers' success rate for delivering services.

The second tool, CANS, 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. A primary difference between the tools is who completes it. The TOP tool is completed by multiple individuals including the child/youth, birth and foster parents, clinicians, teachers and caseworkers. The CANS tool is completed by one certified assessor, in consultation with people closely related to the child/youth and their case. Both tools provide a holistic look at a child/youth's well-being for the purpose of improved case-planning.

Participating counties are exploring uses of the tools and their efficacy in individualized service planning. Both tools have been associated with positive outcomes. A propensity score matched trial administered in the one county using the CANS found that use of the tool led to decreases in multi-disciplinary staffings, as well as decreased lengths of stay for services and OOH placements. Colorado continues to maintain the goal of integrating the level of need tools into Trails while giving the counties discretion on which tools they utilize in their practice. Timelines for this goal will need to be tailored in coordination with Colorado's Trails modernization project, and in alignment with Family First Prevention Services Act requirements.

### *Permanency Services*

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 time-limited Permanency Specialist position within CDHS to consult with county departments and other partners on permanency issues, including the permanency-related IV-E waiver demonstration project interventions.

Research was conducted by CDHS in 2014 to identify distinct factors affecting the permanency of children and youth within specific age groups. Data regarding legally free children/youth was gathered from the state automated child welfare system (Trails) from January 2008 through August 2014 to identify predictive variables. The study identified distinct factors impacting permanency specific to age groups, ethnicity, gender, permanency goal and length of stay. Using the predictive factors, an algorithm was created to calculate the risk of emancipation. 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. The list is provided to a team within CDHS. The group meets monthly to

- 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.

In November 2015 the Permanency Specialist began working with county partners and OCYF recruitment and retention staff on ten selected cases. The ten cases remain highlighted until permanency is achieved and other child/youth are selected for further support. Every quarter, CDHS Executive Management Team reviews and provides feedback on CDHS' progress with the cases selected for intensive supports. In addition, CDHS contracted with IMPAQ International to examine potential changes to the predictive analytics algorithm. This effort lead CHDS to expand the list to identify children/youth who not only exhibit a high risk score but also an elevated risk score. The adaption allowed for CDHS staff to identify children/youth at risk of emancipation earlier in the life of the case. Since the inception of this process, 154 children/youth have been identified, 24 children/youth have received direct case support and three youth have achieved permanency. CDHS

anticipates that this process will help increase children and youth exits to permanency.

Colorado's Relative Guardianship Assistance Program (RGAP) is available to assist children/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/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 (i.e., specialized therapies, respite care).

RGAP has continued to grow steadily. Currently 24 counties have guardianship assistance agreements through RGAP for one or more children/youth. In the current year, 127 children/youth are served in RGAP. By June 2018, 3 will exit the program at age 18, four left the program to return home, one left by provider request, and four left by court order. In CY 2017, 40 children/youth entered RGAP and of these 10 entered between July-December (SFY 2018). An estimated 130 children and youth will be served in SFY 2019, and 14 youth will exit the program upon turning age 18.

The RGAP Administrator provides training and technical support to county departments of human/social services onsite and through teleconferences. Onsite training occurred in the following counties: Lake, Morgan, Pitkin and Teller. Additional RGAP training was provided during the Permanency Roundtable Forum in January.

#### *Post-Permanency Services*

In SFY 2018, CDHS awarded a contract to the Adoption Exchange through an RFP to provide post-permanency services using Adoption Savings and Adoption/RGAP incentives funding. The services will be phased in from April 2018 through December 2018. The focus is rural areas of the state and includes 24 counties. The purpose is to improve equity in service array, preserve stable permanency for families who were served in child welfare and achieved permanency through guardianship, reunification (parents or relatives) and adoption.

The regions/areas include:

- Northeast Counties (NE): Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld and Yuma (April - December 2018);
- Western Slope Counties: Delta, Mesa, Montrose, Ouray and San Miguel (April - December 2018);
- Southern Counties: Huerfano, Las Animas and Pueblo (June - December 2018); and
- San Luis Valley Counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache (partial implementation June - December 2018).

The services to be phased in include:

- Trauma-informed/evidence-informed Trust Based Relational Intervention (TBRI) training for families and professionals;
- In-home coaching to assist TBRI-trained families in successfully implementing the parenting model;
- Implementation and connection groups on a regional basis to provide ongoing support, learning opportunities and natural points of connection for families;
- Access to a pool of TBRI-trained families and/or individuals to provide respite care as needed for program participating families;
- Online directory of mental health professionals available to offer crisis intervention and ongoing therapeutic services for families;
- Resource navigation and referral for post-permanency families; and,
- Specialized in-person and web-based training for families and professionals.

CDHS and Adoption Exchange Staff attended regional county director meetings in the Northeast region and Southern Region in person to discuss rollout of the post-permanency services. For the Western Slope, this occurred via phone. TBRI training has occurred as follows:

- South Region - April 26, 2018 (Pueblo, CO)
- Northeast Region - May 1, 2018 (Flagler, CO)
- Northeast Region - May 2, 2018 (Greeley, CO)
- Western Slope Region - May 31, 2018 (Montrose, CO)
- Western Slope Region - June 1, 2018 (Grand Junction, CO)

Following training in TBRI, in-home coaching and consultation will be available for participants. Respite services are being developed in the specific regions, with initial focus on the Northeast. Navigation services and web-based training are

available to all families.

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 removed Colorado statute requiring a child to be present in the state at the time the petition for adoption is filed. This update to law removes barriers to travel and time commitments in pursuing adoption, thereby creating opportunity for adoption petitions to be filed in a timely fashion. Timely permanence is an area needing improvement in Colorado, addressed in the 2018 PIP.

The Office of Colorado's Child Protection Ombudsman completed a report on adoption processes in Colorado. The report is a summary of the findings from a year-long investigation into county adoption subsidy processes. The report includes recommendations for systemic improvements including: streamlining processes, clarifying and aligning rule with state statute and federal law, developing guidance to improve consistency in forms and definitions, expanding training to county staff and exploring funding resources for post adoption support. CDHS has developed a work plan in response to those recommendations and is including stakeholders in an Adoption Steering Committee to improve adoption processes across the state.

### *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:

- 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;
- 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 service categories of family support, family preservation, time-limited family reunification and adoption promotion and support. CDHS expends 20 percent of PSSF funding in each of the four service categories.

In Colorado, these services are administered by county departments of human/social services and eligible American Indian Tribes through awarded grants. Sites develop local PSSF program plans that delineate the goals and objectives to be achieved, services to be provided and an annual operating budget. Additionally, sites are required to utilize a community advisory committee to facilitate collaboration within the communities, enhance PSSF service delivery and decrease duplication of services.

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. 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 family engagement meetings during the service provision period. PSSF sites work closely with community service providers to help provide resources for the family. Families are provided individualized services based on the family's identified needs. There are 23 sites that provide PSSF services to 36 counties and both of Colorado's federally recognized tribes.

CDHS solicited applications to address the following seven priorities:

1. Evidence Based Intensive Case Management
2. Family Team Decision Making
3. The Incredible Years Parenting Program
4. Nurturing Fathers Program
5. Respite Care
6. Post-Adoption Permanency Supports
7. Colorado Community Response Program

Beginning in FFY 2018, PSSF is strengthening the services provided to support adoption through scanning existing services, reviewing recommendations drafted by the state's Adoption Steering Committee and gathered during the "permanency listening tours" conducted by OCYF, and evaluating the effectiveness of interventions provided. PSSF sites providing post-adoption support services will help guide the strategies selected to improve the long-term outcomes of adoptive families.

New contracts were awarded for the time period April 1, 2017 through September 30, 2017, with four additional one year extensions. CDHS anticipates PSSF services in FFY 2019 will be available throughout the state with a similar number of sites

and in communities like those currently being served.

Figure 5: Map of FFY 2018 PSSF sites

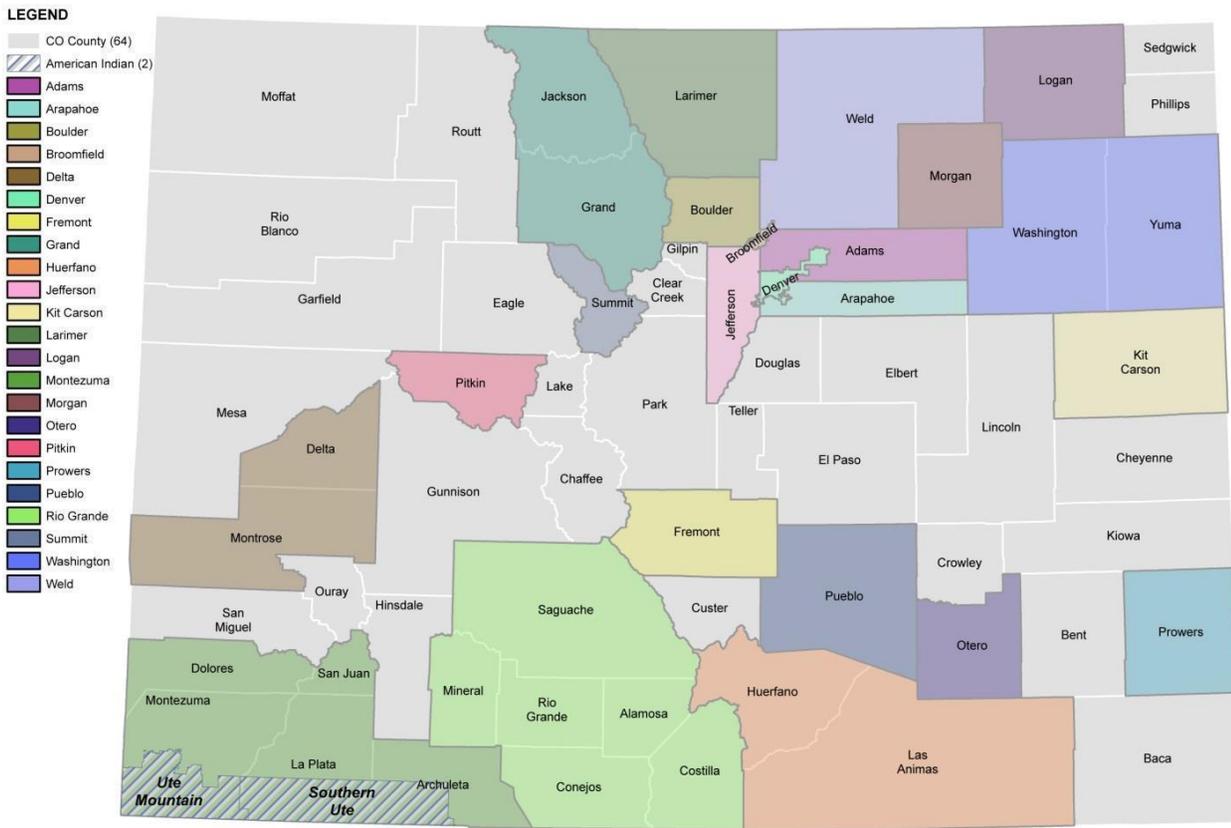


Table 13: FFY 2017 Individuals served by Colorado’s PSSF program

(source: PSSF database, 2018)

<i>PSSF Service Area</i>	<i>Number of Individuals Served - FFY 2016</i>	<i>Number of Individuals Served - FFY 2017</i>
<i>Family Preservation</i>	<i>3,315</i>	<i>2,942</i>
<i>Family Support</i>	<i>3,023</i>	<i>4,558</i>
<i>Time-limited Reunification</i>	<i>1,401</i>	<i>1,182</i>
<i>Adoption Promotion and Support</i>	<i>1,816</i>	<i>792</i>

In addition to the numbers above, Colorado’s PSSF sites provided one-time direct services to 844 individuals from October 2016 - March 2017. 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, or a social capital building event and sponsor, such as school backpacks filled with school supplies. A limitation of the one-time services data, however, is possible duplication in individuals receiving more than one PSSF service.

These numbers are substantially lower than last year as a result of changes to the program. The new contracts prioritize the implementation of evidence based programs where possible. The new contracts resulted in PSSF programs needing an implementation period for completing training, hiring dedicated staff and rolling out the program’s data system. Also, one-time services are discouraged so individuals can be offered more comprehensive services. A decision was made not to collect data on one-time services after March 2017. These changes occurred mid-year of the reporting period so one-time services were only included during the first six months of the federal fiscal year.

PSSF is unable to report complete numbers about preventative services for children separately, as the database did not separate parents and children. CDHS continues to work to improve PSSF data collection. As mentioned above, a new Salesforce data system was launched for PSSF sites in September 2017.

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 included:

- Implementation science;
- Incredible Years parent group facilitators;
- High Fidelity Wraparound facilitator training and coaching;
- Nurturing Parents facilitator training;
- Nurturing Fathers facilitator training;
- Adoption support services training;
- Standards of quality for family strengthening and support;
- Colorado Family Support Assessment Tool;
- Motivational interviewing;
- Children's safety;
- Financial empowerment;
- Family engagement; and
- Strengthening Families Protective Factors.

Training needs will continue to be identified and addressed through site visits from the Program Manager and through site reports. PSSF will continue to provide technical assistance to county departments and other subcontractor agencies through site visits to the agency, phone calls, trainings and grantee meetings (regional or state). Technical assistance provided to the sites is needed to help meet the objectives outlined in each statement of work, provide fidelity measures according to the evidence-based model implemented and support the work in the community. The PSSF Program Manager collaborates closely with state and county child welfare staff to keep PSSF efforts aligned with priorities identified in the CFSP.

#### *Collaboration with Colorado Judicial Branch*

##### *Prevalence of Substance Use Disorder in Colorado Child Welfare and Juvenile Courts*

According to a 2015 statewide survey of Colorado juvenile court, family treatment drug court, and child welfare professionals, 83% of dependency and neglect cases involve parental substance abuse as an identified issue. A review of data from the Colorado Judicial Department case management system shows that more than 60% of Expedited Permanency Planning cases and more than 30% of non-expedited cases allege substance use in the petition. CDHS data shows that the rate of substance-related removals for SFY 16 and the first half of SFY 17 is 30.3%. This excludes Division of Youth Services children.

##### *DANSR Approach to System Reform*

In October 2014, Colorado became one of five states to receive an Office of Juvenile Justice and Delinquency Prevention Statewide System Reform Program (SSRP) award. The statewide system reform program's purpose is to integrate effective family drug court practices into the larger dependency and neglect court system. Now known as Colorado's Dependency and Neglect System Reform Program (DANSR), this federal initiative has a three-year planning phase and a potential three-year implementation phase.

The DANSR program is based on the extensive research findings that show Family Treatment Drug Court (FTDC) programs yield more positive outcomes for families than traditional court processes. The hypothesis is based on key elements that show promise for improving outcomes in non-FTDC cases. The DANSR approach and principles incorporate several of those key elements that have been proven to generate better outcomes in dependency and neglect cases involving substance use disorders.

FTDC research shows:

- Parents are more likely to attend and complete drug and alcohol treatment;
- 90% of children stay with their families;
- 91% percent of children are reunited with their families; and,
- 98% of children were not maltreated within six months of case closure.

An Implementation Guide assists cross-systems collaboration and reform efforts at the state and local levels by outlining an

approach and principles for improving the handling of dependency and neglect cases with substance use or co-occurring mental health disorders. The guide provides expectations and direction, while also allowing for flexibility and choice to implementing sites. There is an understanding that it may take time to implement all six principles and that all six may not initially be implemented at the same time.

This guide was developed and piloted, in part, by DANSR teams in Fremont County; Huerfano County; Jefferson County; Montezuma County; Prowers, Cheyenne, Kiowa and Baca Counties; Denver County; Arapahoe County; and Boulder County.

The National Center for State Courts (NCSC) was contracted to review the planning phase of the DANSR process and provide feedback on implementation and next steps (October 2014 - September 2017). Denver Health was contracted to conduct a qualitative study to examine parent/caregiver and professional thoughts and input regarding the dependency and neglect system. NCSC, Denver Health, pilot site, and other stakeholder feedback helped inform the current version of this guide and will help inform the implementation phase of the program (October 2017 - September 2018). The implementation phase of the program could extend to September 2020 based on availability of federal funding and Colorado's performance in SSRP. The guide and appendix will continue to be revised as needed throughout the implementation phase. During implementation, the goal is for all judicial districts and stakeholders to receive training based on the content contained in the guide.

### III. PROGRAM SUPPORT

Programs that serve the Colorado's children, youth and families are supported by an extensive and robust system composed of:

- Comprehensive training;
- Outreach and technical assistance; and
- Research and evaluation.

CDHS provides training to county departments of human/social 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 in collaboration by the DCW Training Unit and 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 on:

- 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 following 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 Child Welfare Training System (CWTS) was established in 2009, and in 2013, the CWTS began a full redesign and update that built upon the Governor's Child Welfare Master Plan. The goal of the redesign was to update curriculum and delivery methodology in the Child Welfare Training Academy relying on research and practice guidance statewide. CDHS engaged a Training Steering Committee (TSC) to guide the redesign and selected a vendor to manage the day-to-day operations of CWTS.

CWTS provides training to over 7,000 child welfare professionals, service providers and foster families each year, in four geographical regions. Standardized training includes:

- Pre-Service Training for new caseworkers and new supervisors;
- Transfer of Learning (TOL) activities that new learners complete for new worker and supervisor certification;
- An online Learning Management System (LMS);
- Practice and organizational coaching services;
- Web-based trainings;
- Non-traditional learning opportunities;
- An expanded selection of in-service trainings; and
- Semi-automated recertification system.

In addition, four regional training centers (RTC) are located in Garfield County, Fremont County, Larimer County and Denver County. Training is provided at the RTCs, in specific counties and at other locations throughout Colorado as needed.

Finally, CWTS is engaged in continuous quality improvement (CQI) activities to ensure that curriculum is up-to-date, courses meet the statutory and rule alignment and the needs of learners, training and coaching is provided at all four RTCs, and new training platforms, such as learning collaboratives, coaching and web-based trainings are being utilized to expand professional development opportunities. Training and certification requirements, training needs and curriculum development are vetted through the TSC, which is composed of 23 members who represent CDHS, county departments, county commissioners, foster parents and the judicial system.

All new county child welfare caseworkers and supervisors are required to attend pre-service training for their respective roles. New county caseworkers attend the Fundamentals of Colorado Child Welfare Casework Practice, which takes approximately seven weeks to complete with an additional one to four weeks needed to complete the TOL experiences. The Fundamentals training series incorporates web-based training components and a practice simulation experience that allows new county caseworkers to demonstrate their newly developed competence, while being supported by a facilitator and assessed by their leader, in a controlled environment. New county caseworkers have the opportunity to obtain a trainee certification, which allows the new county caseworker to carry up to five assessments and/or cases as a primary

worker. In order to obtain this certification, the new county 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 county caseworker. This plan should outline who is supervising the new county caseworker and how long the worker will be on the Trainee Certification. This certification allows counties to help relieve caseload burdens on regular, certified county caseworkers while also helping new caseworkers transition to the county.

New county 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 county casework practice supervisors and launched as a pilot in October 2016. The pilot delivery was attended and evaluated by CDHS and county staff. Stakeholder feedback from the pilot has been incorporated into an enhanced version of the academy now being delivered. A supervisor is fully certified after completion of the pre-service training and successful completion of TOL activities.

Caseworkers and Supervisors must complete 40 hours of in-service training annually. 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.

CWTS offers 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 RTCs 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. CWTS continues to work on improving 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 summer of 2018.

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 to support the ongoing professional development of workers and supervisors. The purpose of the ILNA is for supervisors and workers to assess their competency and develop a training plan that builds on their strengths and addresses areas in need of improvement. This framework was built on a foundation 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. The ILNA is being piloted in CY 2018, with a full statewide implementation in 2019.

#### *Technical Assistance and Oversight*

CDHS program staff frequently provide technical assistance to county departments and other stakeholders through one-on-one site 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 *Colorado 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 25) describes the training and technical assistance CDHS provides to counties as they implement the required 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 individuals and families served by Colorado's child welfare system.

CDHS requests system level 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;
- 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:

- CDHS' new kinship care quality assurance review process is described in the *Update on Service Description* (page 27).

- 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* (page 30).
- Improved interoperability between Trails and Colorado's Medicaid claims information system is described in the Updates to Targeted Plans in the CFSP section (page 60).
- 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.

#### IV. 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 1,510 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 2,143 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 anticipate an upward trend 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 Indian Child Welfare Specialist 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 DIHFS. CDHS and the tribes committed to meeting annually to hold formal tribal consultations. In October 2017, CDHS' leadership team visited both tribes to address action items from the 2016 CDHS Tribal Consultation and discuss new issues. Representatives from DIFRC, Montezuma County and La Plata County also participated in the consultation.

The consultation with the Ute Mountain Ute Tribe (UMUT) generated the following action items related to child welfare:

- UMUT will explore the necessity of creating an Indian Child Welfare Act (ICWA) agreement, possibly to include Montezuma County so that children who have Native American cultural ties but who are not eligible for enrollment in any tribe will still have the opportunity to receive culturally appropriate services;
- CDHS will invite tribal representatives to participate in the interview process for the new full time ICWA Specialist at CDHS;
- CDHS will continue to work with UMUT to maximize funding for child welfare, including usage of Core Services Program funding, PSSF funding, domestic violence funding for training/materials/services, and the state-tribal child welfare contract that passes through \$564,302 to UMUT each SFY; and,
- UMUT will evaluate capacity to expand placement options, and coordinate with CDHS to provide appropriate outreach material for recruitment and support for foster families.

The consultation with the Southern Ute Indian Tribe (SUIT) generated the following action items related to child welfare:

- SUIT will explore the necessity of updating the state-tribal ICWA agreement and will let CDHS know their decision about prioritization of this effort given the low number of SUIT ICWA cases in Colorado;
- CDHS will invite tribal representatives to participate in the interview process for the new full time ICWA Specialist at CDHS;
- CDHS will continue to work with SUIT to maximize funding for child welfare, including usage of Core Services Program funding, PSSF funding, domestic violence funding for training/materials/services, and the state-tribal child welfare contract that passes through \$385,698 to SUIT each SFY; and,
- At SUIT's request, SUIT will coordinate with CDHS to provide supports to retain existing foster families.

Since the consultation, CDHS has worked with each of the tribes to address the issues raised by the tribal representatives. A large part of the 2017 CDHS-Tribal Consultation focused on improving the processes through which CDHS and the tribes communicate and coordinate. There is an improved working relationship between CDHS and the tribes; CDHS staff will be invited to council and/or staff meetings to provide technical assistance. This change in approach reflects the desire by all parties to ensure that the direction of the collaborative is tribally led. Additionally, as a result of the conversations about communication, the CDHS Tribal Liaison has been working more closely with the staff of both Tribal Departments and meets with tribes in person on a regular basis. Efforts related to the ICWA agreements are addressed in the following *Compliance with ICWA* section.

During the 2016 CDHS-Tribal 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 human/social services. CDHS' Office of Early Childhood (OEC) compiled information identifying each of the programs or resources/technical assistance available to the tribes (through CDHS directly or through contractors) and the points of contact at CDHS, giving tribal representatives an overview of CDHS so that they can pursue opportunities in accordance with the goals of their respective tribe. Examples include SafeCare® Colorado and PSSF.

In the past, SafeCare Colorado was available to both tribes through Montezuma County Public Health Department, which has operated as a SafeCare site since January 2014. While tribes may still access this program, UMUT now houses their own tribal home visitor to serve UMUT families who are in need of services. SFY 2017-2018 is the first year the tribe has had a home visitor on staff, and Southern Ute will be able to utilize this service in the future once capacity has grown.

Both tribes continue to explore the possibility of building and/or expanding programs using PSSF funding. CDHS' PSSF program administrator continues to offer guidance and assistance regarding program development and appropriate uses for the funding. As of January 2018, both tribes are exploring how PSSF can fit into their needs to develop more culturally appropriate services on their respective reservations.

Further regarding early childhood services, 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 0 to 5, and their families who are served by the UMUT's early childhood programs. SUIT has explored a similar MOU.

All training through CWTS is open to staff of the Tribes' departments of human/social services. Additionally, CDHS reimburses all travel expenses to support tribal staff's access to these trainings. CDHS continues to work with the tribes to reduce barriers to receiving further training from CWTS.

The tribes are primarily focused on maximizing funding through the \$950,000 child welfare contract. In the past, the Colorado General Assembly directed the Department to hold \$950,000 each year to reimburse tribes for OOH placements for children; however, the majority of this 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 the \$950,000 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 American Indian children. Changes to the eligibility requirements will now allow tribes the flexibility to utilize the funds not only for OOH placements, but also for any in-home services aligned with those approved by any county department. This flexibility supports the tribal human/social service agencies with maintaining children in their home while allowing for the provision of child welfare services. SUIT and UMUT both have separate contracts with CDHS in order to access this funding. The CDHS Tribal Liaison and CDHS Tribal Contracts Administrator met with the staff of both tribes separately in January 2018 to review the funding uses and answer questions. Both tribes are billing CDHS for prevention and intervention services related to child welfare.

In addition to the \$950,000 in funding, each tribe is allocated \$25,000 annually to provide Core Services in their communities. CDHS and the tribes have continued discussions related to Core Services implementation, specifically the various ways in which Core Services Program funding may be used. Both tribes are evaluating which services would be most useful for their community and will contact CDHS to move forward with implementation.

During the 2017 CDHS-Tribal Consultation domestic violence services and programming was identified as an area of need. Both tribes expressed the need for increased funding to their domestic violence programs to support staff training, production of outreach/awareness materials, and direct services including therapy and rehabilitation. Currently UMUT receives funding from the Bureau of Indian Affairs and other sources to pay advocates for domestic violence survivors, and a domestic violence advocate in the UMUT Social Services Department was hired in the fall of 2017. With this increase of staff, UMUT is better equipped to utilize the domestic violence funding for materials and staff training already available to each of the tribes. Additionally, the CDHS Domestic Violence Program (DVP) has recognized the need for American Indian specific services and has committed to working with each of the tribes to build capacity so the tribes may apply for a tribal organization specific RFP in the future. CDHS DVP has also met with the DIFRC and DIHFS to offer opportunities and technical assistance.

In addition, the 2017 CDHS-Tribal Consultation identified a need for behavioral health services, specifically for people struggling with substance abuse. Both tribal social services departments report higher rates of child welfare cases related to substance abuse. In the spring of 2017, CDHS' Office of Behavioral Health applied for the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opiate Crisis and was awarded a two year grant; out of this grant, CDHS allocated \$175,000 for each tribe in year one to help fund long term planning initiatives and services, and \$125,000 for each tribe in year two for services. The grant aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) including prescription opioids as well as illicit drugs such as heroin. Outside of the annual formal consultation meetings, CDHS staff routinely meet with tribal representatives to work through program and/or initiative specific issues. The following paragraphs highlight this work.

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. CDHS anticipates 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 2018.

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, 27 individuals signed up for additional information. CDHS considers it a success to raise awareness at a significant community event, build upon our presence at last year’s Powwow, and lay the groundwork for additional recruitment and community engagement.

Lastly, CDHS staff continued to work with the tribes to ensure they have access to supports and services through the Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program). Youth from both tribes are able to access supports and services through La Plata County’s Chafee program. SUIT reports the Chafee Program as adequately serving their members.

*Compliance with the Indian Child Welfare Act (ICWA)*

CDHS monitors compliance with ICWA as part of its case review quality assurance system. The ARD conducts case reviews using a review instrument that includes ten questions regarding American Indian 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 14: FFY 2015 through FFY 2017 ICWA compliance

(source: ARD, 1/18/2018)

Measure	CFSP Goal	FFY 2015 Performance	FFY 2016 Performance	FFY 2017 Performance
Preserving Connections: Were the ICWA requirements met?	95%	29.7%	22.9%	19.6%

To address ICWA compliance and improve outreach to the tribes, in 2018 CDHS hired an Indian Child Welfare Specialist as a full-time member of the Division of Child Welfare. This role will be crucial to improving relationships with the tribes and increasing ICWA compliance statewide.

Three areas of improvement are listed in the CFSP:

- Court orders determining that ICWA does NOT apply;
- Documentation of caseworker inquiry of American Indian heritage; and,
- Notification of the child’s proceedings sent to the child’s identified Tribe(s) 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:

- 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 CDHS.

In November 2016 CDHS distributed an informational memo regarding the new ICWA 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 was revised to align with the new federal regulations.

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 SBHS. The revised rule was 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, Interstate Compact on the Placement of Children (ICPC) coordinators and recruitment and retention staff. Since January 2017, CDHS has provided

14 trainings to 25 counties. Additionally, CDHS hosted a one-day shared learning collaborative in June 2017 to bring together staff from CDHS, county departments, the tribes' departments of human/social services, the Colorado court of appeals and county attorneys. The purpose of the shared learning collaborative was 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 included 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 participated in the shared learning collaborative. Through feedback from participants, six major categories were identified as areas of opportunity including communication/relationships, training (discussed above), documentation, foster families/placement, services and logistics/practice. CDHS is currently working on several of the recommendations. A time-limited ICWA workgroup has also been convened through the CW Sub-PAC to provide recommendations regarding the identified areas of opportunity.

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:

- 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 that was assessing whether changes to court rules are required to comply with the new federal ICWA regulations is no longer meeting. This committee was combined with the Court of Appeals workgroup, which has begun work as of May 2018 to review, correct, update and improve the Colorado Rules of Juvenile Procedure. An update on their work will be included in the 2020 APSR.

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.

The second need identified by the CIP ICWA Subcommittee is 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 that needed to be addressed. CDHS and the SUIT are making efforts to revise the agreement.

CDHS and UMUT representatives also agreed 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 continued to work through these issues in FFY 2017 and updated ICWA agreements remain in discussion as of May 2018.

CDHS and the Colorado Judicial Branch continue to make progress in addressing ICWA requirements. A best practice manual and associated bench cards are being developed. The manual will provide best practices for caseload management of ICWA cases, and the bench cards 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 bench cards will be completed by August 2018, and CDHS discussed 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 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 attorneys, judges and judicial officers may have regarding ICWA cases. Adams County also began an ICWA court in September 2017.

CDHS and its partners provide formal and informal ICWA related training and guidance. The 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 2017. These trainings addressed:

- the continuing impact of historic events and intergenerational 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.

A revised ICWA training will be developed and delivered through the CWTS in 2018. A cultural humility/sensitivity training is currently being developed and further explored with subject matter experts.

Informally, CDHS' ICWA and Kinship Care Program Administrator has been available to provide onsite, webinar and/or teleconference training and technical assistance to individual counties or regions. Support continues to be available through the new Indian Child Welfare Specialist and the ICWA and Kinship Care Program Administrator.

The CIP ICWA Subcommittee is also coordinating a multidisciplinary ICWA training specifically for judicial officers and legal counsel. CDHS and the CIP have been emphasizing the need for improved ICWA compliance; other stakeholders such as OCR, 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. The court of appeals is reviewing processes and practices to improve timeliness and compliance with Federal laws. ICWA, adoption and other issues related to child welfare will be included in the reviews and analysis.

## V. MONTHLY CASEWORKER VISIT (MCV) FORMULA GRANTS

Caseworker visits are central to the provision of child welfare services as they provide 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 percent 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 of 95 percent for monthly caseworker visits.

In FFY 2018, Colorado met the federal goal: 95.4 percent of monthly caseworker visits were completed, and 85 percent 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 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 efforts to ensure children and youth in OOH care are visited monthly. In FFY 2018, a memo was sent to eligible organizations to inform them of grant funding opportunities through MCV in order to increase the frequency and quality of caseworker visits with children and youth in OOH. In response, funding was provided for conference scholarships to the annual Family Engagement Conference and the Sex Offender Management Board Conference. There was also an increase of 50 percent in the number of county applications received and approved for funding from FY 2017. In FFY 2018, CDHS distributed a total of \$307,665 to counties and affiliated agencies through a competitive procurement process. CDHS had \$219,341 in MCV funds available; the remaining \$88,324 was funded through CAPTA. The following table highlights several organizations that received MCV Grant funds.

Table 15: FFY 2016 Distribution of MCV Grant funds  
2018)

(source: CDHS staff,

County/Agency	Award	MCV Funds Expenditures
<i>County agencies served: Adams, Archuleta, El Paso, Fremont, Jefferson, Larimer, Prowers</i>	\$12,071	Staff recruitment and retention, technology, training
Corporate Translation Services	\$1,872	Translation services for child welfare forms
CSU/Summitstone	\$11,100	Applied Research in Child Welfare (ARCH)
Maple Star CO	\$60,000	Secondary trauma services; supervisor training on secondary trauma
Regents of the University of Colorado	\$70,000	Secondary trauma services; resilience and secondary trauma prevention training
Kempe Foundation	\$80,000	Family Engagement Conference Registration Scholarships - 173 scholarships to county staff
<i>County agencies served: Jefferson, El Paso, Adams, Denver, Boulder, Arapahoe, Mesa, Logan</i>	\$5,000	Sex Offender Management Board Conference Scholarships

<p>Thomson Reuters  <i>County agencies served: Alamosa, Park, Fremont, Phillips, Clear Creek, Elbert, Bent, Archuleta, Chaffee, Yuma</i></p>	<p>\$67,622</p>	<p>CLEAR Software</p>
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CDHS used MCV funds to expand access to specific tools and services throughout the state. In October 2017, 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. In FY 2018, there was high demand from county agencies to expand secondary trauma services across the state. CDHS increased availability of these services through MCV funding, which directly impacted staff retention and staff efficacy in providing services to children and youth in OOH care. CDHS also contracted with two 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 concluding a study on recruitment and retention of Colorado’s county caseworkers. In addition, ARCH is studying what risk factors may impact a higher likelihood of youth re-entering foster care after permanency has been achieved. Results are not yet available.

Any of Colorado’s 64 counties may apply to receive MCV funds; CDHS continues to oversee applications and distribution of funding for FFY 2019.

## VI. 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, which improve performance in finding permanent homes for children and youth in foster care. In FFY 2017 Colorado was awarded \$55,589. These funds were used according to the plan outlined in the CFSP, with a focus on funding post-permanency services across the state. 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 using the Adoption and Legal Guardianship Incentive and Adoption Savings funds for the following:

- **Post-permanency services:** In SFY 2018 post-permanency services will be phased in for 24 rural counties identified by region (see description in permanency services). The cost is \$595,297.
- **Interstate Compact on Adoption and Medical Assistance (ICAMA):** CDHS has a three-year membership with ICAMA. This membership allows CDHS to utilize agreements between and among its member states that enables coordination of provisions of medical benefits and services to children receiving adoption assistance in interstate cases. ICAMA prevents and/or eliminates geographic barriers that may delay or deny the provision of medical assistance and post-adoption services to families who have adopted children with special needs. This membership cost is \$5,000 which is funded through the FFY 2017 award.
- **Voice for Adoptions:** CDHS has a two-year membership with the Voice for Adoptions 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. CDHS will use incentive 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:

- 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.

## VII. COLORADO IV-E WAIVER DEMONSTRATION PROJECT ACTIVITIES

The ACF's Children's Bureau approved Colorado's Title IV-E waiver demonstration project (IV-E Waiver) 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 OOH placements are necessary; and positively engage families and youth throughout the process of addressing safety concerns. As a result of participation in the Title IV-E Waiver, Colorado has not had a federal IV-E review since 2012. Colorado did pass the 2012 review without issue. In the state plan submitted to ACF in April 2018, Colorado has extended Title IV-E eligibility for young adults in foster care to age 21.

Colorado's IV-E Waiver interventions include:

- Facilitated family engagement meetings - a model that improves family engagement through regularly scheduled meetings held at specific timeframes with key participants and a neutral facilitator;
- Kinship supports - an assessment of kinship needs to sustain placements and the provision of an array of services to meet those needs. Services 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 formalized permanency planning model that includes youth, case managers and other key participants for the purpose of achieving legal permanency or increased permanent connections for youth;
- 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 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 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:

- Intervention 1.3.1 - Implement 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 above *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 interventions. This section provides updates on the ongoing implementation of the demonstration project.

A collaborative advisory committee, the IV-E Waiver Oversight Committee, oversees Colorado's demonstration project. Membership includes CDHS and county child welfare staff, appointed county commissioners, Colorado Judicial Branch representatives, mental health providers and community stakeholders. The committee meets quarterly to review the ongoing implementation and operations of the demonstration project.

CDHS also convened workgroups for each demonstration project intervention to support participating counties' implementation through coaching and peer learning. CDHS 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:

- 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 2017, 42 counties were implementing facilitated family engagement with 11,075 families. Colorado anticipates this intervention will serve a comparable number of counties and individuals in FFY 2019.

The target population for the kinship supports intervention includes:

- 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 2017, 29 counties were implementing kinship supports, and 4,144 kin caregivers were served. Colorado anticipates this intervention will serve a comparable number of counties and individuals in FFY 2019.

The target population for the permanency roundtables intervention includes:

- 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/social services for 12 months or more.

In 2017, 24 counties were implementing Permanency Roundtables (PRT), and 1,301 youth were served. Colorado anticipates this intervention will serve a comparable number of counties and youth in FFY 2019.

The target population for the trauma-informed interventions varies by participating county. Most participating counties include children who are receiving child protection services. Some counties have broader or narrower target populations. For instance, the target population in Larimer County's implementation includes clients who are in OOH placement, child welfare clients who are receiving ongoing services and all youth in conflict 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 OOH 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 2017, 15 counties were implementing one or both of the trauma-informed interventions, and 2,284 children/youth were screened for trauma.

Implementation of the trauma-informed interventions highlighted opportunities for improved assessment and services as is related to trauma exposed children and youth. Eight of the 15 participating counties are utilizing expanded versions of the interventions. Some of these expansions include:

- Use of an enhanced trauma assessment package, as developed by Dr. James Henry of the Child Trauma Assessment Center;
- Use of an enhanced provider reporting practice, detailing specific recommendations as related to roles in the case;
- Repeated administration of a well-being assessment tool, to track client and provider progress; and
- Use of trauma-informed professionals to support kin and foster care providers.

As described in the 2017 APSR report, CDHS and county staff utilize data reports to support CQI efforts, 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. 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 one year of reunification and exits to permanency for children in OOH care.

The overall demonstration project is being evaluated by the Human Services Research Institute (HRSI) 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 IV-E Waiver funds enables CDHS and county departments of human/social services to alter expenditure patterns and make changes in service delivery to improve the safety, permanency and well-being of child welfare-involved children/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 OOH 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 intervention services' costs.

The final report for the independent evaluation will be completed in December 2018, and will be included with the 2020-2024 CFSP, which is due June 30, 2019.

CDHS anticipates approval for an extension of its IV-E Waiver demonstration project through September 30, 2019. There will not be an independent evaluation during this time frame. The State intervention allocation has decreased by 40% in

each of the final two years of the demonstration project. The intention of this is to gradually shift the cost burden of the interventions to county flexible budgets (block allocations, Core Services budgets). Simultaneously, counties will enjoy the cost benefits of an improved OOH placement mix, driven, in part, by sustaining Waiver interventions. Lastly, the State and counties are working together to align practice with the Family First Prevention Services Act, to may maximize future federal reimbursement.

## VIII. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Colorado's Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program) provides an array of supports and services to youth as young as 14 who are likely to emancipate out of foster care and to young adults between the ages of 18-21 who have left foster care. The Chafee program services are offered statewide through county departments of human/social services. In FFY 2017, 38 counties had access to the Chafee program supports and services through 18 host counties, and in FFY 2018, 31 counties had access to the Chafee program services. In addition, a portion of the Chafee program 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 the Chafee program supports and services.

Host counties submit the Chafee program 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 Chafee programs align with the federal program objectives outlined in section 477(a) of the Social Security Act, which are as follows:

- 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 objective. At the outset of participating in the program, the Chafee program 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 Chafee 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 a ropes course to obtain leadership skills.

Consistent with the new program objective, CDHS and the Chafee program 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 Chafee program 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, the Chafee program counties refer their youth to nonprofit, 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 Chafee program counties, youth who are struggling with questions regarding their sexuality and gender identity are referred to therapists who specialize in such issues.

CDHS continues its work on best practices for working with lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth through an internal work group that meets on a monthly basis. This work group continues to update and disseminate resources and best practices for the Division. In September 2017, CDHS held an event for staff to learn about inclusive terminology when working with LGBTQ families and youth and about the harmful impacts of conversion therapy. Trails modernization continues with updates to allow inclusive documentation, which may allow CDHS to identify any disparities for LGBTQ youth.

These initiatives are part of DCW's work in 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 LGBTQ 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.

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. Trainers from DCW and CWTS have been certified to provide *An Introduction to LGBTQ Competency for Child Welfare Professionals*, the first training in the All Children All Families seal. Throughout 2018 CDHS and CWTS will continue to receive certifications to provide two additional trainings: *Best Practices for Serving LGBTQ Families* and *Best Practices for Serving LGBTQ Youth in Foster Care*. These trainings will become available to counties, and all other trainings will be revised to include the latest best practices for serving LGBTQ youth and families.

Agencies that seek to achieve the seal of approval work to meet ten key benchmarks of 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, CDHS' goal is to be one of the first state level agencies to receive the seal. CDHS has completed an agency self-assessment, a staff baseline survey, and is currently receiving technical assistance from the Human Rights Campaign to explore adopting inclusive policies and practices and to assess and improve the inclusiveness of the DCW's training, environment and communications. CDHS completed an audit in April of 2017 that included all agency forms and documents to ensure use of LGBTQ-inclusive language, for example referencing "Parent 1" and "Parent 2" instead of "Mother" and "Father." Any necessary revisions to forms and information systems are anticipated to be completed by FFY 2019.

In FFY 2017, 865 youth were served through the Chafee program. Colorado anticipates this number is likely to shrink in FFY 2018 due to the reduction in the Chafee allocation and the loss of one collaborative program due to capacity issues. In FFY 2018 approximately 847 young people are being served by the program.

Throughout FFY 2017 CDHS worked with the Governor's Office of Information Technology (OIT) and county Chafee programs to develop new functionality in Trails to facilitate identification of youth who are eligible for the Chafee program services. Modifications will also improve case management, documentation and data reporting. Previously, program data was reported annually in a separate database. Upon completion in FFY 2018, the modifications will allow the annual reports to be completed in Trails and data from the system to be automatically pulled into the reports.

CDHS continues to redesign the state's Chafee program 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](http://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 continues its work on the "I'm Into" 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 with similar barriers. CDHS is currently piloting this project and expects to have data to report in FFY 2019.

During FFY 2018 CDHS' Chafee program continues to work with county departments of human/social services, stakeholders and youth advisors to update program guidance to promote a more uniform Chafee program practice and align the program with other statewide services targeted at similar populations. As part of the redesign effort, requirements for county Chafee program 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 Chafee program plans an array of individualized services for each "Pathways to Success" (Pathways) initiative outcome area. These outcome areas include Permanent Connections, Safe and Stable Housing, Health and Wellness, Education and Career Development.

- County Chafee program 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 Chafee program 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 (14).
- County Chafee program 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 the Chafee program.
- County Chafee programs will continue to update their FFY 2018 annual plan on how they address the requirements of P.L. 118-183 in regards to reporting to law enforcement the victims of sex trafficking.
- County Chafee program plans for FFY 2018 also require an explanation of efforts to address the prudent parenting standards as defined by the Code of Colorado Statutes (12 CCR 2509-1 (7.000.2)).

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, CDHS continues to fine-tune 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 of documentation and services across the county programs. Once draft copies of these forms are created, CDHS 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 2019 and will be implemented in tandem with Trails Modernization.

Starting in FFY 2018, CDHS staff implemented a revised Chafee program funding methodology for the county programs. The updated funding methodology takes into consideration the number of youth that are served by county programs in relation to the total number of youth that are served in the state. Based on county feedback, the methodology included a 15 percent limit on any county's reduction in a single year. FFY 2018 county allocations represent the first year of a staged rollout of the improved funding methodology. Additional updates will be implemented in FFY 2019 and will use qualitative factors that can be used to identify and reward robust county Chafee programs.

All of the policy and program updates highlighted in the preceding paragraphs have been vetted through CDHS' statewide quarterly Chafee program meetings. These meetings allow county Chafee program 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 program annual plan for P.L. 113-183—which requires reporting to law enforcement any identified victims of sex trafficking—the subsequent Chafee program quarterly meeting focused on preparing the Chafee programs for this change.

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.

In FFY 2018 CDHS' Chafee program 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/social services and local housing authorities to provide Family Unification Program (FUP) vouchers to youth emancipating from 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 percent 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 Chafee programs 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 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. CDHS will continue to coordinate the new FUP changes and ensure that county Chafee programs have access to these housing vouchers. Since the changes have taken effect, CDHS has been working closely with DOLA to ensure Chafee workers throughout the state have up to date information and can access technical assistance. A representative from DOLA attended the Chafee Quarterly meeting on October 26, 2017 to have an open discussion on how the process can be improved in the state and how DOLA can be a resource for eligible young people.

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 ongoing 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 discussed this program when they presented at the Chafee program quarterly meeting in October 2017.

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 workgroups that focus on the following areas and goals:

- Planning and data collection;
- Crisis/emergency services;
- Education and employment;
- Permanent connections and social emotional well-being;
- Outreach; and,
- Housing development.

In FFY 2018, 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 a governor-appointed member of the Colorado Human Trafficking Council, created in 2014 by House Bill 14-1273, to develop recommendations for improving Colorado's response to all forms of human 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 Chafee program staff participate in the task group and have been instrumental in identifying the vulnerability of the Chafee program youth to human trafficking. Additionally, the task group distributed an operational memo on January 4, 2017 to all counties that provides guidance on:

- 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 the Chafee program.

The task group supported the development of two trainings related to human trafficking that are delivered through the CWTS. The first 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. The second training, *Screening for Sex Trafficking*, is an interactive web-based training that supports caseworkers in completing the statewide sex trafficking screening tool and reviewing rule and guidance around how and when to fill out this tool. All Chafee program staff have been encouraged to complete the CWTS training.

In addition to the trainings offered through CWTS, county DHS staff and law enforcement partners provided onsite training throughout FFY 2017 to eight counties. These trainings utilize the Capacity Building Center for States' sex trafficking response curriculum and are intended to provide resources to support the implementation of the Preventing Sex Trafficking and Strengthening Families Act. An additional 12 trainings have been scheduled throughout Colorado for FFY 2018.

CDHS and 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, CDHS issued an information memorandum to counties clarifying how county caseworkers should enter relevant data into Trails to help prevent Medicaid eligibility delays.

In response to 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 OOH care. CDHS' appointee to the Colorado Workforce Development Council's State Youth Council advises on the implementation of WIOA and initiatives impacting youth in Colorado and how they can best receive training, education and workforce assistance through the workforce development system. The CDHS Chafee Program Coordinator presented at the WIOA annual Think Big conference on August 9, 2017. National Youth in Transition Database (NYTD) data was discussed with a tie in to how to best work with foster youth and how collaborations can be improved between child welfare agencies, the Chafee programs and workforce centers. At the county level, the Chafee program counties continue to work closely with their local workforce centers to ensure youth have access to adequate employment. The Chafee program 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 Chafee program 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 the Chafee program continues to be a priority for the program. In June 2017 CDHS hosted the 19th Annual Celebration of Educational Excellence. The Front Range celebration recognized the academic achievements of 143 graduates who were previously or currently in foster care. Prior to the ceremony a resource fair was held with community programs relevant to the graduates including post-secondary programs, on-campus support service programs and scholarship programs that focus on youth who have experienced foster care. Graduates also received laptop computers as graduation gifts to promote continued and lifelong learning. CDHS also helped coordinate the second Annual Western Slope Celebration of Educational Excellence in Mesa County, which honored an additional 22 young people. CDHS will hold the 20th Annual Celebration of Educational Excellence in June 2018 to celebrate the academic accomplishments of current and former foster care youth.

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. Colorado 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. Throughout 2017, CDHS and CDE held regional meetings with county and school district partners to provide training and technical assistance as local agencies implement school stability protections of the Fostering Connections Act, the Every Student Succeeds Act and Colorado law. Colorado regulations (12 CCR 2509-4, 7.301.241), which went into effect on February 1, 2017, require county departments of human/social services to initiate and facilitate a best interest determination process prior to any school move resulting from a foster care placement change. The school district CWELs support the participation of an educator who knows the student and can give meaningful input into the decision of whether a student should remain in their school of origin. Most counties and school districts are in the final stages of negotiating and drafting local memorandums of understanding regarding school stability for children and youth in OOH placement. These agreements detail communication expectations between the local agencies as well as systems-level plans for how transportation to maintain children and youth in their schools of origin will be provided, arranged and funded.

CDHS' efforts to improve educational outcomes for youth are also documented in the 2017 CFSR Statewide Assessment in the well-being outcomes section. Efforts specific to postsecondary education are documented in the following *Education and Training Vouchers* section.

CDHS has collaborated closely with the Colorado Department of Higher Education (CDHE) in multiple ways to better support Educational and Training Voucher (ETV) students in attaining their post-secondary educational goals. A data sharing agreement was finalized on October 24, 2017, to shape the collaboration going forward. The first source of support is ensuring that ETV students can access the Colorado Challenge (COCH) supportive services that are present on the existing seven campuses. The included campuses are Adams State University, Colorado State University (Fort Collins), Colorado State University (Pueblo), Community College of Aurora, Community College of Denver, Metropolitan State University and University of Colorado (Denver). The program was created to support low-income and first generation students by providing wraparound services as well as supplemental advising. FFY 2017 was the first year that ETV students could access the program. The Chafee Program Coordinator worked with COCH to create a plan to best outreach the ETV students and ensure that they were aware of the services.

The second major focus with CDHE was creating a position through College in Colorado, which is under the umbrella of CDHE. The Educational Coach position was created to serve the balance of the ETV students who are not attending a COCH school. The position is an intermediary between the student, the school, Foster Care to Success (the entity distributing ETVs) and potentially the Chafee program worker or caseworker. The focus of the role is to reduce the barriers encountered by these students, increase retention and increase certificate and degree completion. The Educational Coach position was filled in May 2017 and has focused on building relationships with existing ETV students in statewide tours to

meet them face to face, which is a type of contact that they do not receive from Foster Care to Success. Most of these contacts were face to face at their schools, requiring the Educational Coach to work on 19 campuses throughout the state. These schools were Colorado Mesa University, Aims Community College (Greeley and Fort Collins campuses), Front Range Community College (Larimer and Westminster campuses), University of Northern Colorado, University of Colorado (Boulder and Colorado Springs), Red Rocks Community College, Paul Mitchell Denver, Pikes Peak Community Colleges (Rampart Range, Downtown Studio Campus and Centennial campuses), Everest College, Pueblo Community College, CSU Pueblo, Otero Junior College and Trinidad State University in Alamosa. The Educational Coach has worked with universities around the state to help establish a better method of communication between Single Points of Contact (SPOCs) on each campus and to develop a list of resources available on each and every campus which is currently in development. The Educational Coach provided insight from the perspective of foster youth in the creation and implementation of the Department of Higher Education's Master Plan. This also provided information and guidance to service industry professionals at Lutheran Family Services in conjunction with COCH.

Through this collaboration, CDHS staff were invited to the Strengthening State Support for Foster Youth in Post-secondary Education convening that was hosted by the Educational Commission for States on September 13-14, 2017 in Austin, Texas. The state of Colorado sent the Chafee/ETV Program coordinator from CDHS, Dr. Clemens from the University of Northern Colorado, Director of Student Affairs from CDHE, Vice President of Student Services from the Colorado Community College System, Educational Coach from CDHE and the Foster Care Education Coordinator from the Colorado Department of Education to the convening. Representatives from Oregon, Texas, Iowa and Colorado reported on initiatives and legislation that enhance the educational experience of foster care youth and works to improve their retention and outcomes. The state teams were then able to meet to create next steps of how to best continue these efforts.

Colorado's Chafee programs 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 nonprofit agencies. Youth are referred to these agencies if ongoing services are required.

At the state level, CDHS' Chafee program continues to coordinate with the Colorado Sexual Health Initiative (SHI) and the state's Personal Responsibility Education Program (PREP) to provide evidence-based trainings on comprehensive sexual health curricula to county Chafee program staff, caseworkers and other stakeholders.

Changes made by the Family First Prevention Services Act (FFPSA) to the Chafee program and to the ETV program impact future services in Colorado. Colorado submitted an amended title IV-E plan in 2018 to extend foster care services to youth up to age 21; as of the time of writing, the amended plan is pending approval. CDHS intends to pursue the extension of both the Chafee and ETV upper age limits. CDHS will be seeking stakeholder feedback on the implementation to ensure that these extensions are rolled out in a logical manner as well as creating population prioritization. CDHS will also update the annual plan required of counties that access Chafee funds with the necessary eligibility criteria.

In support of the Chafee program 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 the Chafee program staff statewide. Training will address

- 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 addressing 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 in the fall of 2016 to the Pathways navigators, who provide services and support to youth enrolled in the Pathways program. This training teaches navigators to help youth identify their own needs through a coaching model. This model of engagement relies on the voice of the youth and the youth's professional team to build a plan that will ensure their needs are met. *Engaging Youth in a Coach-Like* has become a focal point of the Pathways evaluation and a key component of the model intervention.

In addition to training offered through CWTS, CDHS' Chafee program staff collaborates with stakeholders to develop and

deliver specialized trainings for targeted audiences. In August 2017 the Chafee program staff led a session at the Think Big 2017 State Workforce Conference to introduce workforce professionals to the unique experiences and needs of youth in foster care and how to improve collaboration with child welfare agencies. The CDHS Chafee Program Coordinator presented to the Denver Youth Opportunity Initiative through the Denver Chamber of Commerce on the existing practices from the Chafee program, how they collaborate with their local workforce centers and how this relationship can be improved.

### *Youth Involvement*

The involvement of youth and young adults is critical to CDHS' efforts to improve systems that serve youth. CDHS' Chafee program facilitates the Colorado Youth Leadership Network (CYLN), which is composed 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 youth 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 Grampsas Youth Services Board and the CIP. In FFY 2017, the CFSR Oversight Committee actively recruited to fill a membership vacancy allotted for a youth advisor. Pathways maintains an active group of youth advisors, and a youth partner is on the Pathways project management team. Youth advisors who are engaged in work with CDHS receive compensation for their contributions, either through gift cards or cash.

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

- CDHS, CWTS and the Kempe Center staff are currently seeking youth advisory board input on how best to integrate the youth voice into the new caseworker training curriculum.
- Youth input was instrumental in developing the youth mobile "I'm Into" app.
- Utilizing Casey Family Foundation funds, a youth advisor position was created in the summer of 2017 to help coordinate and facilitate the newly named Metro Youth Alliance (MYA). The position was created to support the existing coordinator of MYA that was hired through Shiloh House. This new part-time paid position continues to provide youth voice in coordinating the metro-wide youth advisory board and reports directly to the advisory board coordinator, which is a position through Shiloh House.
- Youth boards provided input and feedback to the OCR concerning improving legal services provided to youth from the Guardian Ad Litem.
- Youth boards participated in civic activities by creating care packages for women and homeless youth shelters.
- Youth boards supported a clothing drive for homeless youth.

Youth input into training is also a component of the collaboration efforts of the CYLN, the Kempe Center and CWTS. Former and current foster care youth perspectives improve training for new county caseworkers. After a meeting with CDHS 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. Youth have been excited to engage in the process through sharing their experiences through various training material formats (e.g., film, written word), reviewing curriculum and co-facilitating courses. The Kempe Center and Youth Advisory Boards have created a system where The Kempe Center, via CDHS, will reach out to youth and request collaboration on upcoming projects, giving the youth choice in which projects they participate in.

CDHS' DCW currently has two youth advisors as part-time, term-limited employees for SFY 2018 and SFY 2019. Available 16 hours a week, their apprenticeships allow for meaningful contributions in a variety of areas including providing feedback on appropriate language when working with young people in our system, outreach to community members and gathering youth feedback for project-specific tasks.

### *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 emancipated from 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's Statewide Youth Development Plan.

CDHS and Utah co-founded a communication network with other Region 8 states. The goal of this network is to develop and share resources designed to increase the federal response rates of youth participating in the NYTD survey. The states that participated in the initial January 2018 phone call were North Dakota, South Dakota, Montana, Wyoming, New Mexico, Utah and Colorado. The states agreed to share tools and technical support. In addition, states requested from the federal government access to the NYTD portal and national outcomes.

CDHS continues to make improvements in NYTD data collection. In the summer of 2015, CDHS 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, CDHS saw an increase in survey responses and in the completion rate for NYTD surveys. For the remainder of FFY 2018 CDHS will continue providing training to DYS staff in order to improve survey response rates from their youth.

In FFY 2018 marketing materials are continuing to be created (e.g., brochures and flyers) and distributed to agencies serving youth. In addition to traditional media, CDHS expanded its outreach efforts to social media, and the survey itself was redesigned.

In June 2017, 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 youth 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 youth. 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 CB 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 providing initial information about the review was distributed to county departments, tribal representatives and community stakeholders on July 27, 2017. In FFY 2018 CDHS is partnering with the Colorado Judicial Branch to provide information and solicit their feedback on how best to utilize the NYTD data to inform practices as well as improving response rates throughout the state.

In January 2017 CDHS staff presented information about the NYTD Review to the Chafee Services Quarterly and Youth Services Quarterly meetings and it has been a topic at all the quarterly meetings that followed. 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 youth feedback and engage youth representatives who may be able to participate in the review.

Colorado provided NYTD trainings to the Division of Youth Services central, northeast, and western regions in March, April and May of 2017. CDHS continues to provide technical assistance to Chafee Workers and County Caseworkers statewide through quarterly meetings. NYTD was discussed at the Chafee Quarterly meetings on October 26, 2017, January 25, 2018, and April 26, 2018. NYTD was also discussed at the Youth Services Quarterly meeting on November 9, 2017, February 9, 2018, and May 11, 2018. The result of the increased technical assistance and training is that Colorado has exceeded the mandated response rate of 80 percent for 17-year-olds. Colorado achieved response rates of 95 percent for the fall group and 93 percent for the spring group for the most recent cohort in FFY 2017.

#### *Consultation with Tribes*

The Chafee program supports and services are available to youth from the Southern Ute and Ute Mountain Ute Tribes through La Plata County's Chafee program. 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 the Chafee program supports and services.

The Deputy Director of the Office of Children, Youth and Families provided a Chafee 101 training at the semi-annual tribal consultation that took place on September 20, 2017. Both the Southern Ute and Mountain Ute Tribal representatives present were provided information on options for accessing the Chafee program services. The presentation discussed the options of creating a memorandum of understanding with an existing program or what the application process would look like if they wanted to implement their own program. The Southern Ute tribe has referred a youth to the La Plata Chafee program for services, but the Mountain Ute Tribe has not yet had the capacity to pursue the available options. Ongoing outreach by the CDHS Chafee Program Coordinator along with the La Plata county Chafee program will continue in FFY 2019.

#### *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 Chafee program. The recent change in lower age limit to be eligible for the Chafee program extends to the ETV program: youth as young as 14 years of age who are currently in OOH 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. CDHS opened up the bidding process and created a request for proposals this year, and Foster Care to Success maintained the contract. 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 Chafee programs and community or school based resources. County Chafee programs 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.

For FFY 2018 CDHS has also integrated collaborations with CDHE to supplement the work being done by Foster Care to Success and assist ETV students with additional wraparound services that are discussed on pages 53-54 of this document. The following table includes the number of youth who have been served through Colorado's ETV program.

*Table 16: Annual reporting of ETVs awarded*

*(source: CDHS staff, 2018)*

	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
Final Number: 2016-2017 School Year (July 1, 2016 to June 30, 2017)	138	66
Estimate Number: 2017-2018 School Year (July 1, 2017 to June 30, 2018)	133	64

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 OOH care to understand the rates of postsecondary pursuit, persistence, completion and ETV utilization. The study will also incorporate data from CDLE, CDHE and the National Student Clearinghouse with the intent of taking a longitudinal aspect and tracking the ETV youth over time. CDHS is in the final stages of a data sharing agreement with CDHE and has a completed and signed copy for the National Student Clearinghouse. CDHS has had multiple phone calls with CDLE and it has been identified that there is an existing data sharing agreement that can be utilized for the purposes of this research. The CDHS Chafee Program Coordinator will work with the DCW Research, Analysis and Data (RAD) unit to begin assessing the current data and tracking it longitudinally.

## IX. 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 following 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. In FFY 2018, CDHS staff focused efforts on providing additional assistance with the refinement of localized diligent recruitment plans by county departments and child placement agencies. With Colorado's county administered and state supervised structure, successful diligent recruitment of foster and adoptive parents occurs at the local level. Consequently, an operational memo was issued on February 27, 2018, requesting an annual update to county and child placement agencies' diligent recruitment plans. In 2018 CDHS requested additional strategies to be included in the plan updates to focus on recruitment of families for youth in congregate care, retention of current foster families, strategies focused on customer service and the support of educational stability for youth in care. As of this writing CDHS has received 38 updated diligent recruitment plans from counties and is anticipating 90 updated plans (from both counties and CPAs) will be received by the end of the summer. CDHS staff have provided over 80 trainings to CPAs and counties to support local recruitment efforts and staff provides ongoing guidance at quarterly foster coordinators, adoption supervisors and recruitment and retention quarterly meetings. Trainings and outreach further the understanding of diverse cultural, racial and economic communities through use of "The Invisible Conversation" (available through CWTS), "Road to Poverty" or other culturally related training and resources.

CDHS staff hosted several Recruitment and Retention Data Sharing Days in the Denver metro area, El Paso County and Mesa County. Fifteen counties and 13 CPAs participated in the events and later reported that new recruitment partnerships resulted from the meetings.

CDHS partners with the counties and The Adoption Exchange to coordinate the Colorado Heart Gallery photo listing to assure procedures for a timely search for prospective parents for a waiting child. Those images are also used on Adopt US Kids national photo listing. Through The Adoption Exchange's contract to manage the Colorado Heart Gallery, CDHS utilizes the Colorado Heart Gallery website (COHeartGallery.org) and physical photography displays for general and child-specific recruitment. County caseworkers are also able to utilize professional photographs and videos of waiting child in support of their child-specific efforts.

In CY 2017, 136 of the 265 children and youth whose primary or secondary goal is adoption were photographed for the Heart Gallery and other media adoption venues. The website was visited by 81,765 visitors who viewed nearly 1 million pages. Additionally, during this reporting period, child-specific videos, available on the CO Heart Gallery website, the Adoption Exchange website, county websites on the Colorado Heart Gallery website were viewed more than 189,000 times. In CY 2017, the CO Heart Gallery traveling photography displayed was used to raise awareness in 22 different locations throughout Colorado. Venues included public libraries, the Colorado State Capitol, county celebrations of National Adoption Day.

CDHS recognizes that adoption recruitment is an integrated process, with staff utilizing multiple tactics, one of which is the Colorado Heart Gallery. In CY 2017, the adoptions of 29 children and youth on the CO Heart Gallery were finalized, and 47 children and youth were placed or matched with a pre-adoptive family.

Colorado uses two Facebook pages (Colorado Heart Gallery and Colorado Foster Care) to raise awareness about the need for foster and adoptive families and to share Colorado Heart Gallery pages about waiting youth. CDHS used paid promotions to increase the reach of waiting youth on the Colorado Heart Gallery Facebook page. In CY 2017, promoted posts reached an average of 5,896 individuals. Unprompted posts about a specific child reached an average of 2,481 individuals. General adoption and foster care recruitment reached another 26,744 Colorado adults on Facebook. CDHS and select counties have identified Latino, African American and LGBTQ individuals as important audiences for foster care recruitment. Given this, Facebook ads developed specifically to reach these audiences are planned for the remainder of SFY 2018, with an estimated reach of 30,000 unique impressions among these three communities.

In addition to social media, CDHS engaged television and print media to share positive foster and adoptive family experiences during National Adoption Month in November 2017 and National Foster Care Month in May 2018. Media outreach in October 2017 highlighted the shortage of foster parents in Colorado. This October media outreach focused on the need for 1,200 additional foster families from every community. In FY 2017, CDHS created a unified communication strategy to promote foster care, adoption and reporting child abuse and neglect focusing on media outlets and on print materials. In FY 2018, promotional recruitment materials using this unified messaging and design were made available to counties and CPAs at no cost. Thirty-four counties and CPAs took advantage of this opportunity, customizing marketing materials for their

local audiences and selecting family images reflective of the communities they are targeting through their diligent recruitment.

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 SFY 2018 CDHS produced 10 new family videos that address some of the key barriers and benefits of fostering and adopting Colorado's foster kids. When selecting families to feature, CDHS considers the families' race and ethnicity, experience, dedication to fostering and adoption, and unique story.

These videos are shared online at CO4Kids.org, Facebook, and they are made available to counties and CPAs. In addition to sharing stories through videos, CDHS continued 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. CO4Kids.org also hosts the 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.

Community outreach is an integral part of Colorado's recruitment and retention plan. In FFY 2018 CDHS collaborated with county departments of human/social services, child placement agencies and community partners to participate in community events that identified targeted outreach populations. The events included:

- Pueblo Chile and Frijoles Festival (September 2017)
- Denver March Powwow (March 2018)
- Cinco de Mayo (May 2018)
- Denver PrideFest (June 2018)
- Juneteenth (June 2018)

In addition, CDHS awarded \$50,000 in recruitment and retention grants to 35 county departments of human/social services and CPAs. CDHS' Recruitment and Retention Grant Program provides short-term funds for efforts or activities that align with each county or organization's diligent recruitment plan. Requests for funding exceeded the grant funds, so the median grant award amount was \$1,708. Last year's APSR indicated the grant program would be discontinued, but CDHS was able to utilize additional funding streams to continue this project.

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 2017, Colorado State Senator Beth Martinez Humenik and CDHS Executive Director Bicha recognized five families from across the state for their commitment to provide permanent homes to children. Further, in May 2018 Executive 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 were shown during the ceremony. Each event is attended by approximately 100 guests, including elected officials, CDHS representatives, county caseworkers and family members. These events and the families are leveraged to earn media coverage.

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

In FFY 2018 Colorado's progress in implementing the 2015 - 2019 Health Care Oversight and Coordination Plan focused on the following goals:

- Improve the accessibility and continuity of health care services for children and youth in OOH care;
- Effective and continuous oversight of psychotropic medication prescribing to our youth, while exploring alternative therapies; and
- Development of the current best evidence-based physical and mental health practices, including use of the latest technology, making Colorado a leader in the healthcare field for youth in OOH care.

The Well-Being Outcomes section of the 2018 CFSR Statewide Assessment included 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 provided guidance to stakeholders in response to their questions and feedback.

From January 2017 until July 2017, the Medical Oversight Unit and HCPF joined the CQI workgroup in a separate subcommittee that included county caseworkers and supervisors, to identify some of the obstacles affecting counties not meeting the required timelines for scheduling child/youth health and mental health appointments. The initial proposal by the Medical Oversight unit was to create a central scheduling program, either as a separate group of individuals coordinating the appointment scheduling, tracking and entering the information in the Health Passport in the Trails database, or alternatively, as a function of the HCPF Healthy Communities program. This presented either financial or database syncing issues that proved too difficult for the present structure, but could possibly be revisited in the future.

However, the CQI subcommittee did work through the Trails database initial entry issues and improved training for caseworkers or other employees who enter initial data into Trails, as well as strengthened the relationship between the counties and Healthy Communities, whose Health Coordinators can assist in scheduling health and mental health appointments at the county caseworkers' discretion.

The Medical Oversight Unit assisted various counties that were having difficulty finding appropriate OOH placements for several youth with acute mental and behavioral health issues, including youth with a DD/IDD diagnosis. In all cases, the youth were successfully placed after periods of time ranging from one to several meetings within a month. These meetings involved representatives from HCPF, DCW Placement Services Unit, OCYF Medical Oversight Unit, county supervisors, county caseworkers, hospital leadership, doctors and social workers, teachers, occupational therapists, counselors, parents, treatment facility supervisors and others involved with these youth. Unfortunately, most of these placements resulted in more expensive out-of-state care due to in-state residential placements refusing to admit these youth. Based on this, the OCYF Medical Director connected with experts from other states to help form a plan for finding incentives for in-state facilities to provide acute-level treatment care, and keeping the youth near family and within their home communities as much as possible while potentially saving millions of dollars for CDHS.

The passage of HB 18-1328 on April 30, 2018 approved the transfer of the Children's Habilitation Residential Program (CHRP) to HCPF, effective July 1, 2018. This transfer is a partnership between CDHS and HCPF and will continue to offer children/youth who have developmental disabilities and extraordinary needs services without having to come into the child welfare system. In addition, SB 18-254 Child Welfare Reforms provided a legislative mechanism to develop an in-state placement for youth with DD/IDD needs.

The Medical Oversight Unit joined with various partners to address the goals of increasing access to health and mental health care for foster youth in Colorado and developing current best evidence-based physical and mental health practices for children/youth in OOH care. Partnering groups included the OBH Systems of Care, CDHS Workforce Development and Innovation, Project ECHO Colorado, (a team of clinical and public health professionals that leverage technology to overcome distance and establish a collaborative learning community), the Governor's Office of Information Technology, the CDHS Ongoing Child Protection Administrator, representatives from the Department of Utilization Review (DUR), Garfield County, Denver County, Department of Youth Services (DYS), University of Colorado, the Kempe Center and the Pediatric Behavioral Health Group. These partners worked to develop a pilot project for Telehealth and create a Telehealth Consent Form for DHS, a pilot for a Tele-Psychiatric Consultation line staffed by Child Psychiatrists for county caseworkers, GALS and care providers and a help-line cell phone app for foster parents when their foster youth are experiencing a crisis. Rural areas of the state are expected to benefit particularly from these technological innovations to increase access to health and mental health care.

In October 2017 the OCYF Medical Director authored detailed procedures for obtaining health care, mental health treatment and substance abuse treatment by creating Flow Sheets for caseworkers, pediatricians and clinicians who were unclear how to access care for youth in child welfare and DHS placements.

To meet the 2015 goal for the development of a CDHS OCYF Medical Oversight Unit (to ensure effective and continuous oversight of psychotropic medication prescribing to our youth) the Unit and the Department of Health Care Policy and Financing (HCPF) joined with representatives of the counties, the University of Colorado, residential child care facilities' leadership staff, former foster youth, the Foster Care Advisory Board, Colorado Access, Colorado Association of Family and Children's Agencies (CAFCA), the Kempe Center, Children's Hospital, Beacon Health, OCR, Denver Health, Aspen Pointe, Colorado University School of Pharmacy, Banner Health, Value Options, Colorado Regional Health Information Organization (CORHIO), the OBH, the Child Welfare Placement Services Division, the Colorado Department of Public Health and Environment (CDPHE), DHS and the Department of Public Safety to continue the work of the Psychotropic Medication Steering Committee that originated in 2012. The original committee was charged with developing recommended guidelines for the State of Colorado in keeping with the requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) and the Child and Family Services Improvement and Innovation Act (P.L. 112-34). The original guidelines were produced in 2013, and since that time, much has changed.

In FFY 2018, the OCYF Medical Oversight Unit, under the guidance of the OCYF Medical Director, principal author, HCPF Chief Medical Officer & Client & Clinical Care Office Director, with input from the above-listed Psychotropic Medication Steering Committee members, Community Behavioral Health, the Ministry of Children & Youth Services in Ontario, Canada, Correctional Health Partners (CHP), current and former foster parents, DCW leadership and the DCW Adoption supervisors, published the updated 2017 Colorado Guidelines for Psychotropic Medication Use for Children and Adolescents in Colorado's Child Welfare System which reflect:

- More detailed data on psychotropic prescribing, such as trending prescribing patterns over time;
- Decision aids for obtaining mental health services;
- New guidelines and treatment algorithms; and
- Progress made pursuing nationally-recognized standards for appropriate prescribing of psychotropic medication.

Psychotropic prescribing increased overall for all Medicaid youth in Colorado between 2012 -2013 and 2015 - 2016, but increased at a lower rate for youth in foster care. This update also showcases decision aids for obtaining mental health services for children and youth in OOH care and for obtaining consent to treat for mental health. Treatment algorithms for

common forms of mental illnesses have been adapted from Seattle Children’s Hospital, as have standardized side effect rating scales from the Ministry of Government Services in Ontario, Canada. The 2017 guidelines include best prescribing practices, show instances of prescribing patterns that are likely to trigger a review and prior authorization from Medicaid, and discuss prescribing practices that may in the future be considered for prior authorization.

The 2017 guidelines discuss a number of developing initiatives aimed at providing improved mental health access and prescribing practices, such as ECHO modules to train pediatricians about safe prescribing, a child psychiatric consultation hotline to aid the informed consent process and telehealth to increase access to care.

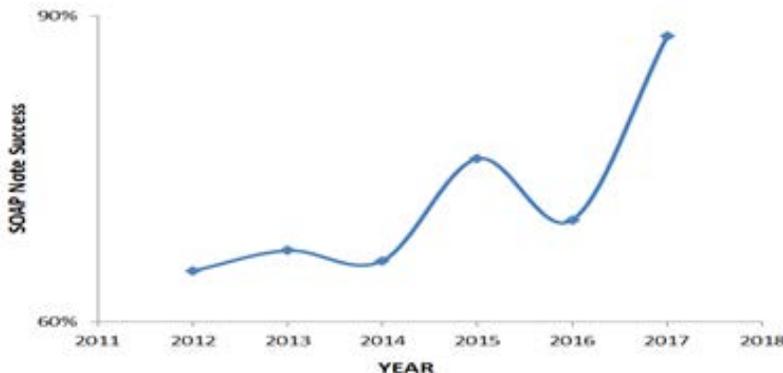
The primary rationale for the guidelines is to affirm best practices in caring for our children and youth in OOH care and to highlight the progress occurring in Colorado as concerns around psychotropic prescribing are addressed. It is predicated upon the assumption that treatment with psychotropic medication should be used to reduce unwanted mental health symptoms and to restore meaningful quality of life for youth, never as punishment, control mechanisms or for the convenience of caregivers or others. The guidelines reinforce that the youth should have a voice in treatment and should clearly understand why they are being given a medication. Above all else, medication prescribing should keep youth safety in mind, with constant vigilance for short-term and long-term adverse effects.

While the 2017 guidelines are intended for the use of practitioners working with children and youth involved in the child welfare system, practitioners working with children and youth involved in other systems may find the guidelines helpful.

Additional accomplishments involving the Medical Oversight Unit for FFY 2018:

- Collaboration with CDHS resulted in successful passage of rule to assure that each child or youth in OOH care is accompanied to psychiatric appointments by an adult who has knowledge about the daily functioning and behavior of the child or youth. This change assists more accurate treatment and medication prescribing for youth, as well as places Colorado in greater compliance with Federal Regulations and the advice of the 2013 Psychotropic Medication Guidelines for Children and Adolescents in Colorado’s Child Welfare System. It also assists mental health providers with more accurate diagnoses and prescribing practices.
- Continuous Medical Oversight Unit coaching and auditing of DYS facilities with onsite medical clinics for compliance with DYS policies, chronic care procedures standards and National Commission of Correctional Health Care (NCCCHC) Accreditation Standards for Juvenile Corrections resulted in NCCCHC accreditation of these facilities and a high percentage rate of compliance with documentation of medical SOAP (subjective, objective, assessment, and plan) notes during the 2017 reporting period compared to previous years (2012 - 2016).

Figure 6. Based on Critical Incidents reported in Trails using a random selection of 4 DYS facilities with onsite medical clinics



- The Medical Oversight Unit collaborated with DYS to ensure the timely adoption of a new Electronic Health Record (EHR) system in FFY 2018. The new EHR improved the efficiency of DYS clinicians, thus allowing them more time to provide clinical care.

#### Disaster Plan

Colorado was not affected by a disaster during this reporting period. The plan was updated in April 2018; see Appendix G. Staff attended an ACF-sponsored disaster planning forum and plans will be reviewed and shared with the CDHS lead for disaster planning.

#### 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; see Appendix F.

## X. 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-18-01).

### *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/social 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 coursework (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 initial child welfare training program is called the Fundamentals of Child Welfare Casework Practice. All new county caseworkers are required to complete a 5-course series and transfer of learning activities along with a simulation exercise that allows them to interact with hired actors in a 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 2019 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, although counties may choose to require their staff to input this information. As modernized Trails implementation is continued statewide throughout CY 2018, more information about the state's CPS workforce will be available for reporting.

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 CWTS through a contract with the Kempe Center. The following tables provide information about learners who were enrolled in the *Fundamentals Practice Simulation* course in CY 2017.

Table 17: Calendar Year 2017 Trainees - Gender

(source: CWTS, March 2018)

Response	Frequency	Percent
Male	65	15.4%
Female	358	84.6%
Gender Non-Conforming	0	0
Total	423	100%

Table 18: Calendar Year 2017 Trainees - Race/Ethnicity

(source: CWTS, March 2018)

Response	Frequency	Percent
No Response	56	13.2%
African American	29	6.9%

Asian/Pacific Islander	5	1.2%
Caucasian	271	64.1%
Hispanic/Latino	53	12.5%
American Indian	3	0.7%
Mixed Race	5	1.2%
Other	1	0.2%
Total	423	100%

Table 19: Calendar Year 2017 Trainees - Education Type

(source: CWTS, March 2018)

Response	Frequency	Percent
No Response	0	0%
Social Work	174	41.1%
Related Degree	199	47.0%
Other	50	11.8%
Total	423	99.9% <sup>5</sup>

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<sup>5</sup> Percentages may not total 100 due to rounding.

Table 20: Calendar Year 2017 Trainees - Educational Level

(source: CWTS, March 2018)

Response	Frequency	Percent
No Response	0	0%
High School or GED	8	1.9%
Associate's Degree	9	2.1%
Bachelor's	258	61.0%
Master's	140	33.1%
Other	8	1.9%
Total	423	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 2017, 84 new caseworker positions were allocated to 15 counties and in SFY 2018, 67 new caseworker positions were allocated to 15 counties.

Table 21: Division of Child Welfare Caseload Study - caseload recommendations by service type

(source: caseload study, March 2016)

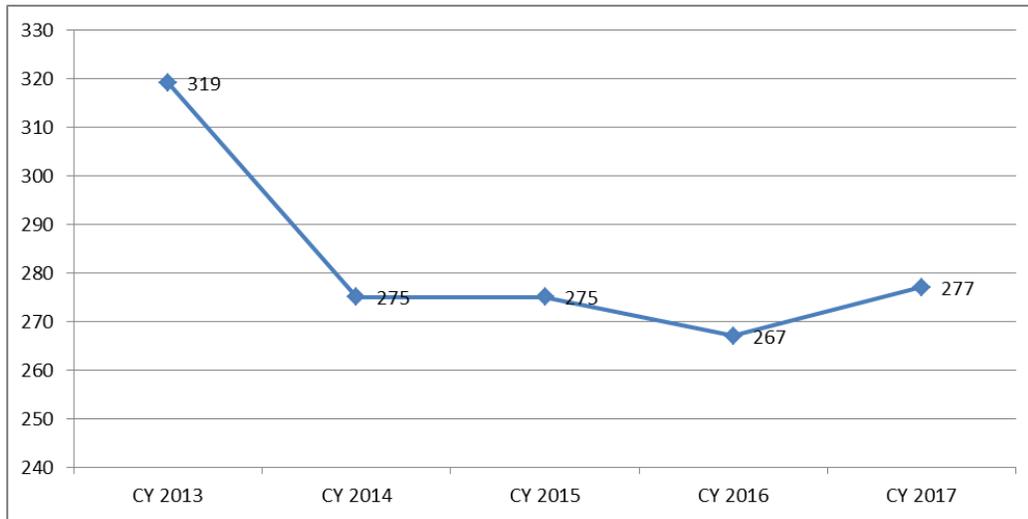
Service Type	Colorado Caseloads per Worker	
	2014 Time Study Results	Recommended per SMEs
Screening	42	36
Family Meetings	28	12
High Risk Assessment	22	15
Family Assessment Response	29	13
Ongoing, In-home	21	14
Ongoing, Out-of-home	16	8
Visitation	19	8

Adoption	24	9
Licensing	23	10

*Juvenile Justice Transfers*

Between January 1 and December 31, 2017, there were 277 children/youth in the State of Colorado who had custody transferred from the local county department of human/social 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 youth who were being served in an OOH placement by county departments and were subsequently committed to DYS during CY 2017. These data may include delinquent youth who were court-ordered to Title IV-E eligible community placements. The following figure provides juvenile justice transfers data from CY 2013 to CY 2017.

Figure 7: Number of children and youth transferred from CDHS to DYS (source: ROM, 3/28/18)



*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.

In addition to the 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 CFRT focuses only on child abuse and neglect cases known to county departments of human/social services. Both agencies collaborate to share data from each system and make joint recommendations for systemic improvements based on 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 58.

*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 county caseworkers to ask if children involved in 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 reliable data on children who were adopted from other countries and entered Colorado’s child welfare system. Efforts to address this gap in data collection include a change in the statewide database to create a mandatory data field to capture this information.

*Monthly Caseworker Visit Data*

Monthly caseworker visit data for FFY 2018 will be reported separate from the 2019 APSR and submitted to the Children’s

Bureau by the December 15, 2018 due date.

## XI. 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. 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 the 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 duplicate 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 2019 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.

## APPENDICES

### 2019 ANNUAL PROGRESS & SERVICES REPORT

#### 2015-2019 Child & Family Services Plan

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

June 30, 2018

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

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Appendix A



Ann M. Rosales, MSW, Director

2019 Annual Report  
Child Abuse Prevention and Treatment  
Act  
2019 Annual Progress and Services  
Report

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

June 30, 2018

Submitted by: Colorado Department of  
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1575 Sherman Street  
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Appendix A



**COLORADO**  
Office of Children,  
Youth & Families  
Division of Child Welfare

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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;

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- Differential Response expansion;
- C-Stat Performance Measures;
- Governor’s Child Welfare Plan 2.0; and/or,
- Safety and Risk Assessment Monitoring.

### II. SUBSTANTIVE LEGISLATIVE CHANGES

There were no substantive legislative changes which affect the CAPTA.

### 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 2017 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, CDHS was awarded a grant from Department of Justice/Office for Victims of Crime to secure a time-limited, full-time Human Trafficking Specialist. This position provides technical assistance to counties in utilizing the screening tool and creates local human trafficking navigators. The navigators assist local communities with resources and guidance when these types of assessments/cases arise. 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. 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 timeliness of face-to-face contact with alleged victim(s), increasing worker retention, decreasing the reoccurrence of maltreatment in out of home care, 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. This task force created a preliminary report on November 17, 2017 and will make final recommendations to the governor before 12/01/2018.
- *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, utilizes 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 institutional abuse and/or neglect assessments and provide Colorado with recommendations to improve policies, procedures, and practices. The focus has been to reduce the occurrence of maltreatment for children placed out of the home.
- *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 continuously provides data reports on the timeliness of the completion and accuracy of these tools and provides coaching and technical assistance to counties when needed.
- *RISE, school based program:* RISE is the school-based adaptation of a program called Let's Connect which was originally developed for use with parents or other primary caregivers (e.g. foster parents, kin) within families. Let's Connect is a promising practice of the National Child Traumatic Stress Network which integrates schools into a broader, system-wide program called RISE: Resilience in Schools and Educators. RISE promotes trauma-

## Appendix A



sensitivity across the school and shifts school climate to foster resilience and builds students' sense of connectedness and social emotional learning in partnership with all school staff.

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. Additional funds were awarded to complete a research project to assess for the affectedness of the Ralston House model.
  - *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).
- *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, Child Fatality Review Team, the CJA Task Force, and are available on an individual basis as consultants and trainers.

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- *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 quarterly with CWTS staff as a member of the Training Steering Committee, 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 deliver 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.
  - 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 providing additional training and compiling research on topics related to abuse and/or neglect. The CJA assisted in the creation of the updated resource guide which can be found at [www.coloradogrid.org](http://www.coloradogrid.org).
  - Colorado's Office of the Respondent Parent Counsel (ORPC): The CJA Task Force has approved its second year of funding for the ORPC, whose primary focus for the upcoming year is access to high-quality, professional training for Respondent Parent Counsel (RPC) attorneys in both rural and metro area communities across Colorado. The funding provided to the ORPC for the 2018 calendar year will go to support various training initiatives that the ORPC believes will enhance professional development for RPCs. CJA Task Force funding will go to support several training priorities for the ORPC in the upcoming year including but not limited to Boot Camp trainings for new RPC attorneys and RPC appellate attorneys, a state-wide Fall Conference, participation in the 1<sup>st</sup> National ABA Interdisciplinary Parent Defense Conference, and Rural and Metro Area Roundtable trainings.
- *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. A formal training was created and offered through CWTS via the ECHO model. This model is provided by a live panel and attended online for one hour each session for six sessions. This training has four cohorts offered in throughout 2018 to reach 80 participants across Colorado.
- *Ongoing Coaching and Technical Assistance from Program Staff:* See description in area (1).

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- *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, Garfield, Jefferson, Larimer, Mesa, and Pueblo counties. The purpose of the ARCH Project is to conduct applied research on child well-being interventions and child maltreatment prevention to inform child welfare practice and policy. ARCH is currently conducting a study to understand the predictors and implications of reentry among families involved in the child welfare system in Colorado.
- *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:
  - *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.
  - *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:

- *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](http://www.colorado.gov/cdhs/cw/devscreen)).

- *Colorado Substance Exposed Newborns Steering Committee:* Funds were awarded to support Illuminate Colorado in facilitating a multidisciplinary group of participants from around Colorado to include hospitals, DCW, Colorado Attorney General’s Office, Office of Behavioral Health, private and non-profit agencies, and county partners in prioritizing action items around substance exposed newborns. Subcommittees of: Data and Research, FASD (Fetal Alcohol Spectrum Disorders) Identification/Diagnosis, Policy, Provider Education, and Plans of Safe Care were created. Work plans have begun for each subcommittee and meetings have begun in all groups as of March, 2018. The first priority of the steering committee was to “Promote community-based strategies to meeting the CAPTA/CARA requirement regarding plans of safe care for infants and caregivers”.
- *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

Office of Children,  
Youth & Families

Division of Child Welfare

- 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.
- C.R.S. 26-5-108 sets the 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.
- 12 CCR 2509-2, 7.104(B) lists the criteria for out-of-home placement in the Colorado Code of Regulations include situations where a drug-exposed newborn and/or a safety concern is identified. These include
- 12 CCR 2509-4, 7.304.62(G) includes requirements for well-child medical exams.
- 12 CCR 2509-2, 7.107.1 requires the 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.
- 12 CCR 2509-4, 7.301.22 outlines requirements 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:
  - 12 CCR 2509-4, 7.301.23 requires the reviews as a part of the federally-required Case Review System, that includes monitoring that treatment plans address issues related to substance abuse as identified in the safety and risk assessment and that appropriate services are identified and included;
  - 12 CCR 2509-2, 7.107.17(B) requires supervisory review of safety plans; and,
  - 12 CCR 2509-4, 7.301.22(C) requires periodic supervisory and court review of treatment plans, as outlined in the Colorado Code of Regulations.

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 C.R.S 18-18.5-103 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 newborns. 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 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 plan, CDPHE identifies Mental Health and Substance Abuse as one of two Flagship Priorities. Within that priority includes the following goals and activities:
  - A State Innovation Model with funding from the Centers for Medicare and Medicaid 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.
  - Drug-use prevention activities specifically targeted at pregnant mothers.
  - Statewide goal of preventing prescription drug abuse.
- Completion of a multidisciplinary child welfare and marijuana health impact study 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:
  - 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.
  - 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.
  - 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 possible. This approach allows for individualized services to meet the needs of children, youth, and families across diverse populations and be able to respond to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado. 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:
  - 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.
  - 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. 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:

- Reviewing all trainings related to substance abuse to ensure that practices related to the plans of safe care are adequately created and promoted;
  - New courses offered since CARA passed:
    - Enhancing Practices With Families Impacted by Substance Use
    - Impacts and Implications of Prenatal Substance Exposure
    - Web-Based Training on Fetal Alcohol Syndrome
    - Web-Based Training on Early Intervention with Substance Exposed Newborns & Plans for Safe Care
    - In Depth With Substance Use and Families: An ECHO Model Online Community (ECHO)
  - Existing course:
    - Building Safety When Parents Use Substances
- Engaging hospital stakeholders to increase consistency in the implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at time of birth through the Colorado Hospital Substance Exposed Newborn Collaborative; 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.
- Colorado has updated our SACWIS to include questions to gather more accurate data on the three reporting points required by CARA

## VI. CITIZEN REVIEW PANEL REPORTS

Appendix A



IART: The 2017 report is attached.

CJA Task Force: A Copy of CJA Reapplication and Annual Report submitted May 17, 2018 is attached.

Child Fatality Review Team (CFRT): The 2016 CFRT Report is attached.



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Office of Children,  
Youth & Families

Division of Child Welfare

Ann M. Rosales, MSW, Director

Institutional Assessment Review Team (IART)  
Annual Report

This report summarizes the activities of the Institutional Assessment Review Team (IART) from January 2017 through December 2017. IART is a citizen review panel 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 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 county conducted a thorough assessment. IART also examines trends in institutional abuse in order to make recommendations for new policy, procedure or practice changes.

Training and Outreach

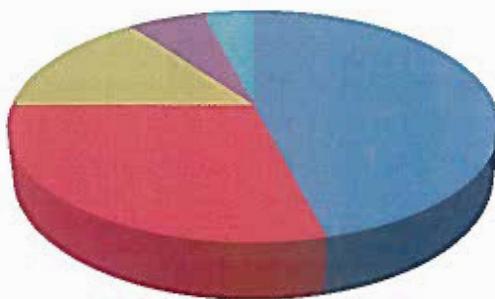
Division of Child Welfare (DCW) staff and IART members continue to provide technical assistance and coaching to facility and county staff on an as needed basis. DCW staff has worked with the Child Welfare Training System (CWTS) in the development of an institutional assessments training module. The curriculum, *Conducting a Thorough Institutional Assessment*, was finalized in CY 2017 and training will start in January 2018. Currently, four cohorts are scheduled for CY 2018. Each cohort will train 20 participants, totaling 80 participants. DCW staff will continue to provide onsite specific training and technical assistance to counties when needed.

Data and Outcomes

During the review period from January 2017 to December 2017, IART reviewed 457 institutional assessments. Based on the assessment review, IART determined the county performed thorough assessment in 424 (93%) of the county assessments reviewed. IART determined more information was needed in 33 (7%) of the county assessments.

IART used a modified review tool to capture trends of facility type, Family Foster Homes 211 (46%), Residential Child Care Facilities (29%), Division of Youth Services Facilities 68 (15%), Group Homes Providers 26 (6%), Certified Kinship Providers 22 (4%); allegation types of Abuse 218 (47%), Neglect 239 (53%), and, the overall finding of the assessment Unfounded 328 (72%), Inconclusive 83 (18%), or Founded 46 (10%). These identified trends aid in data driven prevention of maltreatment in out of home care.

**Facility type where abuse and/or neglect occur**



- Family Foster Homes
- Residential Child Care Facilities
- Division of Youth Services
- Group Home
- Certified Kinship



IART's reviews were provided to the counties through the child welfare case management system (Trails). All assessments which IART reviewed were sent back to the counties with comments or recommendations of technical assistance. IART is continuing to invite counties to discuss recommendations and the IART process.

Following the review, IART provided the county who completed the assessment with guidance on any missing information. If there were areas of technical assistance needed, DCW reached out to the county to offer the needed training and technical assistance. IART reviewed assessments from 27 (42%) of the 64 counties. IART members and DCW have collaborated with Administrative Review Division (ARD) to assist in the review of institutional referrals which did not meet criteria for assignment. DCW will use the information gathered in the screen out reviews to provide training and technical assistance in screening decisions. IART recommended on-site training be provide to 3 counties; these counties accounted for 135 (30%) of the total assessments reviewed. DCW provided half day onsite training to each of these locations. In addition, IART identified training needs and potential violations of policies, rules, and/or regulations by the identified facility or provider. IART recommended an investigation of the potential violations of policies, rules, and/or regulations of the governing body (Stage II) in 257 (56%) of the 457 assessments reviewed. IART provided training recommendations to the caregivers in 238 (52%) of the 457 assessments reviewed.

IART Conclusions

Review Period	IART Reviews	IART Determined to be thorough	IART Stage II Recommended	IART Training/TA Recommended
Jan 2017- Dec 2017	457	424 (93%)	257 (56%)	238 (52%)

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 Services, and the Office of Behavioral Health); Colorado State Foster Parent Association (CSFPA); Child Placement Agencies (CPAs); Residential Child Care Facilities (RCCF) and, the medical community. IART regularly assesses and recruits membership to ensure all appropriate groups are represented on the team.

Next Steps

1. IART will revise its review process to create reviews which have broader influence over multifaceted strategies within the child welfare system.
2. IART will develop a reporting practice for identified improvements for the county and caregiver providers. This information will inform training, technical assistance, and system level improvements for the majority of our out of home providers.





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

The Honorable Jim Smallwood  
Chair, Senate Health and Human Services Committee  
201 East Colfax Avenue  
Denver, CO 80203

The Honorable Jonathan Singer  
Chair, House Public Health Care and Human Services Committee  
201 East Colfax Avenue  
Denver, CO 80203

The Honorable Joann Ginal  
Chair, House Health, Insurance, and Environment Committee  
201 East Colfax Avenue  
Denver, CO 80203

June 30, 2017

Dear Governor Hickenlooper, Representative Smallwood, Representative Singer, and Representative Ginal:

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, appearing to read "Reggie Bicha".

Reggie Bicha Executive Director

cc: Senator Beth Martinez Humenik, Vice Chair, Senate Health and Human Services Committee  
Representative Jessie Danielson, Vice Chair, House Public Health Care and Human Services Committee  
Representative Daneya Esgar, Vice Chair, House Health, Insurance, and Environment Committee  
Senator Larry Crowder  
Senator Irene Aguilar  
Senator John Kefalas  
Representative Dan Pabon  
Representative Brittany Pettersen  
Representative Edie Hooten  
Representative Dafna Michaelson Jenet  
Representative Marc Catlin  
Representative Larry Liston  
Representative Justin Everett  
Representative Kimmi Lewis  
Representative Janet Buckner



Representative Susan Lontine  
Representative. Dominique Jackson  
Representative Chris Kennedy  
Representative. Susan Beckman  
Representative Phil Covarrubias  
Representative Stephen Humphrey  
Representative Lois Landgraf  
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Members of the Child Fatality Review Team  
Members of the Colorado State Child Fatality Review 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  
Jerene Petersen, Deputy Executive Director of Community Partnerships, CDHS  
Riley Kitts, Legislative Liaison, CDHS



# 2016 Child Maltreatment Fatality Report



**COLORADO**  
Department of Human Services

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## Executive Summary

The 2016 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 37 children involved in fatal incidents, substantiated for child maltreatment in 2016, 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 97 children in 71 substantiated fatal, near fatal, and egregious incidents of child maltreatment occurring in 2016, 57 children in 40 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 32 incidents occurring in 2014, 2015, and 2016 that were reviewed by the CFRT and/or posted to the public notification website in 2016. Recommendations address the policy findings, and systemic gaps and deficiencies identified during the CFRT review.

**Child Characteristics.** For fatalities in 2016, the most frequent race/ethnicity was White (48.6%), followed by Hispanic (18.9%). This is a change from 2015, when the most frequent race/ethnicity was Hispanic (59.1%) followed by White (18.2%). The most frequent race/ethnicity for all children in fatal, near fatal, and egregious incidents of child maltreatment in 2015 was White (41.2%). In Colorado in 2016, females accounted for 54% (20/37) of the victims in substantiated child maltreatment fatalities. This was the first year the number of female victims surpassed the number of male victims in child maltreatment fatalities. Males were victims in 68.2% of the near fatal incidents and 47.4% 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 39.2% (38/97). This was followed by those who resided with simply one (1) parent at 26.8%(26/97). While income level and education level of legal caretakers is not routinely collected by counties, available information on services to families indicated that in 100% of the fatal, near fatal, and egregious incidents reviewed by the CFRT in 2016, the family was eligible for and received some level of supplemental benefits.

**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 2016, 21 of 35 (60%) of fatal incidents had prior involvement, ranging in intensity from one referral not accepted for assessment to involvement that included case services.

**Other Family Stressors.** Of the families involved in a child fatality substantiated for abuse or neglect, 42.9% (9/21) had some history of identified domestic violence. Additionally, 47.6% (10/21) of families experienced substance abuse issues, and for 33.3% (7/21) of the fatal incidents, there was a history of mental health treatment for at least one caregiver.

**Perpetrator Relationship.** The victim's mother committed the fatality 53.8% of the time (28/52), which is above the national trend (28%). The second largest category of perpetrators of fatalities was the victim's father, at 26.9% (14/52).

**Findings and Recommendations.** The CFRT highlighted 99 systemic strengths across 44 reports from 2014, 2015, and 2016 reviewed by the CFRT and posted since the cutoff of inclusion in the 2015 CFRT Annual Report (3/31/2016) and the cutoff for inclusion in this report (3/31/2017). The most commonly acknowledged systemic strength was collaboration between the county departments of human/social services and other community entities. The CFRT also identified 45 systemic gaps and deficiencies across the child welfare system, and made 86 recommendations related to policy findings. The most common issue identified was improving County Continuous Quality Improvement (CQI) processes to address barriers to performance and implement solutions. There were 131 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 161 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 some trends in the data. 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 five years, with 2016 displaying an increase in fatal and near fatal incidents since 2015, and a slight decrease in egregious incidents.

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 <sup>^</sup>
2016	71	25	17	115 <sup>^</sup>

\*Not all incidents met criteria for CFRT review.

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

<sup>^</sup> Two of the reported incidents reported in both 2015 and 2016 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 1<sup>st</sup> 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. County departments have worked diligently to comply with this requirement.

As part of the data integrity process for 2016, 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 2016. The data integrity checks identified 66 children who appeared as though they experienced an incident that may have required notification to the CDHS, but for whom the CDHS did not receive notification. Of these, there were seven incidents involving eight of the children that met criteria for public notification. None of the incidents met criteria for a full CFRT review either because they were unsubstantiated for abuse and/or neglect, or the involved families did not have prior history with departments of human/social services. 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 reviewed through 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 for review 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 <sup>o</sup>
2012	9	2	1	12
2013	8	10	21	39
2014	18	14	13	45
2015	13 <sup>^</sup>	9	13	35 <sup>^</sup>
2016	21	11	8	40

\*There was a change in state statute from 2012 to 2013 that increased the time span for prior involvement from two years to three years.

<sup>o</sup>Near fatal and egregious incidents were not statutorily mandated for inclusion until April 12, 2012.

<sup>^</sup>This number is different from the 2015 Child Maltreatment Fatality Report as one child in one fatal incident was pending disposition at the time the 2015 report was finalized.

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 affects the total length of time needed to complete any individual review. To date, 45 of the 115 (39.1%) incidents occurring in 2016 were afforded at least one extension, with the total number ranging from one to nine extensions.

### Incidents Reviewed in 2016

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 2016, the CFRT was able to review 32 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 32 incidents reviewed during 2016, one of the incidents occurred in 2014, 10 occurred in 2015, and the remaining 21 occurred in 2016. Overall, 52.5% (21/40) of the incidents that occurred in 2016 were reviewed in 2016.

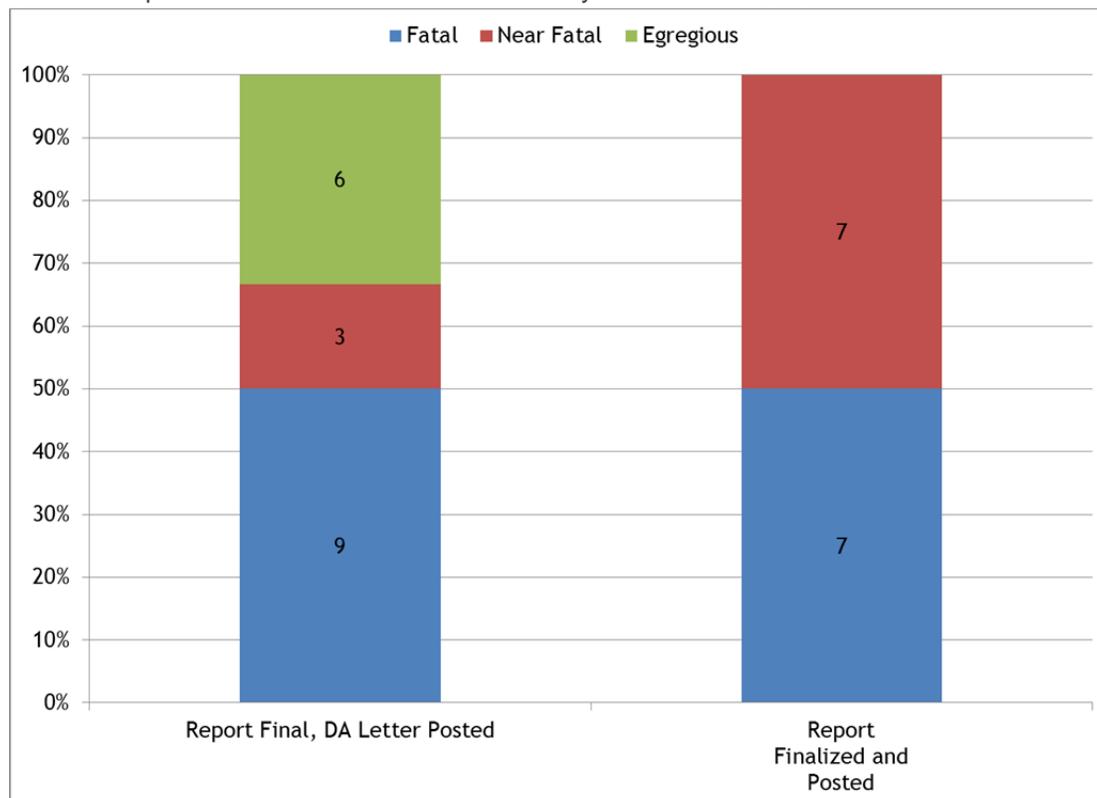
### Completion and Posting of Case Specific Executive Summary Reports

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 2016. Of the 32 incidents reviewed, final non-confidential case executive summary reports were posted for 14 of them. For the remaining 18 incidents reviewed, it was determined that releasing them could jeopardize criminal or civil proceedings and the reports were not posted. Throughout 2016, all incidents were reviewed and reports posted within the statutorily required timeframes.

Chart 1: Report status of all incidents reviewed by the CFRT in 2016



### 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 participates on 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 2016 Annual Report.

### Changes made to the Child Welfare System as a Result of CFRT Recommendations

This section of the report is intended to highlight the changes that were made to child welfare policy in Colorado, as a result of recommendations made by the CFRT. C.R.S. 26-1-139 (1)(c) states, “The goal of the multidisciplinary review shall not be to affix blame, but rather to improve understanding of why the incidents of egregious abuse or neglect against a child, near fatalities, or fatalities of a child due to abuse or neglect occur, to identify and understand where improvements can be made in the delivery of child welfare services and to develop recommendations for mitigation of future incidents of egregious abuse or neglect against a child, near fatalities, or fatalities of a child due to abuse or neglect.

In 2016, a recommendation was made by the CFRT that the CDHS - Division of Child Welfare (DCW) consider a change to rule which would provide an exception to the requirement for caseworkers to observe/interview alleged victims of fatalities. As a result of the recommendation, DCW determined a caseworker’s observation of a deceased child or a child undergoing medical interventions did not contribute to the quality of information in a child fatality, near fatality, or egregious assessment, and an exception to rule was added for these circumstances. The intended outcome of this practice change is to reduce the effects of secondary trauma on caseworkers so caseworkers can continue to serve children and families in Colorado.

In 2014, the CFRT recommended that county department staff be present in person or via teleconference to present their case at the monthly CFRT meetings. Throughout the CFRT review process, it was determined an integral piece of completing a thorough and effective State Child Fatality Review includes having county departments who have assessed the egregious, near fatal or fatal incident, as well as county departments who have had prior history with the child and/or family within the last three years, present at the review. The ARD put forth Volume 7 rule revisions as a result of this recommendation, and the rules were approved at State Board’s second hearing on May 5, 2017. The revised rules go into effect July 1, 2017. The policy change will help ensure the CFRT can complete thorough and effective reviews, which will assist the CFRT in accomplishing its goals as set forth in statute.

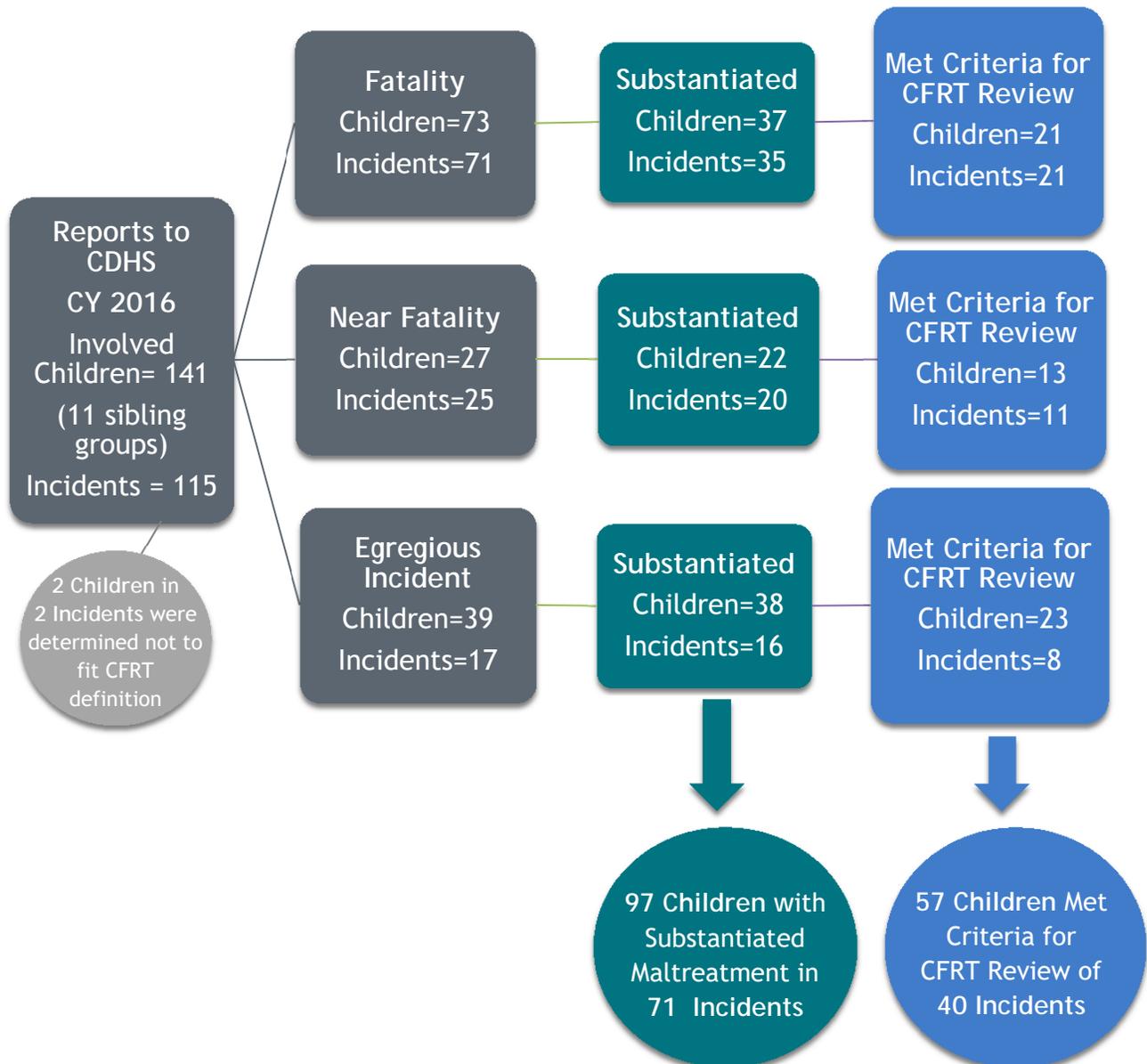
## Overview of the 2016 Reports of Fatal, Near Fatal, and Egregious Incidents of Child Maltreatment Victims

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 2016, counties reported 115 incidents involving 141 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 139 children, 73 children were associated with 71 fatal incidents, 27 children were associated with 25 near fatal incidents, and 39 children were associated with 17 egregious incidents.

Of those incidents with completed assessments, 42 incidents regarding 42 children were found to be unsubstantiated for abuse or neglect. Therefore, these incidents were not considered 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 2016, 71 substantiated incidents included 97 children, 57 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 2016. 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 2016



For purposes of this report, the majority of the analysis in the following section focuses on the 97 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 97 substantiated victims of incidents that occurred in CY 2016.

Table 3: Summary information of all 97 substantiated victims of child maltreatment fatalities, near fatalities, and egregious incidents in Colorado for CY 2016

Characteristic	Detail	Fatal	%	Near Fatal	%	Egregious	%
Age of Victim at Time of Incident	Less than one	18	48.6%	12	54.5%	6	15.8%
	One	0	0.0%	2	9.1%	2	5.3%
	Two	2	5.4%	3	13.6%	1	2.6%
	Three	3	8.1%	2	9.1%	1	2.6%
	Four	1	2.7%	0	0.0%	3	7.9%
	Five	2	5.4%	0	0.0%	1	2.6%
	Six	2	5.4%	0	0.0%	3	7.9%
	Seven	1	2.7%	1	4.5%	2	5.3%
	Eight	2	5.4%	0	0.0%	3	7.9%
	Nine	1	2.7%	1	4.5%	2	5.3%
	Ten	2	5.4%	0	0.0%	5	13.2%
	Eleven	1	2.7%	0	0.0%	0	0.0%
	Twelve	0	0.0%	0	0.0%	3	7.9%
	Thirteen	0	0.0%	0	0.0%	1	2.6%
	Fourteen	1	2.7%	0	0.0%	2	5.3%
	Fifteen	0	0.0%	0	0.0%	1	2.6%
	Sixteen	1	2.7%	0	0.0%	0	0.0%
Seventeen	0	0.0%	1	4.5%	2	5.3%	
Race/Ethnicity	African American	5	13.5%	2	9.1%	3	7.9%
	White	18	48.6%	9	40.9%	13	34.2%
	Hispanic	7	18.9%	9	40.9%	22	57.9%
	Multiracial	2	5.4%	2	9.1%	0	0.0%
	Unknown	5	13.5%	0	0.0%	0	0.0%
Sex	Female	20	54.1%	7	31.8%	20	52.6%
	Male	17	45.9%	15	68.2%	18	47.4%
Family Structure	One parent	10	27.0%	7	31.8%	9	23.7%
	One parent and one related caregiver	1	2.7%	0	0.0%	8	21.1%
	One parent and one unrelated caregiver	6	16.2%	1	4.5%	0	0.0%
	Two parents	15	40.5%	9	40.9%	14	36.8%
	Two parents and relatives	1	2.7%	1	4.5%	4	10.5%
	One related caregiver and one unrelated caregiver	1	2.7%	2	9.1%	0	0.0%
	One parent and relatives	3	8.1%	0	0.0%	3	7.9%
	Residential Child Care Facility	0	0.0%	0	0.0%	0	0.0%
	Foster Care	0	0.0%	2	9.1%	0	0.0%
Incidents with Additional Family Stressors*	Substance Abuse	10	38.5%	3	42.9%	2	22.2%
	Mental Health	7	26.9%	0	0.0%	2	22.2%
	Domestic Abuse	9	34.6%	4	57.1%	5	55.6%

\*This is counted at the family level.

## 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 Maltreatment<sup>1</sup> 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 2015) 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 researchers<sup>2</sup>.

Nationally, for FFY15, 42.3% of child fatalities are White children, 30.6% are African American children, and 14.5% 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

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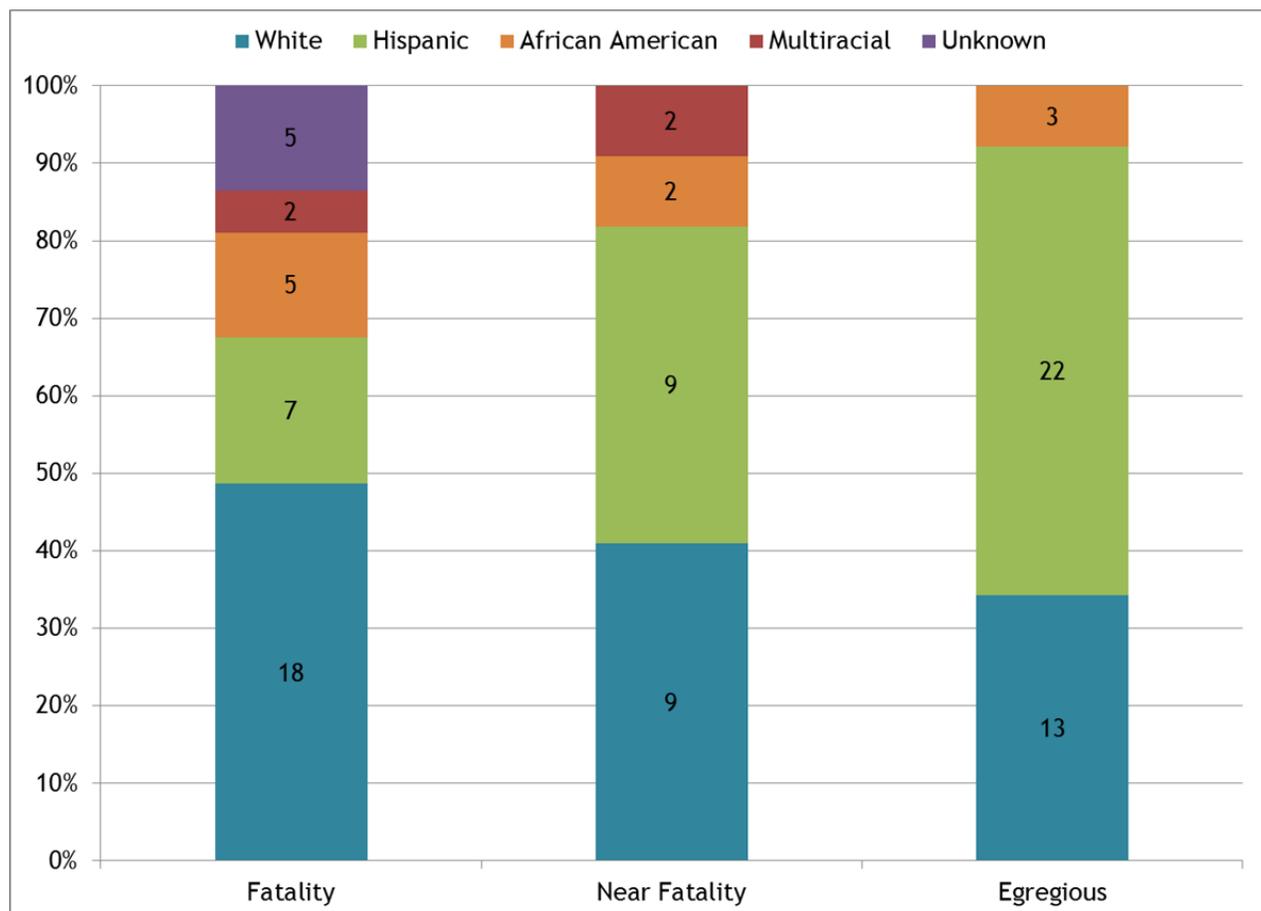
<sup>1</sup> US Department of Health and Human Services. (2017). Child maltreatment 2015. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf>

<sup>2</sup> 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<sup>3</sup> estimated that by 2020, individuals of Hispanic origin will comprise 24.3% of Colorado's total population. The estimated population for those individuals identifying as White will decrease to 66.5%, while African American population will increase slightly to 4.2%.

Chart 3 displays the race/ethnicity for the 97 victims in the fatal, near fatal, and egregious incidents of child maltreatment that occurred in Colorado in 2016. While White (48.7%) was the most frequent race/ethnicity for children in fatal incidents of child maltreatment, Hispanic was the most frequent for children in egregious incidents (57.9%). Both White and Hispanic children made up a respective 40.9% of the near fatal incidents. Trends for fatal events most closely resemble the overall population trends for Colorado, while the trends for near fatal and egregious incidents differ from Colorado population trends. Hispanic children are disproportionality represented in the egregious and near fatal incidents.

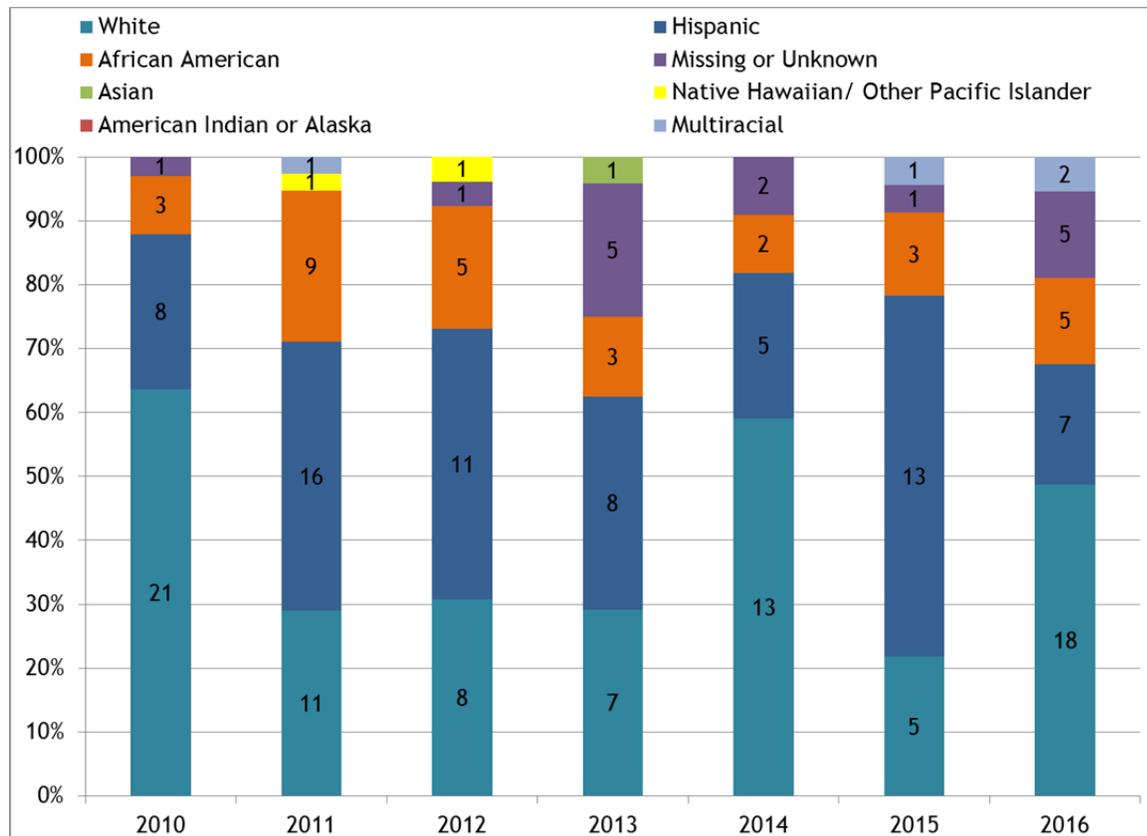
Chart 3: Race/Ethnicity of 97 victims in all substantiated fatal, near fatal, and egregious incidents of child maltreatment in Colorado for CY 2016



<sup>3</sup> <https://demography.dola.colorado.gov/population/>

Chart 4 shows the race/ethnicity of all child maltreatment fatalities in Colorado over the past six years. For fatalities in CY 2016, the most frequent race/ethnicity was White (48.7%), followed by Hispanic (18.9%) and African American (13.5%). This is a significant change from 2015, where the majority of child victims were Hispanic. However, the 2016 trends fall in line with trends from 2014 and 2010, and in other years (2011-2013), the share of White and Hispanic child victims were less disparate.

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

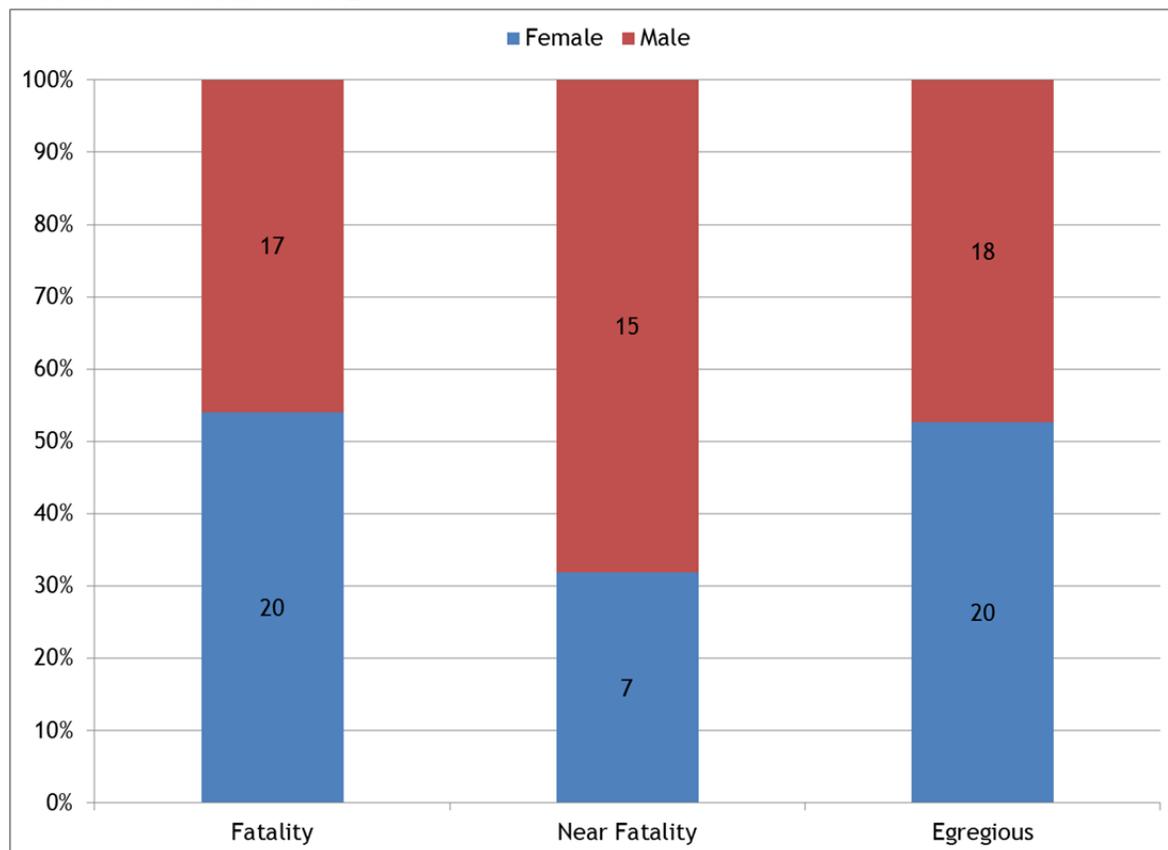


As mentioned above, CY 2016 marked a shift back to the pattern of Whites being the majority of victims. This year's data is more proportionate to the population of Coloradans, as White comprised a 69% of Colorado's population in 2015, while Hispanics are 22.3% of Colorado's population. The percentage 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%. It will be important to watch those trends in comparison to fatality rates. To date, there has been no discernable pattern to the racial/ethnic make-up of the child fatality victims.

### *Sex of victim*

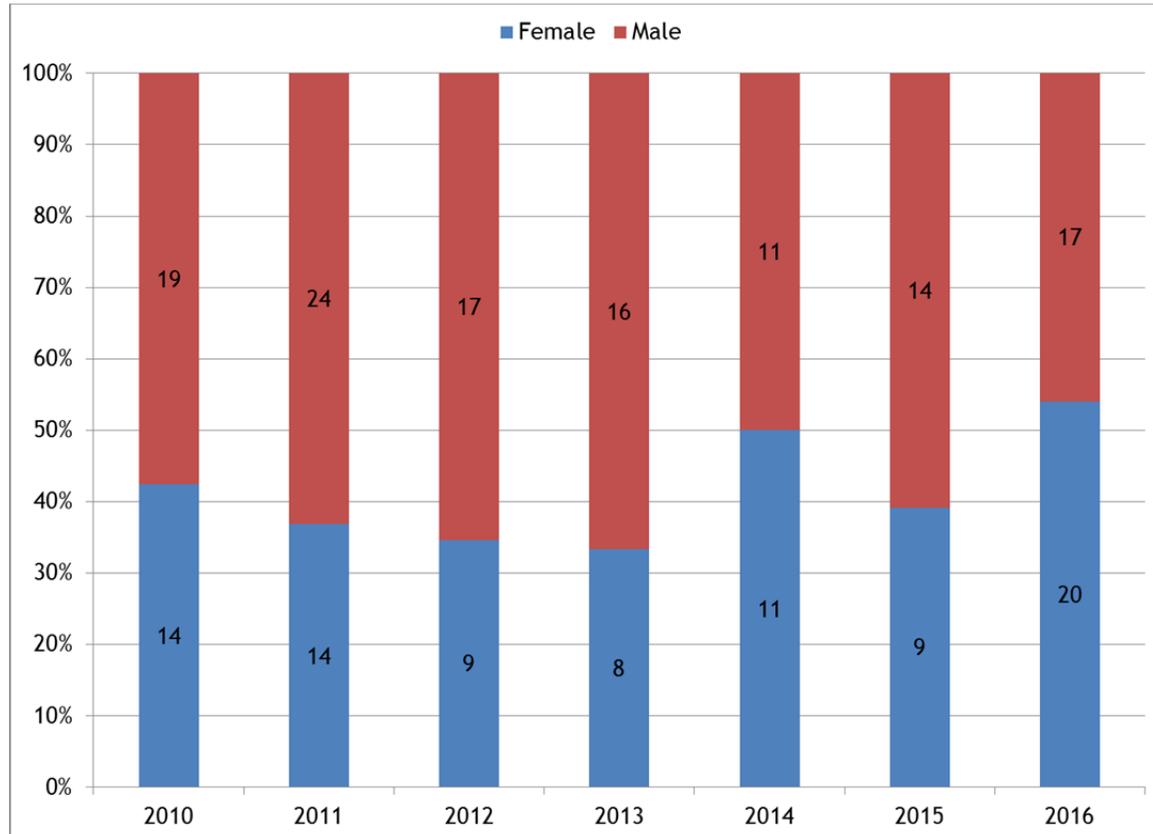
Chart 5 displays the breakdown of differences in the sex of the victims by the type of incidents. Nationally, in FFY 2015, 54.6% of child maltreatment fatality victims were males, almost a four-percentage-point difference from FFY 2014. In Colorado, in CY 2016, males accounted for 45.9% of the children in substantiated child maltreatment fatalities. Males were victims of more than two-thirds of the near fatalities (68.2%) and just under half of the egregious incidents (47.4%). There are no federal comparison statistics for near fatal or egregious incidents.

Chart 5: Sex of 97 victims in substantiated child maltreatment fatalities, near fatalities, and egregious incidents in Colorado for CY 2016



In the recent past, Colorado mirrored national trends in regard to the sex of child fatality victims - males were the highest percentage of victims. In 2010, approximately 56% of child maltreatment fatalities involved males, increasing to 63% in 2011 and then reaching a high of 67% in 2013. Percentage of male victims saw a small decrease in 2014, with males accounting for 50% of all fatalities, and this number rose once again in 2015 Colorado to 60.9% male. As demonstrated in Chart 6, CY 2016 is the first year the percentage of female victims surpasses male victims.

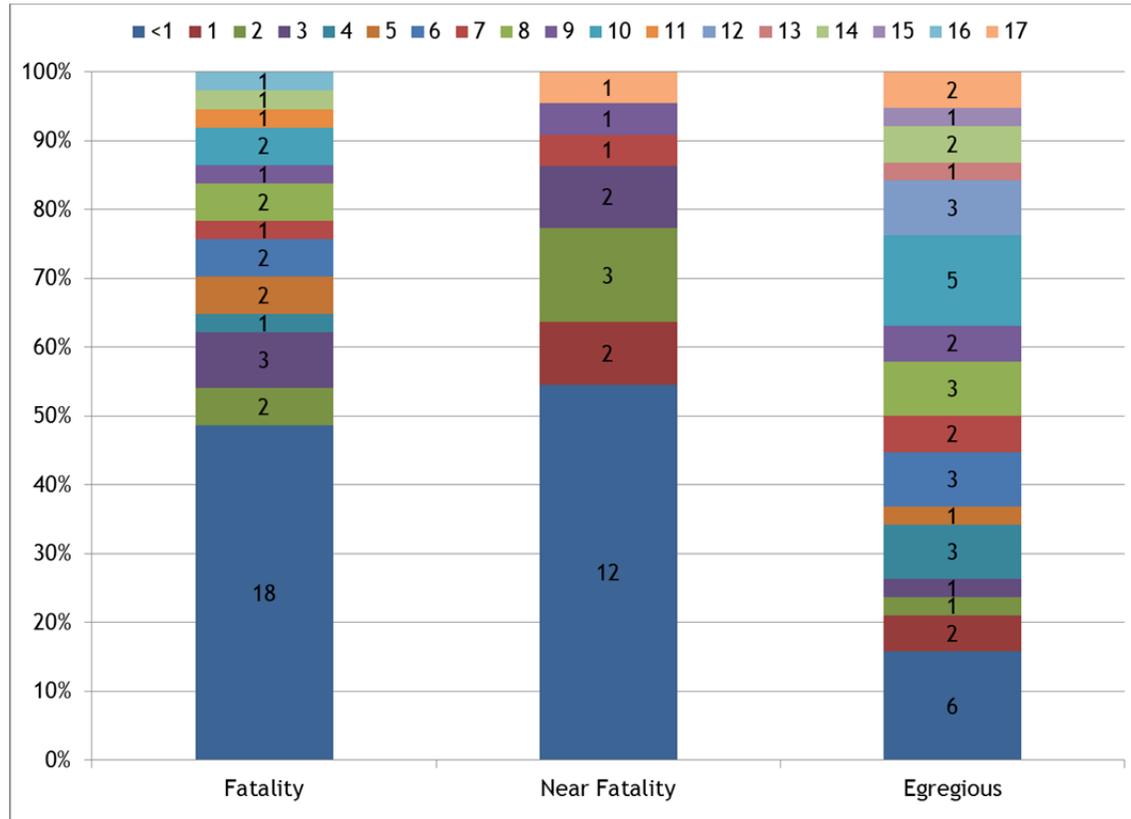
Chart 6: Sex of victims in all substantiated child maltreatment fatality victims in Colorado over the past seven calendar years



### *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 2015, victims of fatal child maltreatment incidents tend to be younger, with approximately 74.8% of the child fatalities experienced by children age three or younger, and 49.4% being younger than one year old. Colorado's trends appear to closely follow the national trends. As displayed in Chart 7, approximately 48.6% (18/37) of the fatalities involved victims younger than one year old, and 62.2% (23/37) were three or younger. A similar pattern of younger-aged victims exists for the near fatalities, as 54.5% (12/22) of the victims were under the age of one, and 86.4% (19/22) were age three or under (see Chart 7).

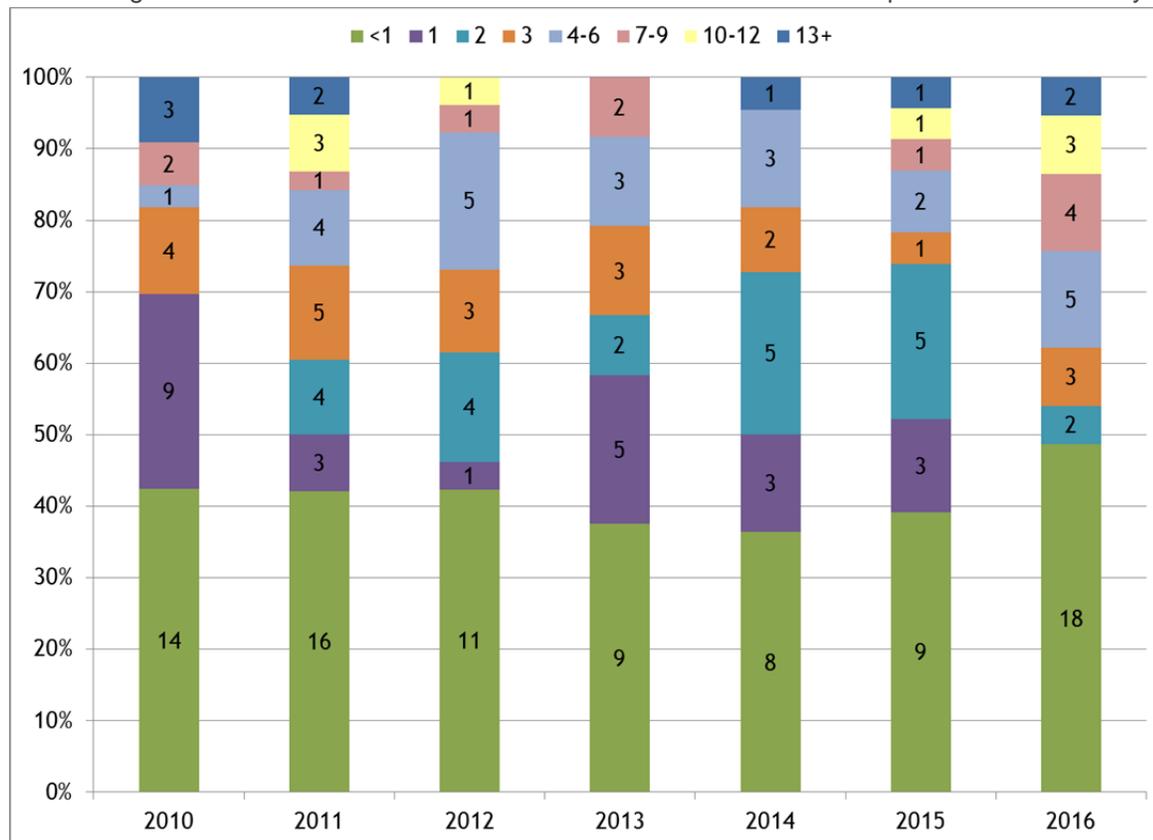
Chart 7: Age of 97 victims in substantiated child maltreatment fatalities, near fatalities, and egregious incidents in CY 2016



The pattern of ages of children substantiated in egregious incidents did not exactly follow those of the fatal and near fatal victims, and has followed its own trend within Colorado - victims of egregious incidents tend to be older. Approximately 16% (6/38) of the victims of egregious incidents were under the age of one, and only 26.3% (10/38) of all egregious incident victims were aged three or younger. Seventy-four percent of the 38 victims of egregious incidents were aged four or older, and 36.8% (14/38) were aged ten or older.

Chart 8 displays the trends in ages of victims in child maltreatment fatalities over the past six years. While it varies slightly over time, and is at its lowest percentage in 2016, over time approximately 75% of children in fatal child maltreatment incidents are three years of age or younger.

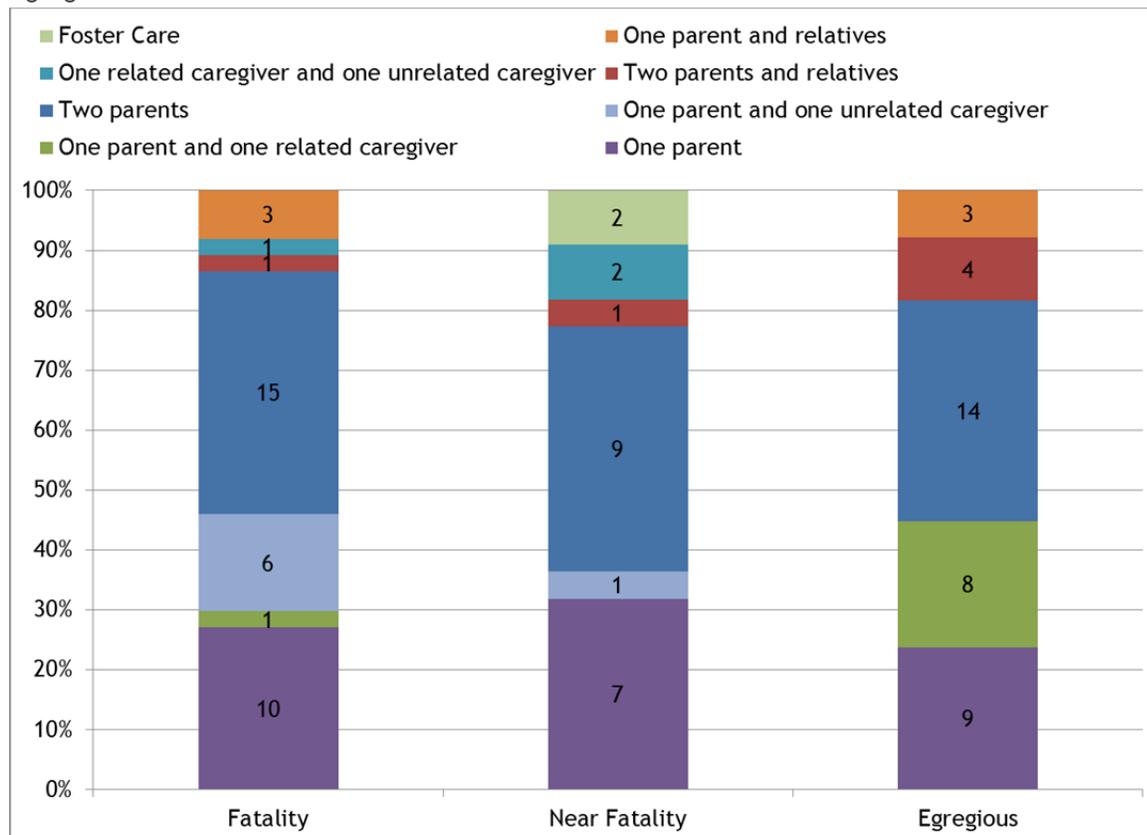
Chart 8: Age of victims in child maltreatment fatalities in Colorado over the past seven calendar years



### Family Structure

Family composition is another factor potentially related to child maltreatment fatalities. As displayed in Chart 9, 39.2% (38/97) of all children in fatal, near fatal, and egregious incidents of child maltreatment lived in families with two parents. This family composition was also the most frequent for incidents occurring in 2015. The second most common type of family structure across all substantiated incidents was one parent (26.8%; 26/97). Approximately 68% (25/37) of fatal incidents occurred for children in families with two parents or simply one parent. These two types of family composition were also most likely for the children in egregious incidents and near fatalities; 60.5% (23/38) of children in egregious incidents maltreatment and 72.7% (16/22) of children in near fatal incidents of child maltreatment. These results are slightly different from 2015, where the second most common type of family structure was one parent and one unrelated caregiver.

Chart 9: Family Structure of 97 victims of substantiated child maltreatment fatalities, near fatalities, and egregious incidents in 2016



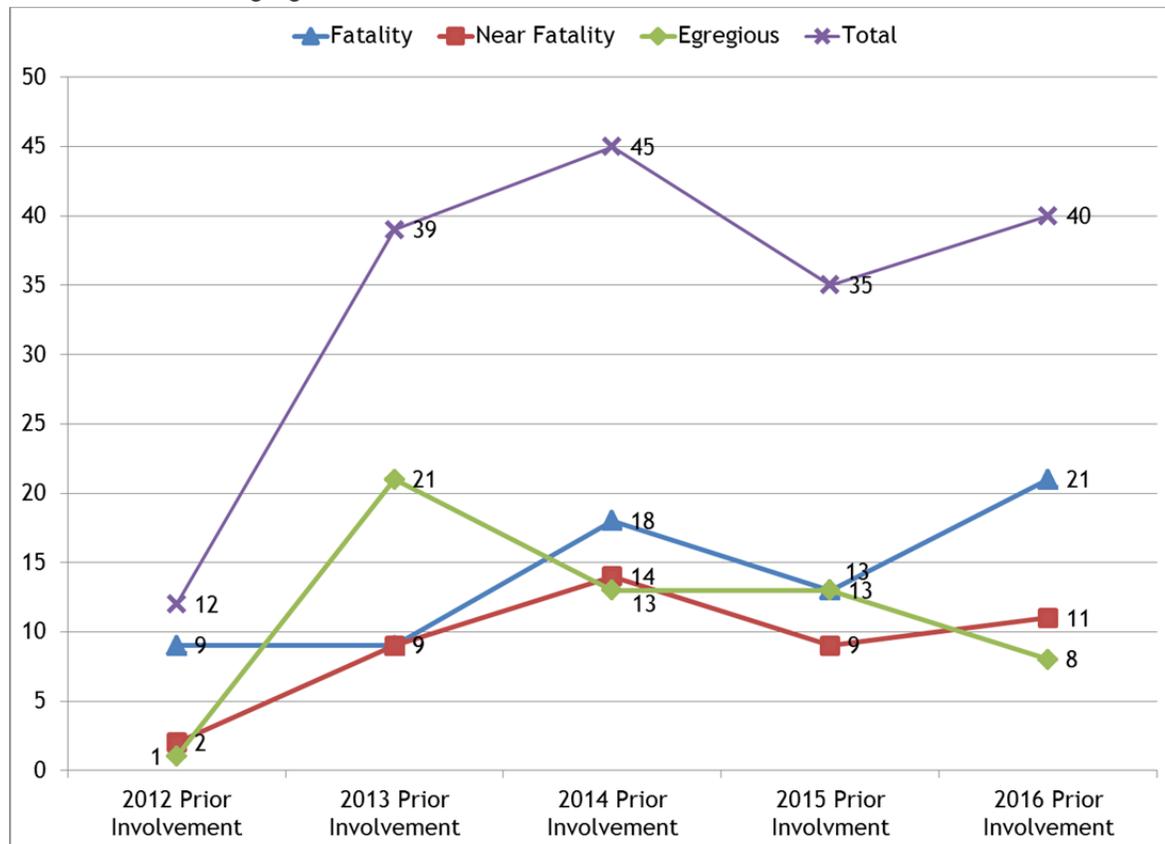
### Prior Involvement

Nationally, in 2015, 2.3% of child fatalities involved families with prior out-of-home placement within the past five years, and 12% 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 - 2016, approximately 35% to 82% of the families had prior or current child protection history as defined in statute. In 2016, 21 of 35 (60%) families involved in fatal child maltreatment incidents had prior history and/or current involvement in the Child Protection System (CPS); in 2015, 13 of 22 (59.1%) of families involved in fatal child maltreatment incidents had prior history and/or current involvement. The percent of fatalities with prior history remained stable from 2015 to 2016, and remain lower than 2014, where 82% of families involved in fatal incidents had prior and/or current CPS involvement.

The number of families with prior history and/or current involvement for both near fatalities and egregious incidents saw some change from 2015 to 2016. Near fatal incidents where families had prior history and/or current involvement remained stable at 60.0% (9/15) in 2015 and 55% (11/20) in 2016. Families involved in egregious child maltreatment incidents who had prior history and/or current involvement decreased from 68.4% (13/19) in 2015 to 50% (8/16) in 2016. Chart 10 details the trends in incidents with prior and/or current involvement for the past five 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 2012-2016\*



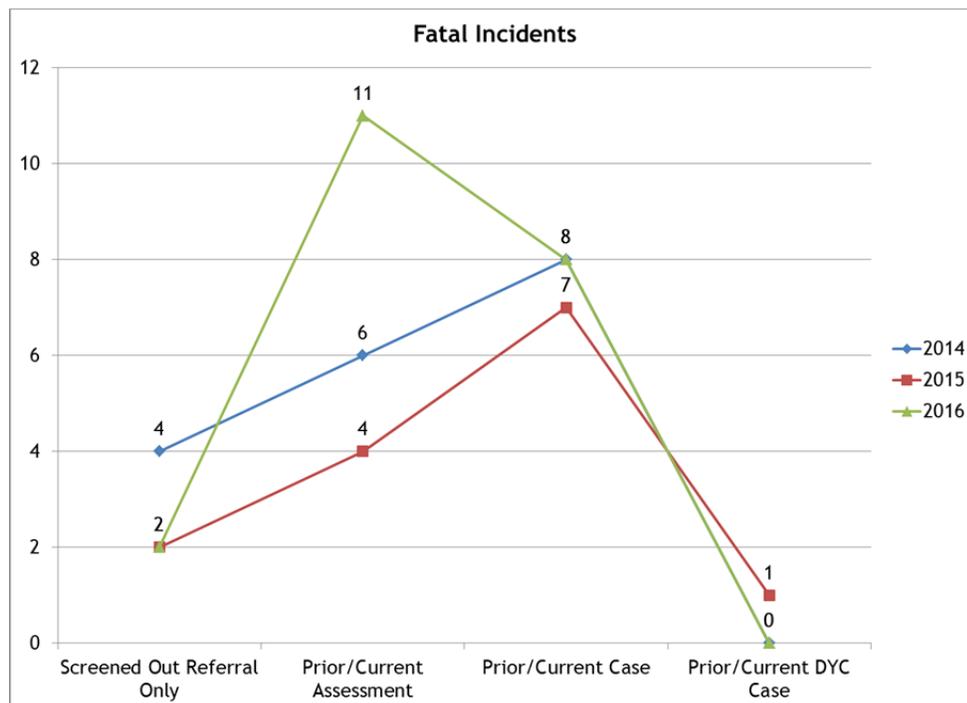
\* As the statutory changes over the prior years have modified the population of incidents requiring review, and each has changed within each given calendar year, it limits the ability to interpret trends in the data. Further, any change in the final number of incidents in a given calendar year may be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

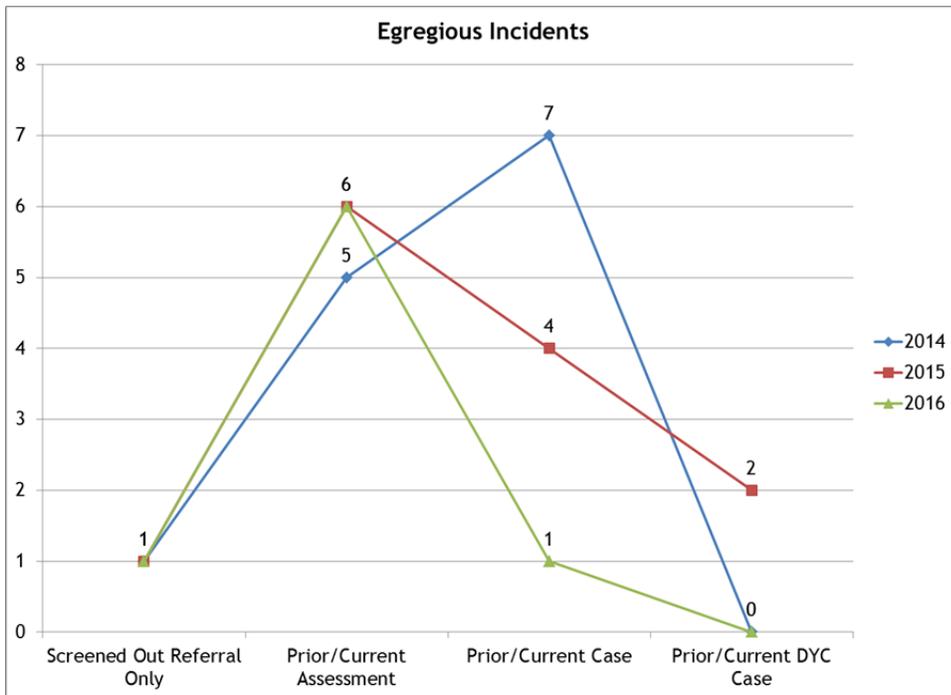
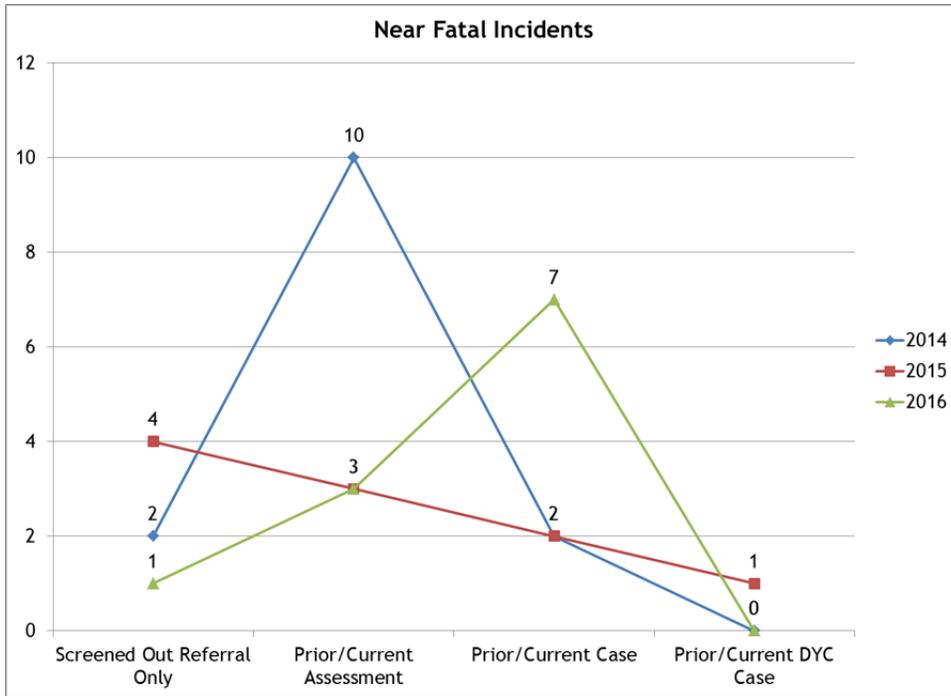
Since 2014, information related to the type and scope of prior involvement was available for analysis. The trends for types of prior involvement over the past three years is illustrated in Chart 11 a-c. In determining the type and scope of prior involvement, this section follows the prior history to 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 a child welfare 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 numbers are based on 13 family involvements for fatalities (rather than 12), and 10 near fatal prior family involvements (rather than 9). In 2016, no family had history with the DYC system.

The most frequent type of prior history and/or current involvement in fatal child maltreatment incidents in 2016 were child welfare assessments (11/21; 52.4%). In 2015, on-going case prior history and/or current involvement was the most common type of prior history and/or current involvement for fatal incidents; involvement in an on-going cases was the second most common type of history in 2016 (8/21; 38.1%). Conversely, near fatal incidents in 2016 comprised the greatest number (7/11; 63.6%) of incidents where the highest level of history was a case, meaning the family was part of on-going child protection services.

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



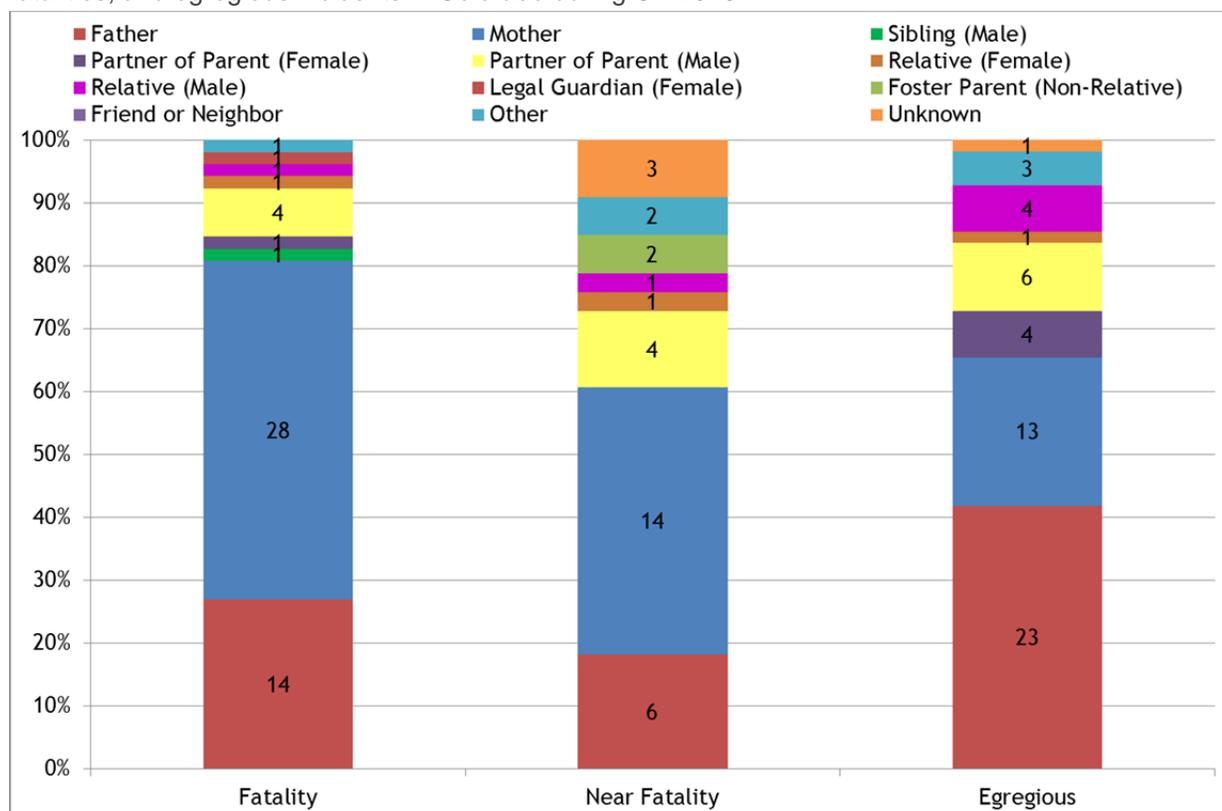


### Perpetrator Relationship

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 2016, the most frequent perpetrator in fatal incidents was the victim's mother (28/52; 53.9%), and this is quite above national trends (26.7%), though mothers are the most frequent perpetrators of fatalities nationally. The second largest category of perpetrators of fatalities was fathers (14/52; 26.9%). For the near fatal incidents, mothers were also the most frequent perpetrators (14/33; 42.4%), and the father was the perpetrator for six victims.

The perpetrators in egregious incidents were most frequently fathers (23/55; 41.8%), which is opposite of fatal and near fatal incidents. Mothers were the second most frequent (13/55; 23.6%). Across all three types of incidents, the third most common perpetrator was the male partner of a parent. With all incidents, four perpetrators were unknown (one in an egregious incident and three in near fatal incidents), which means through assessment and investigation, a perpetrator of the incident was unable to be determined.

Chart 12: Perpetrator relationship to 97 victims of substantiated child maltreatment fatalities, near fatalities, and egregious incidents in Colorado during CY 2016\*



\*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 2016. 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 the immediate safety of children. For example, in 2016, there were 61 unique caregivers involved in incidents that were reviewed by the CFRT; income information was only known for 22 of these individuals (36.1%). Of those caregivers with known income information, the average income for caregivers involved in fatal incidents is approximately \$16,186.80; \$15,121.17 for near fatal incidents and \$3,600 for egregious incidents.

Educational level was unknown for 45.9% (28/61) of the legal caregivers. Of the reported education levels for legal caregivers the two most common across fatal, near fatal, and egregious incidents of child maltreatment was a high school diploma/GED and less than a high school diploma/GED. This accounted for 84.9% (28/33) of the caregivers with a known educational attainment level. An additional 15.2% (5/33) had an associates/vocational degree or higher

### *Supplemental Public Benefits*

In CY 2016, information for 100% (32/32) of the 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 benefits<sup>4</sup>. 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 22 of the families. This was followed by Supplemental Nutrition Assistance Program (SNAP), which was received

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<sup>4</sup> US Department of Health and Human Services. (2014). Child maltreatment 2013. Retrieved from <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>

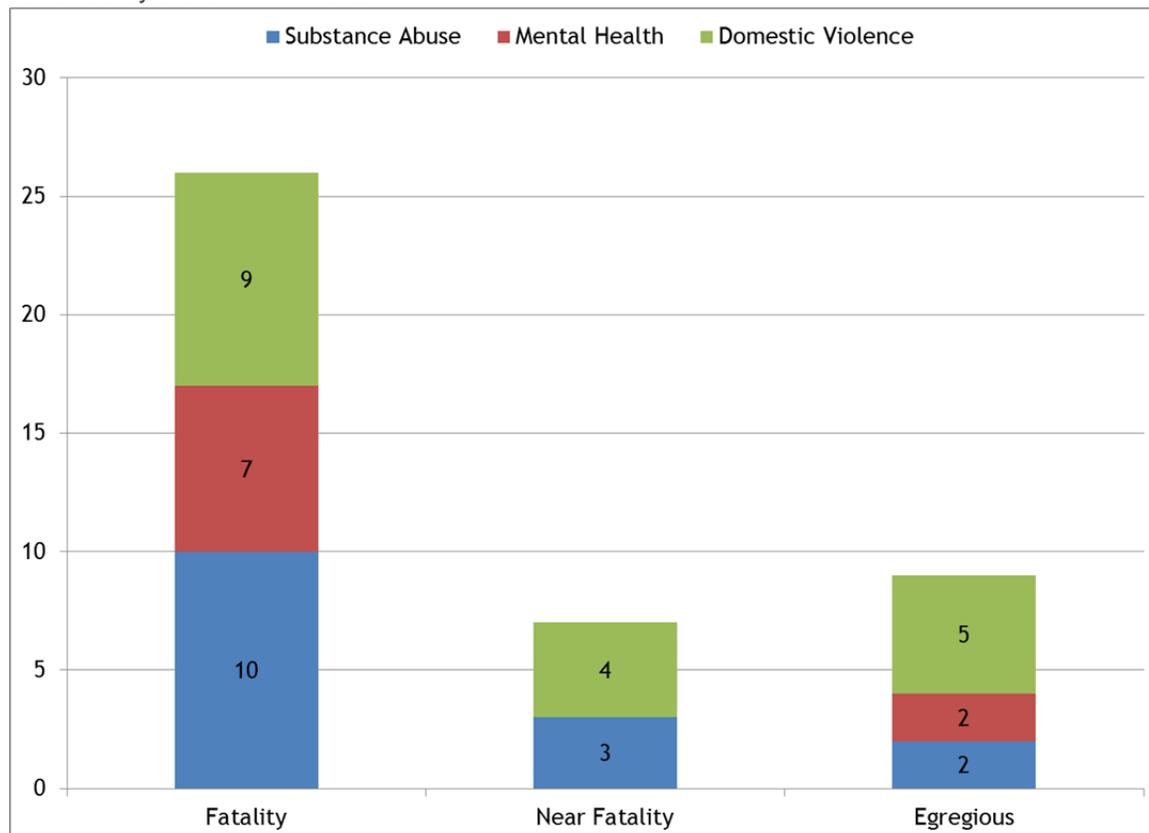
by 15 families. Other types of benefits received included, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and Special Supplemental Nutrition Program- Women, Infants, Children (WIC), Social Security Insurance (SSI), Child Health Plan Plus (CHP+) and housing assistance.

### 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 2016. Nationally, 6.9% of child fatalities were associated with a caregiver who was known to abuse alcohol, while 18.1% of child fatalities had a caregiver who abused drugs. In Colorado, 47.6% (10/21) of the families involved in a fatal incident of child maltreatment reviewed by the CFRT in 2016 had some history of identified substance abuse.

Within the families involved in child fatalities, 42.9% (9/21) of the families experienced domestic violence issues and for 33.3% (7/21) of the fatality incidents there was a history of mental health treatment. Of the information known for near fatal and egregious incidents, 36.4% (4/11) and 62.5% (5/8) families were impacted by domestic violence, respectively.

Chart 13: Other stressors in families of the child maltreatment fatalities, near fatalities, and egregious reviewed by the CFRT in 2016



## Summary of CFRT Review Findings and Recommendations

This section summarizes the findings and recommendations of 44 non-confidential case-specific executive summary reports (hereafter referred to as reports). This includes 44 reports completed and posted to the CDHS public notification website after the date for inclusion in the 2015 CFRT Annual Report (3/31/2016) and prior to and including the end date for inclusion in this year's report (3/31/2017). Each of the 44 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 44 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 that 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 involvement and the involvement regarding the incident itself. 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 across the 44 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 44 reports that resulted in a recommendation, alongside resulting recommendations and progress.

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

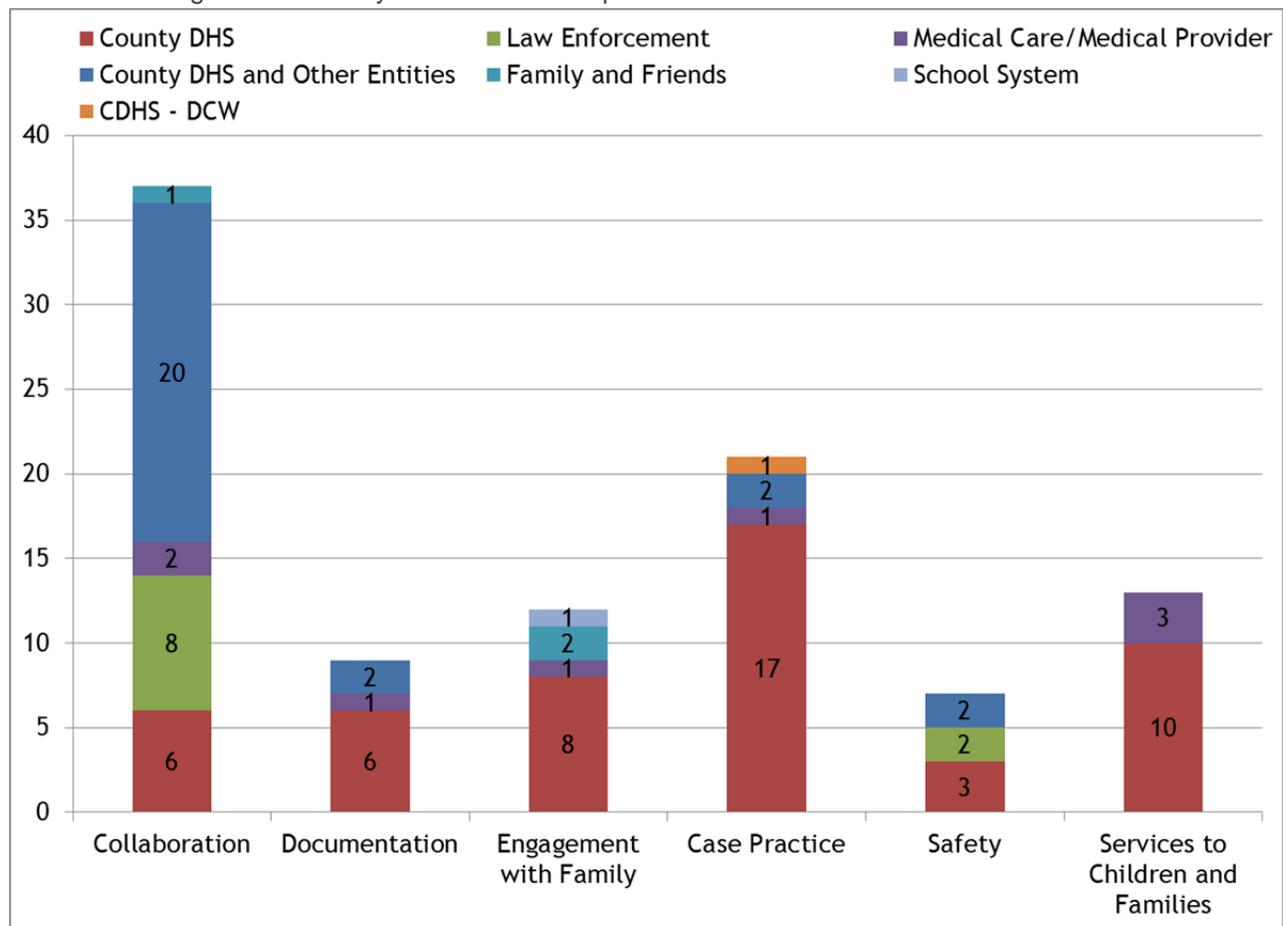
Across the 44 fatal, near fatal, or egregious incidents of child maltreatment reviewed by the Child Fatality Review Team and posted to the public notification website, the team noted 99 systemic strengths in the delivery of services to children and families. Items of systemic strength acknowledged by the team were organized across 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 37 occasions in 29 reports. Most often, collaboration occurring *after* the fatal, near fatal, or egregious incident was noted as a

strength. For example, county departments collaborated well with other agencies (e.g., another state’s department of human services, local community agencies, etc.) after 20 incidents. Similarly, county departments and law enforcement worked well together to investigate the circumstances around the incident in the assessment of eight of the incidents. Strong collaboration between county departments of human/social services was identified in the reports of six incidents. Medical providers were also indicated as important collaborative members in the assessment of the fatal, near fatal, and egregious incidents, engaging with county departments in a positive manner on two different incidents. These collaborations are often provide important information to the county child welfare professionals that is critical in helping to inform the outcome of assessments in order to ensure the ongoing safety of children.

Chart 14: Strengths identified by the CFRT review process



### Documentation

Documentation by county departments of human services was indicated as a systemic strength on nine occasions in eight 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. Additionally, the CFRT identified that the documentation of

county departments of human services' assessment of the incidents was thorough; supporting their finding of abuse and/or neglect and helping other professionals understand the full context of the incident, the assessment, and any service delivery to the children and families.

### 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. This involved efforts to engage with parents after the incident in order to support reunification, gather information that is more complete during the assessment of the incident, and to better assess interactions between parents and children. In one report, it was noted that, during the assessment of the incident, the children requested to work with a caseworker who had assisted them during a prior involvement. Due to the strength of the relationship, and the trust the children had in the caseworker, the children felt comfortable disclosing the extent of maltreatment they had endured over the past years. Several of the strengths noted the ability of caseworkers to positively engage with families during the assessment of the fatal, near fatal, or egregious incident in order to better assess safety and risk concerns, mitigate concerns, and plan for the longer safety and permanency of the children. Lastly, it should be noted that two reports identified positive engagement of families by other systems (e.g., medical professionals and schools) that helped families have a better understanding of the concerns for children as well as helping to monitor and protect the safety of children.

### Case Practice

The CFRT identified caseworkers who excelled in case practice to children and families 21 different times (across 18 reports) following fatal, near fatal and egregious incidents of child maltreatment. During the assessment of several incidents, counties utilized a team approach to gathering information. This allowed them to quickly gather information from other professionals across multiple locations (e.g., law enforcement and medical professionals) in a more timely and thorough manner that then informed safety intervention decisions. At times, this also included thorough collaboration between after-hours workers and the worker assigned to the assessment. Lastly, the CFRT identified the use of a timeline to chart out the history of prior involvement with families as a practice that helps counties more thoroughly understand potential risks and strengths existing within the family and better inform decisions based on that analysis.

### Safety

The CFRT identified seven instances across seven 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 to get an order to produce children when a parent was uncooperative during an assessment. Several times, the CFRT identified the thoroughness of county departments of human/social services in assessing the safety of other children in the family as part of their assessment of the fatal, near fatal, or egregious incident of child maltreatment. Two reports acknowledged the work other professionals (e.g., law enforcement) in recognizing situations that required intervention and either directly

intervening and/or making an appropriate referral to a county department of human/social services.

### 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 13 times across 11 reports. Examples included findings regarding the overall appropriateness of services provided to the families. This included services that were trauma informed and specific to domestic violence. Two reports also referenced strengths regarding decisions to seek medical evaluations and thoroughness of medical evaluations in providing information regarding the extent and nature of injuries, etc.

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

In the 44 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 between April 1, 2016 and March 31, 2017, the CFRT identified 45 gaps and deficiencies in the delivery of services to children and families. Systemic gaps and deficiencies were organized into three main categories: 1) Changes to Practice or Policy, 2) Implementation of New Safety and Risk Assessment Tools, 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 44 incident reviews and information about their implementation status.

### Changes Needed to County Practice or Policy

The CFRT noted particular county-specific issues with practice and state policy gaps 19 times across the 44 CFRT reports. Several of the recommendations indicated the need for rule revisions. An example included changes to the requirement that caseworkers need to interview or observe a child fatally injured due to mistreatment. The team identified that caseworkers ultimately rely on information from the medical professionals and do not gain unique information from the observation, but do experience secondary trauma because of the requirement to observe the deceased child. The CFRT team believed that changing the requirement would not detrimentally affect the assessment and but would reduce the stress and trauma experienced by caseworkers. Another example was a recommendation related to clarifying rule and statute in regards to needing to assign a referral for assessment when there are not surviving siblings after a fatal incident of abuse and/or neglect.

### Safety and Risk Assessment Tools

A systemic deficiency identified by the CFRT 12 times across the 44 reports involved the Colorado Risk and Safety Assessment tools. The team noted many policy findings related to the inaccurate use of these tools. As will be discussed in the policy findings portion of this section, the CFRT noted 29 policy findings related to the use of the safety and risk assessments, spread across 13 of the 44 reports. Specific to this gap, the CFRT continued to support the implementation of the new safety and risk assessment tools.

The Division of Child Welfare completed the phased roll out of the safety and risk assessment tools in January 2017.

### Unique Issues

The remaining 14 gaps identified by the CFRT did not constitute overall trends across the 44 reports. However, the gaps had a related recommendation made to a specific county, state department, or community partner. Appendix C contains a list of the recommendations, as well as the status of each recommendation.

### **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. In each review, the CFRT staff identified areas of noncompliance with Volume 7 and the Colorado Revised Statutes.

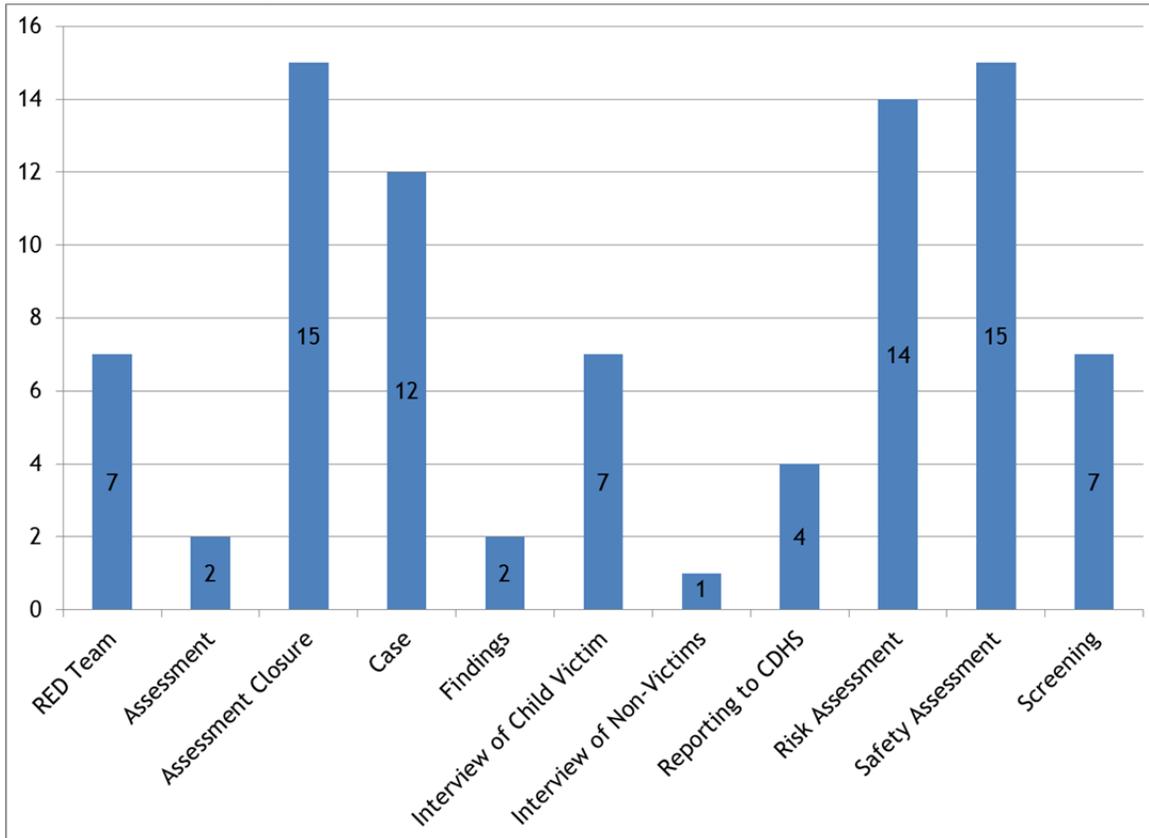
Each policy finding represents an instance where caseworkers and/or county departments did not comply with specific statute or rule. However, there are limitations to interpreting policy findings in the aggregate across the varied history and circumstances of multiple incidents. For example, an individual 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 86 policy findings from the 44 reports posted between the cutoff for the last CFRT Annual Report (3/31/2016) and this year's report (3/31/2017) that resulted in recommendations. The majority of these policy findings can be categorized into 11 categories: 1) assessments closing within required timeframes; 2) accuracy of the safety assessment tool; 3) accuracy in the use of the risk assessment tool; 4) findings related to the management of an ongoing case; 5) screening decisions; 6) implementation of the RED Team process; 7) timeliness of interviewing or observing children alleged to have been abused

and/or neglected; 8) timely reporting of fatal, near fatal, or egregious incidents of child maltreatment to the CDHS; 9) practice related to assessments of reports of child maltreatment, 10) accuracy of findings of abuse and neglect allegations; and 11) interviewing non-victims as part of an assessment . The frequency by type of policy finding is contained in Chart 15.

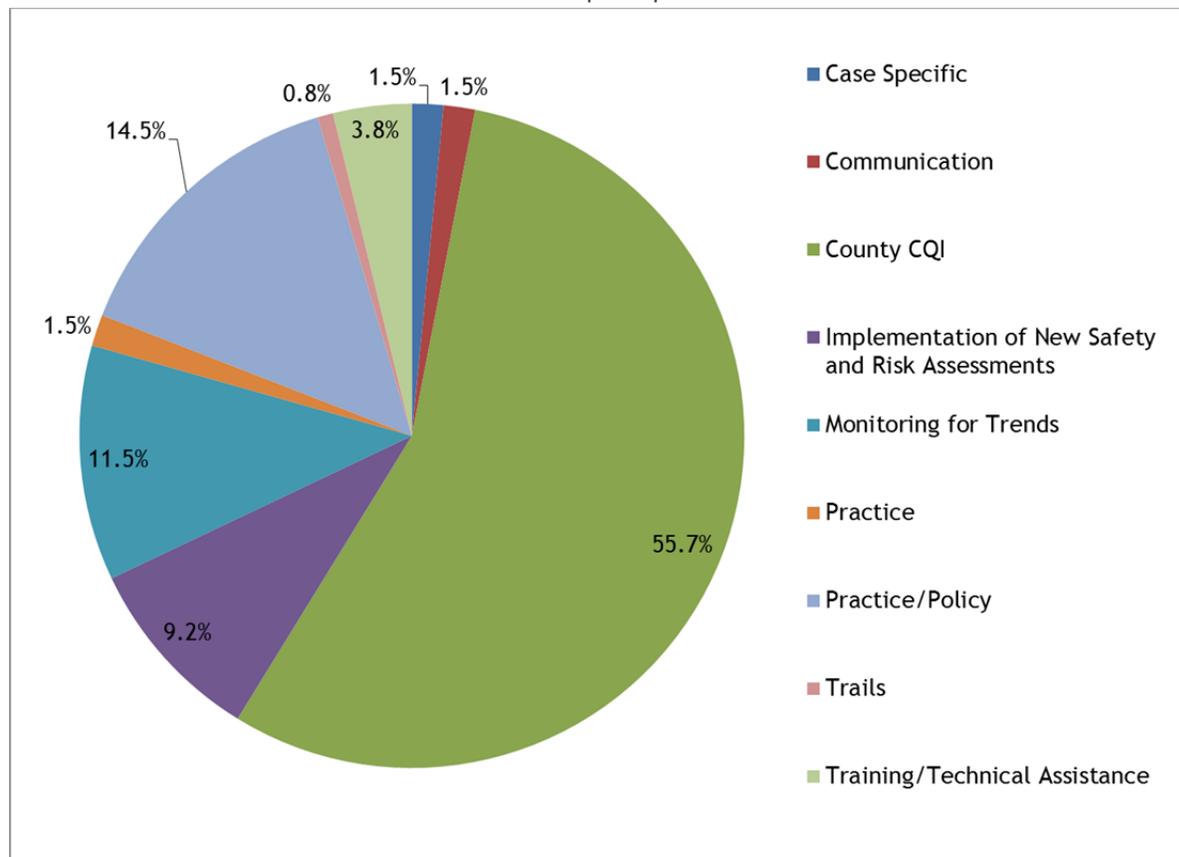
Chart 15: Policy findings by type



## Recommendations from Posted Reports

A total of 131 recommendations were made across the 44 posted reports. This included 45 related to systemic gaps and deficiencies and 86 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) changes in policy or specific practices; 3) county monitoring of performance to actively track the status of compliance with practice expectations; 4) implementation and training on revised risk/safety tools to improve accuracy; 5) providing training and technical assistance from DCW to county departments.

Chart 16. Focus of recommendations in the 27 reports posted between 4/1/2016 and 3/31/2017

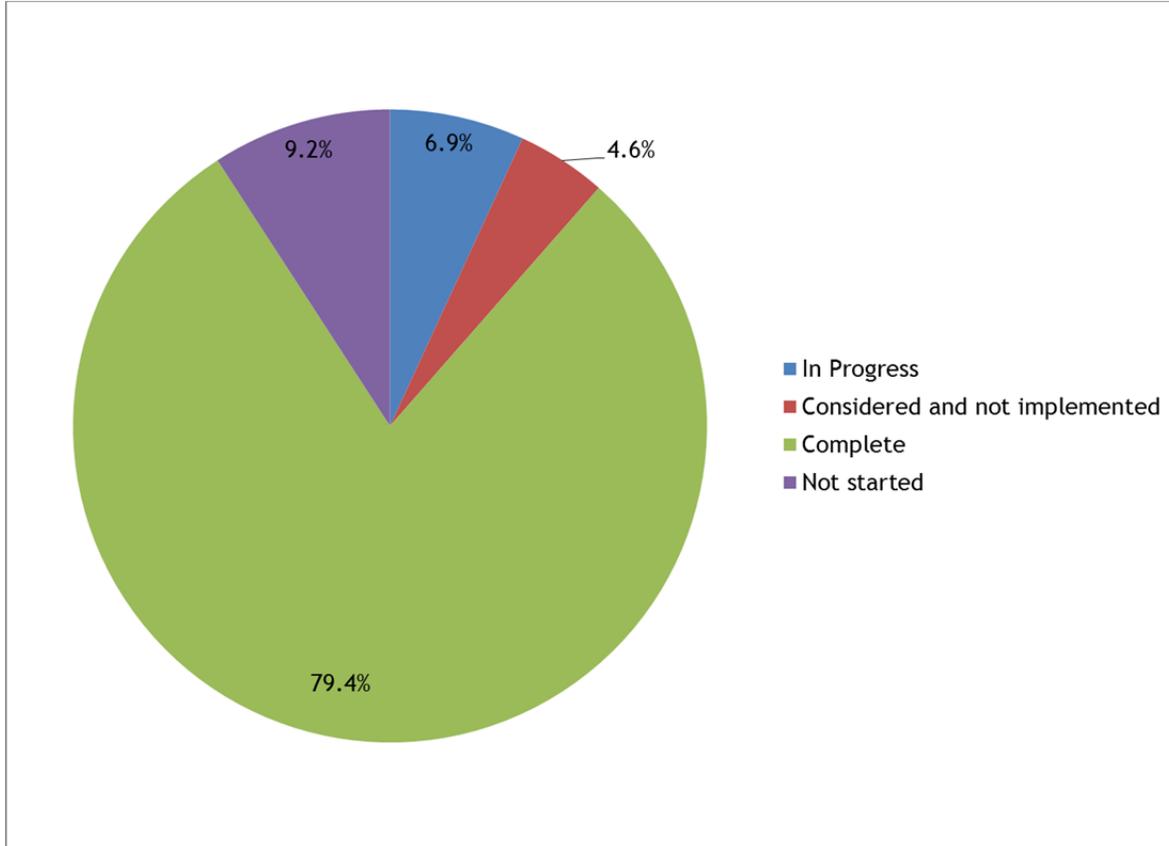


While several recommendations were reviewed in this report, the full texts of all 131 are contained in Appendix C, as well as the status of progress on these recommendations. As illustrated in Chart 17, 79.4% of the recommendations have been completed while an additional 6.9% are in progress. For six recommendations, it was determined that they either would not, or could not, be implemented at this time. Reasons for not implementing the recommendations included a determination that policy and practice expectations were sufficient, or that the recommendation was outside of the jurisdiction of the Division of Child Welfare.

Adding recommendations to the tracking process is an ongoing endeavor, so some small number of them will not be started at the time of each year's annual report if the reports were just finalized and the recommendations recently added to the recommendation tracking

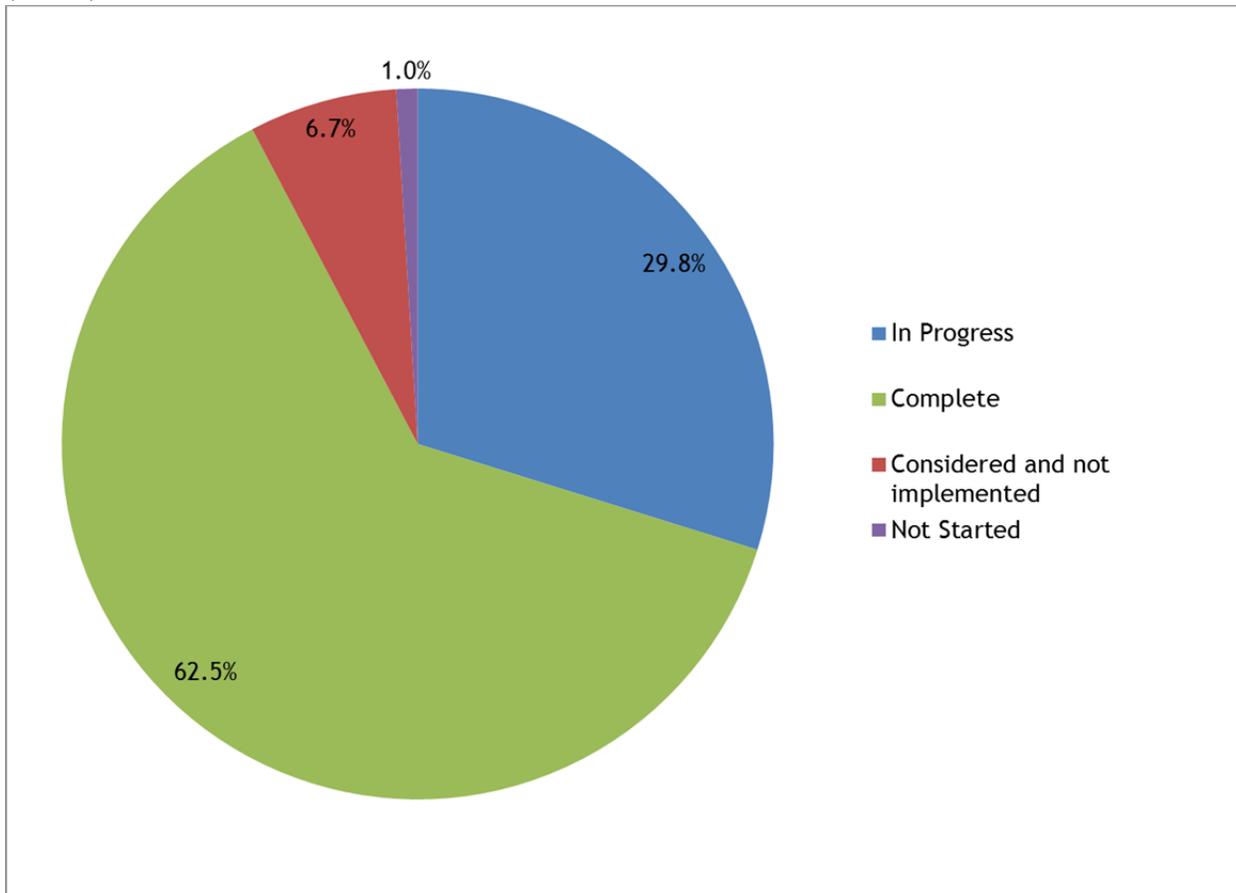
process. This year, there were 12 recommendations not started at the time of this report. Of these, five of them were recently (i.e., within seven months of the cutoff date for updates to be included in this report) added to the tracking process.

Chart 17: Status of Recommendations for Reports Posted Between 4/1/2016 and 3/31/2017 (n=131)



An update on the implementation status of the 104 recommendations presented in the 2015 CFRT Annual Report that were not completed at that time is presented in Appendix D. Since the time of the last report, an additional 62.5% of the recommendations were completed. The implementation of the new safety and risk assessment tools were responsible for a substantial portion of the completed recommendations. Almost all of the recommendations are either completed or in progress (29.8%), as noted in Chart 18.

Chart 18: Status of Recommendations Not Previously Completed From Reports Posted Prior to 4/1/2015 (n=104)



## CDPHE and CDHS Joint Recommendations to Prevent Child Maltreatment

Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.

Pursuant to C.R.S. 25-20.5-407 (1) (i), the Child Fatality Prevention System (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. Most importantly, improved data will inform decisions regarding better policies and practices to prevent child maltreatment. In addition, per statute, CFPS reconciled child maltreatment data from both systems. More information can be found in the child maltreatment data brief: <http://www.cochildfatalityprevention.com/p/reports.html>.

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 entities.<sup>5</sup> 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 of preventing 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 others) and families themselves to 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.

Current efforts are underway to better understand other state models of this work, such as California's Los Angeles County Electronic Suspected Child Abuse Report System (E-SCARS). This system is designed to improve communication between law enforcement and child

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<sup>5</sup> 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.

protective services agencies by sharing access to data across agencies.<sup>6</sup> Colorado agencies could consider a similar approach in order to overcome data-sharing challenges such as high costs, confidentiality concerns and lack of collaboration. Additionally, one way to strengthen practices related to sharing of child maltreatment data may be to create a data-sharing profile in Colorado Trails, which would require specific parameters to ensure confidentiality and minimize misuse. Colorado Trails modernization is in development within the Colorado Department of Human Services (CDHS) Division of Child Welfare and exploration will continue to determine if resources will support a data-sharing profile. Discussions during local CFPS team and State Review Team meetings also consistently highlight the potential benefit of providing access for caseworkers to municipal court records and 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. An assessment of barriers, current laws and existing electronic systems will be a part of ongoing research to strengthen practices related to data-sharing across agencies.

Current work on this project includes a needs assessment of several Denver metro area CFPS teams regarding information sharing, background research on other state processes to share information and key informant interviews with partners at various state and local agencies. Additionally, efforts to coordinate various statewide projects to increase information sharing related to child maltreatment will begin during summer 2017 with an in-person convening of interested agencies and partners, including Colorado Department of Human Services, Child Protection Ombudsman of Colorado, and Colorado Department of Public Health and Environment.

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<sup>6</sup> Ibid.

## Appendix A: 2016 CFRT Attendance

CFRT Member*	1/4/16	2/1/16	3/7/16	4/4/16	5/2/16	6/6/16	7/11/16	8/1/16	9/12/16	10/3/16	11/7/16	12/5/16
<i>*Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT.</i>												
Lucinda Connelly, CDHS, Child Protection Manager	Yes	By Phone	Yes	Yes	Yes	Yes	By Phone	Yes	Yes	Yes	Yes	Yes
→Backup: Korey Elger												
Brooke Ely-Milen, CDHS, Domestic Violence Program Director	Yes	By Phone	By Phone	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Susan Nichols, Administrative Review Division, Manager (resigned 3/23/2016)	Yes	Yes	Yes									
Allison Gonzales, Administrative Review Division, Manager (appointed 8/1/2016-attended as a staff member prior to 8/1/2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
→Backup: Marc Mackert (appointed 3/18/2016 - 8/1/2016)			Yes	Yes	Yes	Yes	Yes					
Colleen Kapsimalis, CDPHE, Child Fatality Prevention System Program	Yes	No	Yes	No	No	Yes	No	Yes	No	By Phone	Yes	No
Giorgianna Venetis, CDPHE, Essentials for Childhood Coordinator	No	By Phone	No	No	No	No	No	No	No	Yes	No	Yes
Lew Gaiter, Larimer County Commissioner (resigned 2/1/2016)	No											
Elizabeth "Betty" Donovan, Gilpin County DHS Director (CCI appointment)									Yes	By Phone	No	Yes
Casey Tighe, Jefferson County Commissioner	Yes	By Phone	Yes	Yes	Yes	No	Yes	Yes	By Phone	No	Yes	No

CFRT Member*	1/4/16	2/1/16	3/7/16	4/4/16	5/2/16	6/6/16	7/11/16	8/1/16	9/12/16	10/3/16	11/7/16	12/5/16
*Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT.												
Dave Potts, <i>Chaffee County Commissioner</i>	Yes	By Phone	By Phone	Yes	By Phone	Yes	No	Yes	No	Yes	No	Yes
Senator Laura Woods	Yes	No	No	No	No	Yes	By Phone	Yes	No	No	No	No
Representative Jonathan Singer	Yes	By Phone	By Phone	No	By Phone	Yes	No	Yes	Yes	Yes	By Phone	No
Stephanie Villafuerte, <i>Office of Colorado's Child Protection Ombudsman</i>	No	By Phone	No	Yes	By Phone	By Phone	No	No	No	No	No	No
→Backup: Melissa Vigil											Yes	Yes
Sgt. Brian Cotter, <i>Denver Police Department</i>	Yes	By Phone	Yes	No	Yes	No	Yes	No	By Phone	No	By Phone	By Phone
Dr. Andrew Sirotnak, <i>Professor of Pediatrics, University of Colorado School of Medicine Director, Child Protection Team at Children's Hospital Colorado</i>	Yes	By Phone	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Yes
→Backup: Dr. Antonia Chiesa				No	No		No			No		
Leora Joseph, <i>Chief Deputy District Attorney, 18<sup>th</sup> Judicial District</i>	No	Yes	Yes	No	No	No	No	No	No	No	No	Yes
Kathie Snell, MA, LPC, <i>Aurora Mental Health Center, Chief Operating Officer</i>	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
Michelle Sears-Ward, CDE, <i>Early Learning and School Readiness (resigned 3/28/2016)</i>	Yes	No	No									
→Backup: Karen Thiel		No	No									
Don Moseley, <i>Ralston House Child Advocacy Center, Director (appointed 3/18/2016)</i>				Yes	By Phone	Yes	Yes	Yes	By Phone	Yes	No	By Phone

CFRT Member*	1/4/16	2/1/16	3/7/16	4/4/16	5/2/16	6/6/16	7/11/16	8/1/16	9/12/16	10/3/16	11/7/16	12/5/16
<i>*Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT.</i>												
Dan Makelky, Douglas County Department of Human Services	Yes	Yes	Yes	By Phone	No	No	Yes	Yes	No	No	No	No
→Backup: Ruby Richards/Nicole Becht					Yes	Yes			Yes	No	Yes	Yes
Michelle Dossey, Arapahoe County Department of Human Services	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
→Backup: Michael DeGretto	No						Yes					
Shirley Rhodus, El Paso County Department of Human Services	Yes	By Phone	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Len Newman, Administrative Review Division	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Lisa Lied, Administrative Review Division	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Libbie McCarthy, Attorney General's Office	Yes	By Phone	Yes	Yes	Yes	Yes	No	No	By Phone	No	Yes	Yes
→Backup: Anita Icenogle						Yes	Yes	Yes		Yes		

## Appendix B: 2012-2016 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	2016 Total
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016					
Archuleta												1	1				1	1		
Adams	2	2		2	1			1		3		3	2			2	5	3	2	4
Alamosa												1					1			
Arapahoe		2	1	1	4		1		1			1		2	1		4	1	4	5
Boulder		1	1				1		1	2							2	1	1	2
Clear Creek			1															1		
Denver	1	1	4	1	1	1	3	3	3	1		7	3	3	3	2	11	10	7	5
Douglas					1										1					2
Eagle	1			1												1			1	
El Paso	2	1	2		4		1	1	1	1	1		1	1	1	3	2	4	2	6
Fremont								1				1	2	1			1	3	1	
Garfield				1															1	
Huerfano			1															1		
Jefferson			2	2	2			4		1		2	1	3			2	7	5	3
La Plata					1				1										1	1
Larimer			1	1	1							4		2			4	1	3	1
Las Animas				1															1	
Lincoln														1					1	
Logan	1		1													1		1		
Mesa	1		1	1	2		1		1							1	1	1	2	2
Moffat					1					1										2
Montezuma					1								1					1		1
Montrose					1															1
Morgan			1				1	1		1							1	2		1
Otero						1		1								1		1		
Park					1															1
Phillips		1															1			
Pitkin													1					1		
Pueblo	1		1				1	2	1	1		1	1			1	2	4	1	1
Routt			1												1			1		1
Weld		1		1											1		1		1	1
Total	9	9	18	12	21	2	9	14	9	11	1	21	13	13	8	12	39	45	34	40

\* 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 four-year period.

## Appendix C: Recommendations from 2016 Posted Reports

CFRT ID	Source	Recommendation	Status
16-009	CFRT	The CFRT recommended that the DCW consider a change to Volume 7 to provide an exception to the requirement for caseworkers to observe/interview alleged victims of fatalities.	Complete
16-009	CFRT	The CFRT recommended that the DCW explore clarifying in Volume 7 the definition of “same day” related to an “immediate and/or same day response time.”	In Progress
16-009	Policy Finding	The policy finding related to interviewing/observing the alleged victim within the assigned response time does reflect a systemic practice issue for EPCDHS. It should be noted that the Division of Child Welfare (DCW) issued Policy Memo PM-CW-2016-0003 effective July 1, 2016, which stated, “During the assessment of a child fatality, near fatality or egregious incident, the caseworker shall not be expected to observe a deceased child or a child who is on life support or is in critical condition in a hospital environment.” This assessment was completed prior to the issuance of the Policy Memo. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provides the basis for C-Stat data, EPCDHS’ performance for February 2016 was 89.9% with a statewide 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 26, 2015 through February 26, 2016, showed EPCDHS at 53.6% for observing/interviewing the alleged victim within the assigned response time and 71.4% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that EPCDHS monitor their performance on this measure and determine any future needs for improvement.	Complete

CFRT ID	Source	Recommendation	Status
16-009	Policy Finding	<p>The policy finding related to the RED Team framework not being completed is 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 August 26, 2015 through February 26, 2016, EPCDHS included all elements required in Volume 7, 45.3% of the time. New practice expectations for supervisor approval were created in response to the Office of the State Auditor (OSA) Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007. It should be noted that the assessment in this review was completed prior to the issuance of the Operational Memo. For the recent review of a random sample of assessments, supervisory approval was missing in 11 of the 53 RED Team frameworks, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 66%. As this policy finding was related to not completing a RED Team when required, it is recommended that EPCDHS employ a process in which barriers to the completion of the RED Team framework as required by Volume 7 are identified and solutions to the identified barriers are implemented.</p>	Not Started
16-009	Policy Finding	<p>The policy finding related to the overall finding not matching the definition, does not 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 August 26, 2015 through February 26, 2016, 87.5% of the assessments' overall findings matched the definition in Volume 7. It is recommended that EPCDHS monitor their performance on this measure and determine any future needs for improvement.</p>	Not Started
16-019	Policy Finding	<p>The policy finding related to timeliness of assessment closure does reflect a systemic practice issue for DDHS. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the December 2016 C-Stat, DDHS's performance for October, 2016 was 89.4%, with a statewide goal of 90%. It is recommended that DDHS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.</p>	Complete

CFRT ID	Source	Recommendation	Status
16-019	Policy Finding	<p>The policy finding related to neither interviewing the alleged victim within the assigned response time, nor making reasonable efforts to interview the alleged victim within the response time, does reflect a systemic practice issue for DDHS. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the December 2016 C-Stat, DDHS's performance for October, 2016 was 87.3%, with a statewide 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 March 17, 2016 to September 17, 2016, showed DDHS at 75% for observing/interviewing the alleged victim within the assigned response time and 87.5% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that DDHS employ a process in which barriers to observing/interviewing the alleged victim within the response time are identified and solutions to the identified barriers are implemented.</p>	Complete
16-027	CFRT	<p>It is recommended that the CDHS Division of Child Welfare explore adding a reason referrals require no further action to the Volume 7.103.5 addressing when there are no surviving siblings, as a county has the ability in the state automated case management system (Trails) to substantiate the allegation of abuse and/or neglect at the referral stage based on the law enforcement investigation, without conducting an independent child welfare assessment.</p>	In Progress

CFRT ID	Source	Recommendation	Status
16-032	Policy Finding	<p>The policy finding related to the RED Team framework not including all elements required by Volume 7 is a systemic practice issue for Douglas County DHS. New practice expectations for supervisor approval were created in response to the OSA Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007 on October 15, 2015. It should be noted that the assessment in this review was completed before the issuance of the Operational Memo. 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 29, 2015 to December 29, 2015, the Douglas County DHS included all elements required in Volume 7, 31% of the time. Supervisory approval was missing in 15 of the 42 RED Team frameworks reviewed, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 64% for the Douglas County DHS. It is recommended that the Douglas County DHS employ a process in which barriers to the accurate completion of the RED Team framework as required by Volume 7 are identified and solutions to the identified barriers are implemented.</p>	Not Started

CFRT ID	Source	Recommendation	Status
16-032	Policy Finding	<p>The policy finding related to RED Team not being completed as required by Volume 7 is a systemic practice issue for Douglas County DHS. 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 29, 2015 to December 29, 2015, the Douglas County DHS included all elements required in Volume 7, 31% of the time. New practice expectations for supervisor approval were created in response to the OSA Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007 on October 15, 2015. It should be noted that the assessment in this review was completed before the issuance of the Operational Memo. For the recent review of a random sample of assessments, supervisory approval was missing in 15 of the 42 RED Team frameworks, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 64% for the Douglas County DHS. As this policy finding is related to not holding a RED Team as required by Volume 7, it should also be noted that during the random sample of assessments that were conducted during a period from June 29, 2015 to December 29, 2015, Douglas County DHS completed a RED Team as required by Volume 7, 67% percent of the time. It is recommended that the Douglas County DHS employ a process in which barriers to the completion of the RED Team framework as required by Volume 7 are identified and solutions to the identified barriers are implemented.</p>	Not Started
16-033	Policy Finding	<p>The policy finding related to timeliness of assessment closure does reflect a systemic practice issue for Adams County HSD According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the October 2016 C-Stat, Adams County's performance for August 2016 was 87.1% with a statewide goal of 90%. It is recommended that Adams County HSD implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.</p>	Not Started
16-033	Policy Finding	<p>The policy finding related to timeliness of assessment closure does reflect a systemic practice issue for Arapahoe County DHS According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the October 2016 C-Stat, Arapahoe County's performance for August 2016 was 88.5% with a statewide goal of 90%. 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.</p>	Complete

CFRT ID	Source	Recommendation	Status
16-036	Policy Finding	<p>The policy finding regarding the 90-Day review/Court report not being documented in Trails does reflect a systemic practice issue for the Adams County HSD. In the most recent Out-of-Home Administrative Review data, 1st Quarter SFY17, Adams County HSD completed the 90-Day review/Court report in Trails according to Volume 7, 52.5% of the time, which is below the statewide average (excluding the Adams County HSD) of 65.9% for the same time span. It is recommended that Adams County HSD employ a process in which barriers to the FSP: 5A Review/Court report are identified and solutions to the identified barriers are implemented.</p>	Not Started
16-036	Policy Finding	<p>The policy finding related to the RED Team framework not including all elements required by Volume 7 is a systemic practice issue for the Adams County HSD. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from August 23, 2015 to February 23, 2016, the Adams County HSD included all elements required in Volume 7, 62% of the time. Supervisory approval was missing in 19 of the 50 RED Team frameworks, which impacted the performance. New practice expectations for supervisor approval were created in response to the OSA Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007 on October 15, 2015. It should be noted that 21 referrals in this review were received prior the issuance of the Operational Memo. Without considering supervisor approval, performance on the RED Team framework was at 96% for the Adams County HSD. It is recommended that the Adams County HSD employ a process in which barriers to the accurate completion of the RED Team framework as required by Volume 7 are identified and solutions to the identified barriers are implemented.</p>	Not Started

CFRT ID	Source	Recommendation	Status
16-061	Policy Finding	<p>The policy finding related to the RED Team framework not including all elements required by Volume 7 is 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 February 29, 2016 to August 29, 2016, EPCDHS included all elements required in Volume 7 60% of the time.</p> <p>Furthermore, after statewide implementation of the RED Team process, feedback from county departments and state staff was gathered during continuous quality improvement workshops. In response to the feedback, DCW issued Policy Memo PM-CW-2016-0005 (effective November 21, 2016) in an effort to provide further guidance and instruction related to the RED Team process which included, but was not limited to, required documentation in the state automated case management system (Trails). It was determined: “Documentation in the RED Team framework shall include, but not be limited to: Reason for referral (documented in the Reason for Referral; Danger/Harm narrative box); Justification for decision (documented in the Next Steps narrative box); and Next Steps (documented in the Next Steps narrative box).” This RED Team framework was completed prior to the issuance of this Policy Memo. It is recommended that EPCDHS employ a process in which barriers to the completion of the RED Team framework as required by Volume 7 are identified and solutions to the identified barriers are implemented.</p>	Not Started
15-012	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
15-012	CFRT	It is recommended that the Child Protection Task Group (CPTG) determine the best course to disseminate information to caseworkers regarding daycare regulations and how to recognize and report persons operating unlicensed daycares.	Considered and not implemented
15-012	CFRT	It is recommended that LPCDHS explore their practice and use of their CPT as “advisory only” as outlined in CRS 19-1-103 (22).	Complete

CFRT ID	Source	Recommendation	Status
15-012	Policy Finding	The Policy Finding related to the inaccurate use of a Safety Plan does reflect a systemic issue for LPCDHS. In a review of a random sample of assessments that were conducted during a period from September 30, 2013 to March 30, 2014, the LPCDHS did not have any Safety Plans which were reviewed. The statewide average for accurately completing the Safety Plan is 51.1%. It is recommended that LPCDHS review data from the most recent ARD review (May 2015) when it becomes available, and employ a process in which barriers to the accurate use of a Safety Plan are identified and solutions to the identified barriers are implemented, if necessary. Additionally, a new safety assessment tool is being implemented by the State, and it is recommended that LPCDHS participate in the training and implementation of the new tool.	Complete
15-012	Policy Finding	The Policy Finding related to completing the safety assessment tool accurately (which includes timeliness) does reflect a systemic practice issue in LPCDHS. In a review of a random sample of assessments that were conducted during a period from September 30, 2013 to March 30, 2014, the LPCDHS completed the safety assessment tool accurately, in 85.0% of assessments, which is above the statewide average (not including LPCDHS) of 83.1% for the same time span, but below the goal of 95%. It is recommended that LPCDHS 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, and it is recommended that LPCDHS participate in the training and implementation of the new tool.	Complete
15-012	Policy Finding	The Policy Findings related to not completing the Colorado Family Risk Assessment tool accurately (which includes timeliness) does reflect a systemic practice issue in LPCDHS. 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 LPCDHS completed the risk assessment accurately in 79.5% of assessments, which is above the statewide average (not including LPCDHS) of 60.8% for the same time span. However, due to the level of performance on this measure, it is recommended that LPCDHS 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 LPCDHS participate in the training and implementation of the new tool.	Complete

CFRT ID	Source	Recommendation	Status
15-012	Policy Finding	The Policy Finding related to timeliness of assessment closure does reflect a current systemic practice issue for MCDSS. 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 July 2015 C-Stat report, which measures the percentage of assessments closed within 60 days regardless of extension status, shows MCDSS at 45.5% for High Risk Assessments. The statewide performance for this same time period is 86.5%. It is recommended that MCDSS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Complete
15-012	Policy Finding	The Policy Finding related to completing the safety assessment tool accurately (which includes timeliness) does reflect a systemic practice issue in MCDSS. 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 MCDSS completed the safety assessment tool accurately in 86.1% of assessments, which is above the statewide average (not including MCDSS) of 83.2% for the same time span. However, the measure is below the goal of 95%. It is recommended that MCDSS 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 MCDSS participate in the training and implementation of the new tool.	Complete
15-021	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
15-021	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 January 1, 2015 through July 1, 2015, Larimer County DHS completed the Colorado Family Risk Assessment Tool accurately in 62.3% of assessments, which is above the statewide average (not including Larimer County DHS) of 43.1% 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.	Complete

CFRT ID	Source	Recommendation	Status
15-021	Policy Finding	The policy finding related to completing the Colorado Safety Assessment tool timely 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 January 1, 2015 through July 1, 2015, Larimer County DHS completed the Colorado Safety Assessment tool accurately in 86.8% of assessments, which is above the statewide average (not including Larimer County DHS) of 43.5% 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 Safety Assessment tool are identified and solutions to the identified barriers are implemented.	Complete
15-024	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
15-024	CFRT	It is recommended that DCW explore providing training and guidance on how they can help supervisors and caseworkers outline and analyze the global view of the family's history to better understand patterns of maltreatment.	Complete
15-024	CFRT	DCW should explore clarification in rule or practice guidance regarding when a county department of human services should intervene with a family when the allegation is about lack of school attendance.	Considered and not implemented
15-024	CFRT	DCW should take a look at jurisdiction for IA assessments and determine if it should change or remain the same.  "Arapahoe County DHS recommends that consideration be made to have institutional investigations completed by the State rather than at the county level for two primary reasons; 1. Institutional investigations are considered third party. Third party investigations are not within the scope of responsibility otherwise for county departments of child protection. 2. The governing and licensing entity responsible for child care institutions are the State, therefore the investigating party should be the State."	Considered and not implemented
15-024	CFRT	DCW should explore a rule change to allow an additional response time in situations where additional victims are identified after the original response time lapses.	In Progress

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	The policy finding related to timeliness of assessment closure does reflect a current systemic practice issue for JCDCYF. The October 2015 C-Stat report, which measures the percentage of assessments closed within 60 days, showed JCDCYF at 87.7% for September 2015 which is below the statewide average of 89.1%. 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
15-024	Policy Finding	The policy finding related to the Colorado Family Risk Assessment tool not being completed in accordance with Volume VII 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 January 15, 2015 to July 15, 2015, JCDCYF completed the risk assessment tool accurately in 61.8% of assessments, which is above the statewide average (not including JCDCYF) of 43.1% for the same time span. Due to the low level of performance, 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. It is also recommended that JCDCYF complete the training on the new Colorado Family Risk Assessment tool when it becomes available.	Complete
15-024	Policy Finding	The policy finding related to the RED Team framework not including all elements required by Volume VII is a systemic practice issue for JCDCYF. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from January 15, 2015 to July 15, 2015, JCDCYF included all elements required in Volume VII 0% of the time, which is below the statewide average (not including JCDCYF) of 10.7% for the same time span. New practice expectations for supervisor approval were created in response to the OSA Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007. It should be noted that the assessment in this review was completed prior to the issuance of the Operational Memo. For the recent review of a random sample of assessments, supervisory approval was missing in 47 of the 50 RED Team frameworks, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 66% for JCDCYF and 49.7% statewide. It is recommended that JCDCYF employ a process in which barriers to the completion of the RED Team framework as required by Volume VII are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	The policy finding related to documentation of the type and appropriateness of the youngest sibling's placement is a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review (July 1, 2015 until September 30, 2015), DDHS documented placement information in accordance with Volume VII, 79.7% of the time, which is below the statewide average (excluding DDHS) of 85.6% for the same time period. It is recommended that DDHS employ a process in which the barriers to documenting the placement information in accordance with Volume VII are identified and solutions to the identified barriers are implemented.	Complete
15-024	Policy Finding	The policy finding regarding the 90-Day review/Court report not meeting Volume VII requirements does reflect a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review (July 1, 2015 until September 30, 2015), DDHS completed the 90-Day review/Court report in Trails according to Volume VII, 75.2% of the time, which is above the statewide average (excluding DDHS) of 66.6% for the same time span. It is recommended that DDHS monitor their progress on this measure to ensure improvement.	Complete
15-024	Policy Finding	The policy finding regarding contact with children for the purpose of assessing child safety and well-being is a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review (July 1, 2015 until September 30, 2015), DDHS documented the required content from contacts with children in accordance with Volume VII, 77.3% of the time, which is slightly above the statewide average (excluding DDHS) of 76.8% for the same time span. It is recommended that DDHS monitor their progress on this measure to ensure improvement.	Complete
15-024	Policy Finding	The policy finding regarding contact with the mother for the purpose of assessing parent progress on the treatment plan and parent progress toward permanency is a systemic practice issue for DDHS. In the most recent Out-of-Home Administrative Review (July 1, 2015 until September 30, 2015), DDHS documented the content of contact with the mother in accordance with Volume 7, 87.5% of the time, which is above the statewide average (excluding Denver County) of 82.2% for the same time span. It is recommended that DDHS monitor their progress on this measure to ensure improvement.	Complete

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	<p>The policy finding related to the accurate completion of the safety assessment tool, which includes timeliness, does reflect a systemic practice issue in Adams County HSD. In a recent review of a random sample of assessments that were conducted during a period from February 16, 2015 to August 16, 2015, Adams County HSD completed the safety assessment tool accurately in 56.4% of assessments, which is above the statewide average (not including Adams County HSD) of 50.8% for the same time span. However, due to the low level of performance, it is recommended that Adams County HSD 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. It is also recommended that Adams County HSD complete the training on the new Colorado Safety Assessment tool when it becomes available.</p>	Complete
15-024	Policy Finding	<p>The policy finding related to the Colorado Family Risk Assessment tool not being completed in accordance with Volume VII does reflect a systemic practice issue for Adams County HSD. In a recent review of a random sample of assessments that were conducted during a period from February 16, 2015 to August 16, 2015, Adams County HSD completed the risk assessment tool accurately in 50.9% of assessments, which is above the statewide average (not including Adams County HSD) of 46.1% for the same time span. However, due to the low level of performance, it is recommended that Adams County HSD 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 Adams County HSD complete the training on the new Colorado Family Risk Assessment tool when it becomes available.</p>	Complete

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	<p>The policy finding related to interviewing/observing the alleged victim within the assigned response time does reflect a systemic practice issue for Adams County HSD. According to the October, 2015 C-Stat presentation for the month of September 2015, Adams County HSD is interviewing/observing the alleged victim within the assigned response time 90.3% of the time, which is above 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 completed during a period of February 16, 2015 to August 16, 2015, showed Adams County HSD at 60%. 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 Adams County HSD made reasonable efforts to see the victim of the allegation 87.3% of the time. It is recommended that Adams County HSD monitor their performance on this measure to ensure improvement in order to maintain the state goal of 90%.</p>	Complete
15-024	Policy Finding	<p>The policy finding related to the overall finding not matching the definition does reflect a systemic practice issue for DDHS. In a recent review of a random sample of assessments that were conducted during a period from March 2, 2015 through September 2, 2015, DDHS' overall finding matched the definition in 85.5% of assessments, which is below the statewide average (excluding DDHS) of 88.6% for the same time span. It is recommended that DDHS monitor their performance on this measure to ensure improvement.</p>	Complete
15-024	Policy Finding	<p>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 March 2, 2015 through September 2, 2015, DDHS completed the risk assessment tool accurately in 56.4% of assessments, which is above the statewide average (not including DDHS) of 46.7% 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 completed the training on the new Colorado Family Risk Assessment tool when it becomes available.</p>	Complete

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	The policy finding regarding the assignment of incorrect response times does reflect a systemic practice issue for 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 March 2, 2015 through September 2, 2015, DDHS assigned the appropriate response time in accordance with Volume VII 88.9% of the time, which is slightly below the statewide average of 90.1% for the same time span. It is recommended that DDHS monitor their performance on this measure to ensure improvement.	Complete
15-024	Policy Finding	The policy finding related to monthly contact with the maternal grandmother does reflect a systemic practice issue in DDHS. In a recent review of a random sample of In-Home Reviews that were conducted during a period from April 2, 2015 to November 1, 2015, DDHS completed required monthly contact with the caregiver/guardian/kin in 62% of the cases, which is above the statewide average (not including DDHS) of 59% for the same time span. It is recommended that DDHS 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
15-024	Policy Finding	The policy finding related to not completing the treatment plan in Trails does reflect a systemic practice issue for DDHS. In a recent review of a random sample of In-Home Reviews that were conducted during a period from April 2, 2015 to November 1, 2015, DDHS completed the required FSP: 3A in 64% of the cases, which is below the statewide average (not including DDHS) of 82% for the same time span. It is recommended that DDHS employ a process in which barriers to the FSP: 3A: Treatment Plan are identified and solutions to the identified barriers are implemented.	Complete
15-024	Policy Finding	The policy finding related to Family Service Plan: 5A Review/Court report does reflect a systemic practice issue in DDHS. In a recent review of a random sample of In-Home Reviews that were conducted during a period from April 2, 2015 to November 1, 2015, DDHS completed the required FSP: 5A in 64% of the cases, which is above the statewide average (not including DDHS) of 63% for the same time span. It is recommended that DDHS employ a process in which barriers to the FSP: 5A Review/Court report are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	The policy finding related to timeliness of assessment closure does reflect a current systemic practice issue for DDHS. The October 2015 C-Stat report, which measures the percentage of assessments closed within 60 days regardless of extension status, shows DDHS at 85.9% for High Risk Assessments for September 2015. The statewide average is 89.1%. It is recommended that DDHS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Complete
15-024	Policy Finding	The policy finding related to the safety 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 March 2, 2015 through September 2, 2015, DDHS completed the safety assessment tool accurately in 67.3% of assessments, which is above the statewide average (not including DDHS) of 51.2% for the same time span. It is recommended that DDHS 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 it is recommended that DDHS completed the training and implementation of the new safety assessment tool when it becomes available.	Complete
15-024	Policy Finding	The policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for Arapahoe County DHS. According to the most recent C-Stat presentation for the month of October 2015, which reflects data from September 2015, Arapahoe County DHS is interviewing the alleged victim within the assigned response time 86.5% 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 December 28, 2014 through June 28, 2015, showed Arapahoe County DHS at 49.1% for observing/interviewing the alleged victim within the assigned response time and 70.9% for making reasonable efforts to observe/interview the alleged victim within the assigned response time. It is recommended that Arapahoe County DHS employ a process in which the barriers to the timeliness of initial response with the alleged victim(s) is identified and solutions to the identified barriers are implemented.	Not Started

CFRT ID	Source	Recommendation	Status
15-024	Policy Finding	The policy finding related to interviewing/observing the alleged victim within the assigned response time does reflect a systemic practice issue for JCDCYF. According to the most recent C-Stat presentation for the month of October 2015, which reflects data from September 2015, JCDCYF is interviewing the alleged victim within the assigned response time 86.9% 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 January 15, 2015 to July 15, 2015, showed JCDCYF at 76.4% for observing/interviewing the alleged victim within the assigned response time and 89.1% 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 improvement to reach the state goal of 90%.	Complete
15-024	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 January 15, 2015 to July 15, 2015, JCDCYF completed the safety assessment tool accurately, which includes timeliness in 83.6% of assessments, which is above the statewide average (not including JCDCYF) of 43.8% for the same time span. It is recommended that JCDCYF monitor their performance on this measure to ensure improvement. It is also recommended that JCDCYF complete the training on the new Colorado Safety Assessment tool when it becomes available.	In Progress
15-030	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. Additionally, it is recommended that DCW continue to provide consistent guidance regarding the use of the new tools.	Complete
15-030	CFRT	It is recommended that DCW implement a procedure for oversight/check-ins to counties when they are newly implementing DR.	Complete
15-030	Policy Finding	Eagle County DHHS is one of three pilot counties for the new Colorado Family Risk Assessment tool. Eagle County DHHS should continue to work with DCW to ensure accurate and timely completion of the Colorado Family Risk Assessment tool.	Complete
15-030	Policy Finding	Eagle County DHHS is one of three pilot counties for the new Colorado Family Safety Assessment tool. Eagle County DHHS should continue to work with DCW to ensure accurate and timely completion of the Colorado Family Safety Assessment tool.	Complete

CFRT ID	Source	Recommendation	Status
15-031	Policy Finding	<p>The policy finding related to the RED Team framework not including all elements required by Volume VII is a systemic practice issue for JCDCYF. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from January 15, 2015 to July 15, 2015, JCDCYF included all elements required in Volume VII 0% of the time, which is below the statewide average (not including JCDCYF) of 10.7% for the same time span. New practice expectations for supervisor approval were created in response to the OSA Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007. It should be noted that the assessment in this review was completed prior to the issuance of the Operational Memo. For the recent review of a random sample of assessments, supervisory approval was missing in 47 of the 50 RED Team frameworks, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 66% for JCDCYF and 49.7% statewide. It is recommended that JCDCYF employ a process in which barriers to the completion of the RED Team framework as required by Volume VII are identified and solutions to the identified barriers are implemented.</p>	Complete
15-037	Policy Finding	<p>The policy finding related to timeliness of assessment closure does/does not reflect a current systemic practice issue for Arapahoe County DHS. The October 2015 C-Stat report, which measures the percentage of assessments closed within 60 days, showed Arapahoe County DHS at 79.6% for September 2015, which is below the statewide average of 89.1%. 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.</p>	Complete
15-037	Policy Finding	<p>The policy finding related to the Colorado Family Risk Assessment tool not being completed in accordance with Volume VII does reflect a systemic practice issue in Arapahoe County. In a recent review of a random sample of assessments that were conducted during a period December 28, 2014 to June 28, 2015, Arapahoe County completed the risk assessment tool accurately in 40% of assessments, which is below the statewide average (not including Arapahoe County) of 41.3% for the same time span. It is recommended that Arapahoe County 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 Arapahoe DHS complete the training on the new Colorado Family Risk Assessment tool when it becomes available.</p>	Complete

CFRT ID	Source	Recommendation	Status
15-037	Policy Finding	The policy finding related to the assessment containing the required content does reflect a systemic practice issue for Arapahoe County. 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 December 28, 2014 to June 28, 2015, showed that Arapahoe County's assessments contained the required content 83.6% of the time, which is above the statewide average (not including Arapahoe County) of 70.6% for the same time span. It is recommended that Arapahoe County employ a process in which barriers to documentation of the assessment containing all required content are identified and solutions to the identified barriers are implemented.	In Progress
15-047	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
15-047	CFRT	It is recommended that DCW revise rule to better determine when referrals should be assigned High Risk Assessments (HRA) or Family Assessment Response (FAR).	Considered and not implemented
15-047	Policy Finding	The policy finding related to the Colorado Family Risk Assessment tool not being completed in accordance with Volume VII does reflect a systemic practice issue in Mesa County DHS. In a recent review of a random sample of assessments that were conducted during a period from October 8, 2014 to June 1, 2015, the Mesa County DHS completed the risk assessment tool accurately in 34% of assessments, which is below the statewide average (not including Mesa County DHS) of 59.8% for the same time span. It is important to note that Volume 7.107.2 [eff. 1/1/15] established "a transition period for completion of training and access to the new Colorado Family Risk Assessment Tool in the state automated case management system." As of the completion of this assessment, the training to access the new Colorado Family Risk Assessment Tool is not available; therefore, the former version of rule applies to this violation. 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.	Complete

CFRT ID	Source	Recommendation	Status
15-047	Policy Finding	The policy finding related to the Colorado Safety Assessment tool does reflect a systemic practice issue in Mesa County DHS. 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 Colorado Safety Assessment tool accurately in 72% of assessments, which is below the statewide average (not including Mesa County DHS) of 77.7% 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 Safety Assessment tool are identified and solutions to the identified barriers are implemented. It is also recommended that Mesa County DHS completed the training on the new Colorado Safety Assessment tool when it becomes available.	Complete
15-049	CFRT	The CFRT recommended that CDHS consider a change to Volume 7 and C.R.S. 26-1-139 to extend the due date for County Departments of Human Services' Internal Review Reports to be submitted to CDHS.	Not Started
15-085	CFRT	It is recommended that Las Animas County DHS ensure that families in the community are aware of child care assistance and providers.	Considered and not implemented
15-085	CFRT	It is recommended that Las Animas County DHS talk with the sawmill owner and outreach to the community about water safety.	Considered and not implemented
15-085	Policy Finding	The policy finding related to timeliness of assessment closure does reflect a current systemic practice issue for Las Animas County DHS. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provides the basis for C-Stat data, Las Animas County DHS performance for December, 2015 was 33% with a statewide goal of 90%. It is recommended that Las Animas County DHS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Not Started
15-086	CFRT	The DCW should consider developing protocol related to how county departments of human or social services respond to courtesy interview requests. The courtesy interview protocol should include, but not be limited to: requests from outside state departments of human and social services, as well as, county to county requests within the State of Colorado.	In Progress
15-086	CFRT	The ARD and the DCW should establish review protocol and guidelines for when incidents of egregious, near fatal and/or fatal abuse or neglect occur in Colorado, but the family or child does not have established residency in the State.	In Progress

CFRT ID	Source	Recommendation	Status
15-086	Policy Finding	The policy finding related to the timeliness of notification of the fatal incident does reflect a systemic practice issue for DDHS. During calendar year 2015, DDHS provided timely notification to CDHS in 77.8% (14/18) of incidents. It is recommended that DDHS evaluate their process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS as required by Volume 7. Furthermore, it is recommended that DDHS identify any barriers preventing the completion of timely notifications, and then employ a process in which solutions to the identified barriers are implemented.	Complete
15-086	Policy Finding	The policy finding related to the RED Team framework not including all elements required by Volume 7 is a systemic practice issue for 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 March 2, 2015 to September 2, 2015, the RED Team framework included all elements required in Volume 7, 4.1% of the time. New practice expectations for supervisor approval were created in response to the Office of the State Auditor (OSA) Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007 on October 15, 2015. It should be noted that the assessment in this review was completed prior to the issuance of the Operational Memo. For the recent review of a random sample of assessments, supervisory approval was missing in 29 of the 49 RED Team frameworks, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 51% for DDHS. It is recommended that DDHS employ a process in which barriers to the completion of the RED Team framework, as required by Volume 7, are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
15-086	Policy Finding	<p>The policy finding related to ACHSD not completing a RED Team framework as required by Volume 7 reflects a systemic practice issue for ACHSD. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from February 16, 2015 to August 16, 2015, the RED Team framework included all required elements required in Volume 7, 0% of the time. New practice expectations for supervisor approval were created in response to the Office of the State Auditor (OSA) Child Welfare Performance Audit. Early reviews indicated the process for documenting supervisor approvals was not well known at the county level. In an effort to communicate the new expectations, DCW issued Operational Memo OM-CW-2015-0007 on October 15, 2015. It should be noted that the assessment in this review was completed prior to the issuance of the Operational Memo. For the recent review of a random sample of assessments, supervisory approval was missing in 45 of the 47 RED Team frameworks, which impacted the performance. Without considering supervisor approval, performance on the RED Team framework was at 95.7 % for ACHSD. As this policy finding was related to ACHSD not completing a RED Team as required by Volume 7, it is recommended that ACHSD employ a process in which barriers to the completion of the RED Team framework as required by Volume 7 are identified and solutions to the identified barriers are implemented.</p>	In Progress
14-028	CFRT	<p>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>	Complete
14-028	CFRT	<p>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
14-028	CFRT	<p>It is recommended that Morgan County DHS ensure that the sibling participates in the Juvenile Fire Setting Program @ Children's Hospital of Colorado. On August 5, 2014, the CDHS Administrative Review Division emailed Morgan County DHS the information and contact information about the Juvenile Fire Setting Program @ Children's Hospital of Colorado.</p>	Complete

CFRT ID	Source	Recommendation	Status
14-028	Policy Finding	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 August C-Stat documentation for the month of May 2014, Morgan County DHS is interviewing the alleged victim within the assigned response time 85.7% of the time, which is 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%. 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 monitor their performance on this measure to ensure improvement in order to meet the state goal of 90%.	Complete
14-028	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) 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 safety assessment are identified and solutions to the identified barriers are implemented.	Complete
14-028	Policy Finding	For High Risk Assessments opened by Morgan County DHS between December 1, 2013 and May 31, 2014, 51.9% required an extension (i.e., were open longer than 30 days). Of those, 38.2 % had an extension request within 30 days. It is recommended that Morgan 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
14-033	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.	Complete
14-033	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 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

CFRT ID	Source	Recommendation	Status
14-033	CFRT	Law enforcement spoke with CCHHS and recognized that the fatality assessment should have been a joint investigation. CDHS, Division of Child Welfare is working with all counties to develop, as well as train law enforcement officers and caseworkers on joint investigations and get copies of all Memorandum of Understanding's (MOU) between the county and law enforcement agencies within that county.	Complete
14-033	Policy Finding	For the policy finding related to the timeliness of notification of the near fatal incident there is no documentation as this is the first incident involving CCHHS. It is recommended that CCHHS employ a process in which barriers to the timeliness of notifications for fatalities, near fatalities and egregious incidents are identified and solutions to the barriers are implemented.	Complete
14-033	Policy Finding	The policy finding related to the use of extensions does reflect a current systemic practice issue for CCHHS. For High Risk Assessments opened by CCHHS between March 1, 2014 and August 31, 2014, 63.6% required an extension (i.e., were open longer than 30 days). Of those, 4.8 % had an extension request within 30 days. It is recommended that CCHHS 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
14-033	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in CCHHS. In a recent review of a random sample of assessments that were conducted during a period from December 15, 2013 to June 15, 2014, the CCHHS completed the safety assessment accurately in 77.3% of assessments, which is below the statewide average (not including CCHHS) of 80.7% for the same time span. It is recommended that CCHHS 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
14-033	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in CCHHS. In a recent review of a random sample of assessments that were conducted during a period from December 15, 2013 to June 15, 2014, the CCHHS completed the risk assessment accurately in 31.8% of assessments, which is below the statewide average (not including CCHHS) of 59.5% for the same time span. It is recommended that CCHHS 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
14-033	Policy Finding	The policy finding related to the timeliness for the safety assessment does reflect a systemic practice issue in CCHHS. In a recent review of a random sample of assessments that were conducted during a period from December 15, 2013 to June 15, 2014, the CCHHS completed the safety assessment timely in 86.3% of assessments, which is below the statewide average (not including CCHHS) of 91% for the same time span. It is recommended that CCHHS 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
14-033	Policy Finding	The policy finding related to seeing the alleged victim within the assigned response time does reflect a systemic practice issue for CCHHS. According to the October C-Stat, for the month of September 2014, CCHHS is interviewing the alleged victim within the assigned response time 66.7% 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 December 15, 2013 to June 15, 2014, showed the CCHHS at 86.4%. 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 CCHHS made reasonable efforts to see the victim of the allegation 86.4% of the time. It is recommended that CCHHS examine their performance on this measure to ensure improvement in order to meet the state goal of 90%.	Complete
14-033	Policy Finding	The policy finding regarding all parties interviewed as part of the assessment, specifically other siblings in the household, does reflect a systemic practice issue for CCHHS. In a recent review of a random sample of assessments that were conducted during a period from December 15, 2013 to June 15, 2014, CCHHS interviewed all required parties in 81.8% of assessments, which is below the statewide average of 88.5% for the same time span. It is recommended that CCHHS employ a process in which barriers to interviewing all parties are identified and solutions to the identified barriers are implemented.	Complete

CFRT ID	Source	Recommendation	Status
14-033	Policy Finding	The policy finding related to monthly contact with the children does reflect a systemic practice issue in CCHHS. In a recent review of a random sample of In-Home Reviews that were conducted during a period from December 15, 2013 to June 15, 2014, CCHHS completed required monthly contact with the child in 83.3% of the cases, which is below the statewide average (not including CCHHS) of 94.7% for the same time span. It is recommended that CCHHS employ a process in which barriers to the monthly contact with children are identified and solutions to the identified barriers are implemented.	Complete
14-033	Policy Finding	The policy finding related to the Family Service Plan there is no documentation reflecting CCHHS performance in the timeliness of Family Service Plans. It is recommended that CCHHS employs a process in which barriers to the timeliness of Family Service Plans are identified and solutions to the identified barriers are implemented.	Complete
14-033	Policy Finding	The policy finding related to Family Service Plan: 5A Review/Court report does reflect a systemic practice issue in CCHHS. In a recent review of a random sample of In-Home Reviews that were conducted during a period from December 15, 2013 to June 15, 2014, CCHHS completed required FSP: 5A in 0% of the cases, which is below the statewide average (not including CCHHS) of 80% for the same time span. It is recommended that CCHHS employ a process in which barriers to the FSP: 5A Review/Court reports are identified and solutions to the identified barriers are implemented.	Complete
14-034	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.	Complete
14-034	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 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
14-034	CFRT	The CFRT recommended that DCW consider adding language in rule that would ensure all counties are utilizing additional methods of locating families and potentially adding into rule a checklist of potential databases or other means of record searches to locate families.	Complete
14-034	CFRT	The CFRT recommended that Child Protection Task Group (CPTG) look at informing practice and steps that caseworkers should take while waiting for a secondary test when a newborn tests positive at birth for substances.	Complete

CFRT ID	Source	Recommendation	Status
14-034	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in Jefferson County DCYF. In a recent review of a random sample of assessments that were conducted during a period from August 4, 2013 to February 4, 2014, the Jefferson County DCYF completed the safety assessment accurately in 83.0% of assessments, which is below the statewide average (not including Jefferson County DCYF) of 84.1% for the same time span and below the state goal of 95%. It is recommended that Jefferson County DCYF employ a process to ensure that casework and supervisory staff members understand how to utilize the safety assessment and on which household the assessment is to be completed. It should be noted that in the new Safety Assessment instrument scheduled to roll out from DCW, there is a place for the caseworker to identify the household on which the assessment is completed.	Complete
14-034	Policy Finding	The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment does reflect a systemic practice issue in Jefferson County DCYF. In a recent review of a random sample of assessments that were conducted during a period from August 4, 2013 through February 4, 2014, the Jefferson County DCYF completed the risk assessment accurately in 56.6% of assessments, which is below the statewide average (not including Jefferson County) of 64.0% for the same time span. It is recommended that Jefferson County DCYF 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
14-034	Policy Finding	The policy finding related to extensions does reflect a systemic practice issue in Jefferson County DCYF. For High Risk Assessments opened by Jefferson County DCYF between November, 2013 and April 30, 2014, 81.6% required an extension (i.e., were open longer than 30 days). Of those, 38% had an extension request within 30 days. It is recommended that Jefferson County 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
14-042	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.	Complete
14-042	CFRT	It is recommended that the DCW explore the need for further guidance to counties on what to do when the county has an open assessment and another referral/assessment comes into the county, regarding the same family.	Complete

CFRT ID	Source	Recommendation	Status
14-042	CFRT	CFRT recommends that county staff be present in person or via teleconference to present their case at the monthly CFRT meetings.	Complete
14-042	Policy Finding	The policy finding related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Adams County HSD. 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 Adams County HSD completed the risk assessment tool accurately in 63.5% of assessments, which is slightly above the statewide average (not including Adams County) of 60.6% for the same time span. However, due to the level of performance on this measure, it is recommended that Adams County HSD 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 will be implemented by the State in 2015, and it is recommended that Adams County HSD participate in the training and implementation of the new tool.	Complete
14-057	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
14-057	CFRT	It is recommended that DCW work with Trails staff to determine if an update could be implemented in the Trails system to allow two or more cases to be opened from one assessment when such split is warranted.	Complete
14-057	CFRT	It is recommended that the Child Protection Task Group (CPTG) assess whether there should be further clarification around how contacts can be documented when a county DHS completes a courtesy visit for another county. It was suggested that the county caseworker completing the courtesy visit could be added as a secondary caseworker in Trails so that the caseworker can document directly into Trails, but the county who received the referral maintains responsibility until such time that the responsibility is formally transferred to the other county.	Complete

CFRT ID	Source	Recommendation	Status
14-057	Policy Finding	<p>The policy findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in HCDSS. In a recent review of a random sample of assessments that were conducted during a period from August 4, 2013 to February 4, 2014, the HCDSS completed the risk assessment tool accurately in 76.7% of assessments, which is above the statewide average (not including HCDSS) of 62.5% for the same time span. However, due to the low level of performance on this measure, it is recommended that HCDSS 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.</p> <p>Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommended that HCDSS participate in the training and implementation of the new tool.</p>	Complete
14-057	Policy Finding	<p>The policy finding regarding the assignment of incorrect response times does reflect a systemic practice issue for HCDSS. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from August 4, 2013 to February 4, 2014, HCDSS assigned the appropriate response time in accordance with Volume VII 73.1% of the time, which is below the statewide average of 95.5% for the same time span. It is recommended that HCDSS employ a process by which the barriers to the incorrect assignment of the response time are identified and solutions to the identified barriers are implemented.</p>	Complete
14-057	Policy Finding	<p>The policy finding related to monthly contact with the parents does reflect a systemic practice issue in HCDSS. In a recent review of a random sample of In-Home Reviews that were conducted during a period from August 4, 2013 to February 4, 2014, HCDSS completed required monthly contact with the caregiver/guardian/kin in 70.0% of the cases, which is above the statewide average (not including HCDSS) of 63.0% for the same time span. Due to the low level of performance on this measure, it is recommended that HCDSS employ a process in which barriers to the monthly contact with parents are identified and solutions to the identified barriers are implemented.</p>	Complete

CFRT ID	Source	Recommendation	Status
14-057	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. However, due to the level of performance on this measure, 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 will be implemented by the State in 2015, and it is recommended that ACHSD participate in the training and implementation of the new tool.	Complete
14-065	CFRT	CFRT recommended that daycare centers participate in the mandatory reporter training; however, the CDHS licensing states that child care centers are only required to sign a documentation that states the direct care providers understand that they are mandatory reporters. Daycare centers provide topic-specific annual trainings, but not related to child abuse/neglect. It is recommended that CDHS licensing require daycare providers to complete an annual training related to child abuse/neglect and mandated reporting.	Complete
14-065	Policy Finding	The policy finding related to the incorrect use of a Safety Plan does reflect a systemic issue for Arapahoe County DHS. In a recent review of a random sample of assessments that were conducted during a period from January 27, 2014 to July 27, 2014, the Arapahoe County DHS completed the Safety Plan accurately in 66.7% of assessments, which is above the statewide average (not including Arapahoe County DHS) of 40.3% for the same time span. However, due to the level of performance on this measure, it is recommended that Arapahoe County DHS employ a process in which barriers to the accurate implementation of the Safety Plan are identified and solutions to the identified barriers are implemented.	Complete
14-065	Policy Finding	The policy finding related to notification to the DECL on the institutional assessment has no data. It is recommended that Arapahoe County DHS employ a process in which barriers to the notification of institutional assessments are identified and solutions to the identified barriers are implemented.	Not Started
14-087	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

CFRT ID	Source	Recommendation	Status
14-087	CFRT	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. 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.	In Progress
14-087	Policy Finding	The policy finding related to the timeliness of notification of the egregious incident reflects a systemic practice issue for JCDCYF. From January 1, 2015 to June 11, 2015, JCDCYF provided timely notification to CDHS for 75% (3/4) of incidents. It is recommended that: a. The JCDCYF create a more formal process for recognizing and reporting fatal, near fatal and egregious incidents of child maltreatment to CDHS.	Complete
14-087	Policy Finding	The Administrative Review Division (ARD) should prioritize training for JCDCYF's child protection staff regarding the fatality, near fatality and egregious incident review process to include specific guidance and further clarification on the definitions and reporting requirements regarding incidents of egregious harm, near fatalities, and fatalities.	Complete
14-087	Policy Finding	The policy finding related to the Safety Assessment tool reflects a systemic practice issue in JCDCYF. As part of routine quality assurance monitoring, in a recent review of a random sample of assessments that were conducted during a period from August 1, 2014 to January 31, 2015, JCDCYF completed the safety assessment accurately, which includes timeliness, 79.6% of the time, which is slightly above the statewide average of 77.7% for approximately the same time span and below the C-stat goal of 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.	Complete

CFRT ID	Source	Recommendation	Status
14-087	Policy Finding	The policy violation related to timely completion of the Colorado Family Risk Assessment tool, which is measured along with accuracy, does reflect a systemic practice issue for JCDCYF. In a recent review of a random sample of assessments that were conducted during a period from August 1, 2014 to January 31, 2015, JCDCYF completed the risk assessment tool accurately 50% of the time, which is below the statewide average of 60.1% for approximately 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.	Complete
13-072	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 it's implementation.	Complete
13-072	CFRT	The CFRT recommended that the Division of Child Welfare research outreach efforts that may help to inform medical professionals of the warning signs and potential varied presentations of child physical abuse.	Complete
13-072	CFRT	The CFRT recommended that the law enforcement professionals who are investigating this egregious incident be contacted by LDHS in order to offer assistance in the prosecution of the alleged perpetrator. By contacting these individuals it may become clear that there is an underlying motive for the process of attempting to charge the alleged perpetrator and the LDHS may be able to offer potential assistance in efforts by law enforcement.	Complete
13-072	CFRT	The CFRT indicated that the Children's Code describes various reasons for the court to file a Dependency and Neglect case, as well as to take custody of a child. It was stated that further training of judicial officers could be warranted if the issue of not consulting the Children's Code related to filing of a child welfare case continues. It is also recommended that staff from LDHS reach out to the Larimer County attorney to invite the individual to their quarterly meetings which are open to all county attorneys to discuss the application of the Children's Code to various cases.	Complete

CFRT ID	Source	Recommendation	Status
13-072	Policy Finding	The policy violation which reflects the LDHS not accurately documenting the reason that the referral was screened out is a systemic practice issue in this county department. As part of routine quality assurance monitoring, data from the "2013 Screen-Out Review," conducted 9/23/2013 to 9/27/2013, indicated that Larimer County accurately documented the county's reason for not accepting the referral 85.5% of the time, which is lower than the statewide average of 89.2%. It is recommended that Larimer County employ a process in which barriers to the accurate documentation of the reason that a referral is screened out are identified and solutions to the identified barriers are implemented.	Complete
13-072	Policy Finding	It is recommended that the Division of Child Welfare (DCW) monitor county performance regarding accurate documentation of the reason a referral is screened out and engage as necessary to ensure improved performance in this area.	Complete
13-072	Policy Finding	For High Risk referrals received by Larimer County DHS between July 1, 2013 and December 31, 2013, 70.5% required an extension (i.e., were open longer than 30 days). This is slightly above the statewide average of 66.3% for the same time span. Of those requiring an extension, an extension was requested within 30 days of the opening of the referral 50.8% of the time. The statewide average during this time span was 45.3%. It is recommended that Larimer 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
13-072	Policy Finding	At 45.3%, statewide performance on the use of extensions during assessments was low overall. 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
13-084	CFRT	It is recommended that the Division of Child Welfare (DCW) examine Volume VII at 7.202.55 and clarify which, if not all, aspects of the High Risk Assessment protocols are required in an Institutional Abuse and/or Neglect Assessment.	Complete

CFRT ID	Source	Recommendation	Status
13-084	Policy Finding	<p>The policy violation related to seeing the alleged victim within the assigned response time does not reflect a systemic practice issue for Larimer County DHS. According to the most recent C-Stat presentation of March 2014, for the month of December of 2013, Larimer County DHS was interviewing the required parties within the assigned response time 87.5% of the time, which is below the previous month's and is also below the C-Stat 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 February 8, 2013 to August 8, 2013, showed Larimer County DHS at 83.9% for FAR Assessments and 72.7% for High Risk Assessments, which is above the statewide of 75.5% and below the statewide average of 75% respectively. It is important to note that with the addition of rule 7.202.41 (A) (4) of 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 Larimer County DHS made reasonable efforts to see the victim of the allegation 96.8% of the time for FAR Assessments and 90.9% of the time for High Risk Assessments, which is above the statewide of 91.8% and 87.3% respectively. It is recommended that Larimer County DHS monitor the performance of their staff on this measure to ensure continued performance at or above the state goal of 90%.</p>	Complete
13-084	Policy Finding	<p>For High Risk Assessment (HRA) referrals received by Larimer County DHS between July 1, 2013 and December 31, 2013, 70.5% required an extension (i.e., were open longer than 30 days). This is slightly above the statewide average of 66.3% for the same time span. Of those requiring an extension, an extension was requested within 30 days of the opening of the referral 50.8% of the time. The statewide average during this time span was 45.3%. It is recommended that Larimer 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.</p>	Complete
13-084	Policy Finding	<p>At 45.3%, statewide performance on the use of extensions during assessments was low overall. 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

## Appendix D: Status Update for Recommendations from Previously Posted Reports

CFRT ID	Source	Recommendation	Status
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
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
13-038	Policy Finding	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%. 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.	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.	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.	Complete

CFRT ID	Source	Recommendation	Status
13-071	Policy Finding	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.	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.	Complete
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.	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.	Complete

CFRT ID	Source	Recommendation	Status
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.	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.	Complete
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.	Complete
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.	Complete
13-085	Policy Finding	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.	In Progress

CFRT ID	Source	Recommendation	Status
13-096	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
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.	Complete
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.	Complete
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.	Complete

CFRT ID	Source	Recommendation	Status
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
14-008	Policy Finding	The policy finding related to the safety assessment does reflect a systemic practice issue in Logan County. In a recent review of a random sample of assessments that were conducted during a period from June 16, 2013 to December 16, 2013, Logan County completed the safety assessment accurately in 88.6% of assessments, which is above the statewide average (not including Logan county) of 81.2% for the same time span. However, Logan County is below the state goal of 90%, so it is recommended that Logan 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.	Complete
14-012	CFRT	It is recommended that the Division of Child Welfare (DCW) 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 its implementation.	Complete
14-012	CFRT	Regarding the systemic gap of multiple law enforcement officers compared to one caseworker, 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.	Considered and not implemented
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.	Complete
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.	Complete

CFRT ID	Source	Recommendation	Status
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.	Considered and not implemented
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.	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.	Complete
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.	Complete
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.	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.	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.	Complete
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.	Complete
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.	Complete

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.	Complete
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
14-058	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.	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.	Considered and not implemented
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
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.	Complete
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.	In Progress
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.	Considered and not implemented

CFRT ID	Source	Recommendation	Status
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.	Complete
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.	Complete
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.	Complete

CFRT ID	Source	Recommendation	Status
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.	Complete
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.	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.	Complete
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

CFRT ID	Source	Recommendation	Status
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.	Complete
14-079	Policy Finding	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.	In Progress
14-079	Policy Finding	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.	Complete
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.	Complete

CFRT ID	Source	Recommendation	Status
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.”	Considered and not implemented
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.	Complete
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.	Complete
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.	Complete

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.	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.”	Considered and not implemented
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.	Complete
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.	Considered and not implemented
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

CFRT ID	Source	Recommendation	Status
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.	Complete
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.	Complete

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.	Complete
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.	Complete
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

CFRT ID	Source	Recommendation	Status
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.	Complete
14-100	Policy Finding	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.	Complete
14-108	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
14-108	CFRT	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. 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. 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.	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.	Complete
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.	Complete
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
15-006	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.	Complete
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.	In Progress

CFRT ID	Source	Recommendation	Status
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	Complete
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.	Complete
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.	Complete

CFRT ID	Source	Recommendation	Status
15-022	Policy Finding	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.	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.	Complete
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	Policy Finding	DYC Policy regarding pass request: Uphold expectations for the transition process to include specific safety plans for each individual pass, identify responsibility for the custodian of the pass, and correct approval on all temporary release paperwork (taken from Near Fatality Review Panel Report)	In Progress
15-038	Policy Finding	The policy finding related to documentation of the Independent Living Plan (ILP) in the Discrete Case Plan does not reflect a systemic practice issue for the Western Region DYC. As part of a routine quality assurance monitoring, a recent review of generalizable random sample of cases that were conducted during a period of July 1, 2015 to September 30, 2015, showed that the Western Region DYC documented accurately in the Discrete Case Plan 80% of the time. It is recommended that the Western Region DYC monitor their performance on this measure to ensure accurate documentation of the ILP in the Discrete Case Plan.	In Progress
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.	In Progress

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	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.	Complete



Assessment and Case Closure Task Group

Final Report Out

January 2018

## **Introduction**

The recommendation for the creation of this task group arose out of the Birth to Five Task Group recommendations presented to Sub-PAC in February 2017 and the need to modify assessment and/or case closure processes. A recommendation was made to create a time-limited task group that would further analyze the data related to higher rates of recurrence of child abuse and/or neglect after a founded assessment has been closed, subsequent case involvement after a child welfare service case has been closed, and to make recommendations based on this analysis.

The Assessment and Case Closure task group began meeting in April 2017. Membership includes county and state child welfare staff, as well as membership from various stakeholder groups. The group is chaired by:

Molly Judson, LSW, Ongoing Casework Specialist, Division of Child Welfare  
Katrina Schrock, Child Welfare Administrator, Denver Human Services

The task group has met a total of ten times, monthly since April 2017. The group has reviewed various data points related to assessment and case closure to come to the following preliminary recommendations.

## **Mission and Objectives of Assessment and Case Closure Task Group**

- Task Group participants established a mission at the outset to make recommendations based on increasing systems competence leading to meaningful work with families. There was a caution to avoid recommendations based on compliance without sound data to support such recommendations.
- From the report out of the Birth to Five Task Group, the Assessment and Case Closure Task Group was asked to look at the higher rate of closed assessments with a subsequent founded assessment, and closed cases with a subsequent open case.
- An important distinction was made early on to delineate clearly the lines between addressing re-entry into out of home care and the objectives of this group, specifically around case closure practice.
- In fact, data indicates that the majority of children who re-enter into out of home care do so within 1-3 months of removal closure, and often during the same case span.
- Case closure practices would not, then, significantly impact practice around re-entry into out-of-home care.

## **Summary of Recommendations**

### **Rule**

- Remove requirement from CCR 7.205(B)(3) to complete the risk re-assessment at case closure as the study completed by CSU in 2014 did not validate the risk assessment

unless the child/youth is returning to the person responsible for abuse and/or neglect. This requirement, therefore, should not be enforced for all case closures.

### **Training**

- Provide increased training/coaching to county staff to engage families in the discussion of risk scores and risk factors.
  - Discuss current content with Child Welfare Training System (CWTS)
- Provide more intensive training around support planning as a key element to sustainability at case closure and how to facilitate these conversations with families.
  - Coordinate with family engagement meeting specialist to utilize training already in development for family engagement meeting facilitators
  - Work with CWTS to include increased training and support for caseworkers and supervisors for future training development around the use of family engagement meetings, the safety and risk tools and support planning.

### **Trails**

- Request multi picklist for purpose selection in framework screen to allow for one primary and multiple secondary reasons. (in process)
- Place a link to the framework when the risk assessment scores high and remove the bottom box of the risk assessment. Counties have to double document information in these two places. *Only remove this box on the risk assessment if the score is high risk.*
- Set requirement that framework be completed prior to allowing assessment closure if risk assessment scores high.
- Provide hover help to explain requirement to complete framework/family meeting when risk assessment scores high.
- Eliminate unused/rarely used case closure reasons. (In process)
- Create a multi-select pick list under “services successful” case closure reason to include additional information.

### **Practice Recommendations – Assessment Closure**

- Consider additional guidance and memos to counties to clarify practice around completing a family engagement meeting at assessment closure when the risk assessment scores high – the intent of the practice, documentation requirements.
- Coordinate with ARD to provide feedback to counties on compliance with family engagement meeting at assessment closure when the risk assessment scores high. As a CQI step, follow up with impact of practice on subsequent assessments/repeat maltreatment.

### **Practice Recommendations – Case Closure**

- Recommend that participating counties who volunteer serve as field test sites (12 months) to put into practice family engagement meetings (facilitated when possible) and support plans at case closure for the following PA5 cases:
  - Remain home/in home

- Reunification with original caregivers when out-of-home episode has occurred during case span
- Interested counties: Mesa, Larimer, Adams, El Paso, Douglas
- Field test guidance will be disseminated to participating sites by April 2018
- Report on outcomes of field test to Sub-PAC around January 2019 to discuss additional recommendations for case closure practice based on data collected.
- Complete guidance with best practice recommendations to include family engagement meetings and support planning at case closure by March 2018.

## **Assessment Closure Review - Synopsis**

### **Summary of discussion and activities – Assessment Closure**

- Reviewed current rule, practice, Trails screens, and training at assessment closure
  - Current rule and practice has focused on assessment closure when a family scores high on the risk assessment.
  - Family engagement meeting is required at high risk assessment closure, this practice is inconsistent at this time.
  - Group recommends focusing on improving current practice and compliance with rule to determine if this is having desired impact on reducing repeat maltreatment and repeat founded assessment.

### **Assessment Closure literature review and data points**

- Having a prior referral within 24 months of current referral is significantly associated with a higher likelihood of a founded assessment (44% more likely) - Colorado State University, Social Work Research Center, "Program Evaluation of the Colorado Consortium on Differential Response", 2014)
- Between January 2015 and January 2017, on average 38% of closed assessments when the risk assessment scored high had a family engagement meeting documented in the framework section of Trails state-wide. Since January 2015, Volume VII requires a family engagement meeting at assessment closure when the risk assessment scores high if services will not be provided and a case not opened. This practice is not implemented consistently enough state-wide at this time to be able to draw a correlation between the practice and the desired outcome of reduced re-assessment/repeat maltreatment.
  - In June of 2017, the Administrative Review Division began reviewing counties for compliance to this measure, and this measure will be monitored on an ongoing basis.
  - It is a recommendation of the Assessment and Case Closure Task Group for The Division of Child Welfare to issue a written reminder of this requirement to counties as well as offer technical assistance to counties to increase compliance on this measure.

High Risk PA5 Assessments that closed between January 2015 and January 2017

Sum of Total High Risk Assessments	Sum of Total With Family Engagement Meetings
27950	3506
Sum of Total High Risk Assessments	Sum of Total With Family Engagement and Facilitated Meetings*
27950	7006
Total number of closed assessments rated high risk on the risk assessment with any type of framework: 10,512	
On average, 38% of closed high risk assessments have a family engagement meeting documented in the framework. This is aggregate state-wide data, county-specific data is available upon request	

- "Levy and colleague (1995) examined a sample of abuse cases over time and found that the risk of re-abuse in this sample was greatest during the first two years following a diagnosis of maltreatment and subsequently diminished progressively", (Northern California Training Academy, "Predicting and Minimizing the Recurrence of Maltreatment: Literature Review", 2009).
- Re-reporting for abuse is not simply a function of maltreatment but may be influenced by a heightened level of surveillance by service providers and community members when previous involvement is present (Fluke et al., 2008). The role of the initial reporter of abuse (such as medical staff and law enforcement) has an impact on whether re-reporting may occur in the future. (Northern California Training Academy, "Predicting and Minimizing the Recurrence of Maltreatment: Literature Review", 2009).
- "Four principles/interventions designed to minimize the potential re-abuse were identified: emphasis on early intervention, voluntary services for unsubstantiated cases, substance abuse treatment, and parental therapeutic intervention", (Northern California Training Academy, "Predicting and Minimizing the Recurrence of Maltreatment: Literature Review", 2009).

## **Case Closure Review – Synopsis**

### **Summary of discussion and activities – Case Closure**

- Reviewed current rule, practice, Trails screens, and training for case closure.

- Task group discussed there is no consistent practice at case closure. Each case and each county practices differently. Members identified the need to discuss what practices counties currently find most effective in successful case closure.
- Reviewed Trails reasons for case closure, compared these with case closure reasons in the court system. Court focuses on permanency, Trails has a multitude of case closure reasons that are not clearly defined.
- Identified need to clarify “services successful” case closure reason in Trails as this is the most frequently used reason and can mean many different things based on individual interpretation.
- Group identified the need to ask county staff and families what makes for successful case closure. Focus group activity posed the question to stakeholders, “How do you know when it is time to close a case?” Stakeholders included county supervisors, caseworkers, and families.
  - When families demonstrate behavior change
  - When no further current or impending danger exists
  - When risk has been mitigated
  - When families can articulate how to handle crises in the future
  - One family reported that the department was not holding them accountable enough when the children went home and felt overwhelmed when the case was closed too quickly
  - Examine post-reunification, pre-case closure supports/services – ensure that cases are being kept open long enough
  - Importance of clear definitions, messaging, and including all stakeholders (including courts, providers, others) at case closure – how to articulate to all that a case is ready to close
  - When a tested support plan is in place – needs to be actionable, not just services and referrals
  - Identify not just the practices to be used, but when to use them. For instance, when is the best timing for a family engagement meeting at the case closure decision point? Timing this with the court process.

### **Case Closure literature review and data points**

- Between April 2016 and April 2017, there were 10,828 children whose child welfare involvement ended 12 months prior to the reporting period. 89% of these children (N = 9,633) did not experience case re-involvement a year later. 11% (N = 1,195) did experience case re-involvement a year later.
- For closed cases that had a subsequent case between April 1, 2016 and April 30, 2017, data was gathered to help identify if the subsequent referral reason was the same as the initial referral reason. This data point was intended to illuminate whether families were re-entering the CW system with the same concerns that brought them to the attention of CW initially.

- Of the 2,530 re-opened cases that had the same subsequent referral reason as the initial referral reason, Environmental Neglect accounted for 41% of these cases, a significant majority. The full results of this data are as follows:

Row Labels	Count of Subsequent Referral Reason
Abuse - Emotional	86
Abuse - Physical (3rd Party)	9
Abuse - Physical (Parent)	325
Abuse - Physical (Relative)	32
Abuse - Physical (Sibling)	8
Abuse - Sexual (3rd Party)	6
Abuse - Sexual (Parent)	10
Abuse - Sexual (Perp under 10)	3
Abuse - Sexual (Relative)	4
Abuse - Sexual (Sibling)	5
Child's Disability	1
Domestic Violence	278
Neglect - Abandonment	12
Neglect - Death of Parent	1
Neglect - Drug Exposed Child	101
Neglect - Educational	75
Neglect - Emotional	24
Neglect - Environmental	1029
Neglect - Failure to Protect	48
Neglect - Failure to Thrive	2
Neglect - Incapable Parent (Substance Abuse)	206
Neglect - Incapable Parent(Mental/Physical)	57
Neglect - Incarceration of Parent(s)	13
Neglect - Lack of Supervision	133
Neglect - Medical	62
<b>Grand Total</b>	<b>2530</b>

- Of these same 2,530 cases, data was gathered to determine the length of time between case closure and subsequent case open. The average number of days between case spans for this sample set was 118 days.
- For State Fiscal Year (SFY) 2016, a total of 12,145 cases were closed with an average case span of 200 days in duration:
  - 96% (N = 11,712) of these closed cases did not have subsequent case involvement. The average duration of this sub-set of cases was 203 days.
  - 3.6% of the total cases closed (N = 433) had one subsequent case in SFY 2016. The average duration of this sub-set of cases was 113 days.

- Of the 3.6% of cases closed with subsequent case open, the average length of time between case closure and subsequent case open was 135 days.
- Though this is a small sample size with limited scope, there are indications that keeping a case open longer may decrease the likelihood of subsequent case opening.

## **Review of Current Practice at Assessment and Case Closure**

### **Practice Review – Other States**

In May 2017, a request was sent through several list-serves to inquire what other state practices exist to assist with assessment and case closure decision making within child welfare. Responses were received from Georgia and Ohio.

- Georgia assessment closure practice includes dispositional staffing, entering data into SACWAS system, genogram completion, and a family functioning assessment.
- Ohio case closure practice includes an assessment by the service team to assess safety threats and to determine if a case can close. Based on the assessment of safety, risk, and final risk levels, a determination is made on closing the case. Focus at case closure is on supervisory level, moving beyond compliance to meaningful oversight. Uses a formal case review tool and again at case closure.

### **Practice Review – Colorado**

- Eagle County regularly engages in quality assurance and feedback review of their family engagement meeting practices.
- Larimer County practices formal support planning at case closure decision point, using templated support plans and recommendations on whom to include in the plan, questions to ask, and other comprehensive support plan structures
- Task group county participants reported use of group supervision, case closure checklists, family engagement meetings, and support planning as regular practices at case closure.

	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 and potential 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 and potential adoptive families	General	Attendees and Media exposure
3	The Adoption Exchange (TAE) -- Recruitment & Response Team (RRT), Membership	Information sessions for potential adoptive and foster families, response to inquiries from AdoptUSKids and adoption and foster care related email received on CO4Kids.org, 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
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. Starting in FY2018, grants must align with diligent recruitment plans.	X	X	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

	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
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	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	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, website analytics, 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, paid social media advertising, participation in Pride events.	X	X	X	X	X	X	LGBTQ Community	Targeted & Child Specific	Social media & website analytics, families recruited
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, paid advertising (social media and out of home), relationship building with community organizations and earned media.				X	X	X	Hispanic Community	Targeted & Child Specific	Media exposure, 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
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, paid advertising (social media and out of home), 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

DCW Diligent Recruitment Efforts	Ongoing training and support to use data to develop localized recruitment efforts	Strategies for assuring all prospective parents have access to the home study process	R&R Strategies to reach all parts of the community	Diverse methods of disseminating general and child specific information	Permanency-Procedures identified for a timely search for prospective parents for a waiting child including use of exchanges and other interagency efforts	Strategies for training staff to work with diverse cultural, racial and economic communities	Strategies for dealing with linguistic barriers	Non-discriminatory fees structures identified
Submission of Annual data focused diligent recruitment plan from all 64 counties and 30 child placement agencies. (CPA) 2018 updates included strategies focused on youth in congregate care, educational stability, local foster parent retention efforts, sibling placements and customer service approach. Plans are then reviewed and ongoing monitoring and TA support is provided.	x	x	x	x	x	x	x	x
Ongoing DCW Subject Matter Expert (SME) support for county level recruitment and retention efforts	x	x	x	x	x	x	x	x
Promotion of partnerships, collaboration and sharing of data between county departments and child placement agencies through data sharing meetings, collaborative R&R meetings and recruitment events Foster Care and Adoption supervisors meetings	x	x	x	x				
Collaborative R&R meetings, Adoption and Foster Care supervisor meetings with counties, cpas and community partners are used to provide technical for recruitment including: customer services focused model, culturally relevant strategies, barriers to recruitment, educational stability, reducing use of congregate care	x	x	x	x	x	x	x	x
Home study vendor list available to aid counties and CPA home study access across the state including in Spanish		x	x	x		x	x	
Foster Care applications available in the five most commonly spoken languages in Colorado: English, Russian, Spanish, Chinese, Vietnamese		x				x	x	
CORE training for Foster Parents provided across the state trough CWTS includes trauma focused on training		x						
Free access to Foster Parent Collage online training including trauma, behavioral and culturally related issues. Some trainings are provided in Spanish.		x					x	
Training for cultural diversity provided to staff through CWTS "Invisible Conversation," ICWA etc.						x		
DCW provides optional training for counties and CPAs regarding the impact of customer service on recruitment and retention as requested		x	x	x	x	x		
Capacity Center training and support for Customer Service focused model that supports recruitment efforts (in process) and that recruitment is "everyone's responsibility"			x	x	x			
Promote positive images of foster care, foster parents, youth in foster care, their families, and child welfare			x	x	x			
Provide co-branded but county specific marketing materials at no cost to county departments' and CPAs			x	x	x			

DCW Diligent Recruitment Efforts	Ongoing training and support to use data to develop localized recruitment efforts	Strategies for assuring all prospective parents have access to the home study process	R&R Strategies to reach all parts of the community	Diverse methods of disseminating general and child specific information	Permanency-Procedures identified for a timely search for prospective parents for a waiting child including use of exchanges and other interagency efforts	Strategies for training staff to work with diverse cultural, racial and economic communities	Strategies for dealing with linguistic barriers	Non-discriminatory fees structures identified
Assure images of children, youth and families featured are reflective of the diversity of Colorado			x	x	x			
Support ongoing, local diligent recruitment efforts to meet the cultural needs of communities and through CDHS sponsorship of collaborative recruitment events focus on targetted communitis i.e: LGBTQ, Latino, American Indian, African American	x		x	x	x	x		
R&R mini grants provided to county and cpas to support diligent recruitment efforts			x	x	x			
Paid out of home and online advertising targetted to Latino, LGBTQ and African American communities			x	x				
Monthly newsletter to disseminate resources and recruitment opportunities to county and CPA foster care and adoption stakeholders			x	x	x			
Earned media outreach to raise awareness about the need for foster families and to recognize Colorado foster and adoptive families			x	x				
Paid online promotions for child-specific recruitment				x	x			
DCW supports Wendy's Wonderful Kids child-specific recruiters in partnership with The Adoption Exchange and Dave Thomas Foundation- includes relationship mining	x		x	x	x	x		x
CDHS contracts with The Adoption Exchange to manage the Colorado Heart Gallery to provide a timely search for child-specific recruitment	x		x	x	x			x
Use of predictive analytics data to inform child specific recruitment efforts	x		x	x	x			
Colorado Adoption Resource Registration (CARR) to start the recruitment process and CARR exclusion forms for children/youth who do not need recruitment	x		x	x	x			

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Pre-Service Training for new and re-assigned caseworkers and supervisors							
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> <p><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 history, values, concepts, and practices underlying child welfare practices in Colorado</p> <p><i>Hotline/RED Team (hybrid)</i>- learners are equipped to conduct solution-focused, safety organized, and engaging hotline calls and acquire the knowledge and skills needed to participate effectively in the RED Team process</p> <p><i>Safety Through Engagement (classroom)</i> - Learners conduct an in-depth assessment of safety with a family and practice identifying, gathering, and weighing the critical information gleaned. Learners discern the most relevant and significant factors affecting the child’s</p>	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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	<p>safety, permanency, and well-being while appreciating the protective capacities within the family; and determine the family's ability to promote the safety of the child or youth. Through the various assessment phases, learners gain insight into essential engagement strategies that are child centered and family focused. Learners practice balancing safety through engagement as they explore and practice, building trusting relationships with children, youth, and families in a culturally responsive, solution-focused manner while involving the voice of children and youth in casework practices.</p> <p><i>Working Toward Closure (classroom)</i>- Learners 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</p>						
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	<p>document contacts and critical decisions made throughout the assessment and case-planning process in the statewide automated child welfare information system (Trails).</p> <p><i>Legal Preparation for Caseworkers (Classroom)</i> - Learners dive into the details on each of the key moments in the court process for both dependency &amp; neglect and delinquency cases. Learners 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 are equipped with basic strategies for effectively testifying as an expert witness</p> <p><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.</p> <p><i>Choose Your Own Trail (Classroom)</i> - Learners document the case they worked with during the practice simulation as facilitators guide them through the Trails navigation involved with both intake and ongoing. Learners practice documentation that is culturally inclusive,</p>						
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	behaviorally specific, and comprehensive yet concise, using various scenarios. Learners engage in experiences involving realistic contexts and multistep tasks to stimulate and punctuate the practice and policy lessons learned throughout the Fundamentals in a game called Choose Your Own Trail.						
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 consists of six web-based, classroom, and skills practice modules. Each module is separated by a county-week when learners spend time in self-guided transfer-of-learning experiences. Classroom, web-based, and skills-practice modules include the following: <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. <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.	Combination of classroom, web-based, field-based, and skills-practice.	The Kempe Center	70 hours	8-10 regional offerings per year and additionally offered based upon county demand	New child welfare supervisors	General Supervisory skills (50%)

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	<p><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.</p> <p><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.</p> <p><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>						
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
Fostering Fundamentals	Prior to having a child placed in the care of a foster, kin, or adoptive parent’s home, the State of Colorado requires completion of the Fostering Fundamentals. Learners are facilitated through rigorous and strengths-based experiences aimed at generating critical thinking through the use of case	Classroom and web-based	The Kempe Center	9.5 hours in class, 14.5 total including class-based and required web-based prerequisites	36 Offerings in multiple Regions	Foster / kinship / adoptive parents	Training and licensing of foster homes and institutions

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	<p>scenarios to develop their understanding of children and youth with traumatic backgrounds. Learners practice strategies that have them embracing diverse perspectives through small and large group discussions, skills practices, video vignettes, and journal writing. Topics include: the vital role of teamwork and the positive impact teamwork has for children and youth, increased strategies of discipline and reduction of punishment strategies, culturally responsive and therapeutic parenting with children and youth from differing cultural, ethnic, and religious backgrounds, honoring youth in their exploration of their sexual identities and self-expressions, the importance of sustaining biological relationships for children and youth, the overall understanding of grief and loss for the children and youth in foster care and grief experienced by the adults involved in caring for children and youth within foster care, an overall understanding of the foster care system, foster care personnel, and judicial and legal components involved in foster care, the impact of maltreatment in the lives of children and youth and utilizing the Trust Based Relational Interventions Model (TBRI). In addition to fulfilling The Foster Parent Fundamentals Hybrid Course, foster parents also need to become certified in First Aid (or the equivalent) and CPR for</p>						
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	<p>the specific ages of children or youth in your care. The web-based portion of Fostering Fundamentals covers the following additional topics: Child Development and the Effects of Trauma, The Reasonable and Prudent Parenting Standard.</p>						
<p><b>Cost Allocation Methodology:</b> 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%.</p>							

<i><b>In-Service Training Offerings</b></i>							
Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of Hours/Days	Frequency/Duration	Audience	Title IV-E Administrative Functions
ACEs: More Than a Score	In this course learners understand what is meant by an ACE score. This interactive one-day classroom course gives learners the foundation they need to recognize the impact of adverse childhood experiences (ACEs) and how to strengthen protective factors to bolster resiliency and success. Over the course of the day, learners explore how to incorporate the knowledge of ACEs and their impacts on both mental and physical health and gain techniques on how to increase protective factors in the lives of children and families. Learners explore how to go beyond an ACE score to support children and families with a focus on building resiliency to counteract the negative impacts of ACEs.	Classroom	Illuminate Colorado	6.5 training credit hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers; case aides; supervisors; state staff; foster, kinship, and adoptive families	Case management and supervision, development of the case plan, communication skills, screening and assessments
Achieving Permanency through Round Tables	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	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county	Caseworkers, Supervisors, GALs, Community Partners	Case management and supervision, development of the case plan, communication skills, screening and

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	<p>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. Upon completion of this course, learners are able to define permanency; explain the importance of permanency in achieving positive outcomes for youth; to describe the purpose, roles, and phases of a permanency roundtable; and to demonstrate the outcomes achieved through Permanency Roundtables; and experience the strategies for engaging youth and families in achieving permanency; and to explain strategies for overcoming resistance to permanency with youth and families; and apply the tools and techniques to locate permanent connections for youth; and to proceed through the necessary steps to prepare for Permanency Round Tables.</p>				demand		assessments
<p><b>Activating the Three Brains of Trauma-Informed Practice</b></p>	<p>In this course learners recognize that trauma is a common experience for so many of the people served by child welfare. In this interactive, dynamic learning experience, learners do a deep dive to discover how to fully integrate trauma-informed practice into their daily work. In this course, learners</p> <ul style="list-style-type: none"> <li>• share their knowledge and experience of trauma-informed practice with colleagues,</li> <li>• consider what works and what doesn't when it comes to trauma-informed engagement,</li> <li>• explore the ways in which they personally manage and cope with traumatic experiences, and</li> <li>• encounter the Three Brains of trauma and how to activate them with</li> </ul>	Classroom	Kempe Center	6.5 Hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers; case aides; supervisors; state staff; foster, kinship, and adoptive families	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	those who have experienced trauma. Following this one-day classroom learning experience, learners are empowered and challenged to approach every interaction as an opportunity to use these critical skills and build resilience in children, youth, and families.						
Adolescents: The 411	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 real cases to the classroom, which they use throughout this portion of the training. Building on the online content, the classroom content prepares learners to understand barriers to health development, including the impact of substance use, trauma, and family dynamics; to understand common behavioral health disorders and how they manifest with adolescents; to identify appropriate assessment techniques and strategies; and to develop case plans that are responsive to an adolescent’s needs. Upon completion, learners have a solid foundation from which to address the developmental, familial, and behavioral health factors that influence case outcomes.	Hybrid (classroom and web- based training)	The Kempe Center	20 hours (13 classroom, 7 web-based training)	6 regional offerings per year and additionally based upon county demand	Caseworkers and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
The Art and Heart of Facilitated Family Engagement Meetings	Learners 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 leave equipped with new approaches to successfully	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	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>facilitating family meetings. This course is most beneficial when learners already had experience with or a role in a formal family meeting process.</p>					welfare practitioners who take on the role of facilitator in formal family meetings	
The Art of Managing Behavior	<p>13 training credit hours This two-day training is the third in a series of three trainings designed for case aides. Learners engage in activities based on real cases. Through these activities, learners develop tools and practical interventions for working with children with behavioral disorders. Learners acquire the knowledge and skills they need in interactions with children and families in visitation centers, life skills programs, home-based service programs and parent education groups. Learners identify and develop effective behavioral management strategies that can be taught with families. Upon completion, learners will understand the symptoms, causes, associated problems, and treatment for major mental-health disorders that affect children in child welfare (ADHD, post-traumatic stress disorder, oppositional defiant disorder, conduct disorder, bipolar disorder, and depression); have developed behavior management strategies to teach and use with families in child welfare; and know how to inexpensively create therapeutic games for children with behavioral disorders.</p>	Classroom Course	The Kempe Center	13 Hours	6 regional offerings per year and additionally based upon county demand	Case Aides	Case management and supervision, development of the case plan, communication skills, screening and assessments
Assessing Patterns of Behavior and Neglect	<p>Learners recognize that 70 percent of all accepted referrals from the child abuse and neglect hotline in Colorado are for neglect? When neglect escalates, positive outcomes for children and youth diminish. Because</p>	Classroom Course	The Butler Institute for Families	13 Hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, supervisors and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and

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	<p>neglect is a constant state of grey that can be clouded by cultural differences, parenting practices, varying evidence of impact, and individual bias, thorough assessments with families are vital and require an enhanced set of casework skills. In this two-day course, using real case scenarios, learners strengthen their ability to critically examine the history of families referred for neglect while assessing other risk factors, and learners explore what they themselves bring to neglect assessments and how that affects a family's experience. Learners become more confident and prepared to ask difficult and thoughtful questions and piece together complex family dynamics, all while articulating and addressing concerns with families using anti-oppressive practices. Learners leave with an in-depth neglect response resource guide tailored to their own communities—and enhanced solution-focused methods and skills to better understand how to support families to minimize the likelihood of increasingly neglectful patterns.</p>						assessments
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. 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</p>	Classroom	The Kempe Center	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

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	<p>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. 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>						
The Birds, the Bees, and the Stork	<p>Talking about sexual development and sexuality doesn't have to be awkward or difficult. In this interactive one-day classroom course learners gain an increased understanding of healthy sexual development in children and youth. Through activities and discussion, learners are able to identify developmentally expected behaviors and distinguish those from concerning behaviors. As part of the course, learners explore how to create and promote healthy boundaries and structures; talk about sexuality with various audiences, including children, youth, and caregivers; and make informed decisions to promote healthy sexual development and prevent concerning behaviors.</p>	Classroom Course	Illuminate Colorado	6.5 Hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers; case aides; supervisors; state staff; foster, kinship, and adoptive families	Case management and supervision, development of the case plan, communication skills, screening and assessments
Bridge to Health Care: Accessing Services for Children and Youth	<p>Child welfare-involved children and youth often have significant health care needs. Fortunately, Health First Colorado and the Child Mental Health Treatment Act (CMHTA) offer a wide range of services to meet these needs. In order to best serve children and</p>	Web-Based Training	The Kempe Center	2 Hours	Provided ongoing and available for participation anytime, from anywhere	Caseworkers, supervisors and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>youth in Colorado, it is vital for child welfare professionals to build and strengthen the bridge between the services of child welfare and those of the Colorado Department of Health Care Policy and Financing and the Office of Behavioral Health.</p> <p>This interactive learning experience provides child welfare professionals with the tools to help families understand how to access quality and consistent health care for children and youth. Learners will explore the benefits and services of both Health First Colorado and the CMHTA as well as their role in optimizing these resources to reduce the use of Core Services Program dollars.</p> <p>This self-paced web-based training helps learners to understand the benefits, services, and eligibility requirements, including waivers, of Health First Colorado and the purpose of its various health plans and providers; understand the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) and medical necessity; summarize the purpose of the Healthy Communities program and the role of family health coordinators; recognize the importance of mental health screening and treatment; explain how Behavioral Health Organizations (BHOs) work within Health First Colorado; describe how the CMHTA helps keep families together and alleviates gaps in services in child welfare; and to reflect on their role in connecting the families they serve with agencies that provide health care coverage to children and families.</p>						
<b>Building Safety When Parents</b>	This interactive one-day classroom course gives learners the foundation	Classroom Course	Illuminate Colorado	6.5 Hours	24 regional offerings per	Specifically designed for	Case management and supervision,

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Use Substances	they need in to identify when substance use is impacting child safety. Learners learn how to build a consistent response when working with families impacted by substance use. A best-practice response is contingent upon familiarity with the dynamics of substance use, abuse, and addiction. Learners are familiarized with those dynamics and given the opportunity to consider the impacts of substance use on child welfare practice—from screening to assessment to an ongoing case. Learners leave informed and equipped to enhance safety-building practices with families when substance use is a factor.				year and additionally as needed based upon county demand	new caseworkers with less than two years of practical experience	development of the case plan, communication skills, screening and assessments
Building Safety with Families Impacted by Domestic Violence	This interactive one-day training focuses on bringing the Colorado Department of Human Services (CDHS) Domestic Violence Practice Guide for Child Protective Services (CPS) to life in casework practice. It provides caseworkers with a foundation for identifying when domestic violence is affecting child safety and for constructing a consistent, child-centered, family-focused response when you are working with a family affected by domestic violence. Because a best-practice response is contingent upon caseworkers' familiarity with the dynamics of domestic violence, this training familiarizes new caseworkers with those dynamics and provides guidelines for working with families from screening to assessment to an ongoing case. It also addresses the need for strong coordination with community partners and look at the ways in which those partners can best support child welfare practices. Learners have the opportunity to practice the skills	Hybrid Course	The Kempe Center	8 training credit hours (1.5 WBT + 6.5 classroom)	24 regional offerings per year and additionally as needed based upon county demand	Specifically designed for new caseworkers with less than two years of practical experience	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	outlined in the CDHS Domestic Violence Practice Guide for Child Protective Services and can apply those skills with confidence in the field.						
<b>Building Safety with Families Impacted by Mental Illness</b>	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. This course prepares new caseworkers 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 also encourages caseworkers 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 lead to informed planning and decision making. To that end, learners engage in case-based scenarios and activities that focus on recognizing behaviors and factors influenced by mental illness, and the level of impact the behaviors may have on the child or youth.	Classroom Course	The Kempe Center	6.5 Hours	24 regional offerings per year and additionally as needed based upon county demand	Specifically designed for new caseworkers with less than two years of practical experience	Case management and supervision, development of the case plan, communication skills, screening and assessments
<b>Child Development and the Effects of Trauma</b>	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. Learners own experiences in	Web-Based Training	The Kempe Center	5.5 training credit hours	Provided ongoing and available for participation anytime, from anywhere	Caseworkers; case aides; supervisors; state staff; foster, kinship, and adoptive families	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>caring for and working with children and youth will be a resource during this training. Videos that 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 are asked to consider the impact that abuse and neglect has on the children and youth and how this impact might manifest in a child or youth's behavior. To allow for learner-led navigation, this course is organized into three sections, by age group:</p> <ul style="list-style-type: none"> <li>• Infants and toddlers</li> <li>• School age children</li> <li>• Adolescents</li> </ul> <p>For each age group, learners explore four developmental domains:</p> <ul style="list-style-type: none"> <li>• Physical</li> <li>• Cognitive</li> <li>• Social-emotional</li> <li>• Sexual</li> </ul> <p>Within each domain, the following topics are covered:</p> <ul style="list-style-type: none"> <li>• Typical developmental milestones for each age group</li> <li>• Indicators that development has been affected or disrupted by trauma</li> <li>• Guidelines for what caregivers and caseworkers can do when developmental concerns have been identified</li> <li>• Opportunities for caregivers and caseworkers to practice identifying atypical development</li> <li>• Guidance for caregivers and caseworkers on how best to support children and youth affected by trauma</li> </ul>						
<p>Child Welfare Response to Child &amp; Youth Sex Trafficking:</p>	<p>Module 1 for Caseworkers is the first in a series of training modules designed for child welfare professionals to build capacity to identify and serve children</p>	<p>Classroom Training</p>	<p>The Kempe Center</p>	<p>9.25 Hours</p>	<p>6 regional offerings per year and additionally as</p>	<p>Caseworkers and supervisors</p>	<p>Case management and supervision, development of the case plan,</p>

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Module 1	<p>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"> <li>• Child Welfare Response to Child &amp; Youth Sex Trafficking: Module 2 for Supervisors</li> <li>• Child Welfare Response to Child &amp; Youth Sex Trafficking: Module 3 for Administrators and Managers</li> </ul> <p>In addition, there is a fourth course in the series, which is for caregivers. 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, learners understand:</p> <ul style="list-style-type: none"> <li>• characteristics of child/youth victims</li> <li>• risk factors</li> <li>• the needs of child/youth victims</li> <li>• strategies for trauma-informed, gender-specific, and culturally responsive approaches.</li> </ul> <p>Learners also cover collaboration and partnership across agencies and providers. Through this training, learners are 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>				needed based upon county demand		communication skills, screening and assessments
Child Welfare Response to Child & Youth Sex Trafficking: Module 2 for Supervisors	Once Child Welfare Response to Child & Youth Sex Trafficking: Module 1 for Caseworkers is completed as a prerequisite, Module 2, an interactive half-day training, provides information about how to supervise frontline staff working with child/youth victims of	Classroom Course	The Kempe Center	3 Hours	6 regional offerings per year and additionally as needed based upon county demand	Supervisors and administrators and managers	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	sex trafficking. Following this training, learners are able to apply, monitor, and support the policies un 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 unique to the Preventing Sex Trafficking.						
Child Welfare Response to Child & Youth Sex Trafficking: Module 3 for Administrators and Managers	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 you will discuss how to implement the sex trafficking provisions of P.L. 113-183. Leaders 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.	Classroom Course	The Kempe Center	2.75 Hours	6 regional offerings per year and additionally as needed based upon county demand	Supervisors and administrators and managers	Case management and supervision, development of the case plan, communication skills, screening and assessments
Child Welfare Response to Child & Youth Sex Trafficking: Module 4 for Caregivers	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, you'll examine basic information about child/youth victims of sex trafficking as you explore the child welfare system response to sex trafficking. Through this course, caregivers gain an understanding of their role as foster or kinship parents/caregivers; learn the federal	Classroom Course	The Kempe Center	2 Hours	6 regional offerings per year and additionally as needed based upon county demand	Foster, kinship, and adoptive parents	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	definition of sex trafficking; 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; and develop strategies for responding to children/youth who are in their care.						
Collaborative Community Partnerships	<p>This interactive one-day course is designed for caseworkers, supervisors, and community partners. It deepens understanding of the need for partnership across disciplines and equips learners with strategies for making that happen. Collaboration in human services can be challenging. That's 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> <p>This course leverages experiences in working with other professionals on behalf of children, youth, and families. Learners watch videos, participate in interactive activities, consider case studies, and acquire written resources that offer tools and strategies for improving collaboration and managing conflict. Learners leave with 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; and the ability to collaborate with</p>	Classroom Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisors and community partners	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>practitioners from other agencies and disciplines in a team approach to family assessment, case planning, and service delivery.</p> <p>Only by developing a shared perspective can we build a high-quality service-delivery system 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><b>Colorado Family Safety &amp; Risk Assessment Tools: Refresher</b></p>	<p>New Family Safety and Risk Assessment Tools are live throughout the state. These updated tools are the result of extensive field testing, reviews by the Administrative Review Division and the Division of Child Welfare, and county feedback and recommendations. This self-paced, web-based refresher training, developed exclusively for caseworkers and supervisors, summarizes the field test process that was used to develop the new Colorado Family Safety and Risk Assessment Tools and Instructions, describes what has changed within the Colorado Family Safety and Risk Assessment Tools and Instructions and explains the cohort implementation process by which the new tools will be rolled out statewide.</p>	<p>Web-Based Training</p>	<p>The Kempe Center</p>	<p>1.5 Hours</p>	<p>Provided ongoing and available for participation anytime, from anywhere</p>	<p>Caseworkers; case aides; supervisors; state staff</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
<p><b>Conducting a Thorough Institutional Abuse Assessment</b></p>	<p>Prepared to assess an abuse allegation in an institutional setting? Assessing abuse allegations is challenging work, and performing institutional abuse (IA) assessments is even more complicated and multilayered. These cases are infrequent, especially in smaller counties, making it challenging to build and maintain skills in this area. Learners can join this interactive</p>	<p>ECHO</p>	<p>The Kempe Center</p>	<p>7.5 Hours</p>	<p>Provided virtually state-wide based on customer demand and a minimum of 6 times annually</p>	<p>Specifically designed for caseworkers and supervisors tasked with conducting institutional abuse assessments.</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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	<p>learning opportunity to connect with experts in the field and peers to increase their confidence, competence, and consistency with IA cases.</p> <p>This virtual series of 60-minute case-based learning experiences provides learners with opportunities to incorporate a comprehensive assessment checklist into their IA assessment practice; hear from experts on the intricacies of each type of institutional setting; discuss challenging cases and build solutions with their peers; create a community of practice to share experiences and continue the learning into the future.</p>						
Confidentiality Bootcamp	<p>In child welfare there is complex confusion about what records, reports, and information can legally be shared and with whom. This one-day training demystifies the law. Upon completion, you will be equipped</p> <ul style="list-style-type: none"> <li>• to confidently respond to information requests,</li> <li>• to obtain consent forms and releases of information that are legally compliant, and</li> <li>• to navigate the labyrinth of federal and state privacy laws.</li> </ul> <p>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.</p>	Hybrid blend of web-based and classroom training	The Kempe Center	7.5 hours	24 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisor, and child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
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 helps learners to identify ways to create those connections for children and youth in care. Learners use their</p>	Classroom Training	The Butler Institute for Families	6.5 Hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisors and child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>sleuthing skills to think of and locate creative connections, and have opportunities to practice engagement skills as they talk to “children/youth,” “families,” and “support systems” about the importance of these connections.</p> <p>Upon completion of the course, learners 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; assess relevant permanency options with children and youth; and utilize websites, search engines, and databases to locate connections.</p>						
Consequences of Maltreatment for Child Development	<p>This interactive, classroom-based course helps learners understand the impact of trauma on the development of children and youth who have experienced child abuse and neglect. 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 learner’s 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
Considerations for Engaging the Non-Offending	<p>When it comes to child sexual abuse (CSA), having a supportive parent is one of the most important factors in a child’s recovery. In order to help</p>	Hybrid Training	The Butler Institute for Families	14 training credit hours (1 WBT + 13 classroom)	6 regional offerings per year and additionally as	Caseworkers and supervisors and child	Case management and supervision, development of the case plan,

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Parent	<p>facilitate recovery, it is important to understand the dynamics and impact of CSA on the child victim and the non-offending parent, along with the needs of the non-offending parent, who is often considered a secondary victim to the abuse. This two-day course explores learners' personal reactions and attitudes surrounding the role of the non-offending parent, as well as approaches and skills that enable caseworkers to effectively engage with non-offending parents in the initial stages after disclosure. Caseworkers leave with greater insight about the needs and strengths of the non-offending parent, as well as the ability to translate this understanding in their approach to engagement.</p>				needed based upon county demand	welfare professionals	communication skills, screening and assessments
Cracking the Medical Code: A Collaborative Response to Medical Aspects of Child Maltreatment	<p>Child maltreatment occurs along a spectrum, and unfortunately there are instances when the maltreatment rises to the level where medical intervention is required. Generally, these can be some of the most egregious cases of child abuse, thus making it critical that child welfare practitioners respond effectively and expeditiously. Cracking the Medical Code is a hybrid learning experience in which learners engage in both web-based and classroom experiences that increase their awareness of medical aspects of child maltreatment and get learners to understand and critically think about questions to ask to support a comprehensive child welfare assessment. Learners will be introduced to common injuries, conditions, and medical concepts central to their role. At the conclusion of this learning experience, learners will be able to do the following:</p> <ul style="list-style-type: none"> <li>• Recognize the types of injuries or</li> </ul>	Hybrid blend of web-based and classroom training	The Kempe Center	8.5 training credit hours (2 WBT + 6.5 classroom)	24 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisor, and child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>conditions that are consistent with child abuse</p> <ul style="list-style-type: none"> <li>• Identify behaviors a child or youth may exhibit in connection with a specific medical condition resulting from child abuse</li> <li>• Identify risk factors associated with acute or chronic medical conditions resulting from physical abuse or neglect</li> <li>• Demonstrate an understanding of when and how to intervene on behalf of a child or youth that has been abused</li> <li>• Collaborate with medical providers by identifying information to gather and questions to ask to complete a comprehensive child welfare assessment</li> </ul>						
Creating Healing Attachments for Children	<p>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.</p>	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
Credit Education for Youth in Foster Care	<p>This training provides agency staff, volunteers, and other relevant parties with information and resources on how to teach youth about credit beyond just addressing inaccurate information. Learners will explore how to convey</p>	Classroom Training	Colorado Department of Human Services	4 Hours	6 regional offerings per year and additionally based on county demand	foster, kinship, and adoptive parents; supervisors; caseworkers;	Case management and supervision, development of the case plan, communication skills, screening and

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	credit education to youth, including why credit is important to financial independence, the benefits of having good credit, and basic strategies for building and sustaining good credit as youth emerge into independent adulthood.					CASA; Chafee caseworkers; independent living staff; mentors; legal service staff; and others who work with youth in foster care	assessments
Credit Remediation for Youth in Foster Care	This training is intended to meet the requirements of the Child and Family Services Improvement and Innovation Act of 2011 to review credit reports for all youth in foster care who are 14 and older and provide assistance with resolving inaccuracies found on the report. Learners will explore the detailed steps of how to review a credit report for errors, dispute inaccuracies, and address identity theft.	Classroom Training	Colorado Department of Human Services	6 Hours	6 regional offerings per year and additionally based on county demand	foster, kinship, and adoptive parents; supervisors; caseworkers; CASA; Chafee caseworkers; independent living staff; mentors; legal service staff; and others who work with youth in foster care	Case management and supervision, development of the case plan, communication skills, screening and assessments
Crucial Skills for Interviewing	The ability to connect with children, youth, and families in a manner that encourages genuine sharing is crucial to successful child welfare practices. How information is obtained profoundly affects creating successful outcomes with families. In this three-part course, learners develop the interviewing techniques that take their aptitude for facilitating authentic engagement with families to the next level. Building directly on the practice simulation experience from the caseworker Fundamentals series, this course enhances self-awareness and grows abilities to build trust and relationships with children, youth, and families. This course contains three	Hybrid blend of web-based, classroom, practice simulation, and field practice.	The Butler Institute for Families	24 training credit hours (4.5 WBT + 19.5 classroom) (3 training credit hours for supervisors)	6 regional offerings per year and additionally based on county demand	Caseworkers, supervisors, and child welfare professionals.	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>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 as a guide, learners coordinate a time for their supervisor to shadow them as they complete an interview with a family. Afterward, through meaningful dialogue and an assessment process, learners and their leaders reflect on the interview and identify the skills to focus on developing in the classroom.</p> <p>Part 2: Web-Based Training: Foundational Information (2 hours) Next, the second Web-based training in this series 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 created by learners and their leaders during Part 1 and building on the Web-based training material from Part 2, learners continue to develop their interviewing skills with the guidance of an experienced facilitator. Learners conclude the classroom session with an interview do-over using their enhanced knowledge and skills.</p> <p>Supervisors earn training hours too -- upon successful completion of their assessment of the learner's interviewing skills supervisors are eligible to receive training hours for their contribution to learner's success.</p>						
<p><b>Data-Informed Supervision</b></p>	<p>Knowledge is power! This one-day course explores how to access and utilize various data sources (ROM, CFSR, AFCARS, NCANDS) so that you can supervisors may lead according to best-practice outcomes for children,</p>	<p>Classroom Course</p>	<p>The Kempe Center</p>	<p>6.5 Hours</p>	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Supervisors</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and</p>

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	youth, and families. Using the supervisory team’s county-specific data, learners 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 their team.						assessments
Documentation of Contact in Trails	This short video will assist caseworkers and supervisors in accurately entering data into Trails and includes a demonstration of what, where, and how to enter data. Learners who have already completed this WBT can access the training at any time to review it without registering again by selecting Access Online Training from their Profile page, then selecting the course title.	Web-Based Training	Colorado Department of Human Services	0 Hours	Provided ongoing and available for participation anytime, from anywhere	Caseworkers and Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments
Engaging and Supporting Kinship Families	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 hear the voices of kinship providers. Experiential activities will give a deeper understanding of their underlying motivations, strengths, and worries. Learners build on these opportunities to develop skills for engaging with kinship families when you first approach them; to hone your skills in assessing the dynamics in kinship families that can make or break a placement; to learn how to help families make behavioral changes that can promote increased well-being and stability for the children and youth in care, and to practice sound and skillful interventions with families who	Classroom Course	The Kempe Center	10 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers, case aides, child welfare supervisors/administrators, guardians ad litem, and community agency staff working with families	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>Engaging Youth in a Coach-Like Way</p>	<p>need extra support and understanding.</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. This interactive two-day hybrid course provides 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 co-create environments and plans that help young people generate self-awareness and initiate courageous action to pave the way for success in the future. Pre-Classroom Required Work: Prior to the classroom training, learners are required to complete the web-based training (WBT) portion of this course. The WBT introduces learners to the Engaging Youth Resource Guide. This guide identifies practice tips, tools, and resources for best serving older youth in their transition to adulthood. It breaks the resources out across five pathways: Permanency, Education, Health &amp; Well-Being, Housing, and Employment. These tools are designed for learners to use with the youth on their caseloads toward achieving their goals.</p>	<p>Hybrid Blend of Web-Based and Classroom Training</p>	<p>The Kempe Center</p>	<p>14 training credit hours (1 WBT + 13 classroom)</p>	<p>Delivered on demand</p>	<p>This course is being offered exclusively for the Pathways to Success Navigators</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
<p>Enhancing Practice Through Group</p>	<p>In this one-day course, learners develop the necessary skills to effectively prepare for and participate</p>	<p>Classroom</p>	<p>The Kempe Center</p>	<p>6.5 hours</p>	<p>6 regional offerings per year and</p>	<p>Caseworkers</p>	<p>Referral to services, development of the case plan, case</p>

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Supervision	in group supervision in the workplace. Case studies, discussions, and practice sessions equips learners to prepare for consultation in group supervision and to navigate through the Consultation and Information Sharing Framework to enhance their critical thinking; to engage in a rigorous and balanced assessment of their casework practice; and to support their peers in critically thinking about their work Learners leave ready to leverage group supervision as a resource for solution building toward the ultimate goal: enhanced engagement practices and outcomes with families.				additionally based on county demand		management
Enhancing Practice with Families Impacted by Substance Use	Assessing for risk and safety when parental substance use is present can be complex and calls for increased comfort in talking with families about their substance use and possible impacts on children. This interactive two-day training, suitable for new caseworkers, experienced caseworkers, and supervisors alike, offers advanced skill building. Teams or units are also invited to attend together. This course emphasizes sharing successes and overcoming challenges through practical experiences and live simulations with professional actors. Learners leave armed with additional tools to enhance safety-building practices and aid in decision making, managing safety, engaging families, identifying protective capacities, and making placement and permanency decisions.	Classroom Course	Illuminate Colorado	13 Hours	6 regional offerings per year and additionally based on county demand	new caseworkers, experienced caseworkers, and supervisors	Referral to services, development of the case plan, case management
Ethics and Liability: The Big Issues	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	Classroom	The Kempe Center	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

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	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.						assessments
Facilitators of Change	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:	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
The FAR Process	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. In this one-day course, learners gain a comprehensive understanding of the Colorado DR Model and 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 and assessed through a High-Risk Assessment or a Family Assessment Response (FAR). This course engages learners in activities that will build understanding of each step of the FAR process.	Classroom Course	The Kempe Center	6.5 Hours	Provided as needed for counties who have been selected into the DR implementation process	Caseworkers, supervisors, managers, administrators , other child welfare professionals, county department stakeholders	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	Learners have opportunities to discuss, reflect upon, and ask questions about the FAR process to support their understanding of what the implementation of a dual-track response system means for them, their department, their community, and most important, the children, youth, and families they serve. Following this course, learners are prepared to participate in the Partnering With Families in Differential Response course to learn about the social work practices that can be applied within a FAR process.						
Group Coaching for Leaders	Upon request, or as organized by CWTS, the Kempe Center’s coaching staff may provide group coaching for leaders, coaches, and trainers. Group coaching brings leaders in similar positions together and may involve enhancing the coachees’ ability to demonstrate the following overarching leadership competencies: <ul style="list-style-type: none"> <li>• leading in context: building a culture of collaboration</li> <li>• leading people: workforce development</li> <li>• leading for results: accountability</li> <li>• leading change: goal setting</li> </ul> By partnering with a coach, leaders will be held compassionately accountable for being their best selves. The goal is for them to feel compelled to do the same with the staff they lead and the families they serve.	Coaching	The Kempe Center	12 Hours	Scheduled individually with groups	County workforce groups	Case management and supervision, development of the case plan, communication skills, screening and assessments
Guided by the Law	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	Web-Based Training	The Kempe Center	2 Hours	Provided ongoing and available for participation anytime, from anywhere	Caseworkers and Supervisors	Case management and supervision, development of the case plan, communication skills, screening and

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	<p>(ADA). Through engagement with case scenarios, you will learn how these federal laws affect practice on a day-to-day level.</p> <p>Building on knowledge gained in the Legal Preparation for Caseworkers 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.</p>						assessments
<p><b>In Depth with Substance Use and Families: An ECHO Model Online Community</b></p>	<p>Learners deepen their knowledge and understanding of issues related to substance use by joining this interactive learning opportunity to connect with experts in the field and their peers for a deep dive into substance use and child welfare practice.</p> <p>In this virtual series of six 60-minute case-based learning experiences, learners explore the indications of substance use and how to identify substances, paraphernalia, and a person under the influence; what drug tests really reveal—and the complications associated with interpreting test results; treatment evaluations and the importance of supporting families in accessing the right level of treatment at the right time; facts and myths about medication-assisted treatment; approaches for supporting families in recovery and working to prevent relapse; and various decision points in the life of a child welfare case and how to assess and ensure for parental capacity at each point. Learners hear from experts also and they discuss challenging cases and build solutions with their peers, creating a community of practice to share experiences and</p>	ECHO	Illuminate Colorado	6 Hours	Provided virtually state-wide based on customer demand and a minimum of 6 times annually	Caseworkers, Supervisor, and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	continue learning into the future!						
Indian Child Welfare Act: Application, Jurisdiction & Best Practices	In this one-day training, learners understand the continuing impact of historical events and intergenerational trauma on Indian children, parents, and families. A legal overview of the Indian Child Welfare Act (ICWA) focuses on jurisdiction, notice, active efforts to reunify families, standards of proof, expert witness requirements, and invalidation of actions for ICWA violations. Learners 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 Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Impacts and Implications of Prenatal Substance Exposure	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. Learners cycle through six stations, gaining knowledge about how different substances specifically affect development, and 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 apply these lessons directly to case scenarios and are given the opportunity to consider practical applications. Upon completion of this course, learners 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 are armed with knowledge to identify children and	Classroom Course	Illuminate Colorado	6.5 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	adolescents who have experienced prenatal substance exposure and the confidence to move forward with these cases.						
<b>Individual Coaching for Leaders</b>	<p>Upon request, the Kempe Center’s coaching staff may provide one-on-one coaching for leaders, coaches, and trainers.</p> <p>Individual coaching may involve enhancing the coachee’s ability to demonstrate the following overarching leadership competencies:</p> <ul style="list-style-type: none"> <li>• leading in context: building a culture of collaboration</li> <li>• leading people: workforce development</li> <li>• leading for results: accountability</li> <li>• leading change: goal setting</li> </ul> <p>By partnering with a coach, leaders will be held compassionately accountable for being their best selves. The goal is for them to feel compelled to do the same with the staff they lead and the families they serve.</p>	Coaching	The Kempe Center	12 Hours	Scheduled individually	Supervisors, Managers, Directors	Case management and supervision, development of the case plan, communication skills, screening and assessments
<b>The Invisible Conversation</b>	<p>In this one-day course, learners participate in experiential activities designed to cultivate insights related to their own identity and its influence on their practice. From there, learners will develop insights into the development of cultural identity in the children and families they work with. And learners will gain comfort in facilitating courageous conversations with families and other child welfare professionals to promote cultural awareness and responsive practice. This course encourages learners to think critically and evaluate their current practice: how can they better meet the needs of culturally different families while also working to address</p>	Classroom Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	disproportionate and disparate treatment of culturally different families in the child welfare system? Learners will leave with practical strategies, unique to their own journey, to employ in their work with families.						
Leading Organizational Change	<p>Change happens! And virtually no one looks forward to it, nor does it typically occur smoothly. This course provides valuable information and best practices from research to enrich leadership for any kind of change. Learners experience frameworks, models, and perspectives that can be applied immediately. Learners employ the Principles of Partnership, the power of parallel process, William Bridges' model of change, and the Social Styles model of interpersonal effectiveness to enrich relationships with those who follow.</p> <p>In this course, learners participate actively in small groups to experience and discuss parallel process and each of the six Principles of Partnership; engage in group activities that provide insight into 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 social styles and demonstrate an understanding of the strengths and challenges inherent in each style; examine the needs of colleagues with different social styles and identify strategies for adapting to meet those needs.</p> <p>Following this two-day course, learners are empowered as a leader to build, maintain, and enhance partnerships with staff and with external</p>	Classroom Course	The Kempe Center	13 Hours	6 regional offerings per year and additionally based on county demand and DR implementation status (this course is required to implement DR)	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	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.						
Leading Practice Through Group Supervision	Building on the knowledge gained in the New Supervisor Pre-Service Training Academy, this one-day interactive training provides leaders with the knowledge, skills, and abilities they need to effectively facilitate group supervision. Leaders 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. Leaders leave the training prepared to initiate group supervision with their unit or to enhance the group supervision practices they already have in place.	Classroom Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally based on county demand and DR implementation status (this course is required to implement DR)	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments
Leadership Learning Collaborative	As agency leaders, mid-level managers need to successfully lead their agency's facilitation of improved safety, permanency, and well-being outcomes for families. The Leadership Learning Collaborative (LLC) elevates and enhances leadership knowledge, skills, and abilities to do this effectively! Over the course of a five-month, interactive process, leaders learn, practice, and apply knowledge and proficiencies gained throughout this series to elevate leadership practices through guided, personalized 360° assessment, calling on those who work closely with each leader to contribute; participation in strategic	Hybrid blend of classroom, web-based, webinar, mentoring, and field based training	The Butler Institute for Families	40 Hours	Two cohorts provided annually and regionally	Mid-level child welfare managers	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>mentoring sessions with a personal mentor, identifying ways to target and guide personal leadership growth; collaborative classroom experiences with leadership colleagues; interactive webinars with subject matter experts and colleagues; individualized and targeted approaches back at the agency. Leaders leave the LLC ready and able to manage up, down, and outside the agency; develop partnerships to achieve positive outcomes for children and families; hone effective and strategic communication skills; manage conflict to facilitate consensus building and growth; lead for results and manage with data for continuous quality improvement; and address workforce challenges of recruitment, selection, retention, and performance management.</p> <p>1. 360° Mentoring Series (7 training hours)—Mentoring is a key component of the Leadership Learning Collaborative. Leaders are paired with a mentor who has Colorado management experience and can provide knowledge and support the leader during the LLC series. Leaders participate in the 360° leadership assessment. The purpose of the 360° assessment is to gather feedback on leadership skills from those who work closely with each leader, typically staff, peers, and supervisors. The results are compiled in a report that is provided only to the leader and their LLC mentor to help guide professional and individualized growth. A total of six mentoring hours are provided (in one-hour sessions), and all sessions are individually scheduled by the leader and their mentor. Prior to attending</p>						
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<p>the first classroom session, the leader and their mentor hold three sessions for a total of three hours; the last of the three sessions includes a review and discussion of the 360° feedback report.</p> <p>2. Show Me the Money: Web-Based Training on Fiscal Management (1.5 training hours)—This Web-based training provides an overview of common child welfare-related funding (including the Core Services Program, Child Welfare Block Allocation, Child Welfare Staffing, IV-E waiver demonstration, parental fees, collaborative-management program, independent-living program and Chafee sources, and braided- or blended-funding approaches) and the fiscal responsibilities associated with the role as a middle manager. This WBT will be available online two weeks prior to the Module 1 classroom session and must be completed at any time before attending the Module 2 classroom session.</p> <p>3. Classroom Session, Module 1 (13 training hours)—The first two days of classroom delivery, Module 1, includes the opportunity to connect with a cohort of peers as leaders explore together how the National Child Welfare Workforce Institute (NCWWI) Leadership Framework intersects with the Colorado Child Welfare Practice Model, learn about the importance of adaptability and flexibility, examine internal and external partnerships, and develop strategies to navigate the political environment. Leaders also enhance their skills in leading and managing change, strategic communication, and orchestrating conflict. Leaders start crafting their</p>						
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<p>individual Leadership Development Plan based upon their individual strengths and areas of interest.</p> <p>4. Connecting Virtually: Peer-to-Peer Online Learning Experience (1.5 training hours)—As part of the LLC series, highly interactive and engaging peer-to-peer learning exchanges includes topics of keen interest to leaders and colleagues and provides an opportunity for peer-to-peer engagement and mutual consultation on the most pressing leadership challenges.</p> <p>5. Data-Wise: Webinar on Data-Informed Decision Making (1.5 training hours)—Data helps improve policy, program, and practice and guide individual, unit, and full agency enhancements. This webinar, presented by colleagues from Jefferson County, provides an opportunity to learn about the various available data sources, including reports such as CSTAT, ROM, and Trails. Leaders learn how to interpret data and use it to inform a continuous quality improvement process. Leaders develop an understanding of how to apply critical thinking when examining, interpreting, and communicating around data to inform policy and practice changes that ultimately lead to improved outcomes for children and families. Leaders exchange ideas with each other about county-to-county differences in data use and application of data within continuous quality improvement approaches.</p> <p>6. Classroom Session, Module 2 (13 training hours)—The second classroom delivery, Module 2, provides two days of learning and exploration about workforce development, data-</p>						
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	<p>informed decision making, and continuous quality improvement. During Module 2, you will learn about the NCWWI Workforce Development Framework, assess the leaders own agency’s workforce through NCWWI’s Workforce Development Tool Kit, and develop potential strategies for workforce development. Leaders learn about the various data sources available to middle managers, explore how to interpret data reports, and examine how to lead with data through application of a continuous quality improvement model.</p> <p>7. Connecting Virtually: Peer-to-Peer Online Learning Experience (1.5 training hours)—As part of the LLC series, highly interactive and engaging peer-to-peer learning exchanges will include topics of keen interest to leaders and provides an opportunity for peer-to-peer engagement and mutual consultation on the most pressing leadership challenges.</p> <p>8. Celebrating Experience: Mentor/Mentee Debriefing (1 training hour)—To conclude the mentoring component of the LLC series, leaders and their mentors join other learners and mentors from the cohort for a conference call meeting to celebrate and discuss the experience. A facilitated discussion occurs to gather feedback on the strengths, challenges, and recommendations for enhancement of the mentoring component.</p>						
<p><b>Legalized Marijuana: Considerations for Child Safety</b></p>	<p>The legalization of marijuana for both medical and recreational use in Colorado has brought with it many questions about its impact on children and families. In this interactive learning experience, learners explore</p>	<p>Web-Based Training</p>	<p>Illuminate Colorado</p>	<p>2 Hours</p>	<p>Provided ongoing and available for participation anytime, from anywhere</p>	<p>Caseworkers, supervisors, case aides, and other child welfare professionals</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and</p>

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	to what extent marijuana use or cultivation may affect child safety. This Web-based training provides an overview of Colorado’s marijuana laws; an introduction to marijuana and its effects on the body and behavior, and; a summary of existing research on the impacts on infants, children, teens, and adults. This WBT is a prerequisite for the Marijuana, Children, and Families classroom course, which explores in more depth the child welfare considerations and best practices related to marijuana.						assessments
Legal Preparation 201: Expert Testimony	This one-day, interactive training is intended to ease the anxiety of testifying in court. Learners practice providing testimony, and building on the knowledge they acquired in Legal Preparation for Caseworkers, they will learn to establish and maintain credibility; to develop an understanding as to why lawyers ask the questions they do; and to respond effectively to the questions asked on direct and cross examination. Whether preparing to testify for the first time or a practiced witness, this course will help learners gain and refine skills and put their nerves to rest and, in a safe and fun environment, learn how to give compelling, credible testimony.	Classroom Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Legal Preparation for Foster Parents	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 understand the substance and scope of foster parents’ rights; have a basic understanding of the court	Classroom Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally based on county demand	Foster parents, caseworkers, supervisors, case aides, new directors or county attorneys	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	process; gain tips for participating in court proceedings; and develop strategies for navigating the child welfare system.						
Mandatory Reporter Training	This Web-based training is for individuals who are required by law to make reports of child abuse or neglect. After taking this course, learners are able to 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; and 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; and 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, supportive, objective, and not probative; distinguish the types of abuse and neglect that occur most frequently and identify signs of trauma; and exhibit a working understanding of the difference between reporting and investigating and appreciate the consequences	Web-Based Training	The Kempe Center	2 Hours	Provided ongoing and available for participation anytime, from anywhere	Colorado professionals who are required by law to make reports of child abuse or neglect	Referral to services, development of the case plan, case management

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	<p>associated with interviewing the child or conducting an investigation before making a report.</p> <p>This interactive online course is for educators, first responders, healthcare providers, or mental health professionals, and there are specific modules available for each 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>						
Marijuana, Children, and Families	<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 our state embarks on this path, it is critical that those of us who work in child welfare be well informed. In order to make the best decisions regarding the safety of and risks to children, we need to understand both the laws and the possible hazards marijuana poses to children. In this classroom course, you'll engage in scenario-based learning and discussion of the complexities inherent in this changed legal landscape. The knowledge and skills acquired in this learning experience will guide decision making in difficult cases and assist in individualized case planning with families to build child safety and promote healthy families. Through this course, learners recognize your own values and beliefs about marijuana, enhance competencies for responding to challenging situations, and leverage existing knowledge and practice approaches.</p>	Classroom Course	Illuminate Colorado	6.5 Hours	12 regional offerings per year and additionally based on county demand	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Motivating Positive Outcomes with	<p>This one-day training expands on the basic content discussed in The Adolescent 411. Adolescents can be</p>	Classroom	Kempe Center	6.5 hours	6 regional offerings per year and	Caseworkers, Case Aides, Foster	Case management and supervision, development of the

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Adolescents	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 are prepared to build rapport with resistant adolescents and to understand the purpose behind problematic behaviors; to develop skills to effectively intervene with adolescents; and to identify barriers to permanency so that learners can engage teens in permanency planning.				additionally based on county demand	Parents, and other child welfare professionals	case plan, communication skills, screening and assessments
Nurturing Professionals in a Challenging Environment	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 learn how to build upon Solution-Focused Practice principles to empower workers while motivating them to effectively complete required work tasks, and gain the skills they need 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. Upon completion, leaders will 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; and be able to identify three tools they can	Classroom Course	Denver Center for Solution Focused Brief Therapy	6.5 Hours	6 regional offerings per year and additionally based on county demand	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	use immediately with workers.						
The Nuts and Bolts of Provider Certification	With best-practice and Volume 7 Rules and Regulations constantly changing, it can be hard to know exactly what is required of to be successful. Whether learners are new to working with certified foster care and kinship care providers or are an old hand, this interactive two-day course will provide learners with the strategies for successful recruitment, knowledge of what is needed to fully certify a provider, understanding how best practice supports the retention of providers, comprehensive understanding of Volume 7 Rules and Regulations as they pertain to provider certification and more confidence and knowledge.	Classroom Course	The Kempe Center	13 Hours	6 regional offerings per year and additionally based on county demand	caseworkers and supervisors involved in the recruitment, certification, retention, and recertification of resource providers; administrators ; kinship staff; child placement agency placement supervisors; and case managers who certify foster homes	Case management and supervision, development of the case plan, communication skills, screening and assessments
Partnering for Safety (12 Module Series)	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. 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.	Classroom Training	The Kempe Center	36 hours total (3 hours per module)	Provided upon county request	Caseworker, Supervisors, and Managers	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>The overall series is designed to have relevance to all employees within a child welfare organization—caseworkers, supervisors, and managers—and across program areas (intake/assessment, ongoing/permanency, PA-4, etc.).</p> <p>In Module 1, Interviewing for Safety and Danger: What Is a Balanced, Rigorous Assessment? learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Overview of family engagement and solution-focused interviewing</li> <li>• Definition of safety: What does it mean to have a safety-organized practice?</li> <li>• Example of a balanced, rigorous assessment</li> <li>• Distinguishing between harm, danger, safety, and strengths</li> <li>• Values and principles in this approach</li> </ul> <p>In Module 2, Three Questions, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Using the Three Questions to guide practice: What are we worried about? What’s working well? What needs to happen?</li> <li>• Deepening inquiry around the first two questions</li> <li>• Exploring the impact on children</li> <li>• Avoiding generalizations</li> <li>• Exploring the third question (What needs to happen?) by identifying small steps toward change</li> </ul> <p>In Module 3, Interviewing Children, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Purpose of interviewing children</li> <li>• Ways of engaging children and youth</li> <li>• Use of the Three Houses tool—how and when to use it</li> <li>• Use of the Safety House tool—how and when to use it</li> </ul> <p>In Module 4, Solution-Focused Inquiry,</p>						
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<p>learners will explore the following:</p> <ul style="list-style-type: none"> <li>• What is solution-focused inquiry?</li> <li>• Why is solution-focused inquiry valuable to use with families?</li> <li>• What specific solution-focused questions (exceptions, scaling, coping, preferred future, and position questions) can be used with families?</li> <li>• 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)</li> </ul> <p>In Module 5, (Re)-Introducing the Consultation and Information Sharing Framework: Part One, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Definitions in the framework</li> <li>• Purposes for using the framework in practice</li> <li>• Questions that facilitate the framework</li> </ul> <p>In Module 6, Risk and Goal Statements, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Description of a risk statement and examples of risk statements in practice</li> <li>• Description of a goal statement and examples of goal statements in practice</li> <li>• Approaches for eliciting input from families to craft risk and goal statements</li> <li>• Ways of using these statements when working with families</li> </ul> <p>In Module 7, The Consultation and Information Sharing Framework: Part Two: Use with the Family, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Taking the framework into home visits for use with families</li> <li>• Using the three-column map with families</li> <li>• Connecting the framework and solution-focused questions</li> </ul>						
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<p>In Module 8, Network Development, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Purposes of exploring and identifying members of a family’s network</li> <li>• Ways to engage and utilize the family’s network in supporting and planning with families</li> <li>• Strategies for identifying network members</li> <li>• Techniques for developing safety and support circles with a family</li> </ul> <p>In Module 9, Planning, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• The difference between insight and action</li> <li>• Safety planning and support planning</li> <li>• Critical elements needed in all plans</li> <li>• Involvement of the family’s network in planning</li> </ul> <p>In Module 10, Landing These Ideas in Everyday Work: Part One, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Integration of Partnering for Safety in RED teams</li> <li>• Integration of Partnering for Safety in group supervision</li> <li>• Integration of Partnering for Safety in the facilitation of family meetings</li> </ul> <p>In Module 11, Landing These Ideas in Everyday Work: Part Two, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• Integration of Partnering for Safety in visitation and parenting time</li> <li>• Use of Partnering for Safety to inform/support reunification</li> <li>• Use of Partnering for Safety to achieve permanency</li> </ul> <p>In Module 12, Conclusion, learners will explore the following:</p> <ul style="list-style-type: none"> <li>• A look back and review of all of the Partnering for Safety modules</li> <li>• A look at what social work practitioners have done with Partnering for Safety</li> </ul>						
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	<ul style="list-style-type: none"> <li>• A celebration of accomplishments and plan for the future</li> </ul>						
Partnering with Families in Differential Response	<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 two-day course, learners embark on a journey through the seven enhanced social work practices of the Colorado DR Model:</p> <ul style="list-style-type: none"> <li>• a rigorous and balanced assessment</li> <li>• strategies for including children and youth</li> <li>• the Consultation and Information Sharing Framework</li> <li>• evidence-based assessment tools</li> <li>• risk and goal statements</li> <li>• participation of extended networks</li> <li>• behavior-based safety and support plans.</li> </ul> <p>Learners 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. Following this course, learners 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 practices with children, youth, and families.</p>	Classroom Course	The Kempe Center	13 Hours	Provided with counties who have been selected for DR implementation process	Caseworker, Supervisors, and Managers	Case management and supervision, development of the case plan, communication skills, screening and assessments
Partnering with Families to Overcome	<p>13 training credit hours</p> <p>This two-day classroom course is designed to help learners enhance</p>	Classroom Course	Denver Center for Solution Focused Brief	13 Hours	6 regional offerings per year and	caseworkers and supervisors	Case management and supervision, development of the

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Challenges	<p>their solution-focused practice skills and gain a deeper understanding of a family’s perspective. Learners build on the foundations learned in other classes to hone the skills to carefully match the solution-focused questions that work best for each family, that will enhance engagement, and that will create greater fulfillment. We’ll explore the ways in which this approach is uniquely different from other models, and learners will learn how to use the six solution-focused interventions to boost child welfare practices. This course is specifically designed to ensure learners leave the classroom ready to effectively implement these skills with families. Upon completion, learners have hands-on tools for immediate use when they find they are challenged to engage with the most difficult families; understand how and why each type of intervention works; are 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 learners’ personal styles.</p>		Therapy		<p>additionally based on county demand</p>		<p>case plan, communication skills, screening and assessments</p>
Permanency Roundtable Skills	<p>This experiential course provides learners with the skills needed to effectively participate in Permanency Roundtables. Learners have the opportunity to practice these skills and to engage in a mock Permanency Roundtable. Upon completion, learners 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</p>	Classroom	The Kempe Center	3.25 hours	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Caseworkers, Supervisors, GALs, department collaterals</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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	Roundtable case consultation process; are able to demonstrate the skills involved in a successful Permanency Roundtable session, including appreciative listening, asking non-blaming questions, and clarifying participants' operating agreements						
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 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 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</p>	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%)
Psychological Assessments in Child Welfare	This self-guided, interactive course will enhance understanding of psychological assessments as they are used within child welfare. Specifically, learners will understand the differences between psychological screenings, assessments, and evaluations; the function of the psychological	Web-Based Training	The Kempe Center	2 Hours	Provided ongoing and available for participation anytime, from anywhere	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	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; and some types of psychological assessments that may be helpful when working with families involved with child welfare.						
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. 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 gives learners an understanding of the Reasonable and Prudent Parent Standard (RPPS) as it is outlined in federal law and in Volume 7 (Social Services Rules). Learners 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; to 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. Those who will be a foster or</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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	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.						
Recognizing and Identifying Human Trafficking	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 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 also provides a statistical overview of the human trafficking reality in our state; 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; and next steps to take once a child or youth has been identified as being trafficked or as having involvement in potential trafficking situations.	Web-Based Training	The Kempe Center	2 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
Safe and Together: Introduction to the Model	In this Web-based training, learners 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. After this training, learners are able to describe the principles and critical components of the Safe and Together™ Model; describe key concepts of the	Web-Based Training	The Kempe Center	2 Hours	Ongoing and unlimited availability on line	Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse

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	model; describe ways in which the model can change your practice; and demonstrate how to apply the approach to child welfare cases.						
Safe and Together: Multiple Pathways to Harm	This course dives deeper into 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. The assessment and critical-thinking framework introduced in this course will help learners do apply a comprehensive assessment lens to the impact of domestic violence perpetrators' behaviors; have high standards for men as parents; engage men from diverse backgrounds; partner with adult survivors; and understand how adult survivors promote their children's safety and well-being.	Web-Based Training	The Kempe Center	2 Hour	Ongoing and unlimited availability on line	Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse
Safe and Together: Working with Men as Parents	This course dives deeper into the internationally recognized Safe & 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. This interactive learning experience introduces a father-inclusive approach to working with children and families. When coupled with a domestic violence-informed framework, this approach helps learners to identify key aspects of male parental development that impact a father's choices and behaviors; describe how father-inclusive work can benefit women and children; engage men from diverse backgrounds to develop meaningful child- and family-focused interventions; implement these	Web-Based Training	The Kempe Center	2 Hours	Ongoing and unlimited availability on line	Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse

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	interventions, especially when fathers are domestic violence perpetrators, and build a toolkit of specific tips for engaging men as parents at the prevention and early intervention stages.						
<b>SAFE: Improving Your Skills</b>	This one-day course builds on the foundation established for learners in SAFE Training and strengthens consistent protocol, practice, and clinical supervision for home study evaluators and their supervisors. Learners will review and clarify the SAFE Home Study process, including desk guide ratings, mitigation and mitigation evidence, how to narrate the Psychosocial Evaluation, the importance of supervision in the home study process, and available SAFE articles and tools. Additionally, home study evaluators and supervisors will have the opportunity to discuss their specific SAFE questions.	Classroom Course	Consortium for Children	6 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers and Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments
<b>SAFE Training</b>	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. You will be trained as a Home Study Practitioner in the use of Structured Analysis Family Evaluation. Upon completion, learners will understand how the SAFE Home Study is used; appreciate how important this work is to maintain the safety of children; and be able to perform SAFE Home Studies.	Classroom Course	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
<b>SAFE for Administrators</b>	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. Upon completion, learners understand	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

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	how the SAFE Home Study is used; appreciate the importance of SAFE Home Studies to maintaining the safety of children; and know how to monitor SAFE Home Studies.						assessments
SAFE Refresher Training	This one-day training utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers. Upon completion learners will understand how the SAFE Home Study is used and appreciate the importance of SAFE Home Studies in maintaining the safety of children.	Classroom Course	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
Safe Sleep: Creating Safe Sleep Environments for Infants	In this interactive web-based training, learners learn how to create safe sleeping environments for infants. Learners explore customs and myths related to infant sleep along with recommended approaches and interventions associated with reductions in the risk of sleep-related infant deaths. When complete learners are able to 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); and summarize the recommendations for the American Academy of Pediatrics for reducing the risk of sleep-related infant deaths. The additional section created specifically for caseworkers prepares learners to explain the role of the caseworker in educating families about safe-sleep practices; describe the type of information a caseworker might need to discuss or share with families when assessing safe-sleep practices; and describe how best to support families in creating safe sleep environments for their infants. This enhanced knowledge and these	Web-Based Training	The Kempe Center	2 Hours	Ongoing and unlimited availability on line	Caseworkers, supervisors, and foster, kin, and adoptive parents	Case management and supervision, protective factors, general substance abuse

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	skills will equip caseworkers to thoroughly assess whether infants' sleep environments are safe and to have crucial, culturally responsive conversations with families about this important aspect of caregiving.						
Screening for Sex Trafficking: Using the Trails Modernization Tools	<p>After completing Recognizing and Identifying Human Trafficking as a prerequisite, this interactive, self-guided online training is designed to introduce learners to the Colorado High Risk Victim Identification Tool. This tool is designed to help caseworkers and supervisors assess whether a child or youth they are working with might be a victim of sex trafficking.</p> <p>Through this online training, learners gain an understanding of how the tool was developed; why the tool is useful for caseworkers; what risk factors are assessed in the tool; when to use the tool in practice; how to complete the tool; and service considerations once the tool has been completed.</p> <p>After completion of this WBT module, learners review four additional video modules. These short videos show learners how to document findings in Trails and cover updates to the human trafficking user interface and changes to how the human trafficking window in Trails is accessed. Through these microburst videos, learners understand how to manage a Screenings record; how to add, edit, and submit a Self-Report; how to add, edit, and submit Credible Reports; how to generate the reports for Human Trafficking – Self Reports and Credible Reports</p> <p>Learners leave this learning experience equipped to complete the tool on any assessment or case, and to explore the results with their supervisor, and to</p>	Web-Based Training	The Kempe Center	1.5 Hours	Ongoing and unlimited availability on line	Caseworkers and supervisors	Case management and supervision, protective factors, general substance abuse

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	document your findings.						
Setting the Foundation: LBGTO Competency for Child Welfare Professionals	This critical session in the All Children—All Families training series equips child welfare professionals with a comprehensive foundation of knowledge on lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals and their experiences within the child welfare system. Participants will learn key concepts and terminology related to sexual orientation and gender identity and expression (SOGIE). Research findings on LGBTQ-headed families—including demographics and outcomes for children raised by LGBTQ parents—and the prevalence and experiences of LGBTQ youth in foster care will be explored. The session concludes by outlining the steps every child welfare professional can take to welcome and affirm LGBTQ youth and parents within the walls of their agencies and beyond.	Classroom Course	Kempe Center	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
Sleep Tight, the Kids Are All Right: Supervisory Practice to Prevent Serious Harm	The worst possible news a supervisor can get is that a child who they are working tirelessly to protect has died, nearly died, or has been seriously hurt. Questions abound: “Did I do...?” “What didn’t I do?” and “If only I’d known about...” Caseworkers and supervisors in child protection talk about many sleepless nights spent worrying while also hoping that the decisions made will best serve the child and prevent the worst possible outcome. Unfortunately, there is no magic formula that will prevent these tragedies 100 percent of the time; however, we know that there are certain steps that can be taken to mitigate them. Sleep Tight, the Kids Are All Right is a comprehensive hybrid course designed to provide a safe space for supervisors	Hybrid blend of web-based and classroom training	The Kempe Center	18 Hours	6 regional offerings per year and additionally based on county demand	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments

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<p>to acknowledge their fears, explore their struggles, and learn about and adopt strategies that can bring some <i>knowing</i> into the vacuum of the unknown.</p> <p>This learning experience begins with two Web-based trainings and is followed by a two-day classroom session. During the WBTs, learners will prepare for real-time case-based practice in the classroom by exploring data and the fundamentals of the social ecological model, and they'll examine the key aspects of secondary and tertiary stress in the workplace. In the classroom, learners will engage in meaningful guided discussions, reflecting on their years of experience in supervisory practice and sharing their wisdom. Small and large group consultation practice will call learners to think critically about the importance of thorough assessments that produce robust safety and support plans that can mitigate risk for children. Through this learning experience, learners will be able to do the following:</p> <ul style="list-style-type: none"> <li>• Recognize their value as a crucial resource to caseworkers handling the complex work of child protection</li> <li>• Use the social ecological model and specific tools introduced in the classroom to capture critical information and use supervisory strategies to help prevent future abuse and neglect</li> <li>• Describe and use focused and strengths-based inquiry as well as clinical questions to promote critical thinking that can be applied in the assessment and case planning processes</li> </ul>						
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<p><b>SMART Family Services Planning</b></p>	<p>Whether new to writing Family Services Plans or armed years of experience, this one-day course builds on current skills and strengthens abilities to write clear, measurable, and culturally responsive plans. Bring a copy of a real past or present Family Services Plans with the family name blacked out. Together, in a safe, solution-focused environment, we'll share a variety of case examples and refine our ability to develop SMART objectives that reflect a change in behavior; scaffold action steps for success; and 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> <p>Creation of a Family Services Plan, commonly referred to as a "road map" for families, can encounter obstacles. As we develop SMART plans to address areas of current or impending danger and/or risk factors, we will anticipate barriers families may face and identify strategies to support them in achieving success. Learners leave with increased confidence and ability to formulate, deliver, and measure current and future Family Service Plans.</p>	<p>Classroom Course</p>	<p>The Kempe Center</p>	<p>6.5 Hours</p>	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Caseworkers who certify foster or adoptive homes</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
<p><b>Solution-Focused Supervision</b></p>	<p>This one-day hands-on course expands thinking about the use of Solution-Focused Practice within supervision. While, these practices are traditionally used with families, they are equally powerful in motivating staff and leading others. Leaders learn and practice methods of effectively addressing challenging workplace behaviors in a solution-focused way. Basic agency culture and the creation</p>	<p>Classroom Course</p>	<p>Denver Center for Solution Focused Brief Therapy</p>	<p>6.5 Hours</p>	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Supervisors and Managers</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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	of organizational safety will be reviewed, and learners get tips for encouraging staff success and leave with an understanding of why solution-focused principles are so effective with people (including other professionals); at least five concrete tools that you can immediately begin to use with your colleagues; and concrete examples for immediate application.						
The Substance Use Puzzle: Putting Together the Pieces	Issues of substance use and abuse within families can be a complex puzzle. Its various pieces—a family’s struggles, needs, strengths, and supports—cohere to form a unique picture of the impact of substance use on parental functioning and parenting capacity. Through this interactive Web-based training, learners will better understand all of the pieces of this puzzle and how they fit together. Learners will gain insight into the different substances of use/abuse and their effects, the role of drug testing, the science of addiction, and substance use treatment. And they’ll explore how all of these connect to reveal the impact of substance use on children and families. This WBT is a prerequisite for the two classroom courses Building Safety When Parents Use Substances and Enhancing Practice with Families Impacted by Substance Use.	Web-Based Training	Illuminate Colorado	3 Hours	Ongoing and unlimited availability on line	Caseworkers and supervisors and child welfare professionals	Case management and supervision, protective factors, general substance abuse
Superman Has Nothing On You! Supervising to Safety and Risk	Building the supervisory skills and confidence among casework teams to deal with child safety and risk every day. Assessing safety and risk is the ultimate purpose of child protective services, and supervisors are the ultimate change agents. In this new six-session series, learners engage with peers and expert panelists from across the state to take their supervision	ECHO	The Kempe Center	8 Hours	Provided virtually state-wide based on customer demand and a minimum of 6 times annually	Caseworkers, Supervisor, and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	skills to new heights as they learn to communicate the value of safety and risk assessment; leverage protective capacities; create safety plans that really work; handle high-risk situations; utilize safety and risk.						
Supervising to Permanency	Permanency is the outcome that we are all striving for! All supervisors from all areas of child welfare contribute to permanency. In this one-day course, leaders discover a dynamic and hands-on method of supervising to permanency with the SPOT (Support, Problem-Solving, Opportunities, and Timelines) tool. Leaders explore and practice the use of the SPOT tool to promote critical thinking and collaboration in the interest of permanency. Plan on a dynamic environment of learning, practicing, and creating!	Classroom Course	The Kempe Center	6.5 Hours	6 regional offerings per year and additionally based on county demand	Supervisors and Managers	Case management and supervision, development of the case plan, communication skills, screening and assessments
Supporting Families When Children and Youth Display Problematic Sexual Behaviors	When children or youth engage in problematic sexual behavior, developing a plan to support the child and family can be complicated. In this course, learners will gain an understanding of what constitutes problematic sexual behavior, how to recognize it, and how to support families before and after adjudication. This interactive one-day classroom course will explore complex situations to safely analyze common concepts and practices, including 24/7 line of sight, informed supervision, and working within a treatment team.	Classroom Course	Illuminate Colorado	6.5 Hours	6 regional offerings per year and additionally based on county demand	Caseworkers and supervisor	Case management and supervision, development of the case plan, communication skills, screening and assessments
Supporting Youth in Achieving Permanency	This course helps caregivers who care for adolescents to plan for permanency and a successful transition to adulthood; and to learn what types of engagement have worked best for youth at this developmental stage. This area of care can be extremely difficult to navigate. It's important to	Classroom Course	The Kempe Center	10 Hours	Provided virtually state-wide based on customer demand and a minimum of 6 times annually	Caseworkers, Supervisor, and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	be informed and able to advocate for the kids. This day-and-a-half training provides a facilitated discussion among foster parents with various levels of experience in this arena. Learners acquire 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; and current information on services available to youth making this transition.						
Team Coaching for Leaders	<p>Upon request, the Kempe Center's coaching staff may provide coaching in a group setting with leaders and their teams.</p> <p>Team coaching may involve enhancing the coachee's ability to demonstrate the following overarching leadership competencies:</p> <ul style="list-style-type: none"> <li>• leading in context: building a culture of collaboration</li> <li>• leading people: workforce development</li> <li>• leading for results: accountability</li> <li>• leading change: goal setting</li> </ul> <p>By partnering with a coach, leaders and their teams will be held compassionately accountable for being their best selves. The goal is for them to model, through leadership, the interactions and outcomes they desire for the workforce they lead.</p>	Coaching	The Kempe Center	12 Hours	Scheduled individually with teams	Supervisors, Managers, Directors	Case management and supervision, development of the case plan, communication skills, screening and assessments
They Belong to Us All: Benefiting Youth Through System Collaboration	Adolescence is a time of changes that are often confusing and difficult. It is particularly more difficult when an adolescent lives in an environment fraught with instability, abuse, and exposure to drugs and violence. Teens who become involved in any youth-serving system commonly have multiple needs, necessitating a	ECHO	The Kempe Center	6 Hours	Provided virtually state-wide based on customer demand and a minimum of 6 times annually	Caseworkers, Supervisor, and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

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	<p>multidisciplinary focus to meet those needs. Cross-system collaboration is a critical cornerstone of best practice of youth-serving systems, demonstrated in a way that conveys an understanding of adolescent development and trauma-informed practice. The Office of Juvenile Justice and Delinquency Prevention is hosting an interactive virtual learning series that will foster learners' ability to collaborate with internal and external agency partners in response to the needs of the youth they serve. During this six-session ECHO series, learners will hear from experts in the field, develop new ideas, and practice strategies that will generate an understanding of the development needs of youth and how to approach practice with a trauma-informed lens.</p>						
<p>There's an APP for That! Family Reunification</p>	<p>This one-day training sharpens skills in supporting reunification for children, youth, and their families and applies the Colorado Practice Model skills through the use of real-case scenarios. Learners spend the day practicing and refining those skills to better assess, plan, and partner with and support families on their road to reunification. Learners leave this course able to assess readiness for reunification; plan to promote and maintain reunification; and to partnering with support systems; and supporting families during and after the reunification process.</p>	<p>Classroom Course</p>	<p>The Butler Institute for Families</p>	<p>6.5 Hours</p>	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Caseworkers and supervisors</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>
<p>Training Facilitation Skills Institute 101</p>	<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.</p>	<p>Classroom</p>	<p>The Kempe Center</p>	<p>6.5 hours</p>	<p>6 regional offerings per year and additionally based on programmatic needs of</p>	<p>All professional training facilitators who currently train or wish to train on</p>	<p>Referral to services, development of case plan, case management and supervision, case review</p>

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	<p>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.</p> <p>Along the way, the following strategies and techniques will be gleaned</p> <ul style="list-style-type: none"> <li>Meeting the needs of varied adult learners and adult learning styles</li> <li>Encouraging and supporting participatory learning</li> <li>Promoting the use of powerful questions and critical thinking in a classroom environment</li> <li>Increasing knowledge and skills related to classroom management</li> </ul> <p>Facilitators will leave with new ideas and increased comfort in facilitating the learning of others.</p>				training system	<p>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.</p>	
<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</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>approach, and applying lessons learned in a dynamic delivery practice session. 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. 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. WBT Content will be available for access 10 business days prior to the first day of the classroom portion of training.</p>						
<p><b>Understanding the Role of the GAL</b></p>	<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. Together learners 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. Through engagement with real case scenarios, learners practice strategies for</p>	<p>Classroom Course</p>	<p>The Kempe Center</p>	<p>6.5 Hours</p>	<p>6 regional offerings per year and additionally based on county demand</p>	<p>Caseworkers, supervisors and Guardians ad litem</p>	<p>Case management and supervision, development of the case plan, communication skills, screening and assessments</p>

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	negotiation when reasonable minds disagree about what is truly best for a child.						
Worker Safety: Protecting Those Serving Others	Casework can be unpredictable and sometimes dangerous. Caseworkers focus on promoting the safety, permanency, and well-being of the children and youth. 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 caseworkers with strategies and critical-thinking skills to create their own safety in the field. Through engagement with real case scenarios, learners 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 include personal and environmental safety; preparing for safety before a visit; maintaining safety during a visit, and creating a personal safety plan.	Classroom Course	The Kempe Center	6.5 Hours	24 regionally offers per year - course required for all new caseworkers - and more frequently based on county needs	Caseworkers and supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments
Youth-Centered Permanency Round Tables	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. 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. Learners learn to 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,	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

## Appendix F: Training Plan

### 2015-19 Child and Family Services Plan

	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.						
Trauma-Informed Practice for Case Aides	This course is for case aides who work directly with clients. This two-day training is the first in a series of three trainings designed specifically for Case Aides. Learners participate in a wide array of activities, and learn the core skills they need to engage clients (by establishing rapport through listening, reflection, clarification); to assess and defuse hostile/angry clients; to avoid power struggles and develop strategies to disengage once you are in a power struggle; and to apply these skills in visitation practices and services.	Classroom Course	The Kempe Center	13 Hours	6 regional offerings per year and additionally based upon county demand	Case Aides	Development of the case plan, case management and supervision, communication skills
Working with REAL Families	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 develop advanced skills for working with diverse families and their children. Upon completion, learners have developed the process and skills associated with helping relationships; know how to effectively supervise parenting time with difficult populations; and have acquired skills that can be used with families in their homes, as well as in parenting centers.	Classroom Course	The Kempe Center	13 Hours	6 regional offerings per year and additionally based upon county demand	Case Aides	Development of the case plan, case management and supervision, communication skills
<b>Cost Allocation Methodology:</b> 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%.							
Estimated Total Cost of all Training Types	\$5,108,734.00						

**DIVISION OF CHILD WELFARE (DCW)  
Disaster Plan**

Plan Development Date: February 7, 2017; Updated April 6, 2018

Plan Approved By:

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**Key Points of Contact (“Chain of Succession” for Plan-Continuity of Operations):**

<u>Staff Names (Prioritized)</u>	<u>Emergency Phone Number/s</u>	<u>Email Address</u>
1. Office Director- Minna Castillo Cohen	303-866-4544 (Office) 720-602-5389 (Home/Cell)	<a href="mailto:minna.castillocohen@state.co.us">minna.castillocohen@state.co.us</a>
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3. OCYF Communications Manager- Katie Facchinello	303-866-3309 (Office) 303-246-2062 (Cell)	<a href="mailto:katie.facchinello@state.co.us">katie.facchinello@state.co.us</a>
4. DCW Director- Ann Rosales	303-866-3538 (Office) 970-261-2856 (Home/Cell)	<a href="mailto:ann.rosales@state.co.us">ann.rosales@state.co.us</a>

**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).