2021 Annual Progress & Services Report

2020-2024 Child and Family Services Plan

Cultural Humility

Data Informed

Family-Centered Practice

Submitted To
U.S. Department of Health and Human Services
Administration for Children and Families
June 2020

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

TABLE OF CONTENTS

Table of Figures

Table of Tables

Glossary of Acronyms

ABCD	Assuring Better Childhood Development
ACA	Assistant County Attorney
ACF	Administration for Children and Families
ACHY	Advisory Committee on Homeless Youth
AFCARS	Adoption and Foster Care Analysis and Reporting System
APSR	Annual Progress and Services Report
APR	Allocation of Parental Responsibilities
ARCH	Applied Research in Child Welfare
ARD	Administrative Review Division
ASL	American Sign Language
BPCT	Best Practice Court Teams
BSW	Bachelor's in Social Work
CANS	Child and Adolescent Needs and Strengths
CAP	Cost Allocation Plan
CAPTA	Child Abuse Prevention Treatment Act
CARA	Comprehensive Addiction and Recovery Act
CASA	Court Appointed Special Advocate
CBCAP	Community-Based Child Abuse Prevention
CBCS	Capacity Building Center for States
CCB	Community Centered Boards
CCIA	Colorado Commission of Indian Affairs
CCR	Colorado Community Response
C.C.R	Code of Colorado Regulations
CCTF	Colorado Children's Trust Fund
CCWIS	Comprehensive Child Welfare Information System
CCYIS	Colorado Children and Youth Information Sharing
CDE	Colorado Department of Education
CDHE	Colorado Department of Higher Education
CDHS	Colorado Department of Human Services
CDLE	Colorado Department of Labor and Employment
CDPHE	Colorado Department of Public Health and Environment
CDPS	Colorado Department of Public Safety
CFPS	Child Fatality Prevention System
CFRT	Child Fatality Review Team
CFSA	Colorado Family Support Assessment
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHSDA	Colorado Human Services Directors Association
CIP	Court Improvement Program
CJA	Children's Justice Act
CMP	Collaborative Management Program
COA	Court of Appeals
COC	Continuum of Care
COHG	Colorado Heart Gallery
COPE	Circle of Parents Expansion
COSHI	Colorado Sexual Health Initiative
COVID-19	Coronavirus Disease 2019
CPA	Child Placement Agency
CPA-FFR	Child Placement Agency Foster Family Record
CPS	Child Protective Services
CPTG	Child Protection Task Group

CPTF	Colorado Partnership for Thriving Families
CQI	Continuous Quality Improvement
CQI/QA	Continuous Quality Improvement/Quality Assurance
C.R.S	Colorado Revised Statutes
CSU	Colorado State University
CTUG	Colorado Trails User Group
CWELC	Child Welfare Executive Leadership Council
CWEL	Child Welfare Education Liaisons
CWTS	Child Welfare Training System
CYMHTA	Children and Youth Mental Health Treatment Act
DANSR	Dependency and Neglect System Reform
DCW	Division of Child Welfare
DIC	Denver Indian Center
DIFRC	Denver Indian Family Resource Center
DIHFS	Denver Indian Health and Family Services
DOH	Division of Housing
DOLA	Department of Local Affairs
DR	Differential Response
DRLC	Differential Response Leadership Council
DRLE	Differential Response Learning Environment
DRLF	Differential Response Learning Forum
DYS	Division of Youth Services
ECHO	Enhanced Community Health Outcomes
ECMH	Early Childhood Mental Health
EI	Early Intervention
EPP	Expedited Permanency Planning
ESS	Economic Self Sufficiency
ETP	Emancipation Transition Plans
ETV	Education and Training Vouchers
FAR	Family Assessment Response
FBI	Federal Bureau of Investigation
FEM	Family Engagement Meeting
FFCSC	Former Foster Care Steering Committee
FFE	Facilitated Family Engagement
FFPSA	Family First Prevention Services Act
FFPSA-IT	Family First Prevention Services Act – Implementation Team
FRCP	Family Resource Center Program
FSE	Family Search and Engagement
FSS	Family Self Sufficiency
FUP	Family Unification Program
FYI	Foster Youth to Independence
GAL	Guardian ad Litem
GED	General Equivalency Diploma
HB	House Bill
HCPF	Colorado Department of Health Care Policy and Financing
HIPPY	Home Instruction for Parents of Preschool Youngsters
HRA	High Risk Assessment
HRV	High Risk Victim
HTTG	Human Trafficking Task Group
HUD	Department of Housing and Urban Development
IART	Institutional Abuse Review Team
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact for Placement of Children
ICWA	Indian Child Welfare Act

IDEA	Individuals with Disabilities Education Act
ILA	Independent Living Arrangement
ILNA	Individualized Learning Needs Assessment
IMD	Institute of Mental Disease
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
LMS	Learning Management System
L&D	Learning and Development
MCV	Monthly Caseworker Visit
MIECHV	Maternal, Infant and Early Childhood Home Visiting
MMIS	Medicaid Management Information System
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MSO	Managed Service Organizations
MST	Multi-Systemic Therapy
MSU	Metropolitan State University
MSW	Master of Social Work
NCANDS	National Child Abuse and Neglect Data System
NFP	Nurse-Family Partnership
NTDC	National Training & Development Curriculum
NYTD	National Youth in Transition Database
OBH	Office of Behavioral Health
OCR	Office of the Child's Representative
OCYF	Office of Children, Youth and Families
OEC	Office of Early Childhood
OIT	Office of Information Technology
OOH	Out-Of-Home
OPPLA	Other Planned Permanent Living Arrangements
OPSO	Office of Performance and Strategic Outcomes
ORPC	Office of the Respondent Parent Counsel
OSRI	Onsite Review Instrument
OUD	Opioid Use Disorder
PA3	Program Area 3
PAC	Policy Advisory Committee
PAT	Parents As Teachers
PDIS	Professional Development Information System
PIP	Program Improvement Plan
PIP-IT	Program Improvement Plan – Implementation Team
PIT	Point-in-Time
PPSS	Post-Permanency Services
PREP	Personal Responsibility Education Program
PSSF	Promoting Safe and Stable Families
PSU	Placement Services Unit
QRTP	Qualified Residential Treatment Program
RCCF	Residential Child Care Facilities
RCHY	Rural Collaborative on Homeless Youth
RED	Review, Evaluate and Direct
RFA	Request for Application
RGAP	Relative Guardianship Assistance Program
ROM	Results Oriented Management
RTS	Roadmap To Success
S.A.F.E	Structured Analysis Family Evaluation
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SEN	Substance-Exposed Newborns

SIAT	State Interagency Team
SLC	Supervisor Learning Community
SOR	State Opioid Response
Sub-PAC	Sub-Policy Advisory Committee
SUD	Substance Use Disorder
SUIT	Southern Ute Indian Tribe
TANF	Temporary Assistance for Needy Families
TBRI	Trust-Based Relational Intervention
TISOC	Trauma-Informed System of Care
TPR	Termination of Parental Rights
UI	Urban Institute
UMUT	Ute Mountain Ute Tribe
USCIS	United States Citizenship and Immigration Services
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WIOA	Workforce Innovation and Opportunity Act
YARH	Youth at Risk of Homelessness

Introduction

The Colorado Department of Human Services (CDHS) is pleased to submit the first Annual Progress and Services Report (APSR) for the 2020-2024 Child and Family Services Plan (CFSP). This report documents CDHS's progress towards accomplishing the goals, objectives and interventions in the 2020-2024 CFSP, in addition to the requirements set forth in the Administration for Children and Families' (ACF) most recent program instruction (ACYF-CB-PI-20-02) related to the 2021 APSR.

In order to achieve the goals and objectives set forth in the CFSP, CDHS collaborates with a variety of partners in working towards the CFSP vision statement "Stakeholders collaborate to achieve bold systems change, ensuring safety, permanency and well-being for Colorado's children, youth and families". Colorado has a state-supervised, county-administered human/social services system, in which county departments are the main provider of direct services to Colorado's families. The State's responsibility includes rule promulgation, guidance, program oversight and monitoring of county performance and practice, which is done by working closely with counties in collaborative workgroups. In addition to county departments, CDHS also works closely with other Colorado state agencies, service providers and community stakeholders to coordinate services and programs that serve the State's children, youth and families. It is important to emphasize that these collaborations are not only important in the provision of services to children, youth and families, but also to prevent children, youth and families from being involved in the child welfare system altogether.

While this is not a comprehensive list of all collaborators involved in Colorado's efforts to accomplish the goals, objectives and initiatives described in the CFSP, the following collaborators are highlighted due to their impact on the implementation of major initiatives:

- **Family First Prevention Services Act - Implementation Team (FFPSA-IT).** The FFPSA-IT is comprised of CDHS, Division of Child Welfare (DCW) and other stakeholders who strive towards the goal of system transformation, while attending to the technical details of the Family First Prevention Services Act (FFPSA, or Family First) implementation requirements.
- **Colorado Human Services Directors Association (CHSDA).** The CHSDA is a non-profit association representing the social/human services directors from Colorado's counties.
- **Colorado Collaborative Management Program (CMP). The** CMP provides incentives for achieving positive outcomes for children, youth and families involved in multiple systems. CMP currently has 48 counties with active programs in Colorado. The program formally integrates individual services from multiple state-funded and community agencies that serve children, youth and families involved with multiple systems. CMP requires that the involved agencies provide the family with a unified treatment approach as well as identify the best local resources to serve the children, youth or family.
- **Collaboration with Judicial Partners.** In Colorado, there are several cross-disciplinary systemic workgroups identifying issues and finding systemic solutions in the broader child welfare system alongside CDHS's judicial partners. Examples of such workgroups include the Court Improvement Program (CIP), Best Practice Court Teams (BPCT), Children's Justice Act (CJA) Task Force and the Court of Appeals (COA) Workgroup.
- **Office of Early Childhood (OEC)**. The OEC is an office within CDHS that houses several programs that fall within the child welfare continuum and aligns with prevention efforts emphasized by the FFPSA. Examples of such programs include SafeCare® Colorado and Colorado Community Response (CCR). OEC and DCW also work closely together on the Child Abuse Prevention Treatment Act (CAPTA) Workgroup which focuses on supporting counties in making required referrals for developmental screens when there is a confirmed victim of child abuse.
- **Office of Behavioral Health (OBH)**. OBH, in conjunction with the Colorado Department of Health Care Policy and Financing (HCPF), administers mental health and substance abuse treatment services. OBH serves as the federally designated "Single State Authority" for mental health and substance use.

- **Former Foster Care Steering Committee (FFCSC).** The FFCSC was formed through legislation passed in 2018 to guide the process of improving outcomes for former foster care youth. This committee consists of 32 members from multiple state departments, county departments of human/social services, runaway and homeless youth providers, local youth-serving nonprofits, legal representatives, and members of Child Placement Agencies (CPA).
- **Collaboration with Tribes**. There are two federally recognized Tribes with land bases in Colorado: The Ute Mountain Ute Tribe (UMUT) and the Southern Ute Indian Tribe (SUIT). CDHS consults, collaborates and coordinates with both federally-recognized Tribes within the state, as well as with Colorado-based organizations that serve the state's American Indian urban communities. CDHS's continued collaboration with Tribes is described in the *Consultation and Coordination Between States and Tribes* section.
- **Collaboration with County Staff/Frontline Workers.** County staff and frontline workers, including staff and supervisors, are member/participants of ongoing workgroups including the Child Protection Task Group (CPTG) the Permanency Tasks Group (Perm Task), Institutional Abuse Review Team (IART), Differential Response Learning Environment (DRLE) and Colorado Trails User Group (CTUG). There are also ad hoc committees, task forces and work groups that are formed as topic-specific responses to practice or policy concerns.
- **Stakeholder Input.** CDHS recognizes that stakeholder input is a critical step integral to inform the development of Colorado's 2020-2024 CFSP, the Program Improvement Plan (PIP) that resulted from the 2017 Child and Family Services Review (CFSR), and the annual APSR.

Collaboration

Family First Prevention Services Act - Implementation Team (FFPSA-IT)
Family First is an important piece of a broader strategy to further evolve Colorado's child welfare system into one that truly improves the safety, permanency, and well-being of all children, youth, and families through a continuum of community-based services and supports. From the beginning, Colorado's approach to planning for Family First implementation has been an inclusive and integrated one that fully leverages the interest, experience, and expertise of a broad-based and diverse group of state and county staff and stakeholders. To this end, Colorado continues to utilize a collaborative implementation structure designed to ensure direction, oversight, and accountability of the work required to successfully implement Family First. A primary component of this structure is the FFPSA-IT, comprised of CDHS, DCW and other stakeholders. The FFPSA-IT strives toward the goal of system transformation, while attending to the technical details of implementation requirements. To date, the following accomplishments have been made toward Family First implementation in Colorado:

- Candidacy was defined.
- The Child and Adolescent Needs and Strengths (CANS) was selected as the level of need tool for Qualified Residential Treatment Program (QRTP) placements.
- The trauma-informed model for QRTPs was developed.
- Rules and applications for the QRTP licensure were created.
- Contracting has been initiated for independent assessors who will complete the CANS to determine appropriateness for placement in QRTPs.
- Prioritization of evidence-based services currently in place and being implemented successfully in Colorado to allow the state to build upon existing capacity, continue to assess program efficacy, take efforts to scale where appropriate, and minimize start-up costs for initial implementation.
- Rules for the individual child and family plans (prevention plans) were created.
- Updates to the Comprehensive Child Welfare Information System (CCWIS), referred to as Trails, are ready for release in Spring 2020.
- A rubric was developed to help identify which prevention programs/services should be prioritized for evidence reviews for transitional payment.
- Technical reviews of CCR and High Fidelity Wraparound have been initiated for consideration for transitional payments.
- Identification of training needs across the state.
- Development of a communication plan and a strategy to streamline and ensure consistent messaging regarding Family First.
- Legislation has been drafted to help support Family First implementation in House Bill (HB) 19-1308[1].
- Colorado's prevention plan has been drafted for submission to ACF.

Colorado continues to work with partner agencies to address the impact of the Institute of Mental Disease (IMD) on the implementation of QRTPs - one of the major barriers impacting Family First implementation. Colorado is aiming to implement Family First in 2020.

Colorado Human Services Directors Association (CHSDA)
CHSDA is a non-profit association representing the social/human services directors from Colorado's counties. CHSDA promotes a human services system that encourages self-sufficiency of families and communities and protects vulnerable children and adults from abuse and neglect. CHSDA works under the authority and direction of county commissioners. CDHS and CHSDA work closely together through

[1] https://leg.colorado.gov/sites/default/files/2019a_1308_signed.pdf

various task groups and committees to develop policy and advance best practices for child welfare, specifically the Policy Advisory Committee (PAC) and Child Welfare Allocation Committee.

In addition to these regular meetings, DCW regularly collaborates with counties on a wide variety of topics and utilizes CHSDA as a mechanism to quickly receive feedback or input from county departments, disseminate critical information, and co-design systems and processes to improve child welfare services delivery. An example of recent collaborative efforts between DCW and counties/CHSDA is the tremendous amount of work and planning around Family First implementation in Colorado.

Additionally, DCW and representatives from county child welfare agencies meet on a monthly basis. This group is the Sub-Policy Action Committee (Sub-PAC). The purpose of the group is to review policies and practices for child welfare across the state. When policy or practice needs review or revisions, Sub-PAC assigns the task to standing workgroups. Standing workgroups include: the Permanency Task Group, CPTG and DRLE. If a policy or practice requires a special focus group, Sub-PAC may create a short term workgroup to explore the issue and make recommendations.

Colorado Collaborative Management Program (CMP)
The CMP creates a collaborative infrastructure at the local level to reduce duplication and fragmentation of services, improve the quality of services provided to families and promote cost sharing among service providers. The CMP requires that the ten mandated partners (courts, probation, human services, public health, Division of Youth Services (DYS), mental health centers, managed service organization for the treatment of drugs and alcohol, regional accountable entities, schools and domestic violence providers) meet regularly to address gaps in services, community needs and create prevention programs to meet the needs of their community. These ten partners work together to meet performance measures in the following domain areas: child welfare, juvenile justice, school and health/mental health. The CMP also provides infrastructure for both the Colorado Children and Youth Information Sharing (CCYIS) and Colorado's Trauma-Informed System of Care (TISOC) initiatives.

Collaboration with Judicial Partners
Through the CIP, collaboration occurs with CDHS and judicial partners to identify training needs and work together to implement the goals in the PIP and the six areas of focus of CIP: PIP, Families First, Permanent Home, Dependency and Neglect System Reform (DANSR), the Indian Child Welfare Act (ICWA), and high quality legal representation. DCW recognizes the importance and need of judicial partners such as the Best Practice Court Teams (BPCTs), the Office of the Child's Representative (OCR), the Office of the Respondent Parent Counsel (ORPC), and Assistant County Attorneys (ACA), and ensures that the CFSP and CIP vision statements are aligned to work towards these goals and outcomes. For further details, please see Appendix A for the State Court Improvement Program 2019 Annual Self-Assessment Report.

BPCTs are multidisciplinary teams created by lead Dependency & Neglect judges at the district court level. All twenty-two judicial districts in Colorado support BPCTs and some districts have more than one team. The CIP provides support to local BPCTs, which promotes consistency in goal setting processes across judicial districts. The BPCTs meet annually to determine areas of focus, and local teams meet regularly (as determined by the teams themselves) to set goals depending upon local needs, evaluate progress and identify barriers. Each local BPCT includes the representatives from the department of human/social services, dependency and neglect or family court judges, county/city attorneys, OCR, ORPC and the Court Appointed Special Advocate (CASA) office. Additional team members may be added as determined by the local team to include court staff and community members such as treatment providers and public health nurses.

In particular, CDHS collaborates closely with OCR and ORPC. OCR is the state agency mandated to oversee legal counsel assigned to provide competent and effective best interests legal representation to child(ren)/youth involved in the Colorado court system. OCR was created by the General Assembly in

2000 to improve representation for Colorado's most vulnerable child(ren)/youth by establishing minimum practice standards and providing litigation support, accessible high-quality statewide training, and oversight of the practice. The OCR oversees attorneys that provide legal representation as guardians' ad litem (GAL), counsel for child(ren)/youth in dependency and neglect proceedings, and child legal representatives. In Colorado, a GAL is assigned to every child/youth in a case and is a valued member of the team.

Respondent parent attorneys play a critical role in dependency and neglect cases (also known as "child welfare" or "child protection" cases) by protecting the constitutional and other legal rights of parents, preserving family relationships, advocating for necessary services to support reunification and children/youth remaining home, and ensuring the provision of complete, accurate, and balanced information to courts and other parties. In recognition of this critical role, the Colorado Children's Code affords parents who are respondents in a dependency and neglect case the right to counsel. On January 1, 2016, Colorado established ORPC in order to support and enhance the quality of parent representation in dependency and neglect cases. In order to support parents and ensure that parents are identified and engaged in the dependency and neglect process, ORPC makes investigators available to respondent parent attorneys to locate and engage missing clients and kin. The ORPC also conducts statewide observations, training and support for respondent parent attorneys including access to qualified experts. The contractors engaged by the ORPC provide a voice of parents both in and out of the courtroom, safeguard parents' rights throughout the proceedings, inform courts and counsel of parental goals and suggest methods for meeting those goals, and create an information conduit between parents and other stakeholders in the child welfare system. Respondent parent counsels are an essential component of the child welfare team, and can provide information that may help engage parents in the system in more meaningful ways.

Senate Bill (SB) 19-258[2] authorized CDHS to draw down Title IV-E reimbursement funds for legal representation in foster care proceedings. A Memorandum of Understanding (MOU) was developed with OCR and ORPC to draw down these funds. The ORPC MOU was executed in March 2020, and the first reimbursement claim was submitted in April 2020. The OCR MOU will be finalized in May 2020, and the first reimbursement claim will be submitted in July 2020. Further updates will be provided in future APSRs.

In April 2018, the Chief Justice of the Colorado Supreme Court appointed a Colorado Judicial Department Child Welfare Appeals Workgroup. The purpose of the workgroup is to consider necessary changes to practice, rules and statutes to ensure that appeals in cases concerning relinquishment, adoption and dependency and neglect are resolved within six months after being filed. The workgroup met quarterly throughout FFY 18-19 and divided their work into the following categories: judicial, ICWA, records, legal and CFSR. The workgroup is comprised of legal and child welfare professionals and is the only one of its kind in the country. The workgroup will meet at least through December 31, 2020, to recommend changes in practices, policies, and procedures to implement the policy goals set forth in Section 19-1-109(3)[3] of the Colorado Revised Statutes to the Supreme Court. In doing so, the workgroup will look into the reasons for case delays and recommend training for stakeholders and judges to improve the quality of litigation and court handling of child welfare cases, and track compliance with ICWA. The workgroup will report annually on its progress.

In 2019, the Colorado judicial department and CDHS were awarded a five year Round 6 Regional Partnership Grant through the Children's Bureau. This grant, which is currently in the planning phase, will evaluate the effectiveness of the Circle of Parents Expansion (COPE) intervention in increasing

[2] https://leg.colorado.gov/bills/sb19-258
[3] https://leg.colorado.gov/sites/default/files/images/olls/crs2018-title-19.pdf

family well-being, improving permanency, and enhancing the safety of children who are in, or at risk of, an out-of-home (OOH) placement due to a parent's or caregiver's opioid or other substance abuse. The COPE intervention integrates Circle of Parents in Recovery, an evidence-informed model that strengthens families, prevents child maltreatment and supports recovery through a prosocial peer network, within counties that have implemented the DANSR Program to manage dependency and neglect cases following the principles of Family Treatment Drug Courts. The work of COPE includes those within the child welfare court system but may be utilized for prevention or as a support to help prevent re-entry.

CJA issued a request for proposal for issues related to county attorney training, and identified appeals as a subject to be included in the new county/city attorney academy. Funds were awarded to the Butler Institute at the University of Denver, in partnership with the Strum College of Law, to implement the recommendations from the needs assessment. Volunteer county attorneys and Butler staff developed a four-day academy on the knowledge and skills county attorneys need for their jobs. Facilitated by county attorneys and child welfare experts, the Academy was held at the Sturm College of Law with introductions from the Deans of the School of Law and Social Work. The Academy emphasized both social work and legal knowledge and skills and culminated in a series of court simulations based upon a case scenario. Areas of focus were to reduce the time between the termination of parental rights (TPR) and the finalized adoption, as indicated during Colorado's 2017 CFSR, along with family engagement, ICWA, the appeals processes, and best practices in representing the agency. The project partners with the Colorado Supreme Court's "Colorado Attorney Mentoring Program" to offer a structured mentoring program featuring individual mentoring and group learning circles and is led by an experienced county attorney that continues over one year. All 23 participants were matched with an experienced county attorney mentor to continue their learning. The project also developed podcasts this year on timeliness to permanency, the importance of collaboration across systems, and using data to more effectively manage the court process.

Further activities that set forth to improve the court of appeals processes and procedures can be found in Colorado's PIP.

Collaboration with the Office of Early Childhood (OEC)

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 zero to five who are at risk of abuse or neglect, and typically takes 18-20 weekly sessions to complete, with each session lasting 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® by child welfare and other organizations such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), other home visiting programs, schools, churches, 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.

The SafeCare® program is funded through OEC and is implemented in partnership with The Kempe Center. The FY 2020 appropriation for SafeCare® programming is $5,521,422. Sites are selected through competitive procurement solicitations. Currently, 14 sites are providing SafeCare® Colorado programming to residents of 33 Colorado counties and two American Indian Tribes. Figure 1 details the 14 sites that provide SafeCare® services.

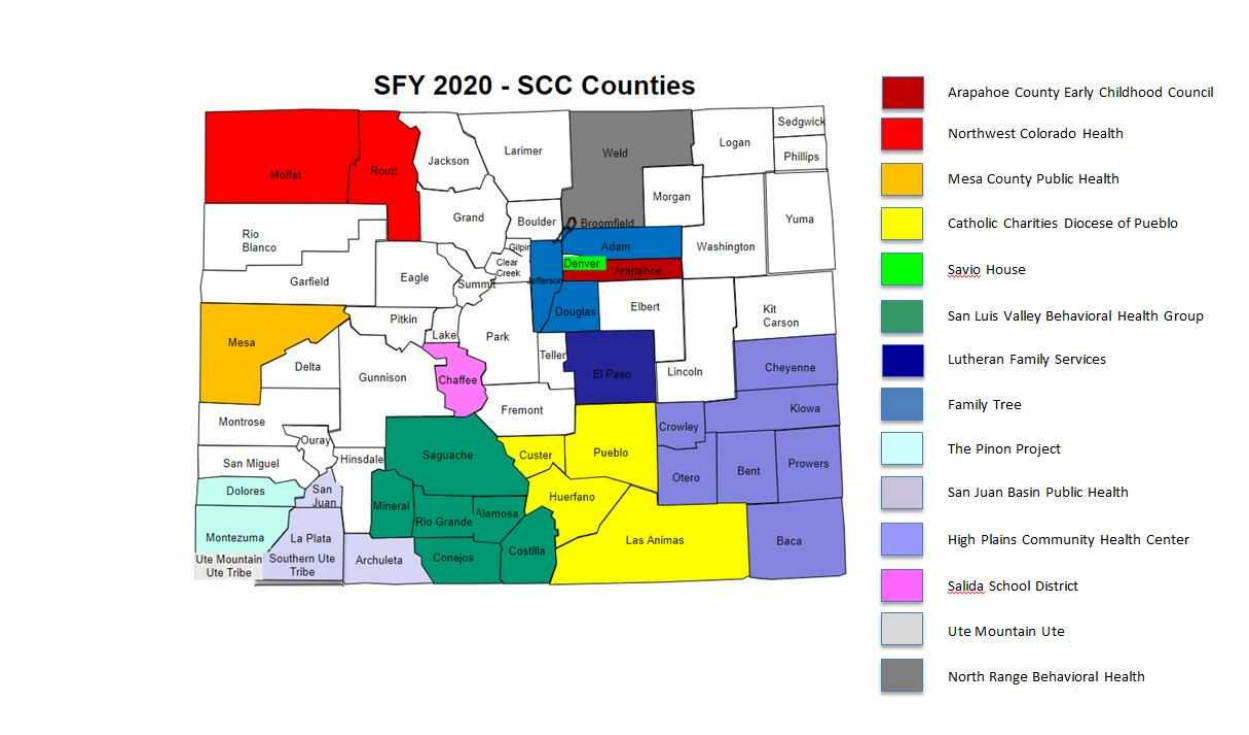


Figure 1: Map of SafeCare® Colorado service area

The Social Work Research Center in the School of Social Work at Colorado State University (CSU) is the independent evaluator of the SafeCare® Colorado program, and continues to measure the implementation process, program outcomes and costs. From the period of July 1, 2018 through June 30, 2019 and across 14 sites serving 33 counties and two tribes, 1,413 total families participated in 12,736 home visits, with 1,500 SafeCare topics completed. During this same time period, home safety hazards decreased, knowledge of child health increased, and there was an improvement in the observed quality of parent infant/child interactions for participating families.

In SFY 2019, Colorado contributed dedicated funding to the Colorado Child Abuse and Neglect Public Awareness Campaign to promote the SafeCare® Colorado program. In the previous year, these funds were focused on digital paid media promotions. In SFY 2019, localized, site-specific outreach toolkits were created and updated for each site in both English and Spanish. In an effort to better outreach to tribal families, authentic and culturally relevant photos of UMUT families were taken and used to update the UMUT SafeCare® Program localized marketing materials.

Colorado Community Response (CCR)

CCR is a community-based voluntary prevention program working with families who have been reported to county child welfare for alleged child abuse or neglect, but who are not receiving services because the referral was screened out and does not require CPS involvement. The program serves screened-out families with children zero through 17 years of age. Priority

populations include families with children five years of age and younger, expecting and/or caregiving teens; single caregivers, and/or caregivers facing multiple challenges that increase risk of child neglect. In SFY 2019, CCR served 747 families in 24 sites providing services in 36 counties.

The program is intended to be a short-term (12-20 weeks) family support program. The intensity and timeline will depend on the participating family and their willingness to participate in the program. CCR is designed to be a two generation strategy providing opportunities that meet both the needs of the parents and their children at the same time. Services are delivered in the family's home or in a convenient location, as determined by the family. Components of the program include:

- Intake - The intake process is an opportunity to engage families and begin the process of building trust and rapport.
- Family goal setting – The CCR program utilizes the Colorado Family Support Assessment (CFSA) 2.0 tool. The CFSA 2.0 allows families to reflect on their current situation, set goals, and measure progress towards goal attainment. The intention of CCR goal setting is to recognize a family's expertise in identifying the goals that will lead towards stabilization and family well-being. Each family participating in the program is required to identify and work towards the attainment of, at minimum, one Economic Self Sufficiency (ESS) goal. ESS goals can be set in the family functioning domains of income, employment, housing, transportation, food security, health coverage, adult education and cash savings.
- Case management - Case management facilitates the achievement of family goals through case advocacy, assessment, planning, and resource management and referral. The goal of CCR case management is to support family progress towards their goals in order to reduce the risk of child neglect.
- Resource referral – Families are connected to vital economic and non-economic resources in their community to help strengthen their family and assist in goal attainment.
- Financial empowerment - A primary focus of the CCR program is assisting families in mitigating economic stressors. This includes working to enhance families' capacity to meet their expenses and, when possible, encourage savings. Program budgets include a subscription to the Financial Health Institute which provides ongoing training, support and tools to CCR program providers.
- Flex funding - It is anticipated that some families will require one-time flexible funds to address a concrete economic need that has immediate implications for child well-being and/or family stability and is directly caused by a shortage of economic resources. Flexible funds are available as a last resort to help provide support and stability to the family when all other formal and informal resources are unavailable to meet the needs of the family in a timely manner.
- Protective Factors - 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 CCR program seeks to prevent child neglect and strengthen family functioning by providing access to needed concrete services and enhancing support networks to meet families identified needs.

The Social Work Research Center in the School of Social Work at CSU and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect 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 a 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 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).

CCR is currently conducting a randomized control trial in partnership with the Governor's Office and the Colorado Evaluation and Action Lab. The purpose of the trial is to determine whether CCR reduces future incidences of child welfare involvement, thereby establishing an evidence base for the program to inform future expansion and funding decisions. The evaluation will also look at the impact of goal setting and positive movement in eight domains of economic security. CCR is still in the evaluation period and continues to monitor data collection efforts.

Child Abuse Prevention Treatment Act (CAPTA) Workgroup

County departments of human/social services are responsible for referring families involved with CAPTA to developmental screenings. Colorado specifies this occurs through age four, with all children under age three being referred to early intervention services. CDHS oversees both county welfare and local Community Centered Boards (CCB), which are agencies responsible for early intervention. For children under age three, the CCB must respond to CAPTA referrals in conjunction with the local special education administrative unit, which is overseen by the Colorado Department of Education (CDE). Due to the complexity of the systems involved, Colorado had a very low level of families completing the screening processes after referral. To address this issue, a multidisciplinary group was created which included state and local representation and key stakeholders. The CDE was invited to collaborate to address challenges with referrals for three and four year olds. The work began with updating the state-level MOU which laid the foundation for developing a common understanding of processes and shared language. Furthermore a website was created to answer a number of common questions in this area (https://www.colorado.gov/pacific/cdhs/developmental-screening-and-children-involved-colorados-child-welfare-system-capta-and-beyond).

Early Childhood Sub-Policy Advisory Committee (Sub-PAC)
The CDHS PAC, comprised of state and county representatives, develops and addresses human services policies through collaboration, cooperation and effective communication on a statewide basis to improve the process of delivery of services for children, families, and adults across the state of Colorado.

The PAC consists of several subcommittees including the Early Childhood Sub-PAC. The Sub-PACs meet monthly, on the first Thursday of each month. Details may be found on the OEC calendar.

DCW has a voting member on this committee and provides updates on the actions taken by this committee for the DCW leadership team.

Collaboration with the Office of Behavioral Health (OBH)
OBH supports and monitors gender-responsive substance use disorder treatment by providing active contract management, programmatic oversight and technical assistance to Managed Service Organizations (MSO) and sub-contracted residential and outpatient providers.

Through recent legislation (HB 19-1287[4]) OBH has procured and been awarded a Request for Application (RFA) for the creation of seven co-located Substance Use Disorder (SUD) and OB/GYN pilot sites which offer integrated and wrap-around services for pregnant women, thereby increasing chances of positive maternal and infant health outcomes. Additionally, in collaboration with the OEC and Illuminate Colorado, OBH funded a mobile childcare pilot which will provide high quality childcare services at a number of residential and outpatient sites, thereby increasing treatment engagement and retention of pregnant and parenting people with SUD.

Additionally, recent legislation (HB 19-1193[5]) established the High Risk Families Cash Fund, which will use reverted state and federal funds for capital expenditures for the purpose of increasing treatment capacity for pregnant and parenting people with SUD.

Children and Youth Mental Health Treatment Act (CYMHTA)
The CYMHTA (Colorado Revised Statutes (C.R.S) 27-67-101, et seq.[6]) allows for families to access mental health treatment services for their child or youth. CYMHTA is an alternative to child welfare involvement when a dependency and neglect action is not warranted. CYMHTA funding can be available when there is no other appropriate funding source for treatment, such as private insurance. To be eligible, a child or youth must have a mental health diagnosis, must be at risk of OOH placement, is not eligible for Medicaid, access the program prior to their 18th birthday and does not have a pending or current dependency and neglect action with child welfare. Local and state-level appeal processes are available if services are denied and for local interagency disputes. CYMHTA also provides an objective third-party clinical review after all first-level Medicaid appeals processes for the residential denial are exhausted.

Special Connections
On March 3rd 2020, CDHS hosted a Plans of Safe Care Kickoff event and OBH was represented on the speaker panel, hosting a presentation on Special Connections. Developed in 1992, Special Connections is a collaborative effort between OBH and CDHS in response to an increase in low birth weights, and data that suggested this was due to prenatal substance exposure. This

[4] https://leg.colorado.gov/sites/default/files/2019a_1287_signed.pdf
[5] https://leg.colorado.gov/sites/default/files/2019a_1193_signed.pdf
[6] https://leg.colorado.gov/sites/default/files/images/olls/crs2017-title-27.pdf

resulted in a waiver to allow pregnant women a residential treatment benefit through Medicaid, specifically focusing on areas such as: the family unit, trauma services, childcare, primary care, prenatal care, pediatric care and others.

Colorado currently has four residential treatment and five outpatient providers who are enrolled in Special Connections.

Former Foster Care Steering Committee (FFCSC)
Every year in Colorado approximately 300 youth exit the foster care system without a permanent home or a stable support network. To respond to this, legislation was passed in the 2018 legislative session to form the FFCSC. The FFCSC convened from October 4, 2018 through March 15, 2019 and included 32 members from the multiple state departments, county departments of human/social services, runaway and homeless youth providers, local youth serving nonprofits, legal representatives and members of CPAs. The FFCSC was tasked with making recommendations for services and supports to improve outcomes for youth formerly in foster care (see Appendix B). The steering committee held 10 meetings over six months. To ensure youth voice and lived experience was represented in the final recommendations, three youth panels provided feedback. They identified the barriers encountered while in the foster care system and gave feedback on the committee's recommendations. Two of the youth panels were located in the Denver metro area and one was hosted by the Pueblo County Department of Human Services and included youth from the neighboring counties of El Paso and Fremont.

Collaboration with Tribes
See the *Consultation and Coordination between CDHS and Tribes* section of this APSR.

Collaboration with County Staff/Frontline Workers

Institutional Assessment Review Team (IART)
IART is a citizen review panel as defined in the Child Abuse Prevention and Treatment Act (CAPTA) (Public Law 111-320[7]). The purpose of IART is to review institutional abuse assessments, gather data to analyze trends and identify areas of improvement with an overarching goal of reducing incidents of child maltreatment in OOH placements. An IART member reviews individual assessments for the quality of information and identifies opportunities for recommendations in casework practice and provider processes. Specific areas reviewed include: referral criteria met for assignment as determined by statute and rule, thoroughness of assessment overall and documentation to support findings. If in the process of the review, IART identifies a county-specific issue, DCW staff provides county-specific technical assistance or feedback to the assessing county, the placing county and providers with regard to the incident and overarching concerns. The feedback is included in larger efforts to reduce OOH placements, reduce child maltreatment in OOH placement and reduce re-entry to the OOH placement system. In addition, if the review identifies potential licensing violations by the provider facility, IART has the authority to refer the incident for a Stage II (licensing) review/investigation.

Administrative Review Division (ARD) Steering Committee
The ARD Steering Committee is a subcommittee of the Child Welfare Sub-PAC. The ARD Steering Committee is a multi-disciplinary team charged with the oversight of the processes and functions of the ARD. The Steering Committee exists primarily to advise and inform proposed changes to the ARD processes and procedures. Before changes are made to the ARD's processes or procedures, proposals for change are presented to the steering committee. This

[7] https://www.congress.gov/111/plaws/publ320/PLAW-111publ320.pdf

ensures that numerous stakeholders, through their representatives on the ARD Steering Committee, have the opportunity to discuss proposed changes and provide input from the perspectives of their unique positions.

To ensure equity in representation and to provide direct communication back to the CHSDA, each region from the state has one formally appointed representative on the ARD Steering Committee.

Child Protection Task Group (CPTG)
CPTG is a subcommittee of the Child Welfare Sub-PAC. The CPTG works on areas related to intake child protection including identification of barriers to child/youth safety, permanency and well-being. In addition, this task group helps to draft rules related to hotline, intake child welfare practice, including practice initiatives, processes and safety and risk tools.

Colorado Trails User Group (CTUG)
CTUG is a subcommittee of the Child Welfare Sub-PAC. CTUG is an ongoing group comprised of county Trails users, DCW and the Office of Information Technology (OIT) representatives that focuses on the enhancement and optimization of Trails. In addition, this group helps to promote county-specific needs related to Trails use, to clarify and resolve policy and practice issues related to the use of Trails, and to participate in "design sessions" and the testing of enhancements to Trails. For more information on the Trails Modernization project, please see the Statewide Information Section in the *Update to the Assessment of Current Performance in Improving Outcomes* section of this APSR.

Continuous Quality Improvement (CQI) Workgroup
The Colorado CQI Workgroup was created after the Round 2 CFSR, and was integrated into practice as part of the Colorado Practice Model. The Model was implemented in counties to create teams that can identify issues and determine processes to make practice improvement. The CQI Workgroup receives assignments from Sub-PAC, the Child Welfare Leadership Team, C-Stat, Executive Management and the Program Improvement Plan Implementation Team (PIP-IT). The Colorado CQI Model is based on the principles of Plan, Do, Study, Act. The goal of the CQI Workgroup is to utilize a shared governance model to look at child welfare practice across the state. Counties are invited to the CQI Workgroup to look at their counties' individual child welfare practice. The steps that are utilized in the CQI process are:

- Identify the problem statement
- Map the process, grade the process
- Identify root causes, analyze root causes
- Brainstorm Solutions
- Create Action Plan
- Review

Key Stakeholders are included, and data is a driving force in making decisions.

As of Spring 2020, the CQI workgroup meeting was merged with the PIP-IT meeting to align the efforts of each group, focusing on the strategies and activities outlined in Colorado's PIP (approved by ACF on 3/10/2020). The two workgroups will continue to meet as one until the PIP work is complete, after which the needs and focus of the two groups will be reassessed to best optimize the efficiency and usefulness of the meetings.

Differential Response Leadership Council (DRLC)
The DRLC is a subcommittee of the Child Welfare Sub-PAC. DRLC was formed in 2009 to advise and make recommendations on the implementation of Differential Response (DR) across Colorado. Since the initial implementation of DR, DRLC has continued to advise DR practice in

Colorado at a director and manager level. DRLC has been involved in moving DR from a pilot program to a practice model incorporating organizational processes and social work practices. In 2016, DRLC became a committee that reports to the Child Welfare Sub-PAC and is instrumental in the ongoing needs for building consistent DR practice throughout Colorado. The DRLC receives regular data extracted from the Results Oriented Management (ROM) system to analyze the level of utilization of DR and identify if there is consistency across counties.

Permanency Task Group

The Permanency Task Group (Perm Task Group) is a subcommittee of the Child Welfare Sub-PAC. The Perm Task Group works on various permanency related issues including identifying barriers to permanency, possible solutions and financial needs and focusing on disrupted/dissolving of adoptions. In addition, this task group helps draft rules regarding various permanency-related issues as assigned, including Other Planned Permanent Living Arrangements (OPPLA) and reinstatement of parental rights. The Perm Task Group is comprised of counties and stakeholders in the community including the OCR, the Child Protection Ombudsman of Colorado, the ORPC and the Adoption Exchange. Other stakeholders, such as the CIP, participate in the Perm Task Group as needed based on projects being completed.

Stakeholder Input

APSR

Over 25,000 stakeholders including state and county staff, interagency partners, service providers, youth advisory boards, current and former youth in foster care, foster parents, Chafee coordinators, Colorado's federally recognized tribes and organizations serving Colorado's American Indian communities were sent the 2021 APSR draft for their review and feedback. A copy of the approved report will be sent to both of Colorado's federally recognized tribes. Three teleconferences were held in April and May, to solicit feedback from internal and external partners. Stakeholders were encouraged to submit their feedback to CDHS's 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, 2020, or when final approval is received from the Children's Bureau, along with previous reports.

Child and Family Services Review (CFSR)/Program Improvement Plan (PIP)

In preparation for the 2017 CFSR onsite review, DCW created the CFSR Oversight Committee consisting of stakeholders from a wide array of disciplines who 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, including the development and review of strategies and activities.

Under the guidance of the PIP Oversight Group, subgroups were formed to investigate data and root causes and to recommend strategies related to the CFSR findings. Subgroups averaged over 30 participants and met weekly for five to six weeks, producing recommendations foundational to the PIP. Further public input was sought via a feedback conference call held to review the subgroups' proposals. During the 2018 annual Colorado Convening on Children, Youth and Families, a session to introduce the PIP and areas needing improvement was held. The session gave judicial partners and others an opportunity to provide feedback on early PIP development.

Courts and the judicial community were consulted regularly throughout the development of the PIP. This work was spearheaded through the CIP utilizing legal partners including the OCR and the ORPC, and the BPCT. These groups will be instrumental in implementation of the PIP as it moves forward.

DCW also held two statewide family teleconference town hall meetings in 2018. Targeted outreach was conducted to solicit feedback from foster/kinship parents and parents/caregivers involved in the child welfare system within the last five years. In two separate meetings, groups were asked a series of questions about themes and also allowed participants to ask questions. DCW outreached to 2,794 Colorado foster/kinship parents via a teleconference town hall and 410 participated. The themes that emerged from this outreach was a need to increase the number of child(ren)/youth finding permanent homes; enhance foster/kinship parent training/support; include foster/kin parents in case planning; and offer additional ways to respond to child abuse and neglect allegations. In addition, DCW outreached to 10,634 parents/caregivers and 768 participated. The themes that emerged from this outreach was a continued need for parent/caregiver input in their case; significant reliance on extended family for support; importance of treatment programs for support; and a need for improved caseworker/parent relationships. The information gathered through the town halls provided valuable information for the PIP as well as for the development of the 2020-2024 CFSP.

Following the initial submission of the PIP and feedback from Children's Bureau partners, stakeholders were included in revisions and updates to streamline goals and strategies and to provide additional data and analysis. DCW, PIP county representatives and CIP partners met regularly to identify data gaps, update data and analyze the results. The team revisited the original CFSR results, identified contributing factors and identified possible root causes. Root causes were further explored through Zoom meeting focus groups and other ongoing work groups. Goals and strategies were streamlined with the consultation of the Capacity Building Center for States (CBCS). Finally, the PIP-IT members reviewed each goal, strategy and activity to identify areas where the activities aligned with current practice and those that were new or expanded activities that required practice change. Following ACF's approval of Colorado's PIP on 3/10/2020, the PIP counties developed plans to implement the goals/strategies, and created processes to monitor progress and make adjustments before evaluating outcomes. This work is in process at the time of this writing. As a final component of the PIP, the PIP Implementation team and DCW will create a statewide roll out plan for those strategies that are successful in improving outcomes.

A stakeholder group consisting of county representatives from the six PIP measurement counties, CIP and other community stakeholders meets monthly to review implementation progress, activities and results from the onsite case reviews.

FFPSA stakeholder feedback sessions
A series of stakeholder feedback sessions were held in February 2020 to solicit input regarding Colorado's FFPSA Title IV-E Prevention Plan prior to its submission for federal approval. Over 50 representatives from county departments of human/social services as well community stakeholders participated in the call sessions where Colorado's Prevention Plan was reviewed section by section. Participants were then given time to ask questions and/or provide feedback. The feedback was reviewed and incorporated into the Prevention Plan accordingly.

Parent, Family and Youth Voices
CDHS recognizes the importance and value that parent, family and youth voices have in understanding how well the child welfare system is achieving its goals. The 2020-2024 CFSP vision statement "Stakeholders collaborate to achieve bold systems change, ensuring safety, permanency, and well-being for Colorado's children, youth and families" was created in collaboration with stakeholders, and agrees upon a set of values:

- Family and youth voices are the loudest—heard, considered, and respected
- Children, youth and families are best served by a systemic and community-engaged, integrated approach to identify and meet their needs

- Children, youth and families are served through collaboration, partnership and engagement with all parties and human services programs
- Shared accountability and responsibility by integrated community of care that surrounds youth and family to support success
- Improve policy, practice and quality of services based on scientific evidence
- Strengthen and embrace natural supports.

To support this vision statement, the DCW has scheduled conversations on how to incorporate more parent, family and youth voice in the development and monitoring of statewide goals and programs. Further information on these discussions will be reported in future APSRs.

Update to the Assessment of Current Performance in Improving Outcomes

In assessing Colorado's child welfare system, data was collected through several methods, including the Colorado CFSR, Colorado's C-Stat and ROM system, and reviews conducted through the ARD. All data extracted from ROM in this APSR reflects only child(ren)/youth in child welfare involvement, and does not include DYS populations.

Targeted goals were developed in the 2020-2024 CFSP to improve upon the results of the Colorado CFSR. CDHS was notified by federal regional partners that the CFSP was approved in November 2019, and is in the process of drafting an implementation plan for the 2020-2024 CFSP.

In addition, significant work is detailed in Colorado's re-submission of the PIP in the state's extensive efforts to ensure continuous improved performance towards the seven CFSR outcomes and seven CFSR systemic factors, particularly in the areas of PIP focus. The PIP was approved in March of 2020, and the PIP was effective April 1st, 2020. Additionally, see "Continuous Quality Improvement (CQI) Workgroup" in the *Collaboration* section of this APSR for more information on how CQI processes help guide Colorado's efforts in implementing the activities to improve measures.

Since the CFSP was submitted, the PIP has undergone significant revisions. Updates to the progress achieved by the activities set forth in the PIP, and monitoring of case review data against PIP baseline data will be reported in greater detail in the PIP Progress Reports to the Children's Bureau and in subsequent APSRs.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect
Colorado's CFSR found that Colorado was not in substantial conformity with this outcome. Only 75% of reviewed cases indicated that Item 1 was a strength. Data pulled in 2020 for CY 2019 from ROM shows that initiating investigations of reports of maltreatment was timely 80.3% of the time.

The C-Stat management strategy resulted in ongoing consistent practice improvement leading to improved outcomes. This measure is monitored at the state level on a monthly basis, and is reviewed during regular supervisory contacts between DCW and county partners. Additional efforts to address improvements in Safety Outcome 1 are addressed in Goal 1 of Colorado's PIP.

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate
Colorado's CFSR found that Colorado was not in substantial conformity with this outcome. 75% of reviewed cases found that Item 2 was a strength, and 62% of reviewed cases indicated that Item 3 was a strength. Data pulled in 2020 for CY 2019 from ROM shows that:

- 81.3% of children/youth eligible to re-enter care (within 12 months of discharge from foster care, Jan. 2019- Dec 2019) maintained permanency.
- According to ROM in-home counts, 10,393 children/youth entered into in-home cases between January 2019 and December 2019. During this same time, 10,385 children/youth exited in-home cases resulting in an exit rate of 1. A rate above 1.0 indicates that more people come into in-home counts than exit.
- According to ROM, 96.2% of children/youth involved in in-home cases (January 2019 - December 2019) remained safe (did not have a substantiated allegation of abuse or neglect) while the case was open.

Sustained Permanency Project
See the Measures of Progress for Goal 3 in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR for more information regarding the Sustained Permanency Project.

Colorado Family Safety and Risk Assessment
Colorado continues to enhance safety practice by prioritizing a consistent assessment and decision-making approach throughout the life of a case supported by the Colorado Family Safety and Risk Assessment tools. DCW created data reports allowing counties to track the timeliness of initial safety assessments as well as safety assessments completed prior to children and youth returning home. Additionally, DCW promulgated rule revisions in 2019 requiring completion of the tools in all youth in conflict assessments. DCW provided coaching, technical assistance and training to counties around this enhancement to youth in conflict assessments.

Colorado's PIP includes extensive work to address safety assessment completions in open cases when making decisions about reunification and when re-removing children/youth without a new or renewed threat. In addition, intervention 2.3.1 in the CFSP (See *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*) will target improvement in Item 2 by identifying further prevention services in the implementation of FFPSA.

Permanency Outcome 1: Children have permanency and stability in their living situations
Colorado's CFSR found that Colorado was not in substantial conformity with this outcome. For Item 4, 73% of reviewed cases indicated that this was a strength. Item 5 found that 82% of reviewed cases indicated that this was a strength, and 55% of reviewed cases for Item 6 indicated that this was a strength. Data pulled in 2020 for CY 2019 from ROM shows that:

- The placement stability rate (moves per 1,000 days in care during a rolling 12 month period) from January 2019 to December 2019 was an average of 2.64 (all children/youth).
- The percentage of children/youth that entered care in the past 12 months who have achieved permanency is 54.7%.
- The percentage of children/youth that entered care in the past 12-23 months who have achieved permanency is 52.4%.
- The percentage of children/youth that entered care in the past 24 months or more who have achieved permanency is 42.8%.
- The percentage of children/youth adopted within 12 months of TPR is 53.1%.
- 198 youth emancipated from foster care in 2019.

NTDC for Foster and Adoptive Parents
Please see Intervention 3.3.3 in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR.

HB 19-1219[8]: Modernizing the Permanency Planning Statutes for Colorado
HB 19-1219 was written and passed to align Colorado and federal statutes, updating the terminology in provisions to the permanency statutes and providing clarification to the permanency outcomes.

[8] https://leg.colorado.gov/sites/default/files/2019a_1219_signed.pdf

This bill repeals and replaces C.R.S 19-3-703[9] with a clearly defined understanding of the legislative intent of "permanent home" within the context of C.R.S 19-3-702[10]. This directs courts that in order to provide stable and permanent homes for children and youth, courts should have permanency planning hearings as soon as possible. This also clarifies the burden of proof at a permanency planning hearing. HB 19-1219 also sets forth a new requirement for courts to make a finding regarding reasonable efforts to identify kin and/or relatives that are available to be a permanent placement, as the bill also emphasizes that a permanent home includes, first and foremost, the home of a parent while parental rights are intact.

HB 19-1219 also requires that all youth who leave the foster care system have "proof of foster care" as required by Family First, aligns Colorado statute with federal statute for the use of OPPLA as a permanency goal for youth 16 years of age or older, and requires reasonable and prudent parenting for children/youth who are in the custody of departments of human/social services. This also directs the court to consider the children/youth's wishes when their placements are to be changed. Finally, HB 19-1219 requires that the court shall conduct a periodic review at least every six months for all children and youth in OOH placement.

Family Search and Engagement (FSE)
Colorado continues to offer CLEAR web-based investigation software services to small and mid-sized county departments that do not have access to efficient investigative software. Twenty-two counties had licenses in CY 2019 for CLEAR. These counties did not have access and/or resources for efficient and sophisticated searches for relatives, extended family, and/or others significant to a child/youth upon removal. The licenses enable them to perform more effective and efficient FSE at removal and during the course of the case.

In addition, DCW is working with Kinnect, an organization from Ohio that focuses efforts on innovative strategies to achieve timely permanency. This is embedded in one of the strategies in Colorado's PIP.

As part of a three tier approach, Colorado continued its partnership with Kinnect Ohio's FSE experts with a kick-off event hosted on May 9, 2019 with approximately 150 people in attendance from several county departments of human/social services in various regions of the state. The activities of the day included examining organizational culture, values, policies and practice related to FSE; hearing about new, innovative strategies; and completing a county-developed action plan to increase their FSE efforts.

The second tier included onsite trainings. In July and August 2019, more than 75 attendees participated in eight onsite trainings were conducted regionally (SE, S (2), SW, W (2), NE, and metro) intended to help counties build on and increase their skills and strategies for effective FSE. Participants learned concrete, tangible strategies that they were able to take back to their counties and also use in their own practice.

The third tier involved a series of 18 teleconferences (with 21 counties participating) involving:

- Team development, which included champions identified in the May 2019 conference and state staff (three teleconferences);
- Case consultation, which focused on brainstorming strategies for counties experiencing case-specific challenges with FSE and provided opportunity for other participants to provide feedback (3). Small, mid-size, and large counties presented cases; and,

[9] https://leg.colorado.gov/sites/default/files/images/olls/crs2019-title-19.pdf
[10] https://leg.colorado.gov/sites/default/files/images/olls/crs2019-title-19.pdf

- Targeted content (12), including developing policy, values, genograms, social media, engaging fathers, cultivating hope, leadership teams, overcoming systemic barriers, and placement stability, etc.

Adoption Call to Action
DCW believes that permanency is achieved in a variety of ways, including adoption, guardianship, permanent custody, and/or Allocation of Parental Responsibilities (APR). For further information on specific strategies to improve permanency in Colorado, please see the Measures of Progress for Goal 3 in the *Update to the Plan for Enacting the State's Vision, and Progress Made to Improve Outcomes section of this APSR*.

Following the Adoption Call to Action, a strategy was developed to review data to determine the counties in Colorado with the highest rates of children/youth waiting for permanency. DCW will collaborate with the counties to discuss strategies to reduce the number of available children/youth awaiting permanency. Action plans regarding these children will be developed and these will be reviewed on an ongoing basis. The DCW county intermediaries for these specific counties will also be included in these discussions and will be discussing the plans for the children/youth quarterly.

Targeted efforts to improve this outcome can be found in Goals 3 and 4 of the PIP. In addition, Goal 3 in the CFSP contains specific activities aiming to improve performance in Items 5 and 6 specifically, to support this outcome.

Permanency Outcome 2: The continuity of family relationships is preserved for children
Colorado's CFSR found that Colorado was not in substantial conformity with this outcome. While 90% of reviewed cases for Item 7 indicated that it was a strength, Items 8, 9, 10 and 11 were not found in substantial conformity. Data pulled in 2020 for CY 2019 from ROM shows that:

- Siblings are placed together 77.2% of the time.
- 43.2% of children/youth are placed with a relative as their initial placement and 32.8% are placed with a relative at any time across the case span.

Targeted activities set toward improving this outcome is detailed in Goal 3 of the CFSP and Goals 3 and 4 in Colorado's PIP.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs
Colorado's CFSR found that Colorado was not in substantial conformity with this outcome. Data pulled in 2020 for CY 2019 from ROM shows:

- 89.6% of caseworker monthly visits with the child/youth were made as directed in rule.

To address this, specifically in Items 12, 12B and 15, which were the lowest performing items found in this outcome of the CFSR, targeted interventions and activities are planned in the CFSP and PIP.
One specific area to highlight is the State's work to cultivate a culture that encourages engagement with fathers. Community Partnerships and the OEC are interested in gathering an inventory of any fatherhood initiatives and goals that CDHS is pursuing. The two offices, along with CDHS, plan to support a robust, statewide coalition for fatherhood practitioners and increase opportunities to collectively engage fathers in community services. Currently, the Family Resource Center Association is exploring the possibility of shepherding an expanded fatherhood practitioner's network and developing a statewide framework. The planning for this work began in March 2020.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs
Colorado's CFSR found that Colorado was in substantial conformity with this item, with 90% of reviewed cases indicating that this was a strength.

To continue exceeding the target goal in this outcome, Colorado will continue to improve collaboration between the CDE and the DCW in order to ensure that educational needs can be identified and addressed both by education professionals and by child welfare professionals. Both agencies will continue to dedicate an employee to addressing issues related to education for students placed out of the home, and those experts will continue to support work on the local level in school districts and county departments of human/social services. The ARD will continue to gather data regarding barriers to meeting educational needs, and this data will be used both to ensure that meeting educational needs remains an area of strength and to address the occasional barriers that are identified.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental needs
Colorado's CFSR found that while Colorado was in substantial conformity with Item 17, with 92% of reviewed cases indicating this as a strength, Colorado was not in substantial conformity with Item 18, with 63% of reviewed cases indicating this as a strength.

Governor's Behavioral Health Task Force
On April 8, 2019, Colorado Governor Jared Polis directed CDHS to spearhead the Governor's Behavioral Health Task Force. The task force is charged with authoring a statewide strategic plan to transform Colorado's behavioral health system with the goal of enabling every Coloradan with a behavioral health condition or in crisis to receive the services and support they need in order to live safe, productive lives in their own communities.

The task force will develop Colorado's "Behavioral Health Blueprint" by June 2020, which will outline detailed steps to ensure the goals established by the task force are clearly communicated to relevant stakeholders, service providers and individuals. Additionally, the Blueprint will include an implementation timeline for the desired system changes anticipating implementation of the recommendations starting in July 2020.

In addition, to address performance on Item 18, Goal 3 in the PIP contains targeted activities to improve performance on this outcome.

Statewide Information System
In Colorado's CFSR, this was rated as an Area Needing Improvement.

Trails Modernization
The objective of the Trails Modernization project is to keep the concept of Trails as an enterprise-wide human services application using more modern technologies to meet current and future needs of CDHS. This multi-year project transitions the current child welfare information system to a web-based application with 45% new functionality identified by the Trails user communities such as Colorado's counties, DCW, ARD and DYS. This project also brings the Trails system into compliance as a CCWIS.

The request for proposal process started in 2015, and the selected vendor started project work in July 2016. The project is divided into four overall modules (See Table 1 below), but development and releases occur using an agile methodology where functionality is deployed in smaller releases. When a system functionality is deployed into Trails Modernization, that functionality is removed from Trails Legacy. At the end of the project, all functionality will be in Trails Modernization and the Trails Legacy system will be fully decommissioned.

This project uses the existing Oracle database with table modifications and data conversions being driven based on user defined requirements. Existing reports have been updated to Crystal Reports 13. Report modifications and new reports have been defined based on application changes and business needs. Reports align with releases and the majority of reports will be

made available with the final release. Based on lessons learned feedback after the July 2018 release, the data and report validation testing process has been modified to increase pre-deployment validation efforts. Additionally, Trails is interfaced with 13 systems. The Trails Modernization project team is partnering with technical teams from each of the interfaced systems to ensure data transfers continue to work as designed.

Module	Original Start	Actual Start	Original Development End	Planned Development End	Actual End	Planned Post-Release Support End
Intake & Resource	7-1-2016	7-5-2016	7-31-2017	6-9-2019	6-30-2019	11-30-2019
Assessment & Commitment	4-3-2017	4-20-2017	9-30-2017	9-30-2020		3-30-2021
Case	4-3-2017	4-20-2017	6-30-2018	9-30-2020		3-30-2021
Fiscal	7-3-2017	7-26-2017	6-30-2018	9-30-2020		3-30-2021

Table 1: Trails Project - Detailed Timeline (Source: Trails Project Reports)

The project has deployed five releases thus far:

- Release 1: September 2017 to deploy functionality related to Security Administration, Staffing and Organization
- Release 2: November 2017 to deploy functionality related to Human Trafficking
- Release 3: March 2018 to deploy functionality related to Public Providers
- Release 4: July 2018 to deploy functionality related to Hotline, Referral, Safety & Risk Assessments, Developmental and Trauma Screening, Imminent Risk and IV-E & Maintenance of Effort (MOE) determinations
- Release 5: January 2020 to deploy functionality related to Resource, Provider, Core Contracts & Incidents

The project has three more planned releases:

- Release 6: May 2020 to add functionality needed to implement Family First
- Release 7: Fall 2020 to complete deployment of functionality related to the DYS
- Release 8: Winter 2020 to complete deployment of functionality related to assessment, case and fiscal.

All releases have included train-the-trainer sessions and job aides. However, during Summer 2019, the Trails project created a new Implementation Lead contracted position that is responsible for planning, coordinating and delivering improved communications, training and post-release support. For Release 5, implementation improvements have included:

- More robust use of Super Users who are trained as trainers, deliver training to their end users and are the first stop for post-release support.

- Enhanced communications including weekly updates, notifications of bugs & workarounds, pre-release roadshows (demos) and improved engagement of stakeholders throughout the pre- and post-release activities.
- Use of a "Command Center" for two-weeks after the deployment to offer one-stop support to Super Users, triage of issues, problem-solve issues and identify workarounds and/or offer guidance to end-users.
- Expansion of Trails-related materials on the Child Welfare Training Site with more extensive materials being produced for all end-user groups, including child welfare (county departments), DYS, ARD, OEC and the Placement Services Unit (public providers).

Case Review System
In Colorado's CFSR, Items 20, 21 and 22 were rated as a strength. Item 23 was rated as an area needing improvement, and according to data from ARD reviews, the percentage of adoption cases with terminated parental rights was 54.7% (2016). This is an area of focus in the PIP.

Quality Assurance System
Colorado's CFSR showed that this item was rated as a strength. Please see the *Quality Assurance* section of this APSR for further details.

Staff Training
The Colorado CFSR found that while Item 27 was a strength, both Items 26 and 28 were areas needing improvement. To address Item 26, the Trails Modernization build included an enhancement that was released July 2018, which links certification level to the functionality available in Trails. For instance, a newly hired caseworker will not have the capability to be assigned as a primary worker in Trails until they receive their certification, which in addition, their access will expire on June 30th of every year unless the worker completes the annual training hours, documents them in the Child Welfare Training System (CWTS) Learning Management System (LMS) and is recertified by the DCW training unit. Targeted activities for Items 26 and 27 can be found in Goals 4 and 5 of the PIP, and Goal 1 of the CFSP. For further details on how Colorado is addressing Item 28, see Intervention 3.3.3 in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR.

Service Array
In Colorado's CFSR, this systemic factor was rated as areas needing improvement.

Core Services
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.

- Aftercare Services: include any of the services provided to prepare a child/youth for reunification with his/her family or other permanent placement and to prevent future OOH placement of the child/youth.
- County-Designed Services: services tailored by individual counties to prevent the OOH placement of children/youth, facilitate reunification or achieve another form of permanence.
- Day Treatment: includes comprehensive, highly structured services that provide education to children/youth and therapy to children/youth and their families.
- 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/youth and family.
- Intensive Family Therapy: includes therapeutic interventions with family members to improve family communication, functioning and relationships.
- Life Skills: include services provided in the home that teach household management, parenting techniques, family conflict management and strategies to effectively access community resources.
- 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.
- 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.
- 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.
- 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.

Core Services Program funds are allocated to all 64 counties and Colorado's two federally recognized tribes on an annual basis. Each jurisdiction develops annual plans to address the four goals through both 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[11]), Core Services funding may also be utilized for Program Area 3 (PA3), which provides direct services to children, youth and families at risk of involvement, or further involvement with the child welfare system.

The Core Services Program is evaluated by the Social Work Research Center in the School of Social Work at CSU. 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, 2019, covers CY 2018 program services and activities (See Appendix C).

---

11 http://www.leg.state.co.us/CLICS/CLICS2011A/csl.nsf/fsbillcont3/108DAC0E73AD32C98725781E005E6DB2?Open&file=1196_enr.pdf

Based on data reported in the CY 2018 evaluation report, the Core Services Program served 29,382 individuals during the reporting period. This represents a decrease of .01% in distinct clients served from CY 2017. Overall, 56% of the individuals were children/youth directly receiving services, and 44% were adults receiving services on behalf of a child/youth. Despite an increase in volume, the Core Services Program recorded positive outcomes for the sixth straight year.

According to the CY 2018 evaluation report, there were 34,321 service episodes open at any time, representing a 3% increase in service episodes from CY 2017. County-designed services represent 35% 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. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state.

The CY 2018 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/youth with a closed case in CY 2017. The CY 2018 evaluation reported the following findings.

Service episodes closed with "successful" or "partially successful" service outcome	77.8%
Service goal: remain home	84.1%
Service goal: least restrictive setting	78.8%
Service goal: return home	71.6%

Table 2: Core Services goal attainment (Source: 2018 evaluation report)

Without the Core Services Program, it is estimated that Colorado counties would have spent an additional $46,147,537 in CY 2018 on OOH placements for children and youth, based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. Over the past six calendar years, an additional $287 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 5% of children and youth had a subsequent placement after receiving or benefiting from Core Services. At involvement closure, 99 percent of children and youth who received prevention 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 should look across the prevention/intervention array to identify common metrics of outcome, cost and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote safety, permanency and well-being.

To facilitate the cutting-edge use of administrative data to support practice innovations, a Trails Modernization process is currently underway to allow for more efficient collection, entering and accessing of data regarding service delivery, costs and outcomes. Finally, counties are consulting with one another at the Core Services coordinator meetings to identify promising practices, evidence-based services and areas of collaboration for enhancing their Core Services Programs.

FFPSA-IT
See the *Collaboration* section of this APSR for information on FFPSA-IT.

Pay for Success
In September 2018, the State of Colorado launched "Fostering Opportunities", funding services in Jefferson County Public Schools to improve educational outcomes for students in foster care. Managed out of CDHS, the project leverages state and philanthropic dollars to fund five school-based specialists over the next four years to advocate for, support and mentor students using trauma-informed and evidence-based approaches, as well as ensure better coordination between teachers, families, foster parents, social workers and other systems involved in the students' lives. Fifty two students were served through Fostering Opportunities in CY 2019, and 60 are expected to be served in CY 2020. Ultimately, the project aims to improve graduation rates for youth in OOH care, thereby increasing their lifetime earnings and better preparing them for a successful and prosperous future.

In January 2019, two additional Pay for Success projects were launched. The Denver Collaborative Partnership funds preventive services for runaway teens and pre-teens, and will refer runaway youth and their families to evidence-based services in the home and community, with the goal of reducing youth system involvements. Fifty eight families were served through this program in CY 2019 and the same is expected for CY 2020. The Multi-Systemic Therapy (MST) project supports underserved regions of Colorado. MST is an intensive family and community-based intervention program for at-risk youth to reduce criminal justice involvement. The availability of MST will be expanded to underserved regions of Colorado where it is not currently available, placing therapists in Pueblo, Greeley, Grand Junction, Adams and Broomfield counties, and two more sites to be selected soon. One hundred and six families were served through the MST project in CY 2019, and 250 families are expected to be served in CY 2020.

To further address this systemic factor, activities in Goal 5 of the PIP directly address improvement in Items 29 and 30.

Agency Responsiveness to Community
In Colorado's CFSR, this systemic factor was rated as a strength, and continues to be an area that Colorado values as reflected in the many collaborative and cross-system workgroups throughout the child welfare continuum.

Community-Based Child Abuse Prevention (CBCAP)
Colorado is working towards a system of support and services that are accessible and navigable. There is systemic investment in family support, health, and early childhood education in the comprehensive early childhood system. This is demonstrated in the implementation of Colorado's Early Childhood Framework and the development of the Child Maltreatment Prevention Framework for Action within the OEC at CDHS. The implementation of these frameworks demonstrates both a strong commitment to state level leadership in early childhood and to child maltreatment prevention.

The Child Maltreatment Prevention Framework for Action launched in April of 2017, and provides guidelines for local communities to move their child maltreatment prevention strategies beyond individualized services while also focusing on strategies that change organizational culture and practice; foster collaboration and community efficacy; and influence policy and legislative change.

Fifteen sites in cohort one completed their Child Maltreatment Prevention Community Planning in August 2018. This fiscal year FY 2020, cohort two consisted of an additional five sites that completed a Child Maltreatment Prevention Community Plan. Each community completed the same set of activities including forming a leadership group, creating a community data profile, soliciting new feedback from parents, cataloguing existing services, setting priorities, and creating an implementation plan.

Participating counties have already demonstrated two key outcomes:

- 93% of communities that engaged in the planning process have funded programs or initiatives in their plans.
- 100% of communities better understand parent needs following strategic listening efforts.

Many of the programs have been funded through federal and state grants, while others have found support from the philanthropic community.

In Fall 2019, federal CBCAP funds were awarded, through a competitive solicitation to 10 communities proposing to implement child maltreatment prevention strategies in their local plans. The identified strategies fall across all levels of the social-ecological model.

In 2019, five additional communities received CBCAP funding to work on developing their local Child Maltreatment Prevention Plans. Process evaluation on community planning was completed by November 2019.

The biennial Strengthening Colorado Families and Communities Conference will be held in September 2020 utilizing CBCAP resources. OEC in partnership with the Office of Children, Youth and Families (OCYF) anticipate over 800 multi-disciplinary professionals from across the state to attend the child abuse prevention conference, presenting on topics within county human services, community-based organizations, county public health, education, medicine, mental health, and early childhood.

Collaboration with stakeholders is a fundamental part of Colorado's delivery of prevention and early intervention services. The Colorado Children's Trust Fund (CCTF) was established in 1989 and is charged with preventing the maltreatment of Colorado's greatest resources – children. The current focus is on preventing child sexual abuse and the impacts on children from parents substance use. In addition, the nine members on the CCTF Board of Directors provide oversight to the CBCAP Program, the IV-B PSSF efforts, the Colorado Essentials for Childhood Initiative, and the implementation of the Colorado Child Maltreatment Prevention Framework for Action. The CCTF is supported by OEC staff. It acts as the advisory body for all primary and secondary prevention efforts including the CBCAP investments.

Promoting Safe and Stable Families (PSSF)
Please see the *MaryLee Allen Promoting Safe and Stable Families (PSSF)* section of this APSR.

CIP
Please see the *Collaboration* section of this APSR.

Foster and Adoptive Parent Licensing, Recruitment and Retention:
Colorado's CFSR found that Items 34 and 35 were rated as a strength, and Items 33 and 36 were rated as areas needing improvement.

Foster Parent Certification Audit
Colorado currently has two avenues for foster parent certification. The first is through a private or nonprofit CPA, and the second is certification through a county department of human/social services. CPA foster homes are reviewed for compliance with certification standards through the Placement Services Unit (PSU) of DCW, in addition to rule and regulation set forth in state and federal requirements. County foster homes are reviewed for compliance with rule and certification standards by the ARD, also in accordance with rules and regulations in state and federal requirements.

The ACF's 2017 CFSR for Colorado expressed concern at page 20 that "Information in the statewide assessment showed that the state has a process in place to issue licenses. Although data regarding county-issued foster care home certifications and re-certifications are available, data regarding CPA-issued foster care home certifications and DCW-issued licenses are not captured in a manner that shows whether the agency [CDHS] is applying standards equally to all certified foster care homes and licensed facilities. Stakeholders reported gaps in communication among the various licensing entities and differences in the application of standards and practices for certifying homes." In order to gain insight into this concern, the Office of Performance and Strategic Outcomes (OPSO) performed an audit focused on identifying the differences between the ARD and PSU review processes. The audit was conducted in January and February 2019, and the results were published in April 2019. The audit focused on two objectives:

- Examine regulations and methods used to evaluate foster care homes and identify any possibilities for efficiencies in the certification review process.
- Review foster care home certifications to assess whether standards are applied in a similar manner.

Although the State regulations for county and CPA-certified foster care homes appear in different sections of the Code of Colorado Regulations (C.C.R.), the requirements for certification are similar. In fact, all regulations for county-certified homes are equally applicable to CPA-certified homes: "The law states that foster care certificates issued by CPAs are considered licenses; the regulations which are established by the State Department for foster care homes are therefore applicable to any such facility being certified by a licensed CPA." 12 C.C.R. 2509-8 7.710.32.B[12]. There are two significant differences of note:

1. CPA-licensed homes must have an unannounced annual inspection rather than an annual home visit. 12 C.C.R. 2509-8 7.710.33.M[13] (CPA inspection); 12 C.C.R. 2509-6 7.500.313.A.2[14] (county inspection).
2. A CPA holds a license and, according to the Child Care Licensing Act, is regulated as though it is a child care center. Therefore CPA staff, and by extension, foster parents certified by a CPA, are considered child care staff. This imposes additional federal background check requirements as required by 45 C.F.R. § 98.43(b)(3)[15].

[12] https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7520&fileName=12%20CCR%202509-8
[13] https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7520&fileName=12%20CCR%202509-8
[14] https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6561&fileName=12%20CCR%202509-6
[15] https://www.govinfo.gov/content/pkg/CFR-2016-title45-vol1/pdf/CFR-2016-title45-vol1-sec98-43.pdf

Despite the similar requirements for foster care homes certified by either counties or CPAs, the certification reviews by ARD and DCW use different review instruments. This audit found that both reviews are completed with the state and federal requirements for certification of a foster home in Colorado.

Moving forward, the following recommendations were made as a result of the audit:

1. *DCW should work with ARD to further standardize the foster care home review instruments, to the extent practical, to document that the following occurs during Foster Care Home certifications:*
    - *A criminal background check request was submitted within required timeframes;*
    - *An address check for sex offender registration was performed;*
    - *A search of the Court Case Management System check was completed (if applicable);*
    - *A mental health practitioner report was obtained (if applicable);*
    - *A current family photo is in the application file; and*
    - *The foster home or certifying authority has written policies and procedures regarding discipline*

DCW met with ARD on April 24th, 2019 to ensure the foster care review instruments, to the extent practical, document that the areas outlined in the recommendation occur during Foster Care Home certifications. As a result, the PSU's Child Placement Agency-Foster Family Record review instrument (CPA-FFR) was updated to include an address check for sex offender registration and a check for a mental health practitioner report, if applicable, and as indicated in the health assessment.

2.

a) *DCW should work with CPAs to ensure they document attempts made during Foster Care Home certifications to search other states' child abuse and neglect, sex offender, and criminal history registries.*
DCW will continue to work with CPAs to ensure they document attempts made during Foster Home certifications to search other states' child abuse and neglect, sex offender, and criminal history registries. This is something the DCW PSU already does in working with the state licensed CPAs. When the home study or foster parent application indicates that an applicant has previously resided in another state, a search of that state's child abuse and neglect registry is required. The PSU's CPA-FFR review instrument already prompts the PSU team member to look for the following documentation of requirements noted in the recommendation as follows:
    - Other states' child abuse and neglect registry- "Out of state abuse/neglect"
    - Sex offender registry - "Original national sex offender check" and "Annual renewal national sex offender check"
    - Criminal history registry - "Federal Bureau of Investigation (FBI) clearance received"

    In terms of this overall recommendation, it is important to note that there is no national, centralized child abuse and neglect database and individualized checks of every state's system are not feasible for CPAs. Additionally, searches of other states' sex offender registries occur via a search of the National Sex Offender Registry. Searches of other states' sex offender databases occur when information indicates that a foster parent applicant has previously resided in another state. Searches of other states' criminal history registries occur via submitting FBI fingerprint-based background checks.

b) *ARD to consider also requiring counties to document attempts made during Foster Care Home certifications to search other states' child abuse and neglect, sex offender, and criminal history registries.*
There is no national, centralized child abuse and neglect database and individualized checks of every state's system are not feasible for CPAs. When the home study or foster parent application indicates that an applicant has previously resided in another state, a search of that state's child abuse and neglect registry is required, and the foster care home review instrument prompts for a check of this requirement under "Out of state abuse/neglect." Searches of other states' sex offender registries occur via a search of the National Sex Offender Registry. The foster care home review instrument prompts for a check of this requirement under "Original national sex offender check" and "Annual renewal national sex offender check." Searches of other states' criminal history registries occur via submitting FBI fingerprint-based background checks. The foster care home review instrument prompts for review of this requirement under "FBI clearance received."

Current statute and rules do not require that counties search for history within every state, and the ARD cannot review to expectations that go beyond the requirements of statute and Volume 7. Additionally, DCW is not able to work with ARD to add this type of requirement, as this would need to be done through the normal rule revision process. The ARD does currently review to what is required in statute and rule regarding checks of child abuse and neglect records, sex offender history, and criminal history.

3. *DCW should train the PSU staff to utilize a consistent review instrument and process for performing foster care home certification reviews, and create a central repository (e.g., data reporting system) in order to retain a record of all the reviews performed.*
DCW agrees to train the PSU staff to utilize a consistent review instrument and process for performing CPA certification reviews, and with the creation of a central repository (e.g., data reporting system) in order to retain a record of all the reviews performed. The licensing team of the PSU was trained by unit leadership in February 2019 on utilizing the most updated CPA review instrument, as well as on the Department's records retention protocols. Therefore, this part of the recommendation has been completed.

DCW agrees to submit a request for additional funding during the SFY 2021-22 budget process to create a central repository (e.g., data reporting system) in order to retain a record of all the reviews performed. DCW cannot commit to the creation of a central repository if a budget request is not approved through the State of Colorado Office of Strategic Planning and Budget and/or if the Colorado Joint Budget Committee does not appropriate funds to DCW for this purpose.

Foster and Adoptive Parent Diligent Recruitment Plan
Please see the Foster and Adoptive Parent Diligent Recruitment Plan in the *Updates to Targeted Plans Within the 2020-2024 CFSP* section of this APSR.

State Use of Cross-Jurisdictional Resources for Permanent Placements
Colorado's engagement in the Interstate Compact for Placement of Children (ICPC) ensures county departments of human/social services have access to cross-jurisdictional resources to facilitate permanent placements of waiting children and youth. A review of Trails data shows that in CY 2019, 39 Colorado counties requested out-of-state home studies. Colorado submitted

917 home study requests to other states. The following bullet points highlight the results of home study requests where Colorado was the sending state:

- Requested home studies completed: 475
- Approved requests: 264
- Out of state placements: 181

In CY 2019, Trails shows that Colorado received 364 home study requests including requests that were withdrawn without a home study completed from other states, primarily Arizona, California, Florida, Texas, and Wyoming. Colorado completed 210 home studies, 58% of which were completed within 60 days. Common reasons for delays include:

- Lack of employee resources (36%)
- Difficulty coordinating provider schedule (17%)
- Provider not responding timely (15%)
- Lack of cooperation from the provider (12%)
- Missing information from sending state (5%)
- Delays in obtaining background checks (4%)
- Illegal placement-compact violation (3%)
- Other (3%)

Caseworkers have the ability in Trails to type reasons why a home study was not completed timely in the "Other" category listed above. These delays were primarily due to mitigating concerns in the home brought up during the home studies.

The remaining 154 incoming home study requests were not completed in the CY 2019 reporting period. The home study requests may have been received near the end of the reporting period, and county departments may have completed the studies in CY 2020; alternatively, some of these requests may have been withdrawn. There were circumstances when there was overlap in the completion of the Structured Analysis Family Evaluation (S.A.F.E) home studies between the initialization in late 2018 and completion in early 2019. Similarly for CY 2019, some home studies were initiated but not completed in the calendar year. As mentioned above, some ICPC home study requests were withdrawn for various reasons and no home study was completed.

The timeliness of home study requests received from other states has been identified as an area for improvement. Colorado has timeframes for the sequencing of home study interviews. They must occur at least 3 days apart in order to observe the consistency of familial interactions in the home over several interviews. Interviews are also scheduled at the convenience of the applicant(s). The applicant(s) may not have a level of urgency regarding timing.

The Learning and Development (L&D) Development Specialist and Coach provided a majority of the county trainings for the ICPC home study processing in CY 2019. The DCW ICPC Specialist provided individual county training as well as quarterly ICPC meetings with the county ICPC liaisons with a focus on procedures, processes and best practices for ICPC processing. The ICPC trainings varied slightly based on the specific needs of the management/supervisors and ICPC liaisons by area. For new ICPC workers, CWTS included a web-based training on ICPCs to include detailed information on how to accurately process and input ICPC information into Trails. The web-based training includes visuals of Trails screens as well as the required ICPC documents necessary for processing to increase understanding of how to accurately complete an ICPC request. The web-based training is not a state requirement; however some counties have chosen to require staff involved in the ICPC process to complete the training. The DCW ICPC Specialist also provided additional periodic training with new county staff or with caseworker generalists in rural areas who process a low volume of ICPCs. The ICPC Specialist

provided weekly and monthly follow up calls with county staff to provide technical assistance as needed throughout the ICPC process.

Ongoing training for residential facilities and CPAs occurred as needed throughout 2019, and included site reviews to ensure required ICPC paperwork was received for all approved placements when Colorado is the receiving state. Nearly all home studies for the placement with CPA homes were completed timely in 2019. One home study was not completed timely due to the youth being undocumented and the sending state (Arizona) required additional time to facilitate and secure a medical plan to meet this child's needs for placement in Colorado.

DCW runs monthly reports for active pending ICPCs for Colorado as the sending state and receiving state for review. DCW evaluates Colorado's ICPC system through county program reviews and relevant Trails reports.

Counties have identified their corrective measures to ensure timely reporting as:

- Ongoing ICPC training around timeframes and requesting regional ICPC trainings
- Quarterly meetings with supervisors to discuss home study concerns
- Working with contractors to remove timeliness barriers
- Changes in staffing for ICPC needs, specifically to add additional staff
- Engaging the provider earlier in the process so they are aware of expectations
- Looking for creative ways and trainings to better coordinate the provider's scheduling demands
- Examining internal process and implementing administrative support to help manage the workload in order to complete tasks timely
- Staffing case reviews to ensure compliance based on ICPC demand

Data integrity and data entry errors have been identified as areas for improvement in order to accurately track efforts to improve timeliness of completed home studies. Trails modifications have been utilized to augment reports in order to track the number of ICPC requests Colorado receives and sends, as well as the number of children/youth involved in those ICPC requests.

CDHS anticipates Trails Modernization, coupled with enhanced training on ICPC processing and data entry, will lead to a more effective cross-jurisdictional facilitation of timely placements based on county input and future programming to these requirements.

Update to the Plan for Enacting the State's Vision, and Progress Made to Improve Outcomes

This APSR submission reflects the first year Colorado's 2020-2024 CFSP has been in effect. This section describes the progress made towards the targeted interventions Colorado has planned and contains updated data to reflect Colorado's current performance against the Measures of Progress in the CFSP. Any updates to the interventions as a result of areas needing improvement identified in a Title IV-E, Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transition Database (NYTD) or other program improvement plan will be noted, when applicable, in this APSR and future APSRs. Additionally, any implementation supports, training, technical assistance and capacity building needs will be referenced where relevant.

State data is used in the updates to the "Measures of Progress"; however it is important to recognize that local county data is used as part of Colorado's Continuous Quality Improvement/Quality Assurance (CQI/QA) process. See the *Quality Assurance* section for more information on how Colorado's CQI and QA processes are utilized to determine and measure progress made on an ongoing basis.

Progress benchmarks are currently being developed as Colorado creates a CFSP implementation plan. Additionally, the DCW has scheduled conversations on how to better incorporate parent, family and youth voice in the implementation and monitoring of goals in the CFSP. These topics will be reported on in future APSRs.

Goal 1: Colorado has a skilled, healthy and supported child welfare workforce.

Objective 1.1: Bachelor of Social Work (BSW) and Master of Social Work (MSW) programs prepare workers to join the child welfare workforce.

Intervention 1.1.1: Increase the number of IV-E education stipends awarded each year in Colorado. Using state general funds, Colorado has been awarding educational stipends since 1995 to support current and prospective child welfare workers in obtaining a BSW and/or a MSW. From 1995 to 2016, CDHS partnered with two universities: Metropolitan State University (MSU) of Denver and the University of Denver. In 2016, university partners were expanded to include CSU-Fort Collins and CSU-Pueblo.

MSU Denver offers approximately 25-30 combined stipend awards for both BSW and MSW students each year. These awards include a majority of students in the Denver metro area; however they have awarded students in some of Colorado's rural communities. They include but are not limited to Elbert, Kiowa, Montrose, and Saguache counties.

The University of Denver continues to offer 17-22 MSW stipends each year. Although a majority of these students are also in the metro area, they have their distance programs in the Four Corners area and in Glenwood Springs. The students who attend their distance program and receive a stipend are in the surrounding rural counties.

In Fall 2019, CSU Pueblo first began awarding MSW stipends, as their MSW program is new to their university. Since 2016, they have offered approximately 10 BSW stipends each year. The stipends that CSU Pueblo will be awarding this year will be shared with the MSW program, and students who receive the stipends are with surrounding rural counties such as Fremont and Otero.

CSU Ft. Collins continues to offer five to 10 combined BSW and MSW stipends each year. The majority of their students are with Larimer and Weld counties.

Across CDHS's university partners, in SFY 2020, 61 stipends were awarded across the state. The goal is to award at least 65 stipends as outlined in the projections for SFY 2021.

CDHS will be piloting with MSU Denver to draw down Title IV-E training dollars in an effort to expand the Child Welfare Stipend Program. Once the Cost Allocation Plan (CAP) Amendment is submitted to the federal government, CDHS will begin drawing these funds, which will go directly to MSU Denver. Along with this, beginning July 1, 2021, CDHS will move to a consortium model with MSU Denver as the lead and main contract with the state for the stipend program. At that time, all universities will work closely with MSU Denver to draw down additional Title IV-E training dollars.

Intervention 1.1.2: Increase the proportion of education stipends awarded to students who live and work in small, rural and/or mid-sized counties.
Colorado's stipends have traditionally been awarded to students living in metropolitan areas, Colorado's larger county departments of human/social services provide internship opportunities for these students, and the vast majority of graduates go on to work in the larger county departments. However, small, medium and/or rural county departments continually struggle with recruiting employees who meet minimum education and/or experience requirements.

Drawing down Title IV-E training dollars is an effort to expand the stipend program across the state and increase the number of stipend recipients in Colorado rural communities. The universities will continue to reach out and visit small to mid-sized counties to hold information sessions and work with the local community colleges to recruit students. They will also provide incentives for rural communities by increasing the dollar amount of the stipend individuals from rural communities receive. The dollar amount may vary based on budget, but the stipend for individuals from rural communities is usually $2000-$3000 more. CDHS will continue to evaluate how to enhance rural stipend opportunities across the state.

Objective 1.2: County departments of human/social services are equipped to retain caseworkers, supervisors, managers and directors.

Intervention 1.2.1: DCW and CWTS will convene and facilitate regional communities of practice for county departments to design and implement strategies to increase worker retention.
Colorado is piloting the use of communities of practice as part of the current PIP. The six PIP counties and DCW will convene a Supervisor Learning Community (SLC) comprised of a subset of supervisors from each PIP county. The SLC will meet at least every other month throughout the scope of the PIP and will participate in a mutual exchange of ideas, strategies and processes which utilize data to improve outcomes; and share county-centric processes for monitoring timeframes and improving outcomes.

Colorado will be learning from the SLCs to replicate additional communities of practice to address a variety of topics, including worker retention. In addition, the CWTS, through the various regional training centers, is working with counties to form learning collaboratives to ensure that caseworkers are being trained at the regional level. The regionalization of training centers has led to a shorter turnaround with caseworker certification, especially in rural counties.

Intervention 1.2.2: The CWTS will expand offerings that support assessing and improving organizational health so that managers and leaders are equipped to support case workers and supervisors.
CWTS will expand the following learning opportunities for supervisors and other child welfare leaders (additional details may be found in the Training Plan and in the *Staff Training, Technical Assistance and Evaluation* sections):

- Expanding the Individualized Learning Needs Assessment (ILNA) framework to support the ongoing professional development of workers and supervisors.
- Continuing to provide coaching services and support to county departments in implementing in-house coaching programs.

- Piloting an Organizational Health Assessment and a Trauma-Informed Organizational Assessment: In 2019, DCW's L&D team in collaboration with CWTS developed an organizational health assessment. The assessment was piloted with CWTS staff and the L&D team, and the results from the assessment have led to the development of pilot training. The plan is to collect data to inform how CWTS as an organization can expand the use of the organizational health assessment with county managers and supervisors.
- Revising the Leadership Learning Collaborative to support more courageous leadership.
- Developing communities of practices: see Intervention 1.2.1.
- Providing DR implementation.

Measures of Progress for Goal 1

1. By 2024, improve caseworker retention rate by decreasing caseworker turnover from a baseline of 26% to 24%.
    - At the time of writing the 2021 APSR, CDHS has been unable to extract updated data for this measure. CDHS is working to provide this information on an ongoing basis, and will provide updates in future APSRs.
2. By 2024, increase the number of IV-E stipends awarded each year from 57 (SFY 2018-19) to 80.
    - In SFY 2019-20, Colorado awarded 61 stipends. For SFY 2020-21, our goal is to award at least 65 stipends as outlined in the state's projections.

Goal 2: Children, youth, families and communities are strengthened and thrive through ongoing prevention efforts.

Objective 2.1: Broaden knowledge, understanding and implementation of the Strengthening Families Protective Factors framework.

Intervention 2.1.1: DCW and CWTS will utilize a CQI process to identify learning activities that help caseworkers, casework supervisors and child welfare leaders understand and utilize the protective factors in their work with families.
The L&D Team works with CWTS to continue facilitating a rigorous CQI process in the identification of training needs. The CQI process involves discussions about what concerns the counties have identified and how they were identified, what practice or organizational change they want to see, if there are any existing trainings available, the competencies they want to enhance, and who the intended audience is.

Objective 2.2: All counties are implementing local child abuse prevention plans.

Intervention 2.2.1: Support counties and Tribes in developing and implementing Colorado Child Maltreatment Prevention plans.
Colorado uses the Child Maltreatment Prevention Framework for Action (Framework) to serve as the road map for the development of local child abuse prevention plans. Each plan identifies specific indicators for these outcomes, appropriate to their selected strategies, which are being tracked and reported on annually. A dashboard will be built to aggregate data in 2020 on these shared indicators to illustrate the collective positive impact on desired outcomes. Overarching outcomes of the local plans are child well-being and achievement, caregiver well-being and achievement, high quality caregiving and safe supportive neighborhoods. Short-term outcomes include 1) the number of new local child maltreatment prevention plans and 2) increases in partnerships, public awareness and prevention resources in the planning communities. The CCTF Board is responsible for overseeing the implementation of the Framework statewide. In 2019, OEC provided funds through a competitive process for Colorado counties to implement the strategies in their local plans.

There are currently three new counties working to develop local child maltreatment prevention plans. In addition, 20 sites have previously created local plans.

Colorado is in the process of planning for implementation of the FFPSA and is also developing new Maternal and Child Health (Title V) priorities. Both of these policies will influence the local prevention services continuum. During the first year of the CFSP, Colorado has been looking at how to resource an effort that would support the creation of new local child maltreatment prevention plans in the remaining 40 counties as well as allow counties with existing plans to refresh them in alignment with these emerging initiatives. Colorado is also working to build capacity to support communities simultaneously with independent facilitation, technical assistance, and research analysis on parent needs.

Objective 2.3: Explore and advocate for innovative ways to braid and blend funding for prevention strategies.

Intervention 2.3.1: Identify prevention services in the FFPSA clearinghouse and how they are funded in Colorado.
Colorado continues to explore and advocate for innovative ways to braid and blend funding for prevention strategies in order to better service children, youth, and families. Through the Services Continuum workgroup of the FFPSA-IT, Colorado preliminarily examined services that are currently available in various Colorado counties and the funding available for these services. This has provided a broad snapshot of Colorado's current service landscape. To provide a more in-depth analysis by the end of spring 2020, an inventory of services will be mapped across Colorado to better understand resource availability and gaps in services. Surveys will be issued to all Colorado counties requesting more in-depth information about services provided to children, youth, and families in their community, how these services are funded, and whether wait lists exist for particular services (to understand capacity issues). This analysis will inform decisions about what service needs are across Colorado and which prevention services are best to scale in Colorado as determined by needs and resources.

Objective 2.4: Coordinate efforts across systems.

Intervention 2.4.1: Modify the Colorado Child Maltreatment Prevention Framework for Action to include the Child Fatality Prevention Plan.
DCW will be working with the OEC to convene a workgroup to expand the Colorado Child Maltreatment Prevention Framework for Action to encompass maltreatment fatality prevention. This work is currently being explored by the Colorado Partnership for Thriving Families (CPTF), a multidisciplinary workgroup. CPTF includes leadership from state and county departments of child welfare, state and county departments of public health and local early childhood councils. The workgroup will emerge from this multidisciplinary team. This formal process has not yet been started.

Intervention 2.4.2: Explore the need for statutory change to expand the CCTF Board to include representation from additional systems.
The CCTF exists to prevent the abuse and neglect of Colorado's children. The CCTF is governed by a nine-person advisory board of directors with unique backgrounds to support and guide the work supported by the trust fund dollars. The board currently does not include representatives from HCPF, the Domestic Violence Program, county leadership, general assembly members or judicial. The statute governing this board would have to be changed in order to include additional members.

DCW and OEC worked collaboratively on identifying needed changes. A bill to modify the existing statute was introduced in the Colorado House of Representatives on February 21, 2020 that will expand the size and scope of the CCTF Board making it more multi-disciplinary to inform child abuse prevention services in Colorado. The bill will also remove barriers to identifying new revenue streams for the trust fund.

Intervention 2.4.3: Expand public access to services and resources.
The OEC is exploring how to connect families to needed resources at the earliest point possible as part of the Preschool Development Grant Birth to 5 (PDG B-5). The PDG B-5 Needs Assessment and Strategic Plan were released in February 2020 (see Appendix D). In addition, OEC received a federal renewal grant to support related activities for three years. These reports are being shared broadly to help educate all systems providing services to children and families across the state. In the upcoming year, new tools will be developed to help parents access information about available community services and child development.

Intervention 2.4.4: Revitalize the Child Welfare Executive Leadership Council (CWELC), creating an interagency oversight group of specifically identified state agencies, community stakeholders and constituents.
After close consideration of existing groups who are already focused on this work, CDHS has determined that this intervention is no longer necessary, and will be removed from the CFSP.

Measures of Progress for Goal 2

1. By 2024, the child maltreatment rate for children zero to five in Colorado will decrease from 15.7 per 1,000 (2017 baseline year) to 15 per 1,000.
    - For CY 2018, the child maltreatment rate for children ages zero to five was 12.69. As a Point-In-Time (PIT) measure, Colorado is doing well. This data can be more reflective of the status over time. The fatality rate for this population will continue to be monitored and efforts to reduce it further will be continued.
2. By 2024, child maltreatment fatalities will decline from 2.77 per 100,000 (2017 baseline year) to 2.32 averaged over five (5) years.
    - According to the Children's Bureau, child maltreatment fatalities have increased to 3.16 in 2018 (https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf). By June 2024, all 64 Colorado counties will be represented by child abuse prevention plans and all plans will include a Child Maltreatment Fatality Prevention Plan. Colorado is participating in efforts to analyze factors leading to maltreatment fatality (near fatality and egregious) incidents in order to develop a plan for prevention. This work is done in conjunction with the Child Fatality Prevention System (CFPS) of the Colorado CDPHE, the Child Fatality Review Team (CFRT) under the purview of the ARD, the Division of Child Maltreatment Prevention in OEC and other non-profit partners. These efforts are in development and more detailed plans and activities will be made over the next year.

      Currently, 24 counties in Colorado have child abuse prevention plan and two additional counties are in the process of developing their plans. The development of child abuse prevention plans is funded by CBCAP which allows for five counties to develop a plan each year. CDHS continues to explore other funding mechanisms to help reach the June 2024 goal. Additionally, CDHS is working to understand the alignment with implementation of Family First both for child maltreatment fatality prevention planning and Family First prevention services capacity building.

Goal 3: Children and youth have safe, permanent and stable living situations with appropriate support.

Objective 3.1: Families receive support to ensure that children/youth remain safely at home.

Intervention 3.1.1: Expand Differential Response (DR) as a statewide intervention.
At the time of the CFSP submission, there were 37 counties implementing the DR practice model when dispositioning allegations of abuse and neglect with low to moderate risk, and 12 counties were in the process of adopting this practice. As of this writing (March 2020), this number has increased to 41

counties who use the DR practice model, and nine counties are in the process of adopting DR. These counties represent 70% of the child population in Colorado. The current landscape of DR implementation creates inconsistencies and inequities for families across county lines; requiring county participation in DR practice will alleviate those inequities.

For more information about DR, please see 'Child Protective Services (CPS)' in the *Additional Services Information* section of this APSR.

Intervention 3.1.2: Enhance the social history process and include families in identification of the child/youth/family needs.
DCW will research other models and practices to identify models that enhance the family social history process and build on Family Engagement Meetings (FEM) and FSE practices already in place. Applying philosophies of the Strengthening Families Protective factors[16], DCW will select a model which builds upon the family's strengths and gives families the opportunity to self-identify the supports they need.

Efforts toward this intervention have not yet begun.

Objective 3.2: When children/youth must be temporarily removed, they are placed with kin, and kin receive support to maintain connections between the child/youth and family.

Intervention 3.2.1: Enhance the social history process and include families in identification of the child/youth/family needs.
See *Intervention 3.1.2.*

Intervention 3.2.2: Design, implement and evaluate the Kinship Navigator Model Pilot.
DCW is working with county partners to design, implement and evaluate the Kinship Navigator Model Pilot. This model is designed to support families by using their existing connections to support placement with kin caregivers, reunification efforts and a whole-family approach to prevent the need for future child welfare involvement. If existing connections do not exist, this model is also designed to assist the family in building a support network. This intervention includes an integrated approach using FSE activities, Facilitated Family Engagement (FFE) meetings and kinship support services to provide multiple layers of support. This will include assisting kinship caregivers in learning about, finding and using programs and services to meet the needs of the children/youth they are raising and their own needs. It will also promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

Colorado was awarded $310,745 in FY 2018 and $292,427 in FY 2019 to develop, enhance and evaluate a Kinship Navigator Program. These funds are being used to build on the capacities and use lessons learned from the Title IV-E Waiver Demonstration Project Kinship Supports Intervention and other existing state and county kinship programs and community partnerships to develop, manualize, implement and rigorously evaluate a kinship navigator model. The three-pronged approach includes FSE, FFE meetings and kinship supports in order to provide a more thorough approach to supporting families and preventing entry/re-entry into OOH care. This is an activity that is included in the PIP.

Using the FY 2018 funds, the Kinship Navigator Program model was developed and manualization was initiated. County departments were also given flexible funds to complete implementation start-up tasks. Additional decision items about implementation and evaluation type were finalized. In September 2019, training and a Kinship Navigator Program kick-off event were held for approximately 90 kinship navigators, supervisors and administrators in 10 counties. Of those, seven have agreed to

[16] https://cssp.org/our-work/project/strengthening-families/

participate in the evaluation. The FY 2019 funds are currently being used to finalize the manual, begin implementation of both the pilot and the randomized control trial evaluation, and cover county department costs of implementation. Colorado will also be applying for the newly approved FY 2020 funding to extend the data collection period, improving the quality of the evaluation and continuity of flexible funds for county implementation.

Intervention 3.2.3: Kinship assessments will be completed for all placements with kin.
Rule (7.304.21, D, 3 for in-home and 7.304.21, E, 2, c & d for OOH)[17] requires the kinship evaluation to be completed for all in-home and OOH placements with kin. Completion of this evaluation is monitored through the kinship review process. In CY 2019, 100% of the counties reviewed passed. The overall compliance rate over the three-year review cycle was 83% statewide. In CY 2018 and CY 2019, the overall requirements compliance rate was 86% each year. Statewide improvement was observed each year over the previous years. The second three-year review cycle begins in CY 2020.

Objective 3.3: Families are reunified with supports and services to ensure safety.

Intervention 3.3.1: Coordinate with CIP and BPCTs to develop processes to improve the timeliness of permanency hearings.
DCW and CIP will work with BPCTs to increase compliance with statutes establishing dependency and neglect case timelines, including the 2019 updates to the permanency statute. This will include specific training and guidelines regarding court findings for reasonable efforts, work to place children and youth with kin and permanent home findings in dependency and neglect cases. This training will also outline the requirement that a permanency planning hearing must be held no later than 90 days after the initial decree of disposition (ordering of the treatment plan). Implementing this approach will provide the court and professionals with data needed to conduct and measure permanent home hearings and findings. In 2019, Colorado passed the permanency legislation HB 19-1219, repealing C.R.S 19-3-702 and 19-3-703 (see HB 19-1219: Modernizing the Permanency Planning Statutes for Colorado in the *Update to the Assessment of Current Performance in Improving Outcomes* section of this APSR). This realigned the permanency statute in Colorado to be clearer, better organized, and included federal mandates that should result in less confusion by jurisdictions on how to best achieve permanency for children/youth. This act also extends Expedited Permanency Planning (EPP) timeframes for all children/youth; i.e. regardless of age, will have a permanency planning hearing set for 90 days after their dispositional hearing and every 6 months thereafter. This clarifies that preponderance of evidence is the burden of proof when a permanent home is not available and incorporates federal law changes including Fostering Connections Act, Preventing Sex Trafficking and Strengthen Families Act.

Intervention 3.3.2: Improve ICWA compliance in Dependency and Neglect cases.
CDHS has worked to improve Colorado's overall compliance with ICWA standards including updating statute in 2019 and facilitating a time-limited task group to review compliance for the state of Colorado. This effort included best practice guides, updating inquiry and notification forms, and additional training recommendations for child welfare caseworkers, judicial officers, ORPC and the OCR. Colorado now plans to use this work to identify the specific ICWA compliance issues and develop strategies to address them. These strategies include the following:

- Documentation of inquiry, notification to Tribes and active efforts: Provide training and technical assistance to county caseworkers; work with CIP to train judicial staff on the intention of ICWA.

[17] https://www.sos.state.co.us/CCR/12%20CCR%202509-4.pdf?ruleVersionId=5769&fileName=12%20CCR%202509-4

- Strengthening relationships with Tribes: Continue to collaborate with UMUT and SUIT on best practices on ICWA and Colorado counties. Explore creating ICWA agreements with both Tribes and CDHS. Outreach to the top five tribes with the highest ICWA cases in Colorado to determine if they would like ICWA agreements.
- ICWA placement preferences: Work on marketing to increase American Indian/Alaska Native foster homes; partner with Tribes on how to increase AI/AN foster homes.

More details can be found in the *Consultation and Coordination Between States and Tribes* section of this APSR.

Intervention 3.3.3: Redesign the foster care system in Colorado so foster/kinship providers provide ongoing support to the child/youth's family.
Colorado will adopt the philosophy that foster/kin families are resources, not substitutes, for families involved in the child welfare system. DCW has been gathering feedback and working with other states to strategize this change.

DCW and the L&D Team are participating in the National Training & Development Curriculum (NTDC) project. Led by Spaulding for Children and funded by the Children's Bureau, Colorado is one of eight sites to participate in this five-year project to:

1. Develop and evaluate a state-of-the-art training program to prepare foster and adoptive parents to effectively parent children/youth who have been exposed to trauma, and
2. To provide these foster and adoptive families with the ongoing skill development needed to understand and promote healthy child/youth development.

The program includes intensive preparation and on-going development components that reflect the capacities required of successful foster and adoptive parents. There are strong components about the philosophy in the NTDC. In Colorado, five counties and seven CPAs are participating as part of the pilot program. The DCW L&D team is the lead for this project, and is partnering with CPAs, county departments, CWTS and DCW program staff to implement the curriculum in Colorado. Pilot sites began trainings in the third quarter of SFY 2020.

In addition, DCW is working on a three-tiered approach with Kinnect, an organization from Ohio that focuses their efforts on innovative strategies to achieve timely permanency. Further details regarding this event can be found in the *Update to the Assessment of Current Performance in Improving Outcomes* section of this APSR.

Intervention *3.3.4: Family engagement meetings are held throughout the family's involvement and in a way that supports safety, permanency and well-being.*
In December of 2018 the final Title IV-E Waiver Evaluation was complete and found that children and youth in both OOH and in-home cases who received FFE through the Waiver experienced enhanced safety and permanency outcomes. Children and youth placed OOH who received FFE meetings had shorter cases; were more likely to be initially placed with kin; were more likely to spend all or most OOH case days in kinship care; were more likely to have no more than one placement disruption; were more likely to have permanency at case close and, specifically, to be reunified with their birth parents; and were less likely to experience subsequent child welfare involvement. In 2019, while the Title IV-E expired, Colorado held 22,566 FFE meetings, serving 16,911 families. FFE continues to be promoted as an effective means to promoting safety, permanency, and well-being. Throughout 2019, CDHS staff provided counties with monthly performance data as well as aggregated quarterly performance data. Quarterly forums were also held where representatives from the state and counties could network and discuss best practice. At each forum, training opportunities were provided and teleconferences were also held to provide training in topics such as youth engagement and the role of respondent parent counsel in meetings. CDHS staff also created an introduction to facilitation training in 2019 and delivered the training to several counties to promote the development of new facilitators. CDHS staff has also worked with CWTS staff to begin the development of additional training opportunities to be

available in 2020. CDHS staff has also worked with county staff to develop tools to aid facilitators, including a guide for preparing meeting participants and a meeting observation tool that are available on the state FFE webpage.

Colorado's PIP includes strategies to create a foundation for utilization of family engagement meetings at critical points in time, including prior to reunification and prior to case closure. This work will be expanded to include other decision points in the case. An exploration through a stakeholder feedback process will guide Colorado's next steps to increase participation in FEMs and hold them with more consistent frequency throughout the family's involvement to promote improved outcomes for children, youth and families.

Measures of Progress for Goal 3

1. By 2024, all 64 counties will implement DR.
    - As of June 2020, 41 counties are using the DR practice model, and nine counties are in the process of adopting DR.
2. Colorado will decrease the average daily OOH population per 1,000 from 4.2 (ROM average for CY 2018) to 3.8 by June 30, 2024.
    - The average daily OOH population per 1,000 has decreased from 4.2 in CY 2018 to 4.075 in CY 2019. Colorado has worked to determine how services can be provided to families while maintaining the child/youth safely in the home. Colorado has emphasized the use of the safety tool to determine if children/youth need to be removed from the home or if they can be maintained safely in the home or with relatives in relative care. Colorado has also continuously worked to decrease the number of children and youth who were placed in congregate care settings. Colorado began 2019 with 6.6% of children and youth in a congregate care setting. As of December of 2019 there were 5% of children and youth in congregate care.
3. Colorado's five year average of the number of children/youth who re-enter care will decrease from 1.0% (ROM, PIT data March 2019) to 0.5% by June 30, 2024. The state's re-entry measure monitors the percent of children/youth discharged to reunification, living with a relative, guardianship or adoption during the last 12 months who re-entered care during each month.
    - As of CY 2019, the average number of children/youth who re-enter care is 0.98%. Colorado has engaged in the Sustained Permanency Project, which is a partnership with Casey Family Programs that provides a data-driven coaching model to three pilot counties in Colorado. This project is meant to emphasize the need to plan when children/youth return home to prevent re-entry to foster care. The worker and supervisor receive separate coaching sessions when families have been identified as high risk, to talk through the services that are needed for the family to be successful.
4. By 2024, the rate of initial placement with relatives (of those entering care) will improve from 39.5% (ROM data CY 2018) to 50%.
    - As of CY 2019, the rate of initial placement with relatives (of those entering care) is 43.1%. This increase in initial placement with relatives can be attributed to the three phase FSE efforts done in partnership with Kinnect Ohio that ran from May through December 2019. CDHS is continuing these efforts through the three-pronged Kinship Navigator Model as one of the prongs is FSE. Seven pilot counties will use enhanced FSE efforts to find family up front to ensure initial placements are made with family.
5. Redesign foster care recruitment processes and communications to align with the FFPSA philosophy that foster parents are supports, not substitutes, for families.
    - See *Intervention 3.3.3*.
6. Develop a communication plan with internal and external stakeholders regarding messaging about the redesign in foster care recruitment processes.
    - CDHS employs a variety of ways to communicate with internal and external stakeholders regarding the foster care recruitment process. In CY 2019, 92 of the 408 children and youth

whose primary or secondary goal is adoption were photographed for the Colorado Heart Gallery (COHG) and other online child-specific recruitment platforms. A total of 14 photoshoots occurred at 11 venues, with 17 professional volunteer photographers and videographers. The COHG website was visited by 90,388 visitors who viewed more than 1.9 million pages. Additionally, child-specific videos on the COHG website, the Adoption Exchange website and county websites were viewed more than 177,000 times. In CY 2019, the COHG traveling photography display was used to raise awareness in 32 locations throughout Colorado. Venues included public libraries, churches, LGBTQ+ community organizations and events, media events, the Colorado State Capitol and county celebrations of National Adoption Day.

In CY 2019, the adoptions of 49 children/youth that had been on the COHG were finalized, four children/youth were placed with families who had taken guardianship or permanent custody, and 28 children/youth were placed or matched with a pre-adoptive family.

Promoted (i.e. paid) Facebook posts for specific children and youth reached an average of 4,854 individuals, whereas unpromoted Facebook posts about specific children and youth reached an average of 1,806 individuals in CY 2019. General adoption and foster care recruitment promoted posts reached another 48,277 people in Colorado on Facebook. CDHS and select counties have identified Latino, African American and LGBTQ+ individuals as important audiences for foster parent recruitment. Given this, digital ads developed specifically to reach these audiences are planned for the remainder of SFY 2020.

Since 2018, CDHS has incorporated storytelling into lead-generating digital advertising campaigns to educate the public about becoming a foster or adoptive parent, and to ensure a timely response from a county, CPA or nonprofit organization that can help an interested individual start the certification process. Additionally, CDHS has produced Facebook Live content aimed to help support the retention of current foster parents and recruit new foster parents. Foster care and adoption recruitment digital advertising campaigns during SFY 2018-2019 garnered 17.9 million impressions. Subsequently, a digital advertising campaign for National Adoption Month in November 2019 garnered 2,348,927 impressions and led to the completion of 71 interest forms. Using the demographics and online behaviors of current foster parents, CDHS is able to target ads to a “lookalike” audience that shares many of the same qualities as current foster parents. By using digital ads to solicit contact information from interested users, CDHS was able to ensure timely phone and email follow up by a local individual ready to support people beginning in the certification process.

The use of photos and stories from current foster and adoptive families is a key element of the recruitment and retention communication plan. For example, during CY 2019, CDHS produced 10 new family videos that address misconceptions, benefits, and perceived barriers around fostering and adopting Colorado children and teens in foster care. When selecting families to feature, CDHS considers the families’ race and ethnicity, experience, dedication to fostering and adoption, and unique story.

Key digital advertising and awareness efforts in CY 2019 included:

- Ten family videos for National Foster Care Month and National Adoption Month which were seen by 45,550 people.
- February - March 2019 - How You Can Help digital campaign (formerly in foster care video series) which was seen by 32,956 people.
- April 2019 - A Chat with a Foster Mom & Biological Mom Facebook Live - 19,577 views.

These videos are shared online at CO4Kids.org, on Facebook, and are made available to counties and CPAs. In addition to sharing stories through videos, CDHS continued to blog 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. CDHS publishes a monthly foster, adoptive and kinship parent email newsletter that aggregates the blog posts and provides additional information from the child welfare field. In CY 2019, the newsletter had an average open rate of 26.6 percent.

Community outreach is an integral part of Colorado's recruitment and retention plan. In CY 2019 and in CY 2020, CDHS will continue to collaborate with county departments of human/social services, CPAs and community partners to participate in community events that identified targeted outreach populations. This year's events include:

- Denver Powwow (This event was scheduled for March 2020, however this has been rescheduled for a later date due to the Coronavirus pandemic [COVID-19]).
- Cinco de Mayo (This event was scheduled for May 2020, however this has been cancelled due to COVID-19).
- Denver Pride Fest (Due to COVID-19, this event was held virtually in June 2020).
- Juneteenth (Due to COVID-19, this event was held virtually in June 2020).

In addition, in SFY 2019-2020, CDHS has awarded $113,000 in recruitment and retention funding to 30 county departments of human/social services and CPAs. The funding is administered through the CDHS Recruitment and Retention Local Innovation Fund, which provides short-term funds for efforts or activities that align with each county or organization's diligent recruitment plan. In previous years, requests for funding far exceeded the funding requests, so CDHS increased the total program budget. The average amount awarded was $4,000.

In response to county and CPA requests for training to better recruit foster and adoptive parents using social media, CDHS developed a social media recruitment training scheduled for April 2020. The first 40 counties and CPAs to participate will receive a $1,000 incentive to spend on social media recruitment.

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 of 2019, CDHS Executive Director, Michelle Barnes, recognized five families from across the state for their commitment to providing permanent homes to children/youth. Further, in May 2020 CDHS will recognize five families as part of National Foster Care Month. These families represent several Colorado counties and were honored for their dedication to Colorado's children/youth in foster care. At each event, honorees are 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' stories are leveraged to

earn media coverage. In CY 2019, coverage of CDHS's recognition events garnered 23 news stories.

Goal 4: Youth who leave foster care in Colorado have the tools necessary to be safe, healthy, educated, connected and contributing young adults.

Objective 4.1: Youth currently and formerly in foster care have access to developmentally appropriate life experiences and services.

Intervention 4.4.1: Increase access to Independent Living Arrangements (ILA) for youth 18 and older.
The initial step for addressing this goal is reworking the rules in Volume 7 that dictate ILAs. This has been accomplished through the Chafee Rules Task Group that has recommended making changes to section 7.305[18] as it pertains to services that assist youth in their successful transition to adulthood. The group has reworked the language to ensure that it aligns with the federal requirements of a supervised independent living placement and has increased the parameters that are provided through rule to ensure county departments have additional guidance when implementing this service for older youth. The rules clarify that ILA's for youth 18 to the age of 21 are reimbursable within the state's title IV-E plan and that ILA's should be utilized sparingly for youth under the age of 18.

Once the rules have gone through the process and implemented later this year, there will be a corresponding memorandum to explain the changes to Volume 7. At this point, DCW will provide targeted technical assistance through introducing new information to the CWTS and organizing regional trainings for county programs. This will allow the state to expand and improve the utilization of the ILA.

Intervention 4.1.2: Ensure services to support all students in foster care in earning a high school credential.
For the 2018-19 school year, the on-time graduation rate for Colorado students who were in foster care at any time during high school was 26.6%. This low graduation rate is strongly correlated with frequent school changes. Efforts to address this include:

- Colorado regulations (12 C.C.R. 2509-4, 7.301[19]) require county departments of human/social services to maintain a child or youth in foster care in their school of origin unless and until the county determines it is in the child/youth's best interest to change schools.
- In 2018, Colorado passed HB 18-1306[20] which provides funding for transportation to keep children and youth in their schools of origin. DCW is actively refining processes for billing and payment to reduce the administrative burden on county departments of human/social services and school districts.
- Trails Modernization will include prompts for caseworkers to enter school information and best interest determination information. Once this new functionality is fully operational, DCW anticipates being able to better track compliance with the expectation of maintaining children/youth in their schools of origin unless it is in their best interest to change schools.

Intervention 4.1.3: The Chafee Program for a Successful Transition to Adulthood (Chafee) will be available to every eligible youth currently and formerly in foster care in Colorado.
As described in the *John H. Chafee Foster Care Program for Successful Transition to Adulthood (the*

[18] https://www.sos.state.co.us/CCR/12%20CCR%202509-4.pdf?ruleVersionId=5769&fileName=12%20CCR%202509-4
[19] https://www.sos.state.co.us/CCR/12%20CCR%202509-4.pdf?ruleVersionId=5769&fileName=12%20CCR%202509-4
[20] https://leg.colorado.gov/sites/default/files/documents/2018A/bills/2018a_1306_enr.pdf

Chafee Program) section of this document, currently only 33 of Colorado's 64 counties are operating a Chafee program. The remaining counties and two Tribes have elected not to operate a program, though they may still request funding or resources on an ad-hoc basis. The localized nature of Colorado's Chafee programs result in inconsistency and inequity based on geography. Further, when youth move from one county to another, they experience disruption in their Chafee services at best, or they risk losing Chafee services altogether. One recommendation of the Former Foster Care Youth Steering Committee (FFCSC) was to provide consistent and equitable access to Chafee services statewide. DCW intends to ensure this recommendation is implemented in collaboration with stakeholders. The new Chafee model in Colorado will incorporate the Pathways to Success model of coach-like engagement, which is currently in phase two of the Children's Bureau's Youth at Risk of Homelessness grant (YARH).

The Chafee program continued to utilize the FFCSC report as guidance for making changes to the program for the state. The report emphasized ensuring that Chafee services are provided equitably throughout the state for eligible youth. A task group was assembled to address the statewide needs of youth, and ensure that youth throughout the state have access to the program. The task group met eight times between August 9th and November 1st, 2019 and was comprised of representatives from counties with and without access to Chafee programs, two representatives from runaway and homeless youth providers, a representative from the state-wide CASA office, and one representative from the Southern Ute.

The goal of the Chafee Modernization Task Group was to make recommendations to the DCW that create a statewide Chafee program that meets the following objectives:

- All youth have access to effective services regardless of where they live.
- Chafee programs must serve youth up to age 23 and provide access to all eligible youth, with prioritization.
- The task group will leverage the recommendations of the HB 18-1319[21] steering committee report.

The recommendations were accepted and work will begin to re-work the Chafee program in the state so that it addresses the following areas to improve statewide services. By October 1, 2020 the state will ensure that every eligible youth in the state will have equitable access to Chafee services and this will be accomplished through DCW actively recruiting additional host counties for the program and providing support to those counties that are hosting a program in expanding to offer services to youth in other counties that they have yet to partner with. DCW, with the input of stakeholders, will agree on a standardized assessment tool to determine the level of risk of a disrupted transition to adulthood to ensure that Chafee services are being offered to those youth most in need.

The Chafee program will create a referral process for those counties who still do not have access to a Chafee program. The existing process for youth who do not live in a county that has access to Chafee is that funds can be requested from the state for specific Chafee eligible expenditures but there are no supportive services through a Chafee worker that goes along with it. The new process will ensure that the youth has access to funds, and also to a worker who will work with them on their goals that ensure that they are established for a successful transition into adulthood and provide services in an equitable way for youth. The county providing services will be provided additional funds to serve those youth.

With these changes taking place, DCW will convene a group of county/state program and finance staff to develop a funding methodology that considers the need for providing equitable funding with meaningful minimums for programs to operate and determine additional sources of in-kind match. This funding methodology will include a set aside for youth who reside in counties without Chafee programs.

[21] https://leg.colorado.gov/sites/default/files/2018a_1319_signed.pdf

This will ensure that youth can continue to reside in their community and also receive supportive services. This will ensure that the social connections that they have will be maintained. The next aspirational recommendation that 90% of youth identified as being most at risk for homelessness will have safe and sustainable housing. This will be accomplished through providing technical assistance to county programs surrounding the Foster Youth to Independence (FYI) resource, better coordination with community entities through the OBH and the Continuum of Care (COC) to ensure that all viable housing options are pursued for the youth people, ensuring that a continuum of housing options are provided for youth in different age and developmental changes (including DCW working with counties to ensure that ILAs are available) and ensuring that the plan that Chafee coordinators create with the young person includes housing options and solutions.

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. FFY 2019 represented a thorough re-working of the annual Chafee plan template to help prepare the Chafee programs for the expansion to 23. The re-worked plan allowed the counties to differentiate between what independent living services were being provided through the caseworker and what supplemental services the Chafee program is responsible for.

Two county Chafee programs have been trained in Engaging Youth in a Coach Like Way in FFY 2020. The two counties represented were Denver and Boulder. As the Pathways to Success model is expanded into other Chafee programs, additional county staff will be trained in the model.

Objective 4.2: Youth are involved in case planning, and their voice is valued and respected in decisions.

Intervention 4.2.1: Roadmap to Success (RTS) plans will be in place for all eligible youth.
The RTS was changed to more authentically engage youth in creating a developmentally appropriate plan to support their transition to adulthood. DCW started with a completion rate below 80%. Initially, the focus of DCW was on increasing awareness of the name change to RTS, and supporting counties in understanding the rule changes so their work on the RTS was documented correctly. This was done through a distribution of a memo to counties explaining the purpose of the name change and how to correctly document in Trails. Additionally, DCW Youth Services Unit staff, along with the L&D Team, created a training to engage caseworkers in why this plan matters. The training included a review of rule and documentation needs and an emphasis on how to engage youth in creating a youth driven plan. Finally, the report for RTS Completion was reviewed monthly and DCW provided outreach when the counties were not meeting the measure. Measures of progress on this intervention can be found in the *Goal 4 Measures of Progress* section of this APSR.

Intervention 4.2.2: Coordinate with BPCT and CIP to ensure youth have meaningful, current Emancipation Transition Plans (ETP) prior to emancipation.
ETPs are currently completed less than half the time for young people emancipating from foster care in Colorado. When they are completed, they are rarely meaningful or timely. Federal law requires ETPs be completed during the 90 days immediately prior to emancipation and that they address how the youth's needs will be met in several critical domains including employment, housing, healthcare and education. DCW is committed to dramatically improving practice in this area so all youth who emancipate from foster care do so with meaningful, current plans for how they will meet their basic needs. DCW plans to address this practice by engaging judicial officers, county departments of human/social services, GALs and groups representing youth (e.g. Project Foster Power at the Rocky Mountain Children's Law Center and Bridging the Gap at Mile High United Way). Specific strategies include: 1) exploring whether Colorado's new education website, *My Colorado Journey*, can hold

youth's vital documents and the ETP; 2) promoting county practices for team meetings prior to emancipation to plan with youth and educate them about resources (multi-faceted approach: training and learning activities, policy change, memos, etc.); and 3) collaborating with the CIP and BPCTs to ensure juvenile courts review ETPs prior to case closure. CIP will work with DHS, CDHS and BPCTs to educate on the required federal law and the importance of the transition plan. Training will occur at BPCT meetings, convenings, judicial institutes, by webinar and judicial conferences.

Intervention 4.2.3: Youth, caregiver and parent representation have an active voice in training and professional development activities.
DCW recognizes a need for a culture shift in how the child welfare system understands and engages youth, caregivers and parents. Bringing client voices into training promotes a respectful and more nuanced view of the children, youth and families served. CWTS has instituted a process where they are bringing caregivers, youth and community partners together during a training kickoff. After the training kickoff, youth, caregivers and community partners, have an opportunity to provide feedback on the effectiveness of the training and other elements that are missing. This feedback is then incorporated into the updated training. Ultimately, the goal of this intervention is to improve workers' client relationships and service delivery so youth in and formerly in foster care will have better outcomes across domains (safety, permanency and well-being).

Measures of Progress for Goal 4

1. By 2024, 90% of all youth in OOH care and age 14 and older will have a RTS completed in Trails. These counts will not include youth in DYS.
    - The eleven largest counties in the state are consistently leaders in this measure with some counties remaining well above the goal of 89.9%. DCW is on track to meet the goal for CY 2020 and started the year at 89.2%. There are two large counties who have seen a decline in their RTS completion rate impacting the overall completion. DCW is doing more targeted outreach to these two counties and they are actively working to address the decline with their staff. One of the counties requested multiple training sessions to ensure their staff are trained on the RTS. Moving forward DCW will adjust our approach in two ways. The first is to enhance the training provided by including more emphasis on tangible skills for youth engagement and developmental milestones. DCW would like to do more than ensure completion of the plans by giving caseworkers a foundation of skills to make better quality plans. The second adjustment is in the follow up for these training sessions. DCW will be scheduling follow up to meet with counties who have received support and determine what barriers still exist in the completion of these plans, as well as identify areas of strength. Additionally, DCW will explore with counties and internally, how to qualitatively measure youth engagement and obtain youth feedback on the RTS.

2. By June 2024, the percentage of emancipating youth from OOH care (over the age of 18) whose last placement was an ILA will increase from 29% to 40%, by decreasing the percent of youth whose last placement was a residential facility, foster care, or runaway. These counts will not include youth in DYS.
    - Independent living placements allow youth opportunities to practice important life skills. ILAs in Colorado are limited to youth 18 and older. In practice, most of the youth who utilize an ILA have OPPLA as their permanency goal. DCW started targeting this goal by looking at the data by county for ILA utilization. The largest takeaway from the data is some counties utilize ILA often with up to 71% of their OPPLA youth having been in an ILA. Twenty one of Colorado's sixty four counties fall below the 29%. Thirty one counties have never utilized an ILA at all. Most of the 31 counties have very few eligible youth, highlighting a significant barrier when they do have a youth who may be appropriate. Often there is not a set procedure, and workers may not have the experiential knowledge of which youth should be considered and why.

In CY 2019, the percentage of emancipating youth from OOH care, whose last placement was an ILA has decreased to 27%. For CY 2020, DCW is not on track for this goal. DCW rules allow for the counties to adjust the support as the youth's budget and other needs dictate, causing practice to be highly variable across the state. One goal in pulling the data was to use this data to determine how county practice is influencing their utilization. DCW will start by outreaching the 11 largest counties over CY 2020 to schedule a qualitative conversation to add context to the data. Some variables to consider are frequency of utilization, process for determining budget and contractual reasons for withholding budget, county specific policies for ILA and county philosophy. For counties who have an established practice, DCW will explore what is working well and what barriers exist. For counties who rarely utilize ILA, a deeper conversation is needed about the barriers to using the ILA. DCW will use this data to create technical assistance for counties and a targeted plan to increase utilization.

3. By June 2024, 90% of youth emancipating from OOH care will have timely transition plans (completed during the 90 days prior to emancipation). These counts will not include youth in DYS.
    - For CY 2019, the percentage of youth emancipating from OOH care with timely transition plans was at 7.8%. This can be attributed to a change in rule after the submission of the CFSP. Prior to December 2019, the rule for timely entry of the ETP was not in alignment with required federal timeframes. ETP rule required the plan to be created a minimum of 90 days prior to the projected emancipation date, rather than within 90 days of the emancipation date. Currently, any ETP created prior to 90 days before emancipation would be defined as early, any created within the 90 days of the emancipation date defined as timely, and any plan created after defined as late. The first step in targeting this measure is to provide county specific training about best practices for the ETP, including the fundamental differences between ETP and RTS, as the two plans have often been described as interchangeable during conversations with workers. While providing this support, DCW will continue to monitor the report for changes in the overall completion rate and changes specific to the counties who have received training. For both RTS and ETP, a map will be created showing the number of training hours by county, which will then be utilized to determine the relationship between number of training hours and rates of completion. DCW will then provide targeted outreach to counties who continue to struggle with ETP. This measure is dependent on emancipating youth, of which some counties only have one or two youth on average per year. It may take months for DCW to see meaningful change in the rates of ETP completion.

4. Increase the five year high school graduation rate for youth in OOH care from 29.6% (SFY17-18) to 40%. These counts will not include youth in DYS.
    - Data suggests that the graduation rate is slowly rising. According to data from the CDE, the five year high school graduation rate for students in foster care was 31.33% in the 2018-2019 school year (SFY18-19). The primary area of intervention in order to increase the five year high school graduation rate for youth in OOH care relates to increasing school stability, so that a youth in OOH care will not need to change schools with every placement change, allowing for continuity of academic programs and services. An important factor in increasing school stability rests in adequately considering educational best interest at the time of a placement change, as students in OOH placement should only change schools at the time of a placement change if it is in their best interest to do so. The ARD began tracking whether or not best interest determinations are held before a student in OOH placement changes schools in CY 2018. In the first quarter that this data was collected, students were receiving best interest determinations only 11% of the time before a school move. By the end of CY 2019, this figure had risen steadily each quarter to 33.5%. While this percentage is still low, the data does show a continued increase in implementation.

In addition to promoting the best interest determination process, Colorado has also provided funding to provide transportation to school for students who are remaining in a school of origin after a placement change. Use of these funds serves as an indicator as to how often students are remaining in their schools of origin with transportation provided. At the end of CY 2019, spending from this fund was three times higher than at the end of CY 2018, suggesting an increase in implementation of transportation that allows students to remain in schools of origin. Long term, these increased efforts to allow school stability for youth in OOH placement are expected to contribute to an increase in graduation rates.

Quality Assurance

Continuous Quality Improvement (CQI) Workgroup
See the *Collaboration* section for details on how the CQI Workgroup is utilized as part of the CQI/QA process in assisting Colorado in achieving improved outcomes.

C-Stat/Results Oriented Management (ROM)
CDHS has implemented C-Stat, a management strategy that analyzes performance on a monthly basis using currently available data. C-Stat allows offices and divisions within CDHS to pinpoint performance areas in need of improvement and then improve those outcomes through targeted changes in practice, helping to enhance the lives of those CDHS serves. Through CQI and analysis, CDHS can determine which child welfare practices work and which need improvement. By measuring the impact of day-to-day efforts, offices/divisions make informed, collaborative decisions to align efforts and resources to effect positive change.

To better ensure that frontline workers and supervisors have access to data that informs practice, CDHS has contracted with the University of Kansas to administer a ROM database to pull data from the Colorado CCWIS, Trails. State and county staff can access county-specific data in ROM, whereas the public can only view high level aggregate data. Data from ROM provides near real time information, as ROM is updated weekly to provide a snapshot in time information, and is a compilation of all documentation in assessments and cases across the state.

Case Review Instrument
Colorado's case review instrument, and process, has been established to ensure that Colorado is in compliance with various federal requirements. These include the following:

- 45 CFR 1357.15 (u)[22], which requires a quality assurance system that regularly assesses the quality of services provided under the CFSP, and
- Section 475 (5) of the Social Security Act[23], which requires the case review system to assure that:
    - Each child has a case plan designed to achieve placement in a safe setting that is the least restrictive and most appropriate setting available in close proximity to the parents' home and meets the best interest and needs of the child,
    - Determines:
        - The safety of the child,
        - The continuing necessity for and appropriateness of placement,
        - Extent of compliance with the case plan,
        - Extent of progress made toward alleviating/mitigating the causes necessitating placement in foster care,
        - Opportunities for the child/youth to engage in age and/or developmentally appropriate activities
        - Procedural safeguards are applied specific to permanency hearings, filing petitions for the TPR, changes in placements, removal of the child from the home, etc.,
    - That health and education records are in the case file, and that any identified services required for the health or education of the child are being provided,
    - When a child has been in care for 15 of the 22 past months, that either a petition for the TPR has been filed, or a compelling reason exists,
    - Appropriate independent living and transition plans and services are in place,

[22] https://www.govinfo.gov/content/pkg/CFR-2014-title45-vol4/pdf/CFR-2014-title45-vol4-sec1357-15.pdf
[23] https://www.ssa.gov/OP_Home/ssact/title04/0475.htm

    - Checks are being conducted on credit reports
    - The status of each child is reviewed no less frequently than once every six months
- Section 475 (6) of the Social Security Act[24], which defines an "administrative review" as a review that is open to the participation of the parents of the child, and is conducted by an individual not responsible for the case management or delivery of services to the child or parents.

This process also meets the federal requirements outlined in 5 CFR 1355.34 (C (3)[25], which requires that the quality assurance system is:

- In place in the jurisdictions within the State where services included in the CFSP are provided.
    - The ARD conducts administrative, qualitative, case reviews of children and youth placed into foster care in all 64 of Colorado's counties. Additionally, the ARD conducts these reviews for youth placed into the Department's custody with the DYS.
- Is able to evaluate the adequacy and quality of services provided under the CFSP.
    - The ARD's instrument has a series of questions designed to review the adequacy of the services included in the case plan, as well as those that are being provided to each child/youth and their family, specific to their permanency goal(s).
- Is able to identify strengths and needs of the service delivery system it evaluates.
    - The ARD's instrument is designed with a response set that allows for the identification of both case specific and systemic strengths and barriers to meeting the needs of Colorado's children/youth and families. Specifically, the response set items identified as within a county departments' direct influence (e.g., sending notification of a child/youth with potential Native American heritage to specific tribes) as well as those that are broader, systemic issues (e.g., Native American Tribes not responding to inquiries of Native American heritage).
- Provides reports to agency administration on the quality of services evaluated and needs for improvement.
    - The ARD's case review instrument, implemented within Colorado's CCWIS, allows for the creation and dissemination of routine aggregate reports (e.g. quarterly performance reports), as well as more advanced, ad-hoc analysis. Because the case review instrument exists within the CCWIS system, it allows for advanced statistical analysis of specific case practice factors that may related to a child/youth's safety, permanency, and well-being.
- Evaluates measures implemented to address identified problems.
    - The ARD's case review instrument is comprised of questions that have remained stable over time, as well as ad-hoc questions. For areas of case practice where expectations do not experience frequent change, these stable questions allow for trend analysis sensitive to how other systems level changes impact practice in these areas. Ad-hoc questions are often added to the instrument when new practice expectations are implemented. This creates an immediate feedback loop that informs early implementation efforts and allows for any necessary adjustments to be made in a more responsive and timely manner.

In addition to these specific areas, the ARD's qualitative case review instrument has items and response sets designed to measure the quality of case practice in the following areas:

- Mental health
- Substance abuse
- Educational stability and progress
- Frequency and quality of contacts with the child/youth and parents

[24] https://www.ssa.gov/OP_Home/ssact/title04/0475.htm
[25] https://www.govinfo.gov/content/pkg/CFR-2011-title45-vol4/pdf/CFR-2011-title45-vol4-sec1355-34.pdf

- Engagement of the child/youth and parents in case planning
- Adequacy of visitation between the child/youth and their siblings and parents
- Timeliness of Title IV-E eligibility

While the ARD is using the federal Onsite Review Instrument (OSRI) as a measurement tool throughout the duration of Colorado's PIP, it is not used as part of Colorado's routine CQI/QA system.

Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program

Services for Children Adopted from Other Countries
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/youth involved in reports of child maltreatment are adopted; however, there is not a requirement to ask if the children/youth were adopted from other countries. As a result, CDHS does not have reliable data on children/youth that 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. In CY 2019, there were 65 families that asked for approval to move forward with getting approval from the United States Citizenship and Immigration Services (USCIS).

Colorado has secured a contract with Lutheran Families services to ensure consistency for families who adopt children/youth from other countries. This is monitored by the adoption and foster care administrators from DCW who complete annual reviews of these case files. Colorado has also secured a contract with The Adoption Exchange to provide post-permanency support to all families including families who have adopted children/youth from out of state.

Services for Children Under the Age of Five
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 children under the age of five from entering the child welfare system, as well as reducing the length of time children under the age of five are in foster care. 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 2020, FRCP expanded funding to include an additional 10 family resource centers receiving state funding to provide comprehensive case management and parent-driven goal setting, for a total of 20 sites. More than 20 additional family resource centers work to make these services available with private funding. These centers are supported by a state model intermediary, the Family Resource Center Association.
- The Incredible Years Parenting Programs focus on strengthening parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional and language development. The programs are designed to work jointly to promote emotional, social and academic competence and to prevent, reduce and treat behavioral and emotional problems in young children. The Incredible Years Parenting Programs were supported by federal, state, and private funding sources during this reporting period. These programs are supported by a state model intermediary, Invest in Kids.
- 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 sites in offering Nurturing Parenting and Nurturing Fathers classes.
- Parents As Teachers (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, and prevent child abuse and neglect and increase children's school readiness and school success. The PAT

programs are available statewide with funding from multiple public and private sources. The programs are supported by a state model intermediary, Parent Possible.

- Stewards of Children Child Sexual Abuse Prevention Community 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 CCTF supports offering training across the state.
- Nurturing Healthy Sexual Development is an in-person 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 CCTF supports offering this training across the state and released an online e-learning course for early childhood professionals as part of the state Professional Development Information System (PDIS).
- Healthy Steps is a program embedded in the medical system that pairs trained behavioral health or early childhood specialist with parents experiencing multiple stressors. The Healthy Steps specialist provides enhanced well child visits that provide guidance on common challenges such as feeding, behavior, sleep, and adapting to life with a young child. The program also provides additional screening for families and connects them to resources such as mental health services, domestic violence advocacy services, food programs and subsidized housing. State funding supports six Healthy Steps sites in seven counties. Additional sites utilize private funding. The state intermediary is Assuring Better Childhood Development (ABCD).
- 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. There is $98 million in federal funding that goes directly to local implementing organizations but not all counties provide these services.
- Early Childhood Mental Health (ECMH) Consultants partner with the caregivers, teachers and child care directors to help them understand and respond effectively to children birth to eight years old. This evidence-based solution reduces challenging behavior in the classroom and helps prevent suspensions and expulsions. ECMH consultants also increase teacher retention and help improve classroom environments. Currently, there are 34 full-time specialists at 19 sites including the UMUT and SUIT supporting 7,200 children and teachers in 600 classrooms.
- Early Intervention (EI) provides services for children birth through two years of age with developmental delays or disabilities and their families under the federal Individuals with Disabilities Education Act (IDEA). Infants and toddlers' learning environments are where they spend their day - at home, at child care, or with extended family. EI prepares children to be successful in their current learning environment before transitioning to preschool or other supports. EI supports children's social emotional development, including positive relationships; acquisition and use of knowledge and skills, including early language/communication; and the use of appropriate behaviors to meet their needs. Over 15,000 children are currently served statewide.

Efforts to Track and Prevent Child Maltreatment Deaths

The annual National Child Abuse and Neglect Data System (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 CFRT, which is housed in CDHS's ARD. The CFRT provides data on child fatalities not reported in the child file. CDHS's 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 CFPS that is broader in scope than CDHS's process. The CFPS looks at all preventable fatalities of children ages zero-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. The 2019 Colorado CFPS Annual Legislative Report and the corresponding data set is attached in Appendix E.

A comprehensive statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners is currently in development.

MaryLee Allen Promoting Safe and Stable Families (PSSF)

OEC oversees Colorado's 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 approximately 20 percent of PSSF funding in each of the four service categories, and 10 percent to planning, training and service coordination.

Although some services are targeted to reach a particular service category in PSSF, many of the services provided through PSSF funding in Colorado often are provided for each service category depending on the needs or circumstance of the families participating in services. Family Support Services include: parenting education programs such as Incredible Years, Nurturing Parenting, Nurturing Fathers and Strengthening Families; concrete supports; family advocacy. Family Preservation Services include: intensive case management, parenting education, family engagement meetings, respite care, kinship support, concrete supports. Time-Limited Reunification services include: intensive case management, respite care, concrete supports, and family engagement meetings. Adoption Support Services include: support groups, adoption navigation services, specialized training for adoptive parents, pro-bono legal clinics, respite care, concrete supports.

In Colorado, these services are administered by county departments of human/social services and eligible American Indian Tribes through awarded grants. County departments of social/human services apply for PSSF funding based on the prescribed State priorities that were developed from the statewide needs assessment, and literature reviews of best practices. Counties apply to provide services after assessing local needs, and determining the best fit for the communities they serve. Many of the county applicants applied to use a portion of their awarded funds to provide Family Support Services, while others focused on other service categories. County departments also have an option to enter into partnerships and subcontracts with other community agencies, including Family Resource Centers, when appropriate, to deliver family support services.

Additional resources from PSSF are earmarked for programs or consultants for special projects or programming such as: developing an evaluation methodology for adoption support services, two

certified trainer/coaches to support the Nurturing Parenting and Nurturing Fathers work across the State, and a community agency/Family Resource Center that serves American Indian/Alaskan Native families in the metro area through collaborative and culturally-responsive services.

All PSSF sites develop local program plans that delineate the goals and objectives to be achieved, services to be provided and an annual operating budget. Additionally, sites should participate in existing or develop community committees that facilitate collaboration within the communities, enhance PSSF service delivery and decrease duplication of services.

Prior to receiving PSSF services in any area, families' needs are identified through an intake process that includes family input on services they feel would be beneficial. The family sets 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 and individualized services for the family 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.

PSSF is currently funding the following seven priorities:

- Intensive Case Management
- Family Team Decision Making
- The Incredible Years Parenting Program
- Nurturing Fathers and Nurturing Parenting Programs
- Respite Care
- Post-Adoption Permanency Supports
- The CCR Program

PSSF sites were also able to select a "county design" option to provide services. However, if the site selected the county design option, the outcomes are required to have high relevance to child abuse prevention and child welfare programs, and must address the needs of the target population.

The PSSF program is studying how it can best support agencies which provide post-adoption services to adoptive families. PSSF is working on an evaluation design to further determine the effectiveness of currently offered adoption support services, review promising practice/evidence-based services, and how these two activities align with the requested needs of the families. In the first stage of the study, a professor at the University of Denver conducted a literature review, survey and interviews to identify the needs of sites and families. The second stage of the study includes visiting PSSF sites across Colorado to share what has been discovered so far and learn how the support services in their communities resonate with the findings of the first stage of the study. The results of the study will guide future adoption/post permanency support strategies implemented through PSSF. The study will be completed in July 2020.

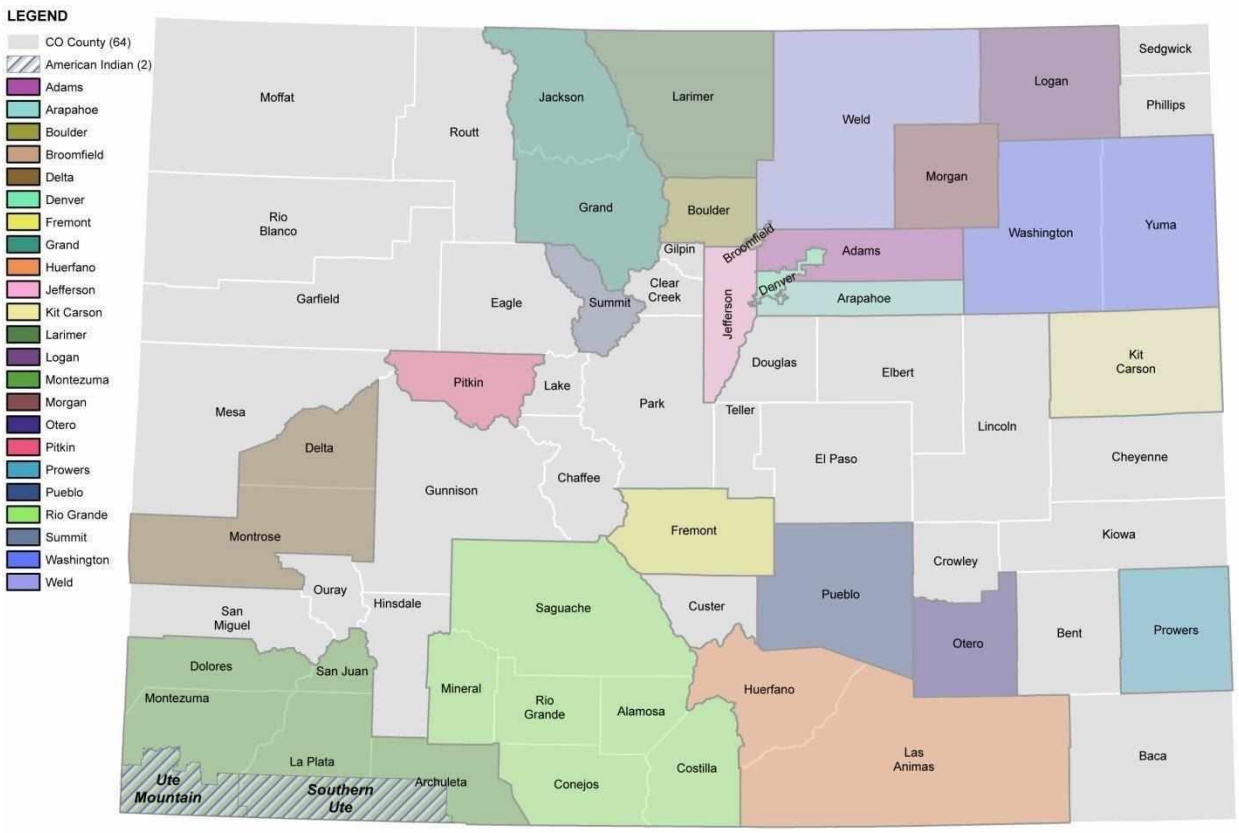


Figure 2: Map of FFY 2020 PSSF Sites

PSSF Service Area	Number Served - FFY 2018	Number Served - FFY 2019
Family Preservation	599	732
Family Support	1553	2073
Time-limited Reunification	526	578
Adoption Promotion and Support	416	485

Table 3: FFY 2019 Individuals served by Colorado's PSSF program

Colorado's numbers served in PSSF have increased slightly from last year. Sites are evaluating their own community program needs throughout the year and at times, make changes to the overall services they offer. PSSF events that include large numbers of participants are not always captured in the data system but the activities are crucial to family success. The data system will be able to track this information in the future to provide a comprehensive overview of program support.

PSSF is unable to report complete numbers about preventative services for children/youth separately, as many of the services are tied specifically to a parent, such as parenting education curriculums. It is known that these services impact the family as a whole but the child(ren)/youth are not attached to the service, if it is more caregiver focused.

CDHS provides training to PSSF sites through multiple venues including sites visits, webinars and informational sessions held at annual conferences or grantee meetings. In FFY 2020 training topics include:

- Implementation science;
- Embedding learning into practice
- Incredible Years parent group facilitators;
- Intensive Case Management training and monitoring;
- Nurturing Parents facilitator training;
- Nurturing Fathers facilitator training;
- Adoption support services training;
- Colorado Family Support Assessment Tool;
- Motivational interviewing;
- Children's safety;
- Financial empowerment;
- Legal support and training for post-permanency and adoptive families;
- Family engagement; and
- Strengthening Families Protective Factors
- Mindfulness Training.

PSSF will continue to provide technical assistance to county departments and other subcontractor agencies. The PSSF Program Manager collaborates closely with state and county child welfare staff to keep PSSF efforts aligned with priorities identified in the CFSP.

Service Decision-Making Process for Family Support Services
In Colorado, county departments of human/social services apply for PSSF funding based on the prescribed state priorities that were developed based on a statewide needs assessment and literature review of best/promising practices. Counties applied to provide services after assessing their local needs and determining best fit in the community(ies) they serve. Many of the county applicants applied to use a portion of their award to provide family support services, while some focused on the other service categories. County departments also have an option to enter into partnerships and subcontracts with community agencies including Family Resource Centers when appropriate to deliver family support services.

Population at Greatest Risk of Maltreatment
In Colorado, CY 2019 data extracted from ROM shows children between the ages of 0 and 5 make up between 31.6% of the child population (ages zero to 17), yet they make up 44.3% of child maltreatment victims across the state. The proportion of children ages zero to five compared to the overall child population (ages zero to 17) have stayed consistent over the past several years, however, the proportion of children between the ages of zero to five who were victims of maltreatment has decreased slightly from 45.8% in CY 2017, to 44.3% in CY 2019.

While Colorado provides specific services targeted towards the identified population at greatest risk of maltreatment, it is also important to recognize that this measure may not drastically decrease due to factors such as the increased usage in Colorado's child abuse hotline and child abuse reporting, increased community response and general increase in child abuse awareness across the state.

For more information on specific services that are targeted to this population, see Services for Children Under the Age of Five in the *Updates on the Service Description*s section of this APSR.

Kinship Navigator Funding
See Intervention 3.2.2 in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits
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/youth and families served by the agency, build and maintain relationships, and assess the safety, permanency and well-being of the children/youth. The ACF requires that children/youth in foster care be visited at least once every month and at least 50% of the visits must occur in the child/youth's residence. For FFY 2015 and each federal fiscal year thereafter, states are required to meet or exceed the goal of 95% for monthly caseworker visits.

In FFY 2020, Colorado met the federal goal: 95% of monthly caseworker visits were completed, and 85% of those visits occurred in the child/youth's residence. CDHS ensures Colorado meets the Monthly Caseworker Visit (MCV) performance standards by intensive monitoring efforts. CDHS partnered with the Governor's OIT to develop a monthly report related to MCVs. Staff monitor the report every month. Any county that falls below the goal is contacted by CDHS staff to discuss reasons for noncompliance and any support 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 2020, a memorandum 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) care. In response, funding was provided for conference scholarships to the annual Sex Offender Management Board Conference. There was a decrease in the number of county applications received and approved for funding from FFY 2019. In FFY 2020, CDHS distributed a total of $241,402 to counties and affiliated agencies through a competitive procurement process. The following table highlights several organizations that received MCV Grant funds.

County/Agency	Award	MCV Expenditures
Sustained Permanency (Adams, Pueblo, Weld)	$50,000	Pilot project with 5 counties
Regents of the University of Colorado	$70,000	Secondary trauma services; supervisor training on secondary trauma
Thomson Reuters County agencies served: Alamosa, Park, Fremont, Phillips, Clear Creek, Elbert, Bent, Archuleta, Chaffee, Yuma, Washington	$68,302	CLEAR Software
County agencies served: Adams, Broomfield, Jefferson, Boulder, Denver, El Paso, Lincoln, Logan, Phillips, Montrose, Prowers, Rio Grande, Teller, Gilpin, Morgan	$5200	SOMB conference
CSU/Summitstone	$11,100	Applied Research in Child Welfare (ARCH)
County agencies (Denver, Jefferson, El Paso)	$37,150	Funds for retention of caseworkers and technology

Table 4: FFY 2020 Distribution of MCV Grant funds (Source: CDHS staff, 2020)

CDHS used MCV funds to expand access to specific tools and services throughout the state. In January of 2020, 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 2020, 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 funded by CAPTA to address secondary trauma to child welfare supervisors on implementing trauma-informed practice and providing these supports to their staff.

MCV funds also continue to be utilized for the Applied Research in Child Welfare (ARCH) project. ARCH is a collaboration between CSU's Social Work Research Center, CDHS, and Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Garfield, Jefferson, Larimer, and Pueblo counties that provides applied research and evaluation for child welfare prevention and intervention practices in Colorado. Now in its sixteenth year, ARCH is one of the longest standing child welfare research-practice partnerships in the nation. ARCH is currently conducting and preparing for the following activities:

- Placement Stability Study, focused on understanding barriers and facilitators to placement stability for children/youth in foster care;
- Support Planning Study, focused on understanding best practices for creating support plans with families involved in child welfare;
- FFPSA, focused on providing research-to-practice support of Colorado's implementation of Family First; and
- Caseworker Retention Study, focused on understanding lived experiences of new caseworkers in the first two years with an emphasis on retention facilitators and supports.

Any of Colorado's 64 counties may apply to receive MCV funds; CDHS continues to oversee applications and distribution of funding for FFY 2020.

Monthly caseworker visit data for FFY 2020 will be reported in a separate submission to the Children's Bureau by December 15, 2020.

Additional Services Information

Child Protective Services (CPS)

Differential Response (DR)

Since January 1, 2015, Colorado has required most reports of child maltreatment to be screened through the Review, Evaluate and Direct (RED) team process. With extensive analysis through the CQI process and stakeholder input, new rules governing RED teams went into effect on March 1, 2018. The modifications to rules better align with county capacity and increased fidelity to the RED team model.

DR is an innovative system reform that allows CPS to address screened-in reports of child maltreatment in a less incident-driven and more family-centered way. Within the DR model, there are two approaches to the assessment of child maltreatment. The more traditional approach is utilized for families with reports that indicate that the child/youth is at high risk of maltreatment, while a Family Assessment Response (FAR) is utilized for low to moderate risk reports. In addition to assessing the alleged maltreatment, FAR evaluates the cultural context

and broader issues of family strengths and supports through solution-focused, family-centered practice. The labels of "perpetrator" and "victim" are removed, and a finding, or substantiation, of child maltreatment is not allowed. There is also flexibility to visit children/youth in the presence of the caregiver. Upon completion of specific program implementation requirements and receipt of CDHS's Executive Director's approval, counties may practice DR. In CY 2019, DR counties conducted 13,791 FARs.

As of February 2020, Colorado currently has 41 DR counties, with nine counties that are in process to become DR counties, and 14 counties who have not yet opted in at this time. The DCW has partnered with the CWTS to offer DR training and coaching to all counties who are practicing or in progress. Colorado also offers an opportunity for county leaders to join the DRLC, which was formed in 2009 to advise and make recommendations on the implementation of DR in Colorado. Since that time, DRLC has continued to inform the development of DR practice in Colorado. County participation in DRLC is at the director and manager agency level. DRLC has been essential in moving DR from a pilot program to a practice model by incorporating organizational processes and social work practices. In 2016, DRLC became a committee that reports to the Child Welfare Sub-PAC and is invaluable in communicating what counties need to build and enhance consistent DR practice throughout Colorado. The DRLC analyzes data, discusses trends, creates solutions and collaborates with one another to improve DR practice statewide. DCW also offers continued training and opportunities for peer collaboration through the Differential Response Learning Forum (DRLF). All county staff are encouraged to join monthly online sessions, where they not only receive training credit, but also have the opportunity to enhance their practice through facilitated discussion in numerous areas of child welfare practice. The agenda items for DRLF are set up a year in advance and determined by county, state and training staff. The DCW also has worked to host two in-person DR gatherings annually. These gatherings are held in various locations across the state to be more inclusive of counties, at least one gathering hosted outside of the Metro region.

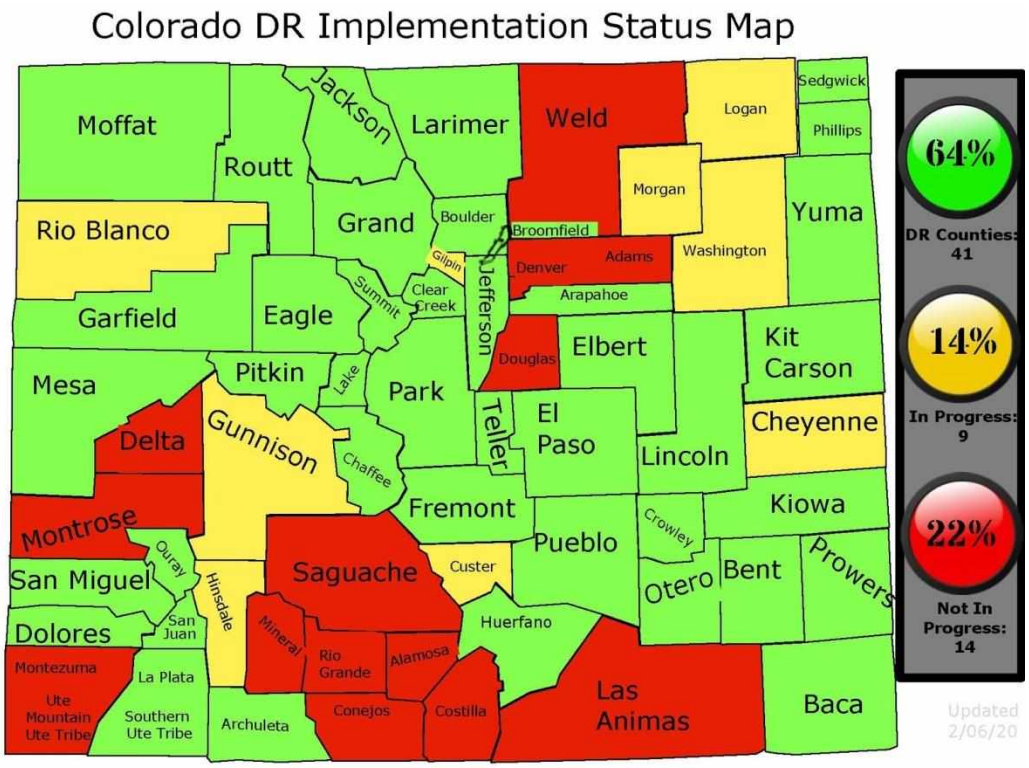


Figure 3: Map of DR Counties (as of 02/06/2020)

Safety and Risk Assessments
The 2020-2024 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. See Safety Outcome 2 in the *Update to the Assessment of Current Performance in Improving Outcomes* section of this APSR for further information.

Institutional Abuse
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, utilized 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/youth are in OOH placement; and, analyze placement data to help county partners in their placement decision-making processes. CWTS also developed a learning series related to the improvement of institutional abuse assessments 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 allegations of maltreatment for youth 18-20 who are placed in OOH care and who remain in the custody of the county.

Plans of Safe Care
CDHS reviewed and revised the 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 the Justice for Victims Act. In July 2016, the CARA Act, Public Law 114-198[26], 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 47.6 percent of all new removals in CY19.

CDHS believes the current statute and policies are adequate 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 the plans of safe care, a collaborative approach to engaging families with Substance-Exposed Newborns (SEN). This task group created a standard Plan of Safe Care for Colorado that was endorsed by The National Social Workers Association-Colorado, CDHS, and the Colorado Nurses Association. The Plans of Safe Care will be distributed to 61 Colorado birthing hospitals this year to ensure ongoing support and treatment when infants are identified as being affected by substance use and including services for the affected family or caregiver. Additionally, the Plans of Safe Care will be distributed to all Colorado counties' child protection departments, utilized at the time of hotline, referral, and assessment. The work of this multidisciplinary team is to ensure that medical professionals,

[26] https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf

child welfare providers and treatment providers are aware of the Plans of Safe Care and identify consistent protocols to incorporate the Plans of Safe Care at critical points. The task group will develop statute and rule related to the implementation of the Plans of Safe Care in child welfare practice. Task force recommendations may include advisement for the development and delivery of evidence-based and best practices around SEN and in the implementation of the Plans of Safe Care in coordination with community partners.

A number of modifications were made to the CCWIS system. New questions are asked during the initial referral to gather the following information:

- The number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder;
- The number of such infants for whom a plan of safe care was developed; and
- The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

Expanded reporting on CARA and other CAPTA requirements will be discussed in the CAPTA Report (see Appendix F).

Human Trafficking

The promulgation of the Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183[27], and the Justice for Victims of Trafficking Act, Public Law 114-22[28], necessitated changes to Colorado's policies and practices in response to juvenile sex trafficking.

During the 2016 legislative session, Colorado passed HB 16-1224[29], 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. Since January 1, 2017, all counties are required to use the tool. In CY 2019, the screening tool was completed 12% of the time (efforts to increase usage of the tool is described in item 4 below). CDHS will be monitoring counties on their compliance with this requirement.
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 (updated in October 2018)

[27] https://www.congress.gov/113/plaws/publ183/PLAW-113publ183.pdf
[28] https://www.congress.gov/114/plaws/publ22/PLAW-114publ22.pdf
[29] https://leg.colorado.gov/sites/default/files/2016a_1224_signed.pdf

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, 2018, OIT, in collaboration with CDHS, completed Trails enhancements to ensure caseworkers can meet documentation requirements related to trafficking. County compliance with the completion of the HRV (High Risk Victims) identification tool has been inadequate. This can be partially attributed to both ongoing upgrades with the Trails management system, and a need for ongoing worker education. Once the two systems are merged, it is expected to ease access to the tool resulting in an expected increase of use in 2020. Ongoing efforts to train staff about the use and accessibility of the tool continue.

During the 2019 legislative session, Colorado passed SB 19-185[30] which expanded the definition of child abuse and neglect to include "Human Trafficking of a Minor for Involuntary Servitude", and added "immunity from prostitution-related-offenses" (18-7-209) for child/youth victims of trafficking.

- In December 2019, CDHS issued an operational memorandum that notified counties of the requirement to assess referrals for allegations of labor trafficking of a minor. The memo can be accessed here: https://drive.google.com/file/d/1Xg2sl1qSd_2XiVPlDubCw76X6dNjLdVR/view.
- A Labor Trafficking task group was formed to write rule and provide counties guidance on how to respond to allegations of labor trafficking of youth. This taskforce is made up of subject matter experts from the state as well as county administrators and supervisors. The first meeting is expected to take place in February 2020.

CDHS, in collaboration with the Department of Safety was awarded the 2017 Improving Outcomes for Child and Youth Victims of Human Trafficking: A Jurisdiction Wide Approach grant through the Department of Justice. The $1.4 million dollar award is being utilized to enhance statewide training, increase collaboration between law enforcement and child welfare, and expand service delivery for victims of trafficking across Colorado. The grant utilizes Regional Specialists and Expert Survivor Consultants to ensure that the work is survivor informed and tailored to the unique needs of each region. Funding for this grant continues through October 2021.

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 throughout Colorado. 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).

[30] https://leg.colorado.gov/sites/default/files/2019a_185_signed.pdf

During CY 2017, CDHS made concerted efforts to increase focus and implement steps to support foster parents. The 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.

This group was time limited and ended on October 1, 2018. The report was issued in February 2019. A time-limited foster care rules task group was established between February-December 2019. The initial focus of the task group was to review the Foster Parent Steering Committee's recommendations and determine whether administrative rule was needed to implement any of the recommendations. The report focused on systemic, philosophical, and practice areas. The task group determined that two areas in particular should be the initial focus. The areas were institutional abuse and neglect practice and two areas of respite-like services, natural supports and standby care.

Early on, the task group was also assigned to address administrative rules that needed alignment with the National Model Foster Care Standards. The areas addressed included immunizations, functional literacy, safe sleep, foster parent assurances, in home safety, and pool safety. Rule changes in the areas identified above will be recommended to move forward.

Kinship Care Quality Assurance

In an effort to promote consistency in kinship care practice across the state, a quality assurance case review process specific to non-certified kinship care placements was developed. 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. The first three-year cycle of the kinship reviews were completed CY 2017-2019 with a total of 44 reviews completed at a passing rate of 80% of the requirements met. All 64 counties were scheduled for review during the three years; however, several were cancelled due to small counties not having kinship placements during the review sample period. Counties that did not pass in CY 2017-2018 were given immediate training and technical assistance. In CY 2019, 100% of the counties reviewed passed. The overall compliance rate over the three-year review cycle was 83% statewide. In CY 2018 and CY 2019, the overall requirements compliance rate was 86% each year. Statewide improvement was observed each year over the previous years. The second three-year review cycle begins in CY 2020 and the passing score will increase to 90% of requirements met.

Pathways to Success

Youth at Risk of Homelessness (YARH) is a multi-phase grant from the ACF, Children's Bureau, and its purpose is to design and test interventions that ensure Chafee-eligible youth successfully transition to adulthood. The grant has three phases: planning, formative evaluation, and summative evaluation. The grant is now in the summative evaluation phase (phase 3). Colorado has participated in the YARH demonstration (YARH1 and YARH2) since the planning phase and has developed a model intervention called Pathways to Success (Pathways). The Pathways model intervention is currently delivered in three demonstration sites and is

being integrated into their Chafee programs:

- Denver Department of Human Services
- The Boulder Collaborative, including Boulder County Department of Housing and Human Services and Attention Homes
- The Northeast, including Weld and Morgan counties, with services provided by Shiloh House

The primary feature of the intervention is the concept of "Engaging Youth in a Coach Like Way" (coach-like engagement). Under this practice model, the Pathways Navigator uses coaching skills to engage the youth in a manner that places the youth in a leadership role within their own life. The full intervention also requires:

- Weekly contact between the navigator and the youth.
- Flexible funds to solve immediate barriers to planning or engagement. For example, these may include clothing for survival or employment, food, a cell phone to maintain contact with supports, and deposits for housing.
- Planning tools and meetings that are typically only used for youth who are still in child welfare's custody, including permanency round tables, community round tables, high fidelity wraparound, intensive family-finding, RTS, and the ETP. This may include the use of other tools and strategies used by caseworkers with younger children such as the three houses and circles of support.

This intervention does not stop once youth turns 21; the Navigator is able to provide services until the youth reaches their 23rd birthday.
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 ages 14-17 who are new to OOH placement;
- Target population 2a: youth ages 17-21 who are in OOH placement;
- Target population 2b: youth ages 17-21 who are no longer in OOH placement and not homeless; and
- Target population 3: youth under age 21 who were formerly in OOH placement and are not homeless.

Phase 3 of Pathways is being managed by a national evaluation agency, Mathematica, in partnership with the local evaluation agency Center for Policy Research (CPR) and DCW. During FFY 2020, Mathematica is working with each of the six federal grantees to determine which are prepared to enter a summative evaluation. Sites that are selected to move forward with a summative evaluation will begin collecting data on October 1, 2020. If Colorado is selected, a quasi-experimental design will be utilized to evaluate Pathways.

Permanency
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 updated to determine who continues to be most at risk for emancipation, while children and youth who have achieved permanency are removed from the list. The list is provided to the permanency specialists within CDHS. The group meets at least monthly to:

- Review the list of identified children and youth and submit this information to county partners of the children and youth on the list that are in their county,
- Identify child welfare practice trends, themes or systemic barriers,
- Determine what supports are needed to counties and their staff and,
- Identify if there is a need for service for child/youth specific recruitment.

The permanency specialists' work with county partners and OCYF recruitment and retention staff to determine which cases need increased intervention and support. This can include family engagement meetings, case consultations, permanency roundtables, or other requests from county partners. Every quarter, CDHS Executive Management Team reviews and provides feedback on CDHS's progress with the program and how permanency is being achieved for children and youth in Colorado. In addition, CDHS contracted with IMPAQ International to examine potential changes to the predictive analytics algorithm. These efforts 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. In 2019, 102 children/youth were identified on the predictive analytics report, and eight youth had achieved legal permanency. CDHS anticipates that this process will continue to help increase children and youth with quicker exits to permanency. In January 2020, the permanency specialists sent out a survey to determine the efficiency of the predictive analytics program to county partners regarding their high risk children and youth. Results of this survey are in the process of being reviewed and evaluated to determine further steps in expanding the program.

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. The RGAP Administrator provides training and technical support to county departments of human/social services onsite and through teleconferences.

CDHS seeks to increase the number of children/youth served with relative guardianship assistance agreements in order to provide additional stable permanency options for children/youth. An information memorandum was issued to clarify both the extension of RGAP agreements to young people who meet the criteria up to age 21 and also to clarify the reimbursement rate will be 90% covered by the state and 10% by counties as outlined in statute.

RGAP has continued to grow steadily. Currently 26 counties have guardianship assistance agreements through RGAP for one or more children/youth. In the current year (July 2019 - January 2020), 29 children/youth entered RGAP assistance agreement, and 16 children/youth exited the program in the same timeframe. The census fluctuates. In December 2019, 200 children/youth had assistance agreements.

Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program

Colorado's MIECHV program funds voluntary evidence-based home visiting programs in 12 of Colorado's highest risk communities, which includes 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;

- 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 Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), and PAT. Together, they serve families from the prenatal stage to kindergarten entry. The programs are administered by 16 local implementing agencies, and the following table provides information about the geographic distribution of the programs and their approximate caseloads.

Program	No. of Counties Served	Caseload
Home Instruction for Parents of Preschool Youngsters (HIPPY)	5	378
Nurse-Family Partnership (NFP)	2	445
Parents as Teachers (PAT)	11	886
TOTAL	**12**	**1,709**

Table 5: Number of counties where MIECHV programs are available and funded caseloads in FFY 2020

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 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 voluntary participation, being a first-time mother, low-income at intake and enrollment 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 22 agencies across the state, including public health departments, community health centers, community nursing agencies and hospital systems. In SFY 2020, CDHS's Nurse Home Visitor Program is contracted to serve approximately 3,950 families.

Unlike the other three programs, NFP is funded on the state fiscal year; therefore, NFP data reflects the period beginning July 1, 2019 and ending June 30, 2020.

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. Colorado was awarded $1,298,500 in FFY 2018 and $799,000 in FFY 2019. These funds are used according to the plan outlined in the CFSP, with a focus on funding Post-Permanency Services (PPSS) across the state. The *Update on Service Description* section describes CDHS's outreach to stakeholders to better understand the types of PPSS that are most needed statewide. The total annual estimated cost for statewide implementation of PPSS 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. Based on information reported for FFY 2015-2018, Colorado calculated over $1,284,472 in Adoption Savings, of which about $907,757 has been spent, leaving approximately $313,715 available for expenditure. CDHS has used and will continue to use the Adoption and Legal Guardianship Incentive and Adoption Savings funds for the following:

Post-Permanency Services (PPSS)
CDHS awarded a contract to the Adoption Exchange through a request for proposal to provide PPSS using Adoption Savings and Adoption/RGAP incentives funding. The amount awarded was $857,561 and provides for maintenance of 24 counties rolled out for PPSS in CY 2018 and to implement PPSS for a minimum of 26 additional counties by December 31, 2019. On December 31, 2019, 55 counties were fully phased in (approximately 31 counties were phased in during CY 2019). The focus has been to implement PPSS in rural areas of the state, where traditionally counties did not have the array of services and supports in comparison to counties located in the metro area. CDHS is continuing the contract with the Adoption Exchange and nine remaining metro counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, and Larimer) will begin phasing in starting January 1, 2020, to be fully implemented by October 2020.

The purpose of PPSS 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. Below are examples of specific activities that were completed in CY 2019 and are planned for CY 2020.

- Trauma-informed/evidence-informed Trust-Based Relational Intervention (TBRI) training for families and professionals is completed in Phase 1 regions, and the first TBRI trainings in Phase 2 regions was completed in June 2019.
- In-home coaching to assist TBRI-trained families in successfully implementing the parenting model is offered in all counties in Phase 1 and Phase 2 once TBRI training is completed by families.
- Implementation and connection groups on a regional basis provided ongoing support, learning opportunities and natural points of connection for families. This is offered in all counties following their TBRI trainings.
- Access to a pool of TBRI-trained families and/or individuals to provide respite care as needed for program participating families. A contractor provides this service under the PPSS contract. It is available in Phase 1 and Phase 2 regions.
- Online directory of mental health professionals available to offer crisis intervention and ongoing therapeutic services for families is available to all 64 counties.
- Resource navigation and referral for post-permanency families is available to all 64 counties.
- Specialized in-person and web-based training for families and professionals is available to all 64 counties.

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

In SFY 2020, the full array of services in PPSS was provided to all Phase 1 and 2 implementation counties (within five regions). Staff was hired specifically to serve individual regions for efficiency, in order to be more accessible to families and to limit travel. It is important to note that geographically, over 90% of the landmass in Colorado is occupied by the counties/regions that were served, thus reflecting the rural nature of the state in terms of landmass and population density. Approximately 26% of the nearly 5.7 million residents in Colorado live in rural areas.

Examples of services and the number of individuals served in CY 2019 are:

- 57 families received In-Home Coaching (331.75 hours);
- Six families received respite through Vital Care for 81.75 hours and 16 families received respite through The Adoption Exchange (208.25 hours);
- 563 individuals completed TBRI training in the rural counties; and,
- 354 individuals completed TBRI in the metro area;
- 91 families used Resource Coordination. Resources range in type due to the variety of needs and included psycho-education, mental health services, respite, educational support, and support groups.
- 1531 unique individuals used the searchable PPSS database.

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/youth 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/youth with special needs. This membership cost is $5,000 which is funded through the FFY 2019 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/youth who are awaiting adoption, and advocacy for policies that support adoption. CDHS pays $3,000 for the two-year membership.

There is no estimated timetable for spending unused savings due to the fund being used effectively and timely. Colorado does not foresee any challenges in accessing and spending the Adoption Savings funds. Colorado is not making changes in its Adoption Savings Methodology calculation at this time.

All awarded funds will be encumbered by September 30, 2020, and expended by December 31, 2020. CDHS does not anticipate any challenges or issues in spending the funds timely. CDHS will use incentive funds in FFY 2021 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. DCW staff continues to provide information about PPSS to counties. Counties are encouraged to provide information about PPSS for families that are achieving permanency

through adoption, guardianship, and other forms of legal permanency (legal custody and reunification). To maintain visibility, in May 2019, the contractor presented information about PPSS to DCW county-facing staff who are assigned as intermediaries to counties to encourage counties to network with the contractors, families and community agencies.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

Chafee-Funded Services
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 2019, 34 counties and Tribes had access to the Chafee program supports and services through 17 host counties, and in FFY 2020, 34 counties and Tribes 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.

In FFY 2019, 732 youth were served through the Chafee program. Colorado anticipates this number to stay about the same for FFY 2020. There will be an increase in youth that are served throughout the state with the implementation of the recommendations from the Chafee Modernization Task Group but there will also be a decrease as some of the Chafee country programs start rolling out the Pathways to Success program, which has lower caseloads than the Chafee program. CDHS continues to redesign the state's Chafee program to provide more robust services and integrate counties with the Pathways to Success model. As of the writing of this APSR, there are two Chafee counties that have chosen to integrate the Pathways to Success process and services into their existing program. These sites are Denver and Boulder County.

During FFY 2020, CDHS's Chafee program continues to work with county departments of human/social services, stakeholders and youth advisors to update program improvement processes as was discussed in Intervention 4.1.3 from the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR. DCW continues to utilize the redesigned annual plan 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.
- Each of the Pathways content areas of the report is broken into three separate populations (youth 14 to 16, youth 16 to 21, and aftercare youth that are 18 to 21 and no longer in foster care) that need to be addressed to ensure that programs are offering services that are age and developmentally appropriate.
- The plans have now shifted to identifying specifically what independent living services will be provided by the caseworker and the supplemental services that are being provided by the Chafee worker.
- County programs were also asked to provide how youths' voices will be integrated into each of the Pathway areas of the report.
- 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 2019 annual plan to address the requirements of Public Law 113-183[31] in regards to reporting to law enforcement the victims of sex trafficking.
- County Chafee program plans for FFY 2019 and going forward will also require an explanation of efforts to address the prudent parenting standards as defined by the Code of Colorado Statutes (12 C.C.R. 2509-1 (7.000.2)[32].

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 the 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. 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. The continued use of this funding methodology is working to rearrange the county based funding to those programs that are efficiently using their allocation and creating movement to ensure that all the available funds are expended.

Additionally, Colorado is engaged in soliciting input from stakeholders on how to meaningfully implement the expansion of the changes made by the FFPSA as well as modernize the program to ensure that it is an equitable program throughout the state and is making strides to integrate data driven practice in the state.

National Youth in Transition Database (NYTD) data
NYTD is a federal database that collects information about selected 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 continues to collaborate with other agencies and community partners to share data and better locate youth who are scheduled to complete the NYTD survey. CDHS has an existing agreement with the 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, Department of Local Affairs (DOLA) Division of Housing (DOH), 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. Although a date has not been scheduled for the next NYTD review, CDHS is continuing to prepare and staff are being proactive by reviewing its process and procedures for NYTD surveys to assess potential vulnerabilities in advance of the review.

CDHS continues to engage staff about the NYTD Review in the Chafee Services Quarterly meetings. As Colorado prepares for the review, CDHS will continue to engage and inform stakeholders through these venues. Additionally, CDHS is planning a series of focus groups with Youth Advisory Boards throughout

[31] https://www.congress.gov/113/plaws/publ183/PLAW-113publ183.pdf
[32] https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6558&fileName=12%20CCR%202509-1

the state to solicit youth feedback and engage youth representatives who may be able to participate in the review. CDHS continued to provide technical assistance to Chafee workers, county caseworkers and DYS client managers in preparation for the baseline cohort. 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 January 25, 2019, April 26, 2019, July 26, 2019, October 25, 2019, January 24, 2020, and April 25, 2020.

An area that DCW is striving to improve in FFY 2020 is revamping how the professionals who have contact with the youth are trained and providing additional resources for those professionals. DCW staff has started working with CWTS staff to update the existing training module to ensure its usability and update the information. The training will be housed on the LMS as a resource for Chafee coordinators, caseworkers, DYS staff, and other professionals who help facilitate the survey process.

The main goal is to provide a baseline knowledge of NYTD and why it matters to child welfare practice and the youth themselves. The training will provide the historical context of NYTD, areas covered in the survey, the process for entering the survey into the Trails system, a frequently asked questions section, and what is done with the data once it is entered. This training will provide guidance as it pertains to becoming compliant with CCWIS requirements to ensure that practice aligns with the new case management system and there will not be a lag in the entering of data.

Through the Trails Modernization process, DCW was also given the opportunity to streamline the NYTD process for caseworkers and Chafee coordinators. The new system provides direct access for caseworkers, Chafee coordinators, and DYS workers who have a youth on their caseload that needs to complete a survey. This information is presented to the worker within their dashboard to ensure quick access and moves away from the current process of navigating multiple screens to access the survey. This will help in the efficiency of the survey process. This new functionality will not be in production until later in the FFY so the results from the changes cannot be evaluated yet in this APSR.

During FFY 2019, DCW staff collaborated with HCPF to integrate youths' voices in how they were given information about the Medicaid options available to them. DCW linked HCPF staff with existing Youth Advisory Boards and counties who had youth voice opportunities to perform focus groups with the youth to see what barriers they encountered when obtaining health insurance or seeking medical treatment. The data that HCPF provided aligned with a decrease in youth reporting they had Medicaid for their NYTD follow-up surveys. This has precipitated an internal discussion within HCPF about their process in ensuring that former foster youth and other eligible youth are covered by Medicaid after emancipation, as well identifying other training opportunities. HCPF staff were brought in for the October 2019 Chafee Quarterly meeting to present on the eligibility, application and recertification process, and how to assist youth in troubleshooting issues as it pertained to Medicaid. This continues to be an invaluable collaboration and follow-up sessions will be scheduled to ensure ongoing updates.

DCW has also submitted all required data sets to the Urban Institute (UI) for the ten year ETV study (2005-2015).

Coordination of Services

All of the policy and program updates highlighted in the preceding paragraphs have been vetted through CDHS's statewide Chafee Quarterly 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.

CDHS continues to partner with stakeholders to address systemic issues that impact youth and young adults through the Pathways Initiative's State Interagency Team (SIAT). SIAT is made up of representatives from 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 to Success work to promote system alignment and coordination and to test services that reduce instances of homelessness.

CDHS's Chafee program continues to partner with DOLA's 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. 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 five 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.

An additional 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.

CDHS and its partners are working to improve data collection regarding youth who are experiencing homelessness. Currently, the annual PIT count, which is required by the 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. 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 DOH to create a Youth Supplemental Survey with the intent of 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 nonprofits in applying for grants.

CDHS participates as a governor-appointed member of the Colorado Human Trafficking Council, created in 2014 by HB 14-1273[33], to develop recommendations for improving Colorado's response to all forms of human trafficking. In addition, CDHS convened the HTTG: Collaborative Child Welfare Response to Sex

[33] https://cdpsdocs.state.co.us/ovp/Human_Trafficking/ActHB14-1273.pdf

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. 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 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's 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. 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's County's Chafee program is housed close to their workforce center and they have built in functionality within their case management system to make a direct referral to the workforce center and get the youth entered into the workforce as quickly as possible.

Improving educational outcomes for youth and young adults served by the Chafee program continues to be a priority for the program. CDHS will host the 22nd Annual Celebration of Educational Excellence virtually in June 2020. The front range virtual celebration will recognize the academic achievements of graduates who were previously or currently in foster care. Additionally, a resource fair will be 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 will receive a new tablet as graduation gifts to promote continued and lifelong learning. CDHS will also help to coordinate the fifth Annual Western Slope Celebration of Educational Excellence, which will be held virtually, and honors additional graduates. These events are planned in collaboration with the Department of Higher Education, DYS, judicial departments, local youth serving nonprofits, local runaway and homeless youth providers, local Chafee programs, and the OCR.

CDHS has partnered with the 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 2018, 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 C.C.R. 2509-4,

7.301.241[34]), 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's efforts to improve educational outcomes for youth and these efforts specific to postsecondary education are documented in the following Education and Training Vouchers (ETV) section. CDHS has continued to maintain a position at CDHE. The Education Coach position attends Chafee Quarterly meetings and collaborates with Chafee professionals to provide trainings for former and current foster youth. This position also provides trainings around the state developed online platform *My Colorado Journey*. The position has served as an intermediary between higher education institutions and former foster youth and youth experiencing homeless to address challenges in financial aid funding. The Education Coach has collaborated with the Department of Education to provide trainings for financial aid professionals at higher education institutions around financial aid eligibility, application processes and maintaining eligibility for former foster youth and youth experiencing homelessness. The Education Coach position provides information and trainings to multi-agency professionals across the state on how to use the state online platform for career exploration/development, educational pathways exploration, and financial aid preparation and process for former foster youth and youth experiencing homelessness. The Education Coach position serves as a facilitator for a committee that was formed from HB 18-1319[35] recommendations to work towards providing tuition and fee waivers for former foster youth. This position focuses on gathering information from institutions around supports and resources that are in place for former foster youth and providing a vehicle to host the information. The Education Coach position works towards the alignment of the CDHE's master plan towards closing the attainment gap by focusing on diverse and equitable practices. The Education Coach position fosters a collaborative in unifying resources across agencies for former foster youth and youth experiencing homelessness. The Education Coach develops resource content for Colorado's online platform *My Colorado Journey* to guide the experience for former and current foster youth.

The Chafee Program Coordinator was also brought in to speak at the 2019 Collaborative Forum on November 22, 2019 about the changes that were implemented to the ETV program from FFPSA. The Collaborative Forum is an annual event of student support service professionals (ASPIRE and TRIO) from campuses throughout the state to get updates on financial aid sources, programs, and approaches that impact the students that they work with. TRIO includes eight programs targeted to serve and assist low-income individuals, first-generation college students, disabled and disconnected individuals to progress through the academic pipeline from middle school to post baccalaureate programs. TRIO programs are educational opportunity outreach programs designed to motivate and support students from disadvantaged backgrounds and to provide relevant training to directors and staff.

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

[34] https://www.sos.state.co.us/CCR/12%20CCR%202509-4.pdf?ruleVersionId=5769&fileName=12%20CCR%202509-4

[35] https://leg.colorado.gov/sites/default/files/2018a_1319_signed.pdf

are required. At the state level, CDHS's Chafee program continues to coordinate with the Colorado Sexual Health Initiative (COSHI) 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. COSHI organized a statewide training of the "Power through Choices" curriculum on April 30 to May 2, 2019. Additional funding will be provided to counties that would like to integrate the curriculum into their programing. COSHI can facilitate the trainer curriculum to those counties that are interested to ensure that enough staff has been trained to counteract workforce instability.

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 LGBT 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. In 2019, DCW became the first state agency to receive the Human Rights Campaign "All Children All Families" Innovative Seal of Approval in supporting and serving 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. Benchmarks at this level also require agencies to look outside their own policies and practices and demonstrate leadership in areas like policy advocacy or organizational partnerships. Trainers from DCW and CWTS have been certified to provide "An Introduction to LGBTQ Competency for Child Welfare Professionals" statewide for practitioners across Colorado. This training is now offered through CWTS and all DCW staff have attended the training. Agencies that receive the seal of approval work to meet benchmarks of LGBTQ cultural competency. These benchmarks include:

- Establishing non-discrimination policies;
- Staff training to support the transfer of policy into practice;
- Sending an explicit message that LGBTQ children, youth and families are welcome;
- Ensuring LGBTQ parents feel included are recruited and all parents are provided information on caring for LGBTQ youth;
- Removing policy and practice barriers faced by LGBTQ youth to ensure they are safe, affirmed, and supported to achieve permanency;
- Support strategies that build internal capacity for long-term and sustainable LGBTQ inclusion efforts;
- Share lessons learned though serving as a leader on the local, state and national level for LGBTQ inclusion.

CDHS continues its work on best practices for working with LGBTQ youth through an internal work group that meets regularly. This work group continues to update and disseminate resources and best practices for the Division. DCW plans on publishing a Colorado Best Practice Guide for serving LGTBQ youth in child welfare in 2020.

Foster Youth to Independence (FYI) Voucher Program

In July 2019, the U.S. Department of Housing & Urban Development announced the FYI Voucher Program. The FYI program provides eligible young adults with a housing voucher to assist in the prevention of homelessness among young adults with foster care histories. In order to receive a voucher the child welfare agency must ensure the provision of supportive services for the duration of the voucher. While FYI operates in most states at the community level, it is important that state child welfare agencies support and facilitate conversations to assist in implementation of this initiative.

The Jefferson County Chafee program was one of the first locations in the nation to implement the new program and has worked diligently to ensure the vouchers are utilized quickly. They currently have 14 youth with FYI vouchers.

Since the FYI program was announced, the Chafee coordinator has sent out the notices to the programs throughout the state. At the October 2019 Chafee Quarterly meeting, housing vouchers were discussed at length. A representative from DOLA's DOH was put on the agenda to discuss housing assistance options for youth that are being served throughout the state. A large segment of the state has shifted to coordinated entry so updated information was provided on what options are available for youth. The representative also discussed the process of the FYI vouchers and the eligibility requirements for county programs that are seeking to implement them into practice. All pertinent information from HUD has been provided to all the Chafee programs throughout the state. An additional item was added to the annual report that Chafee counties complete that will track how many youth have received an FYI voucher in the past FFY. As of the writing of this report Jefferson County has 14 youth who have received a voucher and are currently in leases. DCW will continue to provide technical assistance and guidance to county programs that would like to integrate the FYI vouchers into their menu of services.

Private and Public Sector Involvement in Helping Youth in Foster Care Achieve Independence
Within the annual plan that counties submit each year is information on how the county program collaborates with public and private organizations in helping youth achieve independence. Many of the examples can be seen above but the annual plan also has the counties identify which agencies they collaborate with in certain areas to provide training and skills to the young people they are working with. The areas include:

- Legal permanency and lifelong connections
- Wellbeing (physical, mental and behavioral health, comprehensive sexual health, pregnant and parenting youth)
- Safe and stable housing
- Secondary educational attainment
- Post-secondary educational and training attainment
- Adequate employment
- Financial stability

Many of the programs will coordinate with local banks to provide financial education around credit scores and instructions on how to open a bank account. Other programs work closely with local employers to create an apprenticeship program where the company can hire on the young person at the end of the training period. Many of the programs work closely with their department of health to provide the comprehensive sexual health educational piece.

ETV Program (section 477(i) of the Act)
Prior to awarding ETV funding, the program confirms the student's enrollment status – part-time or full-time, the amount of aid they are receiving from all other sources and the college's published cost of attendance to confirm that the ETV award and other dollars do not exceed the cost of attendance.

Through a two step-process, student's financial aid award package and their budget for the semester are reviewed to calculate the amount of federal funding they are receiving and if they are receiving a federal benefit service. This review is done prior to ETV funding being allocated each semester.

The ETV program and the many public and private scholarships and grants and campus-based programs coordinate outreach so youth are aware of all the resources available to them. To protect students'

privacy, ETV will forward targeted messages to students advising them of opportunities at their college, in their county, etc.

Colorado's ETV Program has been administered by Foster Care to Success since the academic year 2003-2004. This program maintains individual contact with the 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 proposal 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 2020 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. The following table includes the number of youth who have been served through Colorado's ETV program.

Annual Reporting of ETV's awarded	Total ETV's Awarded	New ETV Recipients
2013-14 School Year (July 1, 2013 to June 30, 2014)	152	62
2014-15 School Year (July 1, 2014 to June 30, 2015)	154	75
2015-16 School Year (July 1, 2015 to June 30, 2016)	160	77
2016-17 School Year (July 1, 2016 to June 30, 2017)	138	66
2017-18 School Year (July 1, 2017 to June 30, 2018)	103	40
2018-19 School Year (July 1, 2018 to June 30, 2019)	103	34
Estimate - 2019-20 School Year (July 1, 2019 to June 30, 2020)	115	40

Table 6: Number of ETVs awarded

Chafee Training
Supportive services are voluntary for the youth and may be provided by other agencies on behalf of the child welfare agency. Voucher assistance is provided for 36 months. CDHS notes that funding under the Chafee program may not be available to support the services to be provided due to Chafee program eligibility and age of the youth; however, child welfare agencies have developed partnerships with housing providers, foundations, and other community resources to secure the services needed to ensure youth are successful in obtaining and maintaining the voucher for the 36 months.

Consultation with Tribes
See the *Consultation and Coordination between States* and Tribes section of this APSR.

COVID-19
The COVID-19 pandemic has significantly impacted the eligible population for the Chafee Program through loss of income, housing, and other support systems. The young people served by the Chafee program are some of the most vulnerable people in Colorado, and DCW has moved quickly to support the youth. When the pandemic initially hit Colorado there was an internal conversation within DCW to

figure out how to support the youth and ensure that they had the appropriate supports needed. Examples of actions DCW took include:

- Shifted program priorities to open up $36,000 in emergency funding for the Chafee eligible youth on a case-by-case basis. The funding and additional guidance from CDHS has been used to ensure that youth do not become homeless during this pandemic. The funding is used to pay for rent, utilities, groceries, and other basic necessities that youth need access to when there is not an alternative.
- The Chafee program also provided 42 Kindle Fires to assist eligible youth to reduce the barriers they are encountering due to social distancing. The Kindle Fires have provided access to online education platforms; connection to professionals, family members, and support systems; and ensure that the youth can continue to work on other goals to ensure a successful transition to adulthood.
- Coordinated with the ETV vendor to ensure that the enrolled youth were being supported as best as possible. The vendor was providing consistent outreach through phone, text, and email to ensure that students knew their rights about staying on campus, and also assisted with creating a plan for back-up housing, and how to navigate online classes.
- An additional $45,000 was also added to the contract for the ETV vendor to ensure that financial assistance could be provided to youth during the pandemic.
- The Chafee Quarterly meeting in April 2020 was mainly focused on providing updated information to the Chafee workers throughout the state and additional resources that the workers could access for their youth. There was also a section designated to allowing the county programs to discuss what practices they had implemented to support their youth during the pandemic.

Consultation and Coordination Between States 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% since the 2000 Census, and the Census anticipates 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), Denver Indian Center (DIC) 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, an Indian Child Welfare Specialist, and a Behavioral Health Tribal Liaison 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. In December 2018, CDHS signed a renewed State-Tribal Consultation Agreement. CDHS and the Tribes continue their commitment to meet annually to hold formal tribal consultations: one was held in September 2018 and one was held in October 2019. No barriers to the coordination between CDHS and the Tribes are anticipated at this time.

In September 2018, CDHS's leadership team and tribal liaisons visited with both Tribes individually to address action items from the 2017 CDHS Tribal Consultation and to discuss new issues. Representatives from Montezuma County and La Plata County also participated in the consultation.

In October 2019, CDHS's executive leadership team and tribal liaisons visited with both Tribes individually to address action items from the 2018 CDHS Tribal Consultation and to discuss new projects to collaborate and partner. Representatives from Montezuma County and La Plata County also participated in the consultation.

In the October 2019 consultation with the UMUT, there were a number of areas and goals that the Tribe conveyed to the state:

- The need to strengthen and always ensure that we are working on a government-to-government basis
- Look into the possible licensing of the Sunrise Youth Shelter
- Review of all funding available
- Working with UMUT Mógúán Behavioral Health to find funding for two additional clinicians
- Incorporating more elder services for UMUT that include, but are not limited to: elder center overnight care, funding for home modification for elders to age-in-place and elder gardening programs

In the October 2019 consultation with the SUIT there were a number of areas and goals that the Tribe conveyed to the state:

- Tribes interest in looking into Core Services funding
- Tribe interest in increasing the number of social service personnel that are Certified Addiction Counselors
- Improve domestic violence credentialing
- Work with Rocky Mountain Health Plans on information sharing regarding behavioral health
- Discuss the possibly revising the MOU with AXIS Behavioral Health
- Analyze various care designs around elderly individuals with developmental disabilities, substance abuse, alcohol dependency and homelessness

As of February 2020, CDHS, UMUT and SUIT are currently working to formalize the action items that resulted from the October 2019 consultations.

Since the 2019 consultations, the CDHS Tribal team members have attended both UMUT and the SUIT new Tribal Council and Chairman inaugurations. The CDHS Tribal team has provided a CDHS programs and funding overview to the new Southern Ute Indian Tribal council members. The CDHS Tribal team has partnered with members of the Domestic Violence Program team, the Colorado Department of Public Safety (CDPS) and CDPHE, to begin work with the UMUT domestic violence program to support, engage and determine long term sustainability.

CDHS has worked with each of the Tribes to address the issues raised by the tribal representatives during the 2018 and 2019 consultations. A large part of the 2018 CDHS-Tribal Consultation focused on improving the processes through which CDHS and the Tribes communicate and coordinate. A large part of the consultation with UMUT also focused on increased collaboration with Montezuma County. Both Tribes also requested orientations about the CDHS-Tribal relationship and current projects for their new Tribal Council members as well as an orientation about tribal issues for CDHS leadership. CDHS sets aside funding from various sources for each Tribe, and CDHS leadership offered to host meetings with each Tribe separately to talk about how state and federal funding could help support existing tribal programs or initiatives. The three CDHS tribal liaisons met with each tribe - including Tribal Council members, tribal department leadership and staff - in October 2018. Both Tribes reflected that better understanding how the dollars can be used, what the reporting requirements are, and how the dollars can support existing tribal initiatives was immensely helpful. CDHS will plan on holding similar forums early in 2020 with new council and tribal department staff. Another avenue for increased coordination is the CCIA Health and Wellness Committee, which was established in 2018. The Committee has representatives from CDHS, other state agencies, both Ute Tribes, and organizations serving American Indian/Alaska Native people in urban areas. Since its implementation, the committee has developed a mission statement, definitions and is currently developing goals to be most impactful with communities and Tribes.

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. 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 operated as a SafeCare® site from January 2014 to August 2019. 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 was the first year the Tribe had a home visitor on staff, and Southern Ute will be able to utilize this service in the future once capacity has grown. The UMUT's original SafeCare® coordinator recommended having culturally relevant parenting classes available to

families on the UMUT reservation because parenting classes would nicely complement the SafeCare® program. CDHS and UMUT leadership agreed to decreasing the SafeCare® contract and adding a contract with UMUT for PSSF, which would provide adequate funding for the current SafeCare® coordinator to also administer parenting classes while continuing the SafeCare® program. Currently, this position is vacant but is anticipated to be filled by Spring of 2020.

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. CDHS created a one-pager to help guide tribal staff on how to enroll in courses and seek reimbursement.

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/youth; 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 allowed the Tribes to use the holdout for the provision of all CDHS approved child welfare services for American Indian children/youth. Changes to the eligibility requirements now allows 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/youth 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 Indian Child Welfare Specialist continue to field questions from the staff of both Tribes about allowable expenditures. 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 program implementation, specifically the various ways in which Core Services 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.

With the passage of the FFPSA, Tribes will be able to draw down IV-E funding for prevention services. Currently neither UMUT nor SUIT has any IV-E plans or IV-E agreements with CDHS or at the federal level. CDHS and both Tribes have expressed interest in holding a consultation about the impact of the FFPSA. The main group in Colorado focused on child welfare overall, including the FFPSA, is the Delivery of Child Welfare Services Task Group. UMUT requested that a UMUT representative be a voting member of this Task Group. To accommodate that request, CDHS appointed the UMUT Social Services Director to serve in that role. Additionally, the Executive Director of DIFRC has been appointed to the FFPSA-IT. Between a separate consultation about implementing FFPSA and the representation on the Task Group, CDHS hopes to fully consider the impacts on FFPSA on tribal nations.

In addition, the 2018 CDHS Tribal Consultation identified a continued need for behavioral health services, specifically for people struggling with substance abuse and for youth. In the spring of 2017, OBH 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, UMUT used $60,000 for a needs assessment. The second year of the grant allocated $125,000 for UMUT and $152,330 for SUIT. Additionally, CDHS was also granted a State Opioid Response (SOR) grant through SAMHSA, in which UMUT received $52,083 and SUIT received $63,471 through April 2019 and $125,000 for UMUT and $152,330 for SUIT for the next federal fiscal year to help fund long term planning initiatives and services. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, 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. Additional funds were made available for the SOR grant Year 1 and Supplemental Fund which run through September 29, 2020. This includes an amendment for the SUIT from May through September 2019 to include a total of $79,775 in funds, and from October 2019 through September 2020 a total of $250,330. The SOR funds also were leveraged to aid in providing needed and requested therapist support for the UMUT for a total of $246,018 from October 2019 to September 29, 2020. The CDHS Behavioral Health Tribal Liaison is working with both Tribes on allowable ways to invest those dollars. Outside of the annual formal consultation meetings, CDHS staff routinely meets with tribal representatives to work through program and/or initiative specific issues.

In SFY 2018-2019, CDHS began working with staff from county departments of human services, a child placement agency and employees of organizations that serve the American Indian community in the Denver metro area to develop shared messaging to support the recruitment of American Indian foster families. The goal of this project was to develop shared messaging to support the recruitment of American Indian foster parents. As of SFY 2020, this project was postponed and will resume after discussions on time frames and capacity to complete the project occur.

Community outreach is an integral part of Colorado's recruitment strategy, and given the need for American Indian foster families, CDHS and its partners hosted a foster care information table at the Denver March Pow Wow in March 2019. Over the course of three days, CDHS, counties and CPA staff shared information about Colorado's recruitment needs and the process for becoming a foster parent. The Denver March Pow Wow attracts attendees from several neighboring states and Canada. Given this reach, CDHS shared the booth space with representatives from the Cheyenne & Arapaho Tribes from Oklahoma. The partnership with this tribe and SUIT and UMUT continued when tabling the 2020 Denver March Pow Wow. CDHS considers it a success to raise awareness at a significant community event, develop partnerships with Tribal representatives and to build a presence at the Denver March Pow Wow.

Ongoing discussions regarding coordination and collaboration between CDHS and the Tribes in the implementation and assessment of the CFSP are being held. These conversations will include CDHS's Tribal Liaison, the Indian Child Welfare Specialist, and the Behavioral Health Tribal Liaison. More information on this will be reported in future APSRs.

Chafee Program
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. Chafee services are provided through the La Plata County Chafee program to both Ute Mountain Ute and Southern Ute tribal youth.

Both Tribes are consulted on the programs to be carried out under the Chafee program through multiple ways. The first is through the option of applying for the Chafee funding when the annual plan is disseminated by the DCW. The Tribes have yet to choose to host their own program and DCW has been told that they do not have the capacity to provide this service. Each year the La Plata County Chafee program coordinates with both the Tribes to ensure that their youth can be covered by the program. Tribal youth have access to the same services and funding that other counties that partner with host county programs have. Both Tribes were invited to participate in the Chafee Modernization Task group that was discussed earlier in the document (see Intervention 4.1.3 in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR). The SUIT had a representative who participated in planning and ensuring that tribal youth's service needs were thought of during the proceedings.

In order to ensure that both Tribes are aware of the benefits available to their youth, both Tribes are included in an informational memorandum that contains the planning package for the annual Chafee plan and have the ability to apply for program funds. La Plata County staff maintains contact with both

Tribes regarding the Chafee program supports and services and ensure that all eligible youth that are seeking services can be served by the program. The annual plan that La Plata County submits each year documents their ongoing collaboration with both Tribes.

As a requirement of accepting Chafee funds, the state is responsible for outreaching and coordinating with the Tribes in its state. The Chafee outreach to both the Southern and Mountain Ute Tribes has been accomplished through a couple of different avenues. The opportunity to apply annually for the Chafee program is sent out to all the county directors including directors of the tribal department of human services. As of the writing of this APSR, the Tribes have chosen not to apply for funding.

Currently eligible tribal youth are served through a MOU with the La Plata County Chafee program. CDHS will continue to regularly consult the tribes to see if they have the capacity to take on the program themselves but until then, the existing relationship with La Plata County is enabling their youth to be served by the program. The DCW Indian Child Welfare Specialist met with both the Mountain Ute and Southern Ute tribes during the week of April 15, 2019 to see if they would like to pursue their own program and they reported that they did not have the staffing capacity to take on the program and will continue to collaborate with the La Plata County Chafee program.

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 10 questions regarding American Indian heritage, court findings and tribal notification of the child/youth's placement and court proceedings. In August 2016, the Colorado Judicial Branch began collecting data related to ICWA. Data points include "active effort" findings, documentation of inquiry of Native American heritage and if notification was sent to all required parties. 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.

Measure	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Preserving Connections: Were the ICWA requirements met?	29.7%	22.9%	19.6%	20.7%	19.3%

Table 7: FFY 2015 through FFY 2019 ICWA compliance (Source: ARD, 2/26/2020)

Three areas of improvement related to ICWA compliance 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/youth's proceedings sent to the child/youth'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 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[36], 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 September 2019, the DCW ICWA Specialist partnered with the Colorado Court Education Specialist, from the Colorado Judicial Branch, to present and train on ICWA history and codes to clerks at the Colorado Court Employee Conference. Additionally, the DCW Ongoing Manager and the ICWA Specialist had planned to partner with Judge David Furman and Judge Craig Welling to present on ICWA at the National Council for Probate Judges conference in May 2020, however this conference has been cancelled due to the COVID-19 pandemic.

Rule related to ICWA in the Code of Colorado Regulations was revised to align with the new federal regulations.

During 2018, CWTS engaged the ICWA Task Group to begin revisions of the ICWA training, which will become available in SFY 2020. Starting in July 2020, all certified supervisors will have two years to complete the ICWA training through CWTS, thus making the ICWA training mandatory for all certified supervisors, including previously certified and newly certified, in Colorado. The ICWA training was developed through the Enhanced Community Health Outcomes (ECHO) model in order to reach all counties statewide.

At the time of the 2019 CDHS/Tribe consultation, formal ICWA agreements were not a priority. Since then, meetings continued with new Tribal Social Services leaders and both the UMUT and SUIT would like discussions on updating and creating an ICWA agreement with CDHS.

As of February 2020, the judicial branch ICWA sub-committee has met and will continue to meet throughout 2020 to develop ICWA specific rules for the judicial branch.

Additionally, DCW's ICWA and Kinship Care Program Administrator have been available to provide onsite, webinar and/or teleconference training and technical assistance to individual counties or regions.

A draft of the APSR was sent to the two Tribes in Colorado for their feedback. The final APSR has been and will continually be shared with the SUIT and UMUT after completion via email.

[36] https://leg.colorado.gov/sites/default/files/images/olls/crs2017-title-19.pdf

CAPTA State Plan and Updates

Please see Appendix F for the 2021 CAPTA Annual Report.

Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
Colorado is committed to recruiting foster, adoptive, and kinship parents that reflect the racial, ethnic, and cultural diversity of the children/youth in OOH care. The 2020-2024 Statewide Diligent Recruitment and Retention Plan shifted Colorado's focus from addressing primarily 'general' recruitment efforts to equally addressing both general and targeted recruitment activities. With Colorado's county-administered and state-supervised structure, successful diligent recruitment of foster and adoptive parents occurs at the local level. In 2018, the Colorado legislature passed and implemented SB 18-254[37] which required additional information and analysis within the diligent recruitment plan. Sixty four counties and thirty five licensed CPAs were required to submit a 2018-2019 diligent recruitment plan outlining county utilization rate for placement settings and analysis of statewide services. All plans were submitted and analyzed by the DCW Foster Care and Recruitment and Retention Specialist in August of 2019. The counties and CPAs were directed to analyze their regional data to identify systemic gaps and service needs in their region and submit their proposal based upon this determination. Based on data and anecdotal evidence from service providers, there is a gap between the number of foster, adoptive, and kinship families available and the needs of children/youth coming into foster care. At the end of 2019, the CCWIS provided data outlining 409 children/youth available for adoption in the state of Colorado. The needs of these children/youth include, but are not limited to, trauma-informed services, improved mental health/substance abuse services, multilingual/American Sign Language (ASL) staff/support/treatment, placement ability to take sibling groups of three or more, placement ability to take teenagers, services for complex trauma symptoms and inclusive of the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) population.

In 2020, CDHS is requesting additional strategies to be included in the plan updates to focus on recruitment of diverse families, the specialty of county and CPAs, families for children/youth and sibling groups and strategies focused on customer service. The plans will address recruitment efforts for 2019-2020 based on CY 2019 data and will be submitted to the DCW Foster Care and Adoption Recruitment and Retention Specialist. Also, CDHS will host and maintain a quarterly recruitment and retention meeting to provide ongoing technical support, training and collaboration with county, CPA and community partners. For more details regarding changes to the plan, please see Appendix J.

To help facilitate foster and adoptive parent recruitment, CDHS encourages collaboration and partnership between the counties and The Adoption Exchange to coordinate the COHG photo listing. The collaboration assures procedures for a timely search for prospective parents for a waiting child/youth. In addition to being posted on COHeartGallery.org, the photos are on traveling banners throughout the community and are used on the Adopt US Kids national photo listing, the Adoption Exchange's online children's gallery and by county staff.

For information regarding communications to internal and external stakeholders on the foster care recruitment process, please see the Measures of Progress on Goal 3 in the *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* section of this APSR.

Health Care Oversight and Coordination Plan
The DCW's Health Care Oversight and Coordination Plan remain in effect. The goals continue to be reviewed on a quarterly basis to ensure work is being accomplished and remains relevant. The majority

[37] https://leg.colorado.gov/sites/default/files/documents/2018A/bills/2018a_254_enr.pdf

of the work on the plan is currently focused on psychotropic medications. First, the Psychotropic Medications Protocol is being reviewed to determine if updates or amendments are needed. Second, the CWTS continues to work to develop a course for assuring safe prescribing of psychotropic medications for children/youth in care. Lastly, work continues on developing procedures and protocols to ensure that children/youth in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of inappropriate diagnoses.

There are no changes or additions that need to be made to the plan at this time.

Disaster Plan
Colorado was not affected by a disaster during this reporting period; therefore the Disaster Plan did not need to be utilized.

Changes were made to the Disaster Plan to reflect new leadership at DCW and OCYF (see Appendix K).

During the COVID-19 pandemic in Colorado, CDHS has taken numerous steps in ensuring the safety of the Department, counties and the child(ren)/youth and families in Colorado. CDHS meets twice weekly with counties and community partners to provide updates and an open forum for questions, and county intermediaries at the DCW continue to work closely with counties to provide support during this time. A plan has been developed in response to COVID-19 and has been executed with collaboration from counties, community partners and other stakeholders.

Training Plan
Please see the Training Plan as an attachment (Appendix L).

Statistical and Supporting Information

CAPTA Annual State Data Report Items
Please see Appendix F.

Information on Child Protective Service Workforce
As a state supervised, county administered child welfare system, Colorado's CPS workforce is hired and maintained through 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 CWTS 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 five 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 2020 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. However, the state has spelled out the following requirement regarding educational requirements to guide counties in their hiring practices.

Minimum Educational and Certification Requirements
Hotline Workers:

- Minimum Education: A high school diploma or General Equivalency Diploma (GED)
- Initial Certification Requirements:
  - Complete the pre-service hotline training for workers;
  - Complete all required Transfer of Learning exercises with the assistance of a supervisor, or supervisor's designee; and,
  - Demonstrate competence through pre-and post-tests, trainer observation, and verification by the county department as outlined in the request for certification.
- Annual Recertification Requirements: 10 hours of qualifying in-service training.

Hotline Supervisors:

- Minimum Education:
  - A high school diploma or GED, and
  - Three (3) years of professional child welfare experience in a public or private human services agency.
- Initial Certification Requirements:
  - Complete the pre-service hotline training for supervisors;
  - Complete all required Transfer of Learning exercises with the assistance of a supervisor, or supervisor's designee; and,
  - Demonstrate competence through pre- and post-tests, trainer observation, and verification by the county department as outlined in the request for certification.
- Annual Recertification Requirements: 10 hours of qualifying in-service training.

Caseworkers:

- Minimum Education:
  - A bachelor's degree from an accredited institution with a major in a human behavior science field, or a degree with 30 semester hours, or 45 quarter hours, of course work in development of human behavior, child development, family intervention techniques, diagnostic measures or therapeutic techniques such as social work, psychology, sociology, guidance and counseling, and/or child development; and,
  - One (1) year of professional caseworker, case management, or human services experience in a public or private human services agency; OR,
  - A bachelor's of social work degree and successful completion of an approved field placement in a county department of human services; or,
  - A master's degree in social work or a human behavioral science field.
- Initial Certification Requirements:
  - Complete the pre-service training for new social caseworkers if not previously certified within the previous four (4) years in the State of Colorado;
  - Complete all required Transfer of Learning exercises with the assistance of a supervisor, or supervisor's designee; and,
  - Demonstrate competence through pre- and post-tests, trainer observation, and verification by the county department as outlined in the request for certification.
- Annual Recertification Requirements: 40 hours of in-service training each state fiscal year, with a minimum of sixteen (16) of those hours focused in the area of the social casework supervisor's primary job responsibilities.

Casework Supervisors:

- Minimum Education:
  - A bachelor's degree from an accredited institution with a major in a human behavior science field, or a degree with 30 semester hours, or 45 quarter hours, of course work in development of human behavior, child development, family intervention techniques, diagnostic measures or therapeutic techniques such as social work, psychology, sociology, guidance and counseling, and/or child development; and,
  - Three (3) years of professional caseworker, case management, or human services experience in a public or private human services agency; or,
  - A master's degree or higher in a social work or human behavioral sciences field; and,
  - Two (2) years professional casework, case management, or human services experience in a public or private human services agency.
- Initial Certification Requirements:
  - Complete the pre-service training for new social caseworkers if not previously certified within the previous four (4) years in the State of Colorado;
  - Complete the pre-service training for new social caseworker supervisors;
  - Complete all required Transfer of Learning exercises with the assistance of a supervisor, or supervisor's designee; and,
  - Demonstrate competence through pre- and post-tests, trainer observation, and verification by the county department as outlined in the request for certification.
- Annual Recertification Requirements: 40 hours of in-service training each state fiscal year, with a minimum of sixteen (16) of those hours focused in the area of the social casework supervisor's primary job responsibilities.

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 CPS personnel and educational degree type from the CWTS. 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 2018.

LMS Users Overview
The data presented below represent all active learners (who have logged into the LMS) in CY 2019 and have at least one documented course completion; using this definition, CWTS served 7,346 active learners in 2019 in Colorado. As presented in Table 8, below, these learners are county child welfare staff (35%), foster/kin/adoptive parents (31%), community-based service professionals (7%) and others.

User Role	Number	Percent
County child welfare staff member	2571	35.00%
Foster/kin/adoptive parent	2311	31.46%
Community-based child/family service professional	484	6.59%
Colorado Department of Human Services (CDHS)	209	2.85%
Colorado Child Welfare Training System (CWTS) employee or provider	191	2.60%
Tribal child welfare agency or community organization	12	0.16%
(blank)	1568	21.34%
Grand Total	**7346**	**100.00%**

Table 8: CWTS User Type

CWTS User Demographics
The following tables describe the active CWTS users by gender, race, ethnicity, education level and, for BSW/MSW degrees, at which institution the learner earned their degree. Users self-report these demographics. In July 2019, the LMS made some of these fields mandatory, though some blanks exist for users who have not logged in since July and for other questions where responses are not mandatory (e.g. degree-granting institution). The tables rank demographics and follow in order of highest to lowest percentage of self-report.

Gender	Number	Percent
Female	5113	69.60%
I prefer not to answer	65	0.88%
Male	1797	24.46%
Transgender/Non-Binary	9	0.12%
(blank)	362	4.93%
Grand Total	**7346**	**100.00%**

Table 9: CWTS User Demographics - Gender

Race	Number	Percent
White	4377	59.58%
I prefer not to answer	434	5.91%
Other	375	5.10%
Black or African American	333	4.53%
Asian	92	1.25%
Native American/Native Alaskan	82	1.12%
Native Hawaiian/Pacific Islander	22	0.30%
(blank)	1631	22.20%
Grand Total	**7346**	**100.00%**

Table 10: CWTS User Demographics - Race

Ethnicity	Number	Percent
Non-Hispanic or Latino	5335	72.62%
Hispanic or Latino	1075	14.63%
I prefer not to say	537	7.31%
(blank)	399	5.43%
Grand Total	**7346**	**100.00%**

Table 11: CWTS User Demographics - Ethnicity

Education Level	Number	Percent
Other Bachelor's degree	2031	27.65%
Other Master's degree	978	13.31%
Master of Social Work (MSW)	671	9.13%
Bachelor of Social Work (BSW)	442	6.02%
Some college	521	7.09%
High school diploma/GED	385	5.24%
Associates degree	300	4.08%
Doctoral or other advanced degree	126	1.72%
Trade/vocational training	125	1.70%
I prefer not to say	95	1.29%
Less than high school education	41	0.56%
(blank)	1631	22.20%
Grand Total	**7346**	**100.00%**

Table 12: CWTS User Demographics – Highest Level of Education Received

MSW/BSW Granting-Institution	Number	Percent
Other/Outside of Colorado	1520	20.69%
Colorado State University	266	3.62%
Metropolitan State University of Denver	233	3.17%
University of Denver	233	3.17%
University of Northern Colorado	140	1.91%
Colorado State University-Pueblo	132	1.80%
University of Colorado	130	1.77%
(blank)	4692	63.87%
Grand Total	**7346**	**100.00%**

Table 13: CWTS User Demographics – University Where BSW/MSW Earned

In addition to demographic information about Colorado's CPS personnel, the 2021 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.

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

Table 14: DCW Caseload Study - caseload recommendations by service type (Source: caseload study, March 2016)

Juvenile Justice Transfers

Between January 1 and December 31, 2019, there were 197 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 (i.e. DYS). 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 2019. 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 2014 to CY 2019.

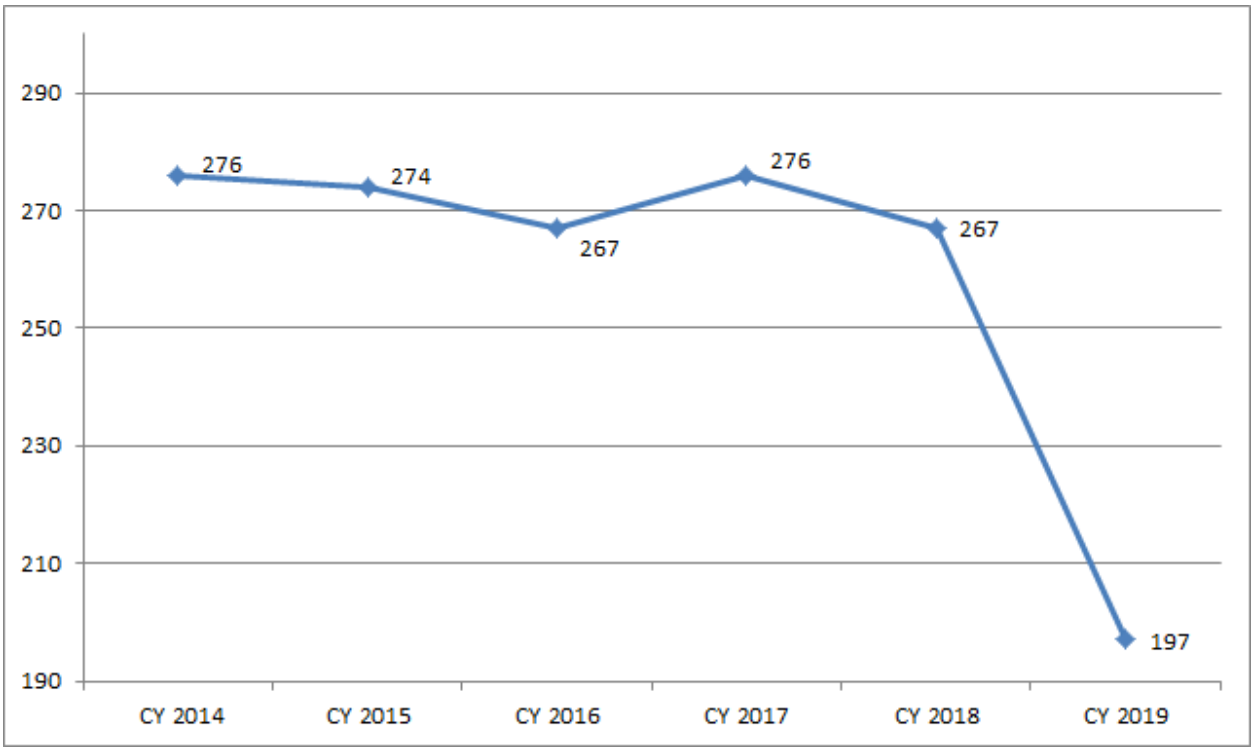


Figure 4: Number of children and youth transferred from CDHS to DYS (Source: Trails, 3/6/2020)

ETV
The number of youth who received ETV awards is in the *John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)* section of this APSR.

Inter-Country Adoptions
See "Services for Children Adopted from Other Countries" in the *Updates to Service Description* section of this APSR.

Monthly Caseworker Visit Data
Monthly caseworker visit data for FFY 2020 will be reported separately and submitted by the December 2020 due date.

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 the Service Descriptions* 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 is not possible to anticipate the geographic areas where services will be available until after the procurement process is completed. This information is included on line six of the CFS-101, Part III form which covers FFY 2018 grants. The requested amount for FFY 2021 in Part I and Part II of the CFS-101 is $4,663,594.

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 seven (a) of the CFS-101, Part II form.

FFY 2018 state and local share expenditures for the purpose of Title IV-B, subpart 2, amount to approximately $1,635,799.81.

The 2021 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.

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

OMB Control No: 0970-0307

Expiration Date: 09/30/2019

State Court Improvement Program 2019 Annual Self-Assessment Report

This self-assessment is intended as an opportunity for Court Improvement Programs (CIPs) to review progress on required CIP projects, joint program planning and improvement efforts with the child welfare agency, and ability to integrate CQI successfully into practice. Questions are designed to solicit candid responses that help CIPs apply CQI and identify support that may be helpful.

I. CQI Analyses of Required CIP Projects (Joint Project with Agency and Hearing Quality Project) *It is ok to cut and paste responses from last year, but please update according to where you currently are in the process.*

Colorado Collaborative Vision Statement:
Stakeholders collaborate to achieve bold systems change, ensuring Safety, Permanency and Well Being for Colorado's Children, Youth and Families.

Joint Project with the Child Welfare Agency:

Permanent Home Workgroup and Pilot Project (PHOM) successfully drafted updated permanency statutes ensuring that stakeholders address the need for permanent home goals for children and youth. The cross systems work will continue and Colorado, children, youth and families as the state develops a plan for full implementation of the Families First Prevention Services Act.

Provide a concise description of the joint project selected in your jurisdiction.

The Executive Committee of the Colorado Court Improvement Program (CIP) appointed the Permanent Home Workgroup to examine practices and issue recommendations for procedure changes to promote timely placement of children and youth in permanent homes.

Identify the specific safety, permanency, or well-being outcome this project is intended to address.

PHOM brings focus and attention to concurrent planning to reduce time to permanency.

Approximate date that the project began:

October 2014

Which stage of the CQI process best describes the current status of project work?

This PHOM workgroup is in phase V of the change management process to improve permanency outcomes. The purpose of the PHOM approach is to provide the court and professionals with the information and data needed to conduct and measure permanent home staffing, hearings and findings. The PHOM workgroup studied Colorado Revised statute 19-3-703, regarding placement in a permanent home for children under six years of age and created an approach for making PHOM findings on the record and collected data that reflects when a child is in a permanent home. Colorado CIP hired an independent contractor to evaluate and assess the validity of the PHOM project and analyze and interpret the data. The evaluation was intended to answer the following questions: Should implementation of PHOM continue? What is the quality of the PHOM data? And, Is the PHOM approach useful in identifying when children are residing in their permanent home?

Based on the findings, the workgroup/pilot should continue, and make the following adjustments to improve the PHOM approach.

- Create a parent information sheet that offers guidance of the difference between permanency and permanent home. A suggestion was to send with the notice for the permanency planning hearing.
- Increase Permanent Home findings on the record.
- Provide additional training to court staff regarding coding and report training to improve outcomes. This can also include an on-site visit with the stakeholders and court staff present, to better understand roles, expectations, terminology in courtroom, definitions and processes.
- Provide an opportunity for Peer to Peer learning: Example-this could be site visits or a one day listening session with current districts; and bring proposed districts to attend to learn from each other.
- Create a guideline that includes principles to follow regarding implementation of the Permanent Home process. This includes the consultation (pre-court staffing) group definitions, data to be collected, timelines, and repealed statue C.R.S., §19-3-703 into revised statute C.R.S., §19-3-702.

This workgroup also convened a legislative subcommittee to look at the current statute, C.R.S., §19-3-703 and its effectiveness. The confusion over the meaning and increase in conversations that are focusing on permanent home and permanency in pilot locations, indicated that prior to the PHOM pilot, a consistent, reliable and meaningful approach to addressing the requirements set forth in C.R.S., §19- 3-703 did not exist as part of the overall case management approach. Therefore, the legislative committee rewrote the current statute and incorporated the safety, permanency and wellbeing elements from C.R.S., §19-3-702 to elevate the effectiveness of permanency and permanent home for children in Colorado. This rewrite signed into law in May 2019.

These adjustments and the potential change to the current statute will require further implementation to pilot and monitor how they effect

outcomes. It is anticipated that five additional judicial districts will begin implementing the PHOM approach as early as October 2019. The goal is to have statewide implementation of the approach by fall of 2020.

How was the need for this project identified? (Phase I)

The Court Improvement Program Strategic Plan, Toolkit Measure, 4-A, mandates recipients of the grant to track when children and youth are in a permanent home. In 2014, Colorado identified the need to track this measure and formed a permanent home workgroup. At the time, Colorado did not have the ability or a process to measure when a child was in a permanent home. In addition, court practices for making the statutory findings pursuant to C.R.S., §19-3-703 was inconsistent throughout the state.

Through implementation of this pilot program, the CIP expects to increase compliance with the statutory requirements that children be in a permanent home within 12 months from the date of removal. To date, recommendations to capture and track outcomes have been established, which will help CIP to determine if the court is holding Permanent Home Hearings and whether children are achieving permanency within the statutory timeframes. To drive this process of change, the PHOM workgroup has defined clear business practices and processes and recommended guidelines to adopt through implementation. Additionally, the work group has developed specific advisements and form orders to assist with the implementation and tracking of this outcome.

What is the theory of change for the project? (Phase II) *If you do not yet have a theory of change and/or would like assistance, please indicate such in the space below*.

CIP and Child Welfare will partner to create and implement best practices to increase compliance with statutory requirements, **SO THAT** Colorado can identify when a child is in a permanent home within 12 months from date of removal.

By clarifying the statue, implementing business practices, processes, training and data tracking, CIP believes that Colorado will be able to accurately report and track when children and youth are in a permanent home. At this time, Colorado has successfully implemented coding into the statewide case management system that helps identify when a finding is made for a child or youth to be in his/her permanent home. In addition to coding, a pre-court permanent home staffing and permanent home hearing have been incorporated into the new process and practice.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III)

Colorado CIP identified five judicial districts to pilot the PHOM practices. Following the recommendations from the evaluation and assessment of these five pilots in the first quarter of 2018, Colorado will pilot an additional five sites by October 2019. This process will continue until all twenty-two judicial districts have achieved implementation. The workgroup/pilot sites focus on expedited permanency planning (EPP) cases for children age six or younger who have been placed out of the home for three months or longer. The Workgroup has

developed processes intended to solidify a solution that will allow for accurate tracking of the 4A measure. Through strategic use of data, clear processes and practices and a well-defined structure, Colorado will be able to successfully track when a child or youth is in a permanent home.

What has been done to implement the project? (Phase IV)

The PHOM Workgroup is chaired by the Colorado CIP coordinator. The Workgroup membership is comprised of individuals representing the following stakeholder groups: Judicial Officers, Respondent Parent Counsel (RPC), Guardian ad Litem (GAL), court support staff, the department of human services, County Attorney and Court Appointed Special Advocates (CASA). All the workgroup members are stakeholders within the five judicial districts that are currently piloting the PHOM project.

The PHOM Workgroup has defined a best business practice regarding timeframes for entering the permanent home finding, identified data elements, and is in the process of developing a training and implementation guide. As stated earlier, this project is currently in phase V of the change management/CQI process, so the guide should be completed by October of 2019. The PHOM pilot sites are currently implementing pre-court PHOM staffing's and permanent home hearings. Utilizing multiple pilot sites provides a wealth of information and can also lead to issues with the fidelity of implementation. In order to ensure the fidelity of implementation, the workgroup has been meeting on a quarterly basis to establish the following definitions, processes, timeframes and data points: defining permanent home (if appropriate), process and timeframes for entering a permanent home finding on the record and into the case management system, identifying what the scheduled event will be for determining when the finding is made, developing the data entry process for capturing the appropriate measurement, and developing a training a n d implementation strategy.

What is being done or how do you intend to monitor the progress of the project? (Phase V). ***Be specific in terms of what type of evaluation (e.g., fidelity or outcome, comparison group, etc) or data efforts you have in place or plan to have in place to assess your efforts. If you have already evaluated your effort, how did you use this data to modify or expand the project?***

The pilot sites began implementation July 1, 2015; The implementation process has included pre-court staffing's with respondent parents to assess the status of permanent home, scheduled permanent home hearings and entry of tracking codes. The Colorado Court Improvement Program (CIP) contracted with an evaluator to assess the implementation and effectiveness of the Permanent Home (PHOM) approach in pilot locations that was implemented in four jurisdictions in Colorado in 2015-2016. A report was issued in May of 2018 regarding study findings. The primary purpose of the PHOM approach was to ensure children are in a permanent home in a timely manner. However, it was challenging to identify and determine whether this was the case. An alternative option to this, and something that may serve as a proxy, is exploring the relationship between the PHOM approach and time to jurisdiction terminated.

National court performance measures identify 'time to permanency" as measurable in multiple ways, including time from when the child was placed into out of home care until the court jurisdiction is terminated. Time from out of home placement (OHPO) to jurisdiction terminated (JTER) can be used as a proxy in Colorado for "time to permanency" and as a proxy for when the child was in a permanent home, although it is not a perfect match. Time to permanency is also of interest to the CIP because it is one of several performance measures that the state is evaluated on in their efforts to improve child welfare.

The evaluator worked with the CIP to gain additional administrative data and conduct further analysis on whether the PHOM approach impacts time to jurisdiction terminated and reasons for termination of jurisdiction. This data can help inform whether the PHOM approach is a useful strategy to improve time to permanency in the state. This Addendum Report includes those additional data analyses and answers to those questions.

SUMMARY OF FINDINGS

The table below summarizes the findings from this study. There does appear to be a significant difference in the cases that that have the PHOM approach, particularly when there is fidelity to the approach. The time to reunification is shorter when a PHHR is held (while not statistically significant, it is 130 days shorter). However, in cases where there is a PHOM order, the time is longer to reunification. Adoption cases are shorter when a PHHR is held and significantly shorter when a PHOM order is made. Further, the difference seems to be most apparent for the cases who have been in care longer than 12 months (regardless of outcome). Further, the time to jurisdiction terminated is shorter when the PHOM order is within 10 months (fidelity to the model).

SUMMARY OF FINDINGS					
			Time to Permanency (in days)		Timing of PHOM Significant Predictor to Jurisdiction Terminated?
	PHHR Held	PHHR Not Held	PHOM Order	No PHOM Order	
Time to Reunification	**411**	**541**	**569***	**418**	No
Time to APR	479	466	508	464	**Yes**
Time to Adoption	**662**	**867**	**672***	**843**	**Yes**

Cases open > 12 Months	**590**	**770**	**605***	**751**	**Yes**
Time to Jurisdiction Terminated	PHHR Held <10 Months **519**	PHHR Held >10 Months **580**	PHOM Held <10 Months **544***	PHOM Held >10 Months **614**	

In terms of data, CIP queries the event and hearing code that has been created to track and monitor when PHOM hearings are being held and when findings of permanent home are made. Moving forward, surveys of all stakeholders involved with PHOM staffing's and hearings will be utilized to measure the effectiveness and fidelity of the theory of change for this project. Consider expanding to additional sites, capturing data for twelve months, will allow to further evaluate and ensure the fidelity. In the meantime, the workgroup continues to meet quarterly evaluating and assessing the processes and data integrity. At this time evaluation and assessment are on-going and the intervention does not need to be adjusted.

The PHOM work group will continue to meet on a bi-monthly basis to develop principles that will be implemented statewide. The PHOM workgroup will remain a goal of the Court Improvement Program Strategic Plan and will be an important element of the permanency work Colorado is doing around the Program Improvement Plan. The cross systems work will also be beneficial as Colorado moves forward for full implementation of the Families First Act.

What assistance or support would be helpful from the CBCC or Children's Bureau to help move the project forward?
None at this time.

Hearing Quality Project:

Provide a concise description of the joint project selected in your jurisdiction.
The Continuous Quality Improvement (CQI) Work Group is working on one of the activities in Colorado's 2019 Program Improvement Plan: Goal #5: Children/youth live in permanent homes. Strategy #4: Improve child welfare adoption processes to decrease permanency delays.

Key Activity 5.4.4: State CQI Work Group will work with county child welfare staff Court Improvement Program, and the local Best Practice Court Team in a CQI process to identify up to three barriers to adoption finalization, identify potential solutions and develop a measurable time-limited plan to improve adoption finalization processes in each of the six PIP counties.

Approximate date that the project began:
After the 2017 Child Family Services Review (CFSR), the CQI Work Group began exploring possible activities and ultimately chose to address the issue of barriers to adoption finalization. Official work on this topic (Goal #5, Strategy 4, Key Activity 5.4.4) began in February 2019. Final submission of the PIP occurred in June 2019.

Which stage of the CQI process best describes the current status of project work?
The CQI Work Group has completed process mapping, identified areas in need of improvement, and begun a root cause analysis. Since focusing on this topic, the CQI Work Group has been attended by state child welfare partners, CIP and representatives from the six PIP counties. However, the CQI Work Group will also be working with the individual PIP counties and their respective BPCT to continue root cause analysis, identify solutions, and create the measurable time-limited plans for local implementation.

How was the need for this project identified? (Phase I)
Excerpt from the Draft PIP: According to ARD's report for the quarter ending September 2018, only 46.7 percent of children/youth with a goal of adoption are making progress toward finalization and ROM data shows that adoptions were not finalized within required timeframes in 45.1 percent of cases in 2018. Of all children waiting for adoption, the percentage of cases with terminated parental rights was 54.7 percent in FY 2016 and 57.3 percent in FY 2015 (AFCARS). Counties must document and submit to the court compelling reason why it is in the child/youth's best interest not to terminate parental rights when the child/youth has been in foster care 20 for 15 out of 22 months. According to ARD review results, 53.4 percent of cases (out of 88 cases) include this documentation. Delays in adoption finalization were an identified area needing improvement in the 2017 CFSR.

What is the theory of change for the project? (Phase II) ***If you do not yet have a theory of change and/or would like assistance, please indicate such in the space below.***
County department and court processes both impact timeliness of permanency for children and any possible solution needs to look at each of these processes separately and together. As the CQI Work Group continues this work, they will create a Theory of Change and an Action Plan.

Have you identified a solution/intervention that you will implement? If yes, what is it? (Phase III) The CQI Work Group is still exploring root causes and has not yet identified solutions.

What has been done to implement the project? (Phase IV)
CIP and Colorado Department of Human Services (CDHS) have worked with the five judicial districts and identified as the "PIP" implementation/measurement counties. The CQI Work Group is still exploring root causes and has not yet identified solutions. CIP is an

active and contributing member to the PIP Implementation core team. The contribution of CIP is critical to the successful development of an implementation plan, successful implementation processes and ongoing monitoring for outcomes.

What is being done or how do you intend to monitor the progress of the project? (Phase V) ***Be specific in terms of what type of evaluation (e.g., fidelity or outcome, comparison group, etc) or data efforts you have in place or plan to have in place to assess your efforts. If you have already evaluated your effort, how did you use this data to modify or expand the project?***

Since this project is in phase I of CQI management, the data is being identified and assessed as to what is the best baseline to use. This workgroup currently meets once a month until the implementation plan is developed.

What assistance or support would be helpful from the CBCC or Children's Bureau to help move the project forward?

None at this time, however this may evolve over the coming year and support may be requested.

II. Trainings, Projects, and Activities For questions 1-9, provide a ***concise*** description of work completed or underway to date in FY 2019 (October 2018-June 2019) in the below topical subcategories.

For question 1, focus on significant training events or initiatives held or developed in FY 2019 and answer the corresponding questions.

1. Trainings

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*

Data	☒Yes ☐No	Judicial Officers, Court Staff; Respondent Parents' Counsel (RPC), Guardians ad Litem (GAL), City/County Attorneys, Department of Human Services staff, CASA, Treatment Providers and SuperUsers (A SuperUser is a staff member identified as a local expert in the processing of dependency and neglect cases).	15-20 per session 55	16 trainings were held for stakeholders to improve timeliness/ permanency. These trainings focused on statutory timeframes, permanency planning, case flow management DANSR and permanent home hearings. Cure for the Common Code: In person 10/19/18, 4/17/19, 4/18/19 Wheel of FAMJIS: 12/14/18 Genealogy of the JV Case Class 4 classes The Roots of D&N 4 classes Branching Further Into FAMJIS 4 classes Additional webinar trainings regarding ICWA were sent out to court users. SuperUser Workshop	Improving timeliness/ permanency, Evaluations were analyzed and used to evaluate learning and comprehension, skill development, knowledge of statutory timeframes, permanency planning, permanent home & DANSR hearings and knowledge of mandates concerning permanency. Additionally, CIP utilizes case management reports to work one on one with SuperUsers to maintain data integrity and reporting on timeliness and permanency outcome measures. The intended outcome for this	☒S ☒L ☒B ☒O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
					workshop was to educate fifty-five attendees to be proficient on case flow management, statutory timeframes, data integrity, data analysis, and interpretation.	
Hearing quality	☒Yes ☐No	Judicial Officers; Court Staff; Respondent Parent Counsel (RPC); Guardians ad Litem (GAL); City/County Attorneys, Department of Human Services Staff, CASA, Treatment Providers.	50-60	Sessions at Convening on Children Youth and Families- Objecting for the parent, not for the record; Interdisciplinary representation and engagements of parents	To demonstrate how collaboration and engagement of families/professional provide meaningful and quality hearings.	☒S ☒L ☒B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Improving timeliness/ permanency	☒Yes ☐No	Judicial Officers, SuperUsers, court staff, Respondent Parents' Counsel (RPC), Guardians ad Litem (GAL), city/county attorneys, and Department of Human Services staff. Trainings were offered at the SuperUser Workshop, FAMJIS regional trainings and the annual Colorado Convening on Children, Youth and Families.	600	In Person and webinars.		☒S ☒L ☒B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Quality legal representation	☒Yes ☐No	Respondent Parent Counsel (RPC) and Guardians ad Litem (GAL).		Establishment of the independent Office of the Respondent Parents' Counsel (ORPC) charged with overseeing attorneys representing parents and improving the quality of representation. As of January 1, 2016, this is a standalone office. The Office of the Child's Representative (OCR) and the County Attorneys Association (ACA) is also independent of CIP. Each office offers regular training for GAL, RPC and ACA.	CIP contributes financially to a conferences that ORPC/OCR hosts annually. In addition to the annual conference, CIP funds (three) boot camp trainings that improve advocacy skills for attorneys with OCR/ORPC and County Attorneys. Each of the Offices actively participates in the DANSR project locally and sit as members on the CORE and Executive committees for DANSR, except for a County Attorney.	☒S ☒L ☒B ☐O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Engagement & participation of parties	☒Yes ☐No	Judicial officers, SuperUsers, court staff, Respondent Parents' Counsel (RPC), Guardians ad Litem (GAL), city/county attorneys (ACA), Treatment Providers And Department of Human Services staff.	600 250	Trainings were offered at the annual Colorado Convening on Children, Youth and Families. CIP partnered with Judicial Education in hosting the 2018 Colorado Judicial Officer's Conference which holds sessions on a day set specifically for Juvenile Judges that oversee child welfare cases.	Three trainings were offered for child welfare stakeholders pertaining to engagement and participation of parties. These trainings varied from early parent engagement, youth in court, youth engagement and intervention by relatives and foster parents. Additionally, a specific session to engage fathers was held.	☒S ☒L ☒B ☒O ☒N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
Well-being	☒Yes ☐No	Same as above	600	Same as above	3 trainings were offered for child welfare stakeholders pertaining to child well-being. These trainings varied from early parent engagement, youth in court, youth engagement and intervention by relatives and foster parents.	☒S ☒L ☒B ☒O ☐N/A

ICWA	☒Yes ☐No	Adams County ICWA Court training. This training is mandatory for all RPC attorneys, GALs, County Attorneys working in Dependency and Neglect, identified court partners and identified child welfare staff.	75	In person Training on 11-9-2018	Child Welfare Act (ICWA) and how the regulations apply directly to our work. Identify culturally appropriate services and support in our community	☐S ☒L ☒B ☒O ☐N/A
		Denver ICWA Court Representatives which includes RPC attorneys, GALs, County Attorneys working in Dependency and Neglect, identified court partners and identified child welfare staff.	10	In-Person; Experiential; road trip to visit tribe. The team visited the Navajo Tribe in the four corners of Colorado; The legislative branch of the tribe and the tribal council building; Sky City, traditional home of the Acoma Pueblo people;	Strengthen relationships with the tribes. Share service information; Identify culturally appropriate services and support in your community.	
		SuperUsers (court staff)	65	SuperUser Workshop		

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
		Judicial officers, SuperUsers, court staff, Respondent Parents' Counsel (RPC), Guardians ad Litem (GAL), city/county attorneys (ACA), Treatment Providers And Department of Human Services staff.	600	Same as convening information above.		
Sex Trafficking	☒Yes ☐No	Same as above	600	Same as convening information above	Up to date information, tips, tools and education on Human/Sex/Labor Trafficking.	☒S ☒L ☒B ☐O ☐N/A

Other: DANSR	☒Yes ☐No			Since launching the DANSR initiative, CIP has worked collaboratively with DANSR and the Colorado Problem Solving Courts to train on aspects of Family Drug Court key practices (FDC) and the infusion of these practices (now the DANSR principles) into all D&N cases. At the April 2019 Convening on Children, Youth and Families an entire day was dedicated to training on DANSR for the implementation sites working on the infusion of the DANSR approach and principles.	The Convening serves as a venue for implementing change by expanding partnership to include the CIP, the Department of Human Services, Problem Solving Court, and Juvenile Problem Solving Court. In addition, one full day is dedicated for districts participating in piloting/implementing the DANSR approach in dependency and neglect cases. DANSR was created to increase the collective capacity of Colorado's D&N system to support families affected by substance use and co- occurring mental health disorders.	☒S ☒L ☒B ☒O ☒N/A The intention of the trainings at the Convening were to increase the collective capacity of courts to infuse family drug court principles into D&N cases with substance use or co-occurring mental health disorders. In June 2019 Dr. David Mee-Lee provided two trainings across the state regarding multi- disciplinary team communication and integration of substance use treatment information into the management of a D&N case. The intention was to increase cross system collaboration and have multi system teams brainstorm ways to effectively integrate case information to improve outcomes for families.
Other: Court of Appeals Workgroup	☒Yes ☐No	Judicial Officers, Respondent Parent Counsel, Guardian Ad Litems,	85	In person training; this training was also live streamed on March 8th.	To offer effective appellate writing and quality briefs; advocacy and oral	☒S ☒L ☒B ☒O ☐N/A

Topical Area	*Did you hold or develop a training on this topic?*	*Who was the target audience?*	*How many persons attended?*	*What type of training is it? (e.g., conference, training curriculum/program, webinar)*	*What were the intended training outcomes?*	*What type of training evaluation did you do? S=Satisfaction, L=Learning, B=Behavior, O=Outcomes*
		Assistant County Attorneys, Appellate Attorneys			arguments; What occurs at the court of appeals since C.A.R. 3.4; Trending topics in dependency & neglect; Ethical issues.	

On average, with ordinary funding levels, how many training events do you hold per year?

On average, CIP hosts up to fifteen and consults on up to 15 trainings per year. These trainings include the annual Convening on Children, Youth and Families; annual SuperUser workshop (for court staff only); Data related trainings, specific targeted trainings such as ICWA for all stakeholders. In addition to training events, members of the two Colorado ICWA Courts took a road trip and visited the Navajo tribe in the four corners of Colorado. The purpose of the trip was to nurture relationships and improve communication and collaboration between Colorado state courts and the Tribal courts, Tribal Child protection professionals, and the ICWA specialists of some of the Tribes we see most often. The outcome of this trip proved to establish common goals, increase knowledge of each tribe's culture, expertise challenges and desire to work together to ensure that Native American Children are provided the utmost protection under the ICWA. CIP consults on coding trainings for data integrity that produce outcomes for children, youth and families.

What is your best prediction for the number of attorneys and judges that attend a training annually?

Best prediction is 50 unique judicial officers and 100 unique attorneys annually.

The Family First Prevention Services Act amends the Social Security Act adding an eligibility criterion for the training of judges and attorneys on the congregate care provisions of the Act. See the highlighted portion below.

> (1)[1] IN GENERAL.— In order to be eligible to receive a grant under this section, a highest State court shall have in effect a rule requiring State courts to ensure that foster parents, pre- adoptive parents, and relative caregivers of a child in foster care under the responsibility of the State are notified of any proceeding to be held with respect to the child, *shall provide for the training of judges, attorneys, and other legal personnel in child welfare cases on Federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not a foster family home*, and shall submit to the Secretary an application at such time, in such form, and including such information and assurances as the Secretary may require, including–

States have an option to delay implementation of the congregate care provisions by two years. The decision will have a direct impact on when judicial determinations and CIP training requirements must begin.

Do you know when your state plans to implement Family First? ☒ Yes ☐ No

If yes, when?

January 2020 is the proposed date of implementation; however, this depends on the outcomes from the implementation team that is still currently meeting to finalize the implementation plan.

Have you been involved in planning with the agency on implementing Family First? ☒ Yes ☐ No

If yes, please describe how the CIP has been involved.

Colorado Department of Human Services (Division of Child Welfare) has been partnering with county partners and multiple stakeholders, including CIP, since the passing of Families First Prevention Services Act in February of 2018. Colorado's FFPSA Road Map was finalized in December of 2018. The overall goal and outcome of the Road Map development approach was to implement an inclusive and integrated process that maximized the interest, experience, and expertise of abroad-based and diverse group of state and county staff and stakeholders to develop the recommendations and rationale for CO's FFPSA Road Map. Once the Road map was finalized, Colorado created and developed the Implementation Workgroup with additional working subgroups.

[1] Sec. 50741(c) of P.L. 115-123 revised sec. 438(b)(1) to add language regarding training. Effective as if enacted on 1/1/18 (sec. 50746(a)(1) of P.L. 115-123).

The purpose of the Implementation workgroup and various subcommittees is to develop and monitor an implementation plan for CO FFPSA Road Map recommendations.

Responsibilities would include:

➢ Defining/prioritizing areas of focus

➢ Identifying and recruiting needed people for participation in implementation workgroups

➢ Possibly leading an implementation workgroup

➢ Assuring an evaluation component accompanies implementation

➢ Monitoring and reporting on implementation progress (use of data)

➢ Developing and implementing an implementation communication plan

➢ Communicating and coordinating with CDHS, Advisory Committee and Child Welfare Service Delivery Task Force

Have you been developing your Family First judicial training plan? ☒ Yes ☐ No

If yes, please describe what you have done.

The implementation workgroup will guide the training plan. In addition, the CIP in collaboration with the Colorado Department of Human Services, local department of human services, office of respondent parent counsel, office of OCR, CASA, etc. will devise a training plan from the current work being done within implementation sub groups of FFPSA. In addition, the CIP in collaboration with the above-mentioned agencies, is developing and informational webinar to be on-going until January of 2020. The webinar will serve as a means of consistent messaging of current outcomes of the implementation workgroup; current and ongoing information surrounding Families First.

Delivery of Child Welfare Services Task Force: As of July 1, 2018, per CO Revised Statute 26-5-105.8, this task force was created to oversee both FFPSA activity and a broad set of duties related to the delivery of child welfare services. The membership and duties are described in the statute. Additionally, during the 2019 legislative session, the following statutes were passed to compliment the implementation of FFPSA. C.R.S 19-3-208, amended (2)(b) introductory portion and (2)(b)(I); C.R.S.

26-2-102.5, add (3) concerning child welfare services funded through federal child welfare laws, and in connection therewith, making and reducing an appropriation; C.R.S. add article 5.4. to title 26 Foster Care Prevention Services 26-5.4-101. The Federal Family First Prevention Services Act enabling statute.

FFPSA Leadership Team: A small group of state-county representatives from the Advisory Committee provide day- to-day direction, oversight, review and decision-making functions. The Leadership Team performs in a liaison function between the Advisory Committee and the Task Force.

FFPSA Advisory Committee (AC) includes key stakeholders from multiple organizations and agencies representing County Commissioners and program staff, CO Department of Human Services (CDHS, including the Division of Child Welfare and Behavioral Health), CO Healthcare, Policy and Financing (HCPF) and Judicial (and other stakeholders as identified). The Advisory Committee provides oversight and direction to three subcommittees that has focused on over- arching areas of impact: fiscal, policy and services/programs. The roadmap provided some recommendations and rationale to inform leadership decisions.

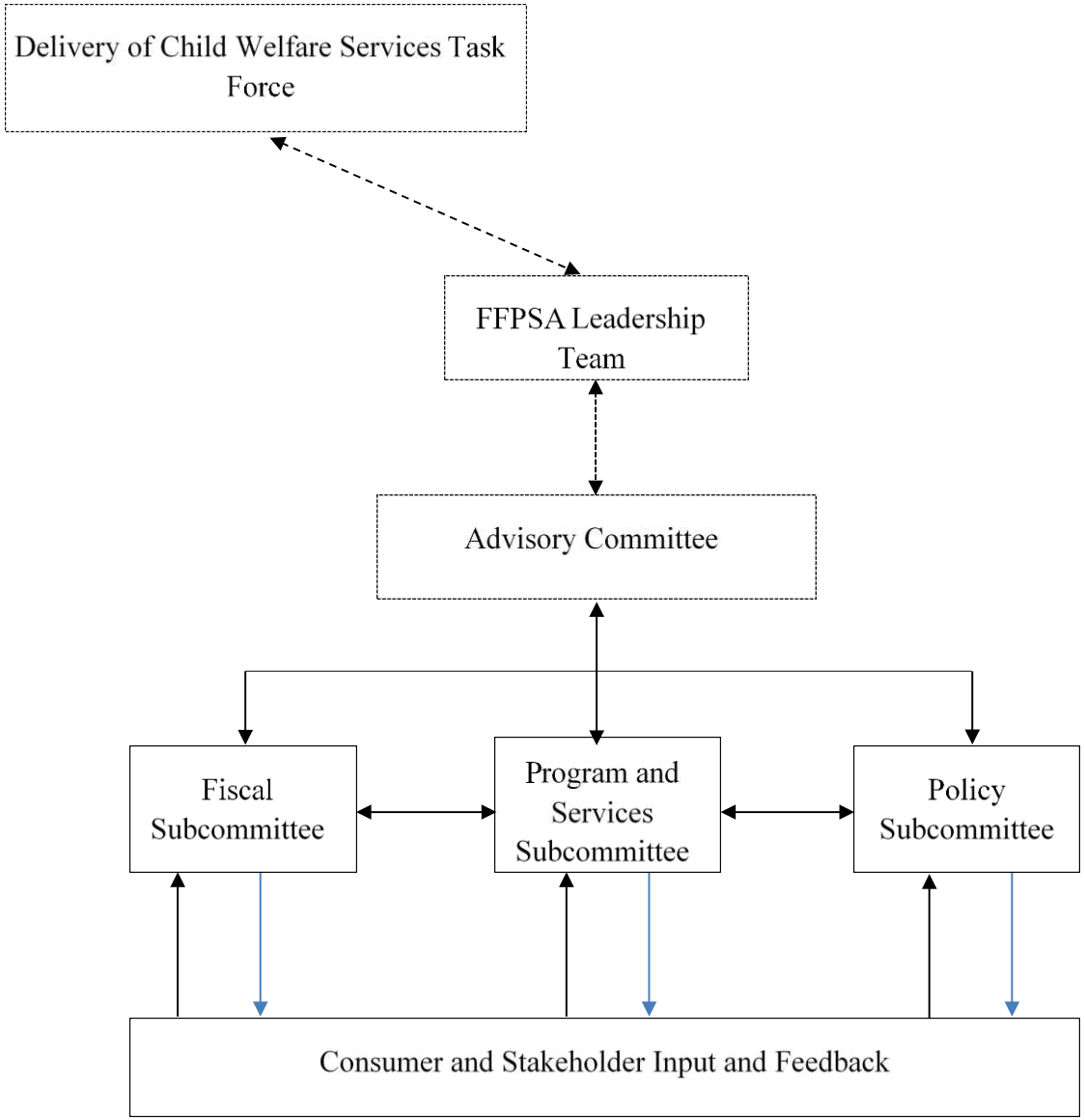
FFPSA Fiscal, Policy and Services/Program Subcommittees include state, county, provider and other stakeholder members. The subcommittees' first goal was to contribute to the work of the Advisory Committee (AC) in creating a roadmap for Colorado's state and county collaborative effort that represents understanding, planning and implementation of the Federal Family First Prevention Act. Subcommittees have additionally, explored fiscal, policy or services/programs considerations related to implementation of the FFPSA; created recommendations and rationale for the AC to address fiscal considerations and impacts of the FFPSA; and identify cross-cutting fiscal considerations across funding, initiatives, programs, state departments and agencies. Some examples are: from the Implementation Subcommittee, CIP suggested an informational in collaboration with our CDHS partners in an effort to provide information to the Colorado community which further training is being developed. Additionally, the Assessment Tool Workgroup facilitated an investigation into assessment tool options and from this work yielded a decision

to use the Child and Adolescent Needs and Strengths (CANS) assessment tool to determine the QRTP need.

FFPSA Statute Workgroup: The purpose of the Family First Prevention Services Act Legislative Task Group is to examine and identify specific sections of the Children's Code (Title 19), as well as, other specific statutes related to Human Services (including but not limited to Title 24, Title 25.5, Title 26), that could be impacted by the Families First Prevention and Services Act. Anticipated recommendations will be made in early Fall 2019 to be put forth as a joint legislative proposal for the 2020 session.

Colorado Family First Prevention Services Act (FFPSA)

Communication Structure



Data Projects. Data projects include any work with administrative data sets (e.g, AFCARS, SACWIS), data dashboards, data reports, fostering court improvement data, case management systems, and data sharing efforts.

Do you have a data project/activity? ☒ Yes ☐ No (skip to #3)

Project Description	**How would you categorize this project?**	**Work Stage (if applicable)**
Family Justice Information System Program (FAMJIS) Management Reports; Best Practice Court Convening Goals and Data Sharing; Creation of management report for DANSR to identify cases with and without substance abuse, frequency of hearings, hearing type, and judicial oversight.	Use of AFCARS or SACWIS data	Implementation
ICWA Coding, Reports and Webinar	Agency Data Sharing Efforts	Implementation
Permanent Home and DANSR coding, creation of a management report to identify cases where a child is in a permanent home.	Fostering Court Improvement data projects	Evaluation/Assessment

(a) Do you have data reports that you consistently view? ☒ Yes ☐ No

(b) How are these reports used to support your work? The reports can be used to identify baseline data for projects, CQI, and shared at Best Practice Court Team Meetings with stakeholders to improve practice/process within a district.

2. Hearing Quality. Hearing quality projects include any efforts you have made to improve the quality of dependency hearings, including court observation/assessment projects, process improvements, specialty/pilot court projects, projects related to court orders or title IV-E determinations, mediation, or appeals.

Do you have a hearing quality project/activity? ☒ Yes ☐ No (skip to #4)

Project Description	How would you categorize this project?	Work Stage (if applicable)
Permanent Home	Process Improvements	Evaluation/Assessment
Dependency and Neglect System Reform (DANSR)	Process Improvements	Implementation
Court of Appeals	Appeals	Identifying/Assessing Needs

3. **Improving Timeliness of Hearings or Permanency Outcomes.** Timeliness and permanency projects include any activities or projects meant to improve the timeliness of case processing or achievement of timely permanency. This could include general timeliness, focus on continuances or appeals, working on permanency goals other than APPLA, or focus on APPLA and older youth.

Do you have a Timeliness or permanency project/activity? ☒ Yes ☐ No (skip to #5)

Project Description	How would you categorize this project?	Work Stage (if applicable)
Court of Appeals Workgroup	Appeals	Identifying/Assessing Needs
DANSR/Permanent Home	General/ASFA	Implementation
CQI Workgroup Termination to Adoption	Other	Identifying/Assessing Needs
FAMJIS Management Reports	General/ASFA	Implementation

4. **Quality of Legal Representation.** Quality of legal representation projects may include any activities/efforts related to improvement of representation for parents, youth, or the agency. This might include assessments or analyzing current practice, implementing new practice models, working with law school clinics, or other activities in this area.

Do you have a quality legal representation project/activity? ☒ Yes ☐ No (skip to #6)

Project Description	How would you categorize this project?		Work Stage (if applicable)
Establishment of the independent Office of the Respondent Parents' Counsel (ORPC) charged with overseeing attorneys representing parents and improving the quality of representation. As of January 1, 2016 this is a standalone office and therefore will not be a CIP project. The Office of Child Representative (OCR) overseeing attorneys representing the best interest of children is also a standalone office and therefore will not be a CIP project. CIP will continue to collaborate with the ORPC and OCR.	Other		Implementation
DANSR/Permanent Home-Appointment of Counsel & Engagement Early in case.	Other		Implementation
Early appointment of counsel through the use of tentative appointments. CIP intends to collaborate and share data on a regular basis.	Other		Implementation

5. **Engagement & Participation of Parties.** Engagement and participation of parties includes any efforts centered around youth, parent, foster family, or caregiver engagement, as well as projects related to notice to relatives, limited English proficiency, or other efforts to increase presence and engagement at the hearing.

Do you have an engagement or participation of parties project/activity? ☒ Yes ☐ No

Project Description	How would you categorize this project?	Work Stage (if applicable)
DANSR/Permanent Home (Youth and Parent Engagement)	Parent Engagement	Implementation

Project Description	How would you categorize this project?	Work Stage (if applicable)
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.

6. **Well-Being.** Well-being projects include any efforts related to improving the well-being of youth. Projects could focus on education, early childhood development, psychotropic medication, LGBTQ youth, trauma, racial disproportionality/disparity, immigration, or other well-being related topics.

Do you have any projects/activities focused on well-being? ☒ Yes ☐ No (skip to #8)

Project Description	How would you categorize this project?	Work Stage (if applicable)
Well-Being Bench Card (physical and emotional health and safety).	Education	Selecting Solution
	Choose an item.	Choose an item.
	Choose an item.	Choose an item.

7. **ICWA.** ICWA projects could include any efforts to enhance state and tribal collaboration, state and tribal court agreements, data collection and analysis of ICWA compliance, or ICWA notice projects.

Do you have any projects/activities focused on ICWA? ☒ Yes ☐ No (skip to #9)

Project Description	How would you categorize this project?	Work Stage (if applicable)
NEW coding, NEW management reports; ICWA Training and Evaluation of ICWA affidavit and notice.	Data collection/assessment	Implementation
ICWA Benchmark Project	Other	Planning

Project Description	How would you categorize this project?	Work Stage (if applicable)
ICWA Site Visit	Tribal Collaboration	Implementing Changes

8. **Preventing Sex Trafficking and Strengthening Families Act (PSTFSA).** PSTFSA projects could include any work around domestic child sex trafficking, the reasonable and prudent parent standard, a focus on runaway youth, focus on normalcy, collaboration with other agencies around this topic, data collection and analysis, data sharing, or other efforts to fully implement the act into practice.

Do you have any projects/activities focused on PSTSFA? ☒ Yes ☐ No

Project Description	How would you categorize this project?	Work Stage (if applicable)
Colorado Human Trafficking Task Group	Collaboration with other agencies	Implementation
Colorado Human Trafficking Data Task Force	Data collection/assessment/analysis	Implementation
Colorado Action Plan Advisory Committee	Collaboration with other agencies	Identifying/Assessing Needs

III. CIP Collaboration in Child Welfare Program Planning and Improvement Efforts

1. **Please describe how the CIP was involved with the state's CFSP due June 30, 2019.**
   a. Does the CFSP include any of the following:

☒ legal/judicial strategies ☒ the CIP/Agency Joint Project ☒ the CIP Hearing Quality Project

If *yes*, please describe.

The CIP was invited, attended and participated in the planning meetings, phone calls and on-site implementation of the CFSR and the PIP. Currently the CIP is participating with the development of the PIP implementation and roll out.

2. **Please describe how the CIP was or will be involved in the most recent/upcoming title IV-E Foster Care Eligibility Review in your state.**

Colorado's last federal review was 2012, however we have been invited to partner for further reviews as they arise. Colorado's Title IV-E waiver will end September 30, 2019, which may in the future generate a federal review.

3. **Please describe how the CIP is or was involved in preparing and completing round 3 of the CFSR and PIP, if required, in your state.** *Please check all the ways that the CIP or Court Personnel were involved (or plan to be involved) in the CFSR and PIP Process. Feel free to add additional narrative to explain your involvement in the process.*

☐ were not involved at all
☒ were involved in planning the statewide assessment
☐were CFSR reviewers
☒ were interviewed for CFSR
☒were invited to the exit conference at the close of the CFSR review
☒ were invited to the final CFSR results session at the conclusion of the report
☒Final CFSR report was shared with you
☒Final CFSR report shared with courts broadly across the state
☒ were a part of a large group of stakeholders engaged to assist in design of the PIP
☒ high level of inclusion during the entire PIP process
☒ made suggestions for inclusion in the PIP
☒suggestions made by CIP for inclusion in the PIP were put forward by the child welfare agency
☒ had an opportunity to review and provide feedback on the PIP before it was submitted
☒meet (or plant to meet) ongoing with the child welfare agency to monitor PIP Implementation

The current version of the PIP includes (check all that apply):
☒court strategies ☒court/agency shared strategies
☒ the court/agency joint project described above ☒ the CIP hearing quality project
☒ specific practice changes that judges will make
☒ specific practice changes that attorneys will make

4. **What strategies or processes are in place in your state that you feel are particularly effective in supporting joint child welfare program planning and improvement?**

Colorado has a strong relationship with Child Welfare. Maintaining and nurturing the relationship has proven to be effective with involvement in supporting joint program planning and improvement. An example of this is the Colorado Dependency and Neglect System Reform (DANSR) approach that relies heavily on and is effective in supporting joint child welfare program planning and improvement. In October 2014, Colorado became one of five states to receive an Office of Juvenile and Delinquency Prevention (OJJDP) Statewide System Reform Improvement (SSIP) award, known in Colorado as DANSR. DANSR is an approach to managing cases with substance use or co-occurring disorders that is grounded in family treatment drug court research. The purpose of this approach is to integrate and infuse effective drug court practices into the larger dependency and neglect court system.

DANSR's mission is to improve outcomes for children and families in all dependency and neglect cases with substance use or co-occurring mental health disorders through system reform. DANSR is built on the inherent connection between systems and collaborative efforts of the court, child welfare, treatment providers, the family, and community partnerships at the state and local levels. DANSR brings together collaborating partners who each contribute to the attainment of system reform and ensure that child welfare, treatment, and judicial needs are addressed. DANSR and the Division of Child Welfare have common goals related to safety, permanency, and well-being and collaborate on projects such as the Collaborative Management Program. DANSR has state and local oversight processes in place to support system reform including an Executive Oversight Committee (EOC), Core Planning Team (CPT), and Local Steering Committees (LSC) and the Permanent Home Workgroup.

DANSR, EOC, CPT, and LSC members effectively support child welfare programmatic planning and improvement as it relates to managing cases with substance use and co-occurring disorders. All stakeholders have a say in the implementation of DANSR and no program decisions are made without consensus at the EOC and CPT levels. The EOC is comprised of judges from the Colorado Supreme Court and Colorado Court of Appeals, as well as director level members from the Judicial Department, Colorado Department of Human Services, CDHS - Office

of Behavioral Health, CDHS – Office of Children, Youth, and Families, Division of Child Welfare, Office of Respondent Parents' Counsel, and Office of the Child's Representative. The EOC meets quarterly, ensures long-term stability, and gives final approval of practice and policy changes.

The CPT is comprised of management level members from the Judicial Department, CDHS - Office of Behavioral Health, CDHS - Office of Children, Youth, and Families, Division of Child Welfare, and Children and Family Futures. The CPT meets monthly to remove barriers to ensure program success and achieve project goals.

LSCs are teams at the jurisdiction level that are comprised of multiple and diverse stakeholders across varying disciplines. Steering Committees must include: Judicial officer, child welfare representatives, substance abuse treatment provider representatives, mental health treatment provider representatives, and attorneys (GAL, RPC, and County). They can include any other community partners (i.e., clerks, CASA). LSCs can joint with their local best practices court team to facilitate system change. The DANSR processes have proven to effectively support joint program planning and improvement through extensive collaboration and communication.

OJJDP funding for DANSR ends on September 30, 2019. DANSR is now a part of the CIP strategic plan. CIP will continue to support DANSR implementation at the state and local level. There will be a retreat with the DANSR EOC and CPT as well as the CIP Executive Committee in August 2019 to create a plan and structure moving forward for DANSR and CIP.

DANSR has 6 principles that guide the approach related to early and ongoing family engagement, access to treatment, and judicial oversight. DANSR is currently being implemented in 18 counties across the state. Additional counties are interested, and CIP will support the continuation of DANSR implementation.

5. **What barriers exist in your state that make effective joint child welfare program planning and improvement challenging?**

Barriers that we have had in the past year are staff turnover at the local level for judicial, child welfare agencies, treatment providers and agency attorneys. Further and maybe more importantly, there is a lack of resources to meet the expectation from the CIP program instruction, for example the Department of Human Services has hundreds of employees, a larger budget than the judicial branch. Approximately 5,000 dependency and neglect cases are filed every year within which the judicial branch resolves more than 700,000 disputes. While we strive to be an innovation incubator, research and design shop, training organization and to collaborate on implementing massive plans and reforms, our budget, lack of staff and resources keeps us from bringing all of these areas to fruition.

6. **Does the state child welfare agency currently offer professional partner training to judges, attorneys, and court personnel as part of its Title IV-E Training Plan?**
   If yes, please provide a brief description of what is provided and how.

Yes.

Attached is an excerpt from the 2020-24 Training Plan that outlines some of the training activities offered to judges, attorneys and court personnel. In addition, any judge, attorney and/or court personnel is welcome to attend any of the training offered through the CDHS Child Welfare Training System (CWTS). The CWTS currently offers over 140 different courses. A full list of courses may be found here: https://www.coloradocwts.com/find-a-class-2/learn-more-state-county-staff-2/in-service-course-catalog.

Below is a sample of the training provided through CWTS:

- Aces It is more than a score
- Activating the Three Brains of Trauma-Informed Practice
- The Art and Heart of Facilitated Family Engagement Meetings
- The Art of Managing Behavior
- Brain Essentials
- Bridge to Health Care: Accessing Services for Children and Youth
- Building Safety When Parents Use Substances

- Building Safety with Families Impacted by Domestic Violence
- Building Safety with Families Impacted by Mental Illness
- Child Development and the effects of Trauma
- Child Welfare Response to Child & Youth Sex Trafficking

Annually CIP, CDHS and Problem-Solving Courts hosts the Colorado Convening on Children, Youth and Families. Through this forum, over 600 state-wide attendees in 2019 were offered a variety of training opportunities within several topic categories, including FFPSA, ICWA, Quality Legal Representation, Data, leadership and professional development, etc. Those are trainings are listed below:

FFPSA

- Family First Prevention and Services Act (FFPSA) as it Relates to Funding and Service Array Continuum
- The Family First Prevention Services Act (FFPSA): What, So What and Now What?
- Family First Prevention and Services Act (FFPSA from Colorado's Perspective

Data

- Using Data to See the Big Picture
- Joint Child Maltreatment Fatality Data and Prevention Efforts in Colorado

ICWA

- Strengthening ICWA Practice: History and Implementation

Quality Legal Representation

- Objecting for the Parent- Not for the Record
- Attorneys' Use of Social Workers: What Everyone Should Know
- Interdisciplinary Representation and Engagement of Parents in D&N Cases

Leadership/ professional development

- Mindful Practices to Support the Person as the Professional
- Personal Branding: Define Your Purpose
- You're Already a Good Leader
- Captivate, Compel, Connect…It's All in Your Voice
- Gray Area Thinking©
- Self-Care is Not Selfish
- Bridging Our Divides: Remembering Grit, Resiliency and Commonalities
- Mitigating Stress & Compassion Fatigue in Judicial Officers & Staff

Collaboration

- Making the Most of What We Have: Collaborating Across Communities
- Including Fathers in Child Welfare Decisions: Why and How
- Adventures in Leadership, Teamwork, Resilience & Tenacity

Family engagement

- Tools for Determining When and How Much to Engage Parents with Very Young and Older Children
- Compassionate Communications with Families in Collaborative Courts
- Pay for Success to improve Outcomes for Colorado Youth in the Child Welfare and Juvenile Justice Systems
- Actively Engaging Families in Quality SUD Treatment
- Compassionate Engagement of Families for Success in Collaborative Courts

Other

- The Biology of Loss: What Happens When Attachments are Impaired and How to Foster Resilience
- When the Body Says No: Mind/Body Unity and the stress Disease Connection
- Housing as a platform for Youth and Family Success

- Education Advocacy & Educational Advocacy for Students in Foster Care
- A Walkthrough of the Upcoming National FTC Standards: Part 1 & 2
- The Time is Now: The Hispanic Community in America
- Pueblo County Mentor2Success Peer Support Program
- Using an Education Navigator to Improve Education Outcomes
- The Impact of Race and Ethnicity in Dependency and Neglect Cases
- Human Trafficking 201: Creating Multidisciplinary Plans
- Let's Connect - Prevention Through Caregiver Coaching
- Multiple Pathways to Harm for Children
- Rethinking Family Recovery: Planning, Implementing, and Sustaining a Program of Family Recovery Support
- Medicaid and Justice – What You Should Know: A Roundtable Discussion
- Assessing for Safety
- Childhood Brain Injuries
- Child Care Options for Families
- When Civil and Criminal Domestic Violence Cases Collide - What You Should Know About Best Practices and Pitfalls to Avoid
- Youth in Conflict Cases in Child Welfare - Past, Present, and Future

In addition, the CIP works collaboratively and partners with the Children's Justice Act Grant (CJA) a federally funded program that helps states develop, establish, and operate programs to improve the investigation and prosecution of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, and to improve the handling of cases of suspected child abuse or neglect fatalities.

If no, have you met with child welfare agency leadership to discuss and explore utilizing professional partner training for judges, attorneys and court personnel?

7. **Have you talked with your agency about accessing Title IV-E funding for legal representation for parents or for children? Is the agency planning to seek reimbursement? If yes, describe any plans, approaches, or models that are under consideration or underway.**

At this time, we have not and will not be involved in this process because the Office of Child's Representative (OCR) and the Office of Respondent Parent Counsel (ORPC) are negotiating directly with the Division of Child Welfare.

IV. CQI Current Capacity Assessment

1. **Has your ability to integrate CQI into practice changed this year?** YES
   If yes, what do you attribute the increase in ability to? The relationships and trust built with local & state agencies, allows us to integrate CQI into practice.

2. **Which of the following CBCC Events/Services have you/your staff engaged in in the 2019 Fiscal Year?**

☒ Designing & Evaluating Effective Trainings Workshop

☐ CQI Consult (*Topic*:_____)

☒ Constituency Group- Hearing Quality ☐ Constituency Group- Safety Decision Making

☒ Constituency Group- CFSR ☒ Constituency Group- Quality Legal Rep

☒ Constituency Group – ICWA ☐ Constituency Group – Anti-Trafficking

☒ Constituency Group – New Directors ☐ Constituency Group – APPLA/Older Youth

☒ CIP All Call –- *What % of All Calls does your CIP participate in? 90%.*

3. **Do you have any of the following resources to help you integrate CQI into practice?**

☒CIP staff with CQI (e.g., data, evaluation) expertise ☒Consultants with CQI expertise

☒a University partnership ☒ A statewide court case management system

☐Contracts with external individuals or organizations to assist with CQI efforts

☐Other resources:_____

3a. Do you <u>record</u> you child welfare court hearings? ☒ Yes ☐ No

If yes, are they ☒ audio ☐ video

3b. Can you remotely access your court case management system? ***For example, Odyssey systems often allow remote access to case files.*** ☐ Yes ☒ No

4. **consider the phases of change management and how you integrate these into practice. Are there phases of the process (e.g., Phase I-need assessment, Phase II-theory of change) that you struggle with integrating more than others?**

Phase V would be the one we struggle with more than others. Colorado is fortunate to be data rich. However, because the data is collected differently by agencies with different governing rules etc., it is often a struggle to bring data together to discuss commonalities.

5. **Is there a topic or practice area that you would find useful from the Capacity Building Center for Courts? Be as specific as possible (e.g., data analysis, how to evaluate trainings, more information on research about quality legal representation, how to facilitate group meetings, etc.)**

I think it would be helpful to have assistance to help build more capacity around quality legal representation. Colorado is fortunate to have an independent Office of Respondent Parent Counsel and Office of the Child's Representative. Even though we collaborate and cooperate well together, a joint training with our partners facilitated by a neutral party to bring forth the importance of each person's availability of systems change toward QLR. Specifically, research and how QLR is important to implementing the DANSR approach for families. There is interest in the state on innovative practices such as Attorney- Social Worker Models, parent partners, youth mentors, etc. uch of these programs will be led by those independent offices.

Self-Assessment – Capacity Continued

We would like you to assess your current capacities related to knowledge, skills, resources, and collaboration by responding to the following 2 sets of questions. In questions 6 and 7, we ask about CQI. When we say CQI we mean the entire change management process including root cause analysis, theory of change, strategy selection, implementation and evaluation.

6. Please indicate your level of agreement to the following statements.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree
I have a good understanding of CQI.	☐	☐	☐	☐	☐	☐	☒
I understand how to integrate CQI into all our work.	☐	☐	☐	☐	☐	☒	☐
I am familiar with the available data relevant to our work.	☐	☐	☐	☐	☐	☐	☒
I understand how to interpret and apply the available data.	☐	☐	☐	☐	☐	☐	☒
The CIP and the state child welfare agency have shared goals.	☐	☐	☐	☐	☐	☐	☒
The CIP and the state child welfare agency collaborate around program planning and improvement efforts.	☐	☐	☐	☐	☐	☐	☒
We have the resources we need to fully integrate CQI into practice.	☐	☐	☐	☐	☐	☐	☒
I have staff, consultants, or partners who can answer my CQI questions.	☐	☐	☐	☐	☐	☐	☒

7. How frequently do you engage in the following activities?

	Never	***Rarely***	***Sometimes***	***Often***	***Always***
We use data to make decisions about where to focus our efforts.	☐	☐	☐	☒	☐
We meet with representatives of the child welfare agency to engage in collaborative systems change efforts	☐	☐	☐	☐	☒
We create theories of change around systems change projects.	☐	☐	☐	☒	☐
We use evaluation/assessment findings to make changes to programs/practices.	☐	☐	☐	☒	☐

We evaluate (beyond monitoring outputs) our efforts.	☐	☐	☒	☐	☐

APPENDIX A: DEFINITIONS

Definitions of Evidence

Evidence-based practice – evidence-based practices are practice that have been empirically tested in a rigorous way (involving random assignment to groups), have demonstrated effectiveness related to specific outcomes, have been replicated in practice at least one, and have findings published in peer reviewed journal articles.

Empirically-supported- less rigorous than evidence-based practices are empirically-supported practices. To be empirically supported, a program must have been evaluated in some way and have demonstrated some relationship to a positive outcome. This may not meet the rigor of evidence-base, but still has some support for effectiveness.

Best-practices – best practices are often those widely accepted in the field as good practice. They may or may not have empirical support as to effectiveness, but are often derived from teams of experts in the field.

Definitions for Work Stages

Identifying and Assessing Needs – This phase is the earliest phase in the process, where you are identifying a need to be addressed. The assessing needs phase includes identifying the need, determining if there is available data demonstrating that this a problem, forming teams to address the issue.

Develop theory of change—This phase focuses on the theorizing the causes of a problem. In this phase you would identify what you think might be causing the problem and develop a "theory of change". The theory of change is essentially how you think your activities (or intervention) will improve outcomes.

Develop/select solution—This phase includes developing or selecting a solution. In this phase, you might be exploring potential best-practices or evidence-based practices that you may want to implement as a solution to the identified need. You might also be developing a specific training, program, or practice that you want to implement.

Implementation – the implementation phase of work is when an intervention is being piloted or tested. This includes adapting programs or practices to meet your needs, and developing implementation supports.

Evaluation/assessment – the evaluation and assessment phase includes any efforts to collect data about the fidelity (process measures: was it implemented as planned?) or effectiveness (outcome measures: is the intervention making a difference?) of the project. The evaluation assessment phase also includes post-evaluation efforts to apply findings, such as making changes to the program/practice and using the data to inform next steps.

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

HB 18-1319 Former Foster Care Steering Committee

Final Recommendations – March 2019

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

May 15, 2019

Dear Coloradans,

Youth who emancipate from child welfare in Colorado are resilient, adaptable, passionate, driven, and talented. Unfortunately, you are more likely to hear about the poor outcomes of these young people, who encounter systemic barriers to meeting their basic needs for education, housing, and healthy relationships. The recommendations within this report are meant to ensure youth formerly in foster care have the opportunity to fulfill their potential and their dreams. In the future, when you hear about former foster youth, you will hear about their strength and potential.

A transformed child welfare system will acknowledge that youth are the experts on their lives, and child welfare professionals will come alongside them to provide support and guidance. Youth will have space to practice for the "real world," make mistakes, and grow within a safety net of support systems as they gradually gain independence.

When we fully support youth and work as a team on their goals, youth are able to envision how they define success and what they want their lives to look like. This report provides concrete steps to make this vision a reality. Recommendations address the need for equitable access to services around the state, for youth-driven case plans, and for all youth in foster care to earn their high school diplomas and have access to tuition waivers for higher education. The recommendations address the need for behavioral health support and for appropriate use of a continuum of housing options so no youth who has been in foster care is ever homeless.

Comprehensive systems change will take hard work and dedication from all of us. It will not be easy, nor will it happen overnight. We embrace this challenge because our foster youth deserve better, and so do their children. We hope you will join us.

Thank you to all the steering committee members who have helped draft these recommendations. All of your hard work and thoughtful deliberation has created a bold vision for change. We especially thank the young people who generously offered their perspectives and stories. This work is for you.

Sincerely,

Michelle Barnes, Executive Director,
Colorado Department of Human Services

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

CONTENTS


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

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

WHERE WE BEGIN

Young people leaving foster care deserve the chance to be a part of loving families, to heal, to learn, to contribute to their communities through meaningful work - to build their own visions of fulfilling lives. However, Colorado's current and former foster youth continue to experience systemic barriers that are in the way of these universal goals. In 2018, the Colorado legislature passed HB 18-1319 to create a steering committee charged with making bold recommendations to improve the lives of young people, ages 18 to 21, who are exiting foster care.

The Former Foster Youth Steering Committee began meeting in October 2018. Committee members included representatives from multiple state and local youth-serving agencies and non-profit organizations. The committee hosted three youth panels, two in Denver and one in Pueblo. The committee worked to develop a shared foundational understanding of the current services available to foster youth and outcomes for foster youth. It heard from young people about their lived experiences. Youth who experience foster care in Colorado are more likely to experience a wide range of negative outcomes in early adulthood, including homelessness, poverty, and incarceration. While services are available for youth exiting care into adulthood, funding for those services is limited and availability and approach vary greatly depending on where a youth lives. Individual planning for each youth's future is inconsistent and frequently lacks input from the youth. Additionally, youth in care frequently experience instability in education, which disrupts their developmental needs to maintain peer relationships, hampers their ability to be competitive in the workforce, and often traps them in a cycle of housing and employment instability.

While Colorado has taken fragmented steps to address each of these concerns, poor outcomes persist. Young people need and deserve bold changes to dismantle the systemic barriers to their success and ensure that they are supported by all state departments and county departments of human/social services, as well as their community at large. With this report, the Former Foster Youth Steering Committee recommends changes to ensure every youth who leaves foster care in Colorado has the tools necessary to be safe, healthy, educated, connected, and contributing young adults.

All recommendations are grounded in the principle that services must be developmentally appropriate and youth-driven to be effective. Colorado law currently allows youth to remain in the child welfare system and under the court's authority past age 18 when in the best interest of the youth.[1] However, practice varies around the state in whether and how counties serve youth in foster care after age 18. Available research shows that emancipating youth benefit from extended foster care until age 21, but simply extending traditional foster care is not enough. For the benefits to last, youth in foster care need developmentally-appropriate services, including freedom to test their independence, to make mistakes with proportional consequences and a reasonable safety net, and to choose their own relationships.

Recommendations are divided into two categories: The "Foundations of Successful Adulthood" section addresses the key domains of permanent connections, housing, and education, and the "Pillars of Practice" section addresses practice recommendations which transcend domains to impact all work with young people.

Many of the committee's recommendations will require new funding in addition to creative and efficient use of current funding. Additionally, implementation will require extensive collaboration and patience as Colorado makes bold changes with and for young people in foster care. The committee thanks all the voting members, non-voting partners, their agencies, and the young people themselves who have engaged in this process with a spirit of urgency and hope.

[1] Continuing jurisdiction of the juvenile court to age 21 has long been in Colorado law; it was previously codified at § 19-3-118, C.R.S. until 1986 when it was repealed and replaced by 19-3-205, C.R.S. Federal law did not fund child welfare services past age 18 until the Fostering Connections Act of 2011, and Colorado has only recently modified its federal plan to seek reimbursement for the 18-21 year-old population.

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

FOUNDATIONS OF SUCCESSFUL ADULTHOOD

All foster youth will have permanent connections

Child welfare professionals at systemic and case levels must make every effort to ensure children and youth gain legal permanency. Professionals should never stop working to build meaningful and durable connections for youth, even if the youth will transition into adulthood from foster care. There is no set age when an adolescent develops into an adult, and not all young people are ready for adulthood during their legal early-adult years (18 - 21). Therefore, the committee recommends foster youth have the option of continuing support from connected adults and the safety nets of child welfare as they step into adulthood.

Additionally, young people in foster care need timely access to high-quality behavioral health services in order to heal and build healthy relationships. Therefore, the committee connects the goal of permanency for all youth with a recommendation to ensure easy access to robust behavioral health services to address mental health concerns, problematic substance use, and trauma histories.

New funding will be required to fully implement these recommendations.

#1 Youth will leave foster care with at least two, and ideally five, committed permanent connections

- Place high priority on maintaining familial placements.
    - Increase family supports, kinship placements, and adoptions to increase permanency.
        - Make ongoing support available to all adoptive families to support successful transitions for families throughout the youth's development.
- Reevaluate subsidies and supports for families as children age and their needs change.
- Support statewide implementation of Wendy's Wonderful Kids (WWK), a child-focused, evidence-informed recruitment model, or a similar evidence-based program.
- Support statewide implementation of the CHOICE program, or a similar evidence-based program, to build a permanent, long-term relational adult connections for youth who do not achieve legal permanency.
- County departments will continue family finding efforts and fostering permanent connections for youth up to age 21, including those in foster care and housing programs (such as independent living arrangements).
- County departments will continue working towards permanency while continuing to support each youth in learning the age and developmentally appropriate skills they need to be successful, regardless of their permanency goal or where they are living when they reach adulthood.

"I had a family when I went into the system. How come I don't have one when I'm leaving?"
~ Former Foster Youth

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

#2 Youth will have meaningful, timely access to behavioral health services

- Colorado Department of Human Services (CDHS) and the Colorado Department of Healthcare Policy and Finance (HCPF) will work together to improve access to Medicaid services, in particular, behavioral health treatment, for current and former foster youth and their families.
    - Identify the barriers of former foster care youth and their families accessing Medicaid services with an emphasis on behavioral health.
    - Recruit participation from HCPF and CDHS Office of Behavioral Health (OBH) and Office of Children, Youth and Families (OCYF) to create a collaborative approach to address the identified barriers.
    - Determine specific steps to address the barriers and ensure that former foster care youth and their families can have access needed services in a timely manner.
- CDHS will offer youth leaving foster care an incentive to participate in a class that discusses the long-term effects of trauma and how to identify and address triggers. Youth will be given information about how to access behavioral health resources including the Colorado crisis number. This class would be co-developed and co-presented by former foster care youth.

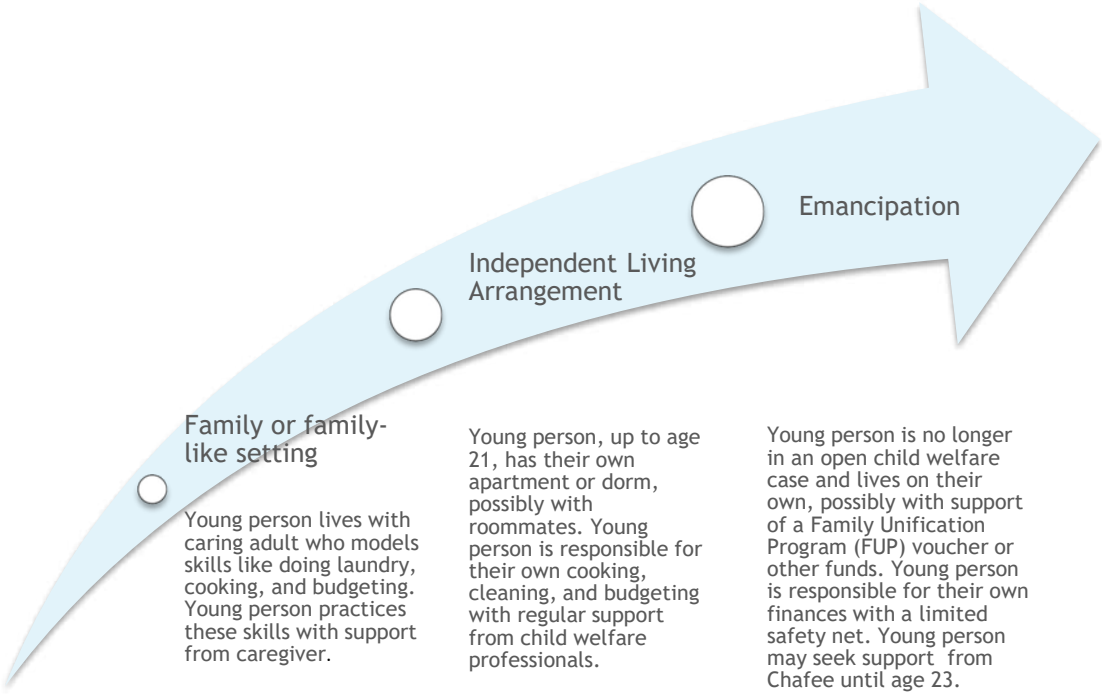
"Most youth know there is a possibility of homelessness, but the reality of it is heartbreaking."
~ Former Foster Youth

All foster youth will have safe and stable housing

Building an environment where current and former foster youth can safely practice and learn to manage a household is imperative. Most people begin learning these skills at a very young age through a continuous series of observations and interactions with their parents, caregivers, and other adults. For youth who are not involved with child welfare, this process eventually leads to youth leaving their childhood homes so they can get their first apartment with a friend or move into a college dorm room. Youth take these normal, healthy steps toward independence with the security of knowing they have a safe place to return or someone who can help if they need it. For many foster youth, reaching this important developmental milestone means losing their entire safety net before they have had the opportunity to practice these skills, so a simple budgeting mistake can lead to homelessness. This set of recommendations is intended to eliminate many of the barriers facing youth in successfully achieving this key developmental milestone.

Key to giving young people opportunities to practice is gradually removing financial and professional supports and, ideally, replacing them with self-sufficiency skills and supportive long-term relationships. Housing resources should be accessed at the appropriate place on a continuum of relative risk and responsibility for the individual youth.

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



#1 Expand the use of independent living arrangements (ILAs) for older youth in foster care

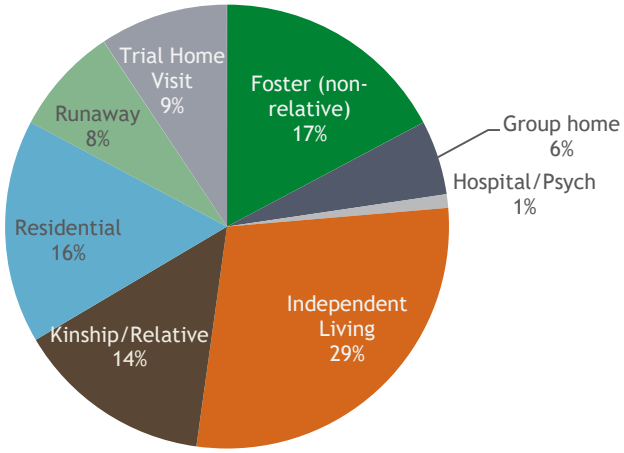
Independent living arrangements (ILAs) are a foster care placement where a young person lives on their own with supervision by the child welfare agency.[2] "Supervision" is interpreted broadly at the discretion of the state agency,[3] and can be met by monthly visits from the youth's assigned county child welfare caseworker. ILAs can include a range of settings such as college dorms, living in an apartment alone or with a roommate, or living with a relative who is not a licensed foster home.

The funds come from Title IV-E of the Social Security Act, just like other foster care maintenance payments, so the youth has to be in an open child welfare case to be in an ILA. The funding amounts vary based on the individual needs of the youth, including cost of living and the gradually increasing ability of the youth to pay their own expenses.

[2] 42 U.S.C. 672(c).
[3] ACYF-CB-10-11 (July 9, 2010)

ILAs are an important option for young people to practice living on their own with support. If something goes wrong, the young person has the support of their caseworker and other professionals to gain new skills and try again. In contrast, if a young person is unsuccessful using a Family Unification Program (FUP) voucher, they are at high risk of homelessness. ILAs are currently underutilized in Colorado while, meanwhile, too many young people leave foster care directly from highly restrictive or structured environments, setting them up for a shocking transition when they are suddenly on their own.[4]

Figure 1: Last placement before emancipation (SFY18)



Specific steps to expand the use of ILAs in Colorado include:

- CDHS will request a formal Attorney General's opinion to clarify counties' concerns about liability stemming from the use of ILAs.
- CDHS will convene a task group out of the Child Welfare Sub-Policy Advisory Committee to explore ILA rule changes[5] and determine the circumstances when youth under age 18 should be able to access an ILA, with the understanding federal reimbursement is unavailable for ILAs for youth under age 18. The committee believes youth who are under 18 should be able to access ILAs in certain circumstances, such as to live in a college dorm or to live with an adult sibling. In SFY18, eight 17-year-olds and four 16-year-olds were in ILAs in Colorado.[6]

#2 Allow youth ages 18-21, who have left foster care, to return if they decide they need continued support

In Colorado, if a young person has his or her child welfare case closed, they cannot currently return to child welfare for additional services and supports after their 18th birthday. Young adults who are not involved with child welfare usually "try on" their independence with the financial and emotional safety net of their families, including returning to live in their parents' homes well into their twenties.

In contrast, independence is a one-way street for youth exiting foster care, who often have nowhere to turn when plans go awry. While it is developmentally appropriate and expected for young people to want to be out on their

[4] Colorado Results Oriented Management (ROM); excludes secure Division of Youth Services placements (3/1/19).
[5] 12 CCR 2509-4, 7.305.1 - 7.305.2.
[6] ROM.(3/1/19)

own at age 18, a developmentally normal experience also includes a safety net of natural supports. In acknowledgement of this discrepancy in the experience of youth who emancipate from foster care, the committee recommends creating a process for young people who emancipate to return to access child welfare supports in certain circumstances.

The committee recommends a workgroup of county, state, non-profit, and youth stakeholders continue meeting to consider the details necessary to implement this complex change. Ensuring the process is developmentally appropriate for this population will require this workgroup to carefully consider changes to legislation and rule, existing training and practice models, and even messaging to young people about their options. The committee recommends the following as a baseline for further exploration:

- Create a statutory process for young people ages 18-21 to return to child welfare under certain circumstances.
- Determine the criteria for a young person 18-21 to return. For consistency, the committee recommends mirroring eligibility for Chafee services: those who exited care through adoption/guardianship after age 16 and youth who exited for any other reason after age 14.
- Determine the specific case requirements for youth who return to child welfare between ages 18-21, considering differences, if any, between cases for returning youth and cases for youth who have been continuously involved.
- The committee recommends any option for youth to return to child welfare be designed to allow federal Title IV-E reimbursement for eligible youth. This would include meeting the minimum case management practices and court oversight necessary to draw down federal IV-E funding.

> *"Yes, it would help to know that I could come back for support. I know I'm not all grown up."*
> *~ Former Foster Youth*

- Participation with child welfare agencies should be voluntary for youth over age 18, regardless of whether they are returning to child welfare or have been continuously involved. Committee members expressed a concern that youth over age 18 are currently involved involuntarily in some cases, due to the uncertainty about their current readiness to successfully enter adulthood and their inability to return for future help if the case is closed. If a process for returning is established, youth-serving professionals may feel more comfortable supporting a young person's wishes to have their cases closed.
- Services for young people over age 18 must be youth-driven and developmentally appropriate. See the Pillars of Practice section in this report for more discussion on these issues.

#3 Build, and fully fund, a strong network of housing supports for young people leaving foster care

When current and former foster youth begin to explore housing options, they discover a complicated housing system designed for adults. Rules are frequently confusing and misunderstood by landlords and case management agencies. Landlords are wary of renting to youth who have no prior rental history and no cosigner, and counties fear they could be liable for unpaid rent or damages if the youth doesn't meet their financial obligations. Colorado should mitigate the real and perceived risks of housing programs for young people leaving foster care.

- Raise awareness of how housing program rules can allow former foster youth to have roommates.
    - There is a lack of understanding by many landlords and case management agencies that it is allowable for youth with ILAs and rental assistance to have roommates under existing statutes. An awareness campaign should be developed to help those individuals and agencies understand how to support youth in navigating the process if they would like to have a roommate.

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

- Build a strong partnership and network of housing options across the state for former foster youth. This network needs to include family, traditional landlords, private landlords with individual units, and those with rooms to rent.
    - Track and monitor wait times for youth entering housing and develop annual budgets and appropriation requests to close the housing gaps for youth.
    - Ensure that communities have access to fully funded, high-fidelity wraparound services to ensure the successful transition into adulthood.
    - Develop a landlord mitigation/incentive fund to assist counties developing housing options. This incentive fund could assist with:
        - Concerns of liability.
        - Establishment of guarantee for co-signer.
        - Establishing a rental history.
- Update the current runaway and homeless youth (RHY) host home rules to allow for youth in a Transitional Living Program host home to remain for 540 days per federal statute.[7] Currently, the host home statute in Colorado limits RHY to 21 days at a host home.[8]
    - Establish an expedited process for host home certification.

"I wanna be somewhere successful. I want to just live a comfortable life, and so I just pushed myself education-wise." ~ Former Foster Youth

#4 Ensure child welfare and runaway and homeless youth providers coordinate services for young people

Many agencies who work with transition-age youth compete for resources and do not understand the challenges their partner agencies face in serving and supporting transition-age youth. As a result each agency becomes siloed and services are less effective than they could be if those agencies worked closely together. The Collaborative Management Program (CMP) has led the charge in breaking down barriers between agencies, and the Pathways to Success demonstration project has shown benefits when child welfare and runaway and homeless youth (RHY) providers work closely together to improve outcomes for youth. This set of recommendations will help build strong interagency teams to support youth during their transition into adulthood.

- Create the position of Housing Partner within CDHS to increase awareness and knowledge of housing resources and work with the Division of Housing to develop a continuum of housing options that can be implemented to align with the specific needs of young people in foster care and after they emancipate. The Housing Partner would provide technical assistance to county departments on the use of the continuum of housing options. They would collaborate with the county departments, RHY providers, and youth to reduce the barriers in accessing the full continuum in a way that promotes positive outcomes for former foster youth.
- Revise the Collaborative Management Program (CMP) statute to encourage the inclusion of RHY providers in CMP memorandums of understanding. An estimated 12 of 46 CMP programs address or focus on youth. Model language should be drawn from § 24-1.9-102(1)(a.5), C.R.S. which pertains to family resource centers partnering with CMP.
- Amend the confidentiality statute[9] to add runaway and homeless youth (RHY) providers to the list of entities who can have access, to the extent necessary, to provide and coordinate services, to child abuse or neglect records and reports.

[7] 34 U.S.C. § 11222(a)(2).
[8] § 26-5.7-105(4) and (7), C.R.S.
[9] § 19-1-307, C.R.S.

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

- This recommendation would affect youth who are under 21, are seeking services and support at RHY agencies, and may need child welfare intervention due to abuse or neglect.
- With greater sharing of information between the departments of human/social services and RHY providers, each agency will be better able to respond with available resources, and if necessary, provide more formal, coordinated intervention.
- The committee recommends county departments of human/social services be permitted to share with RHY providers information necessary to provide and coordinate services, such as whether there is a current or prior child welfare case and the services being provided.

All foster youth will earn a high school credential

#1 Every foster youth over age 18 will have a high school credential prior to case closure

Graduation rates among current and former foster youth are substantially lower than the general population. The most recent (2017-18) four-year graduation rate for foster youth is 24.8%, which is much lower than the general population. Without a high school credential youth struggle to get jobs that pay a living wage and escape poverty. These recommendations will smooth communication between schools and child welfare agencies, while connecting youth with programs to provide meaningful support in earning a high school credential.

- Increase intervention services for youth who are struggling academically at the secondary level through the creation of partnerships with innovative programs like First Star Academy and the Jefferson County Public Schools and Jefferson Child Youth Leadership Commission's educational liaison pilot.
- Utilize individual career and academic plans (ICAPs) to ensure each foster youth's educational pathways are aligned with his/her interests and ambitions.
- The Colorado Departments of Education (CDE), Higher Education (CDHE), Human Services (CDHS), and Labor and Employment (CDLE) will adopt joint educational benchmarks and indicators in conjunction with state level plans to increase education stability and support effective educational transitions (e.g. reduction in average number of school moves for foster youth, decrease in school transfers tied to placement changes, successful completion of course, grade advancement, completion of FAFSA, completion of career exploration and financial literacy course).
- CDHS and CDE will work together to create a plan and ensure resources are provided to help young people achieve this goal.

#2 Develop and maintain effective, real-time communication systems and data sharing across local child welfare and school systems

Child Welfare Education Liaisons (CWELs) are responsible for ensuring students have access to the educational rights afforded to them by school stability laws (e.g. free lunch and fee waivers). Currently, the electronic systems (i.e., Trails, Infinite Campus, and Power School) are not integrated to provide real time data between county child welfare agencies and schools. The committee recommends improvements to these systems to allow seamless, real-time sharing of information between systems to provide timely information for Best Interest Determination meetings and notice to school districts when students enter foster care.

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

- Creating an infrastructure that allows the exchange of information at the local level is critical for addressing the educational needs of the students entering in or changing out-of-home placements. The system would need to enable county child welfare caseworkers to alert schools within 24-48 hours of an out-of-home placement and allow for education information to be provided to the caseworker (e.g. attendance, grades, and behavior reports).
- At the state level, current data sharing practices can be expanded and improved to provide an accurate accounting of areas of need in counties and school districts to target funding and supports needed to reduce barriers for students in out-of-home placement.

"Everyone starts somewhere - though no one chooses where they start. Every person chooses where they go. Fears open the possibility for courage. Hardships make way for triumphs!"
~ Former Foster Youth

All current and former foster youth will have access to the post-secondary education and training they need to succeed in their chosen career path

The pathway to a successful adulthood is often built on the accomplishment of academic goals after high-school. The earning potential of former foster care youth increases with academic achievements and workforce experience when they are provided the ability to remain in these environments. Colorado has scholarship programs, localized post-secondary supports, and workforce services, but these are inconsistently utilized and are insufficient to address the needs of all former foster care youth. Nationally only 2-9% of former foster care youth complete a four-year degree,[10] and very few access services through workforce centers. One of the main financial aid resources available to current and former foster youth is Educational and Training Vouchers (ETV), which are primarily utilized for the cost of housing (36%) and tuition (21%).

#1 Waive tuition and fees for Colorado state colleges, universities, and technical schools for current and former foster youth up to age 30

Expanded educational options such as Career and Technical Education (CTE) and enrollment in two-year and four-year institutions should be easily accessible to current and former foster youth. The committee recommends waiving tuition and fees for former foster youth who enroll in in-state postsecondary education and apply for the tuition waiver by age 30. The committee evaluated several states' current best practices in developing the following recommendations.

- Criteria to receive the waiver:
  - Mirror the Satisfactory Academic Progress (SAP) standards when appropriate, with consideration of modifications specific to this population in developing program rules:
    - Maintain a minimum GPA 2.0 in the program of study.
    - The student meets a course completion rate set by the school.
    - Course load cannot be below part-time.
    - Waived tuition/fees are only available for Colorado state schools/programs.
  - The current/former foster youth must enroll and apply for the waiver by their 30th birthday.
- Determine program rules to maximize former foster youth's eligibility in financial aid programs and rely on state funds after accessing federal and private grants/scholarships.
  - Education and training vouchers (ETV) should continue to be accessed prior to federal Pell Grants.
  - Provide support for youth to apply for at least three scholarship programs.
  - Ensure youth complete the FAFSA and secure independent status where appropriate.

[10] Fostering Success in Education: National Factsheet on the Educational Outcomes of Children in Foster Care (2014).

#2 Implement the navigator model at all institutions of higher education

Current and former foster youth often encounter multiple barriers when attending institutions of higher education. These barriers often center on the lack of support and guidance navigating financial aid requirements, institutional academic expectations, as well as significant struggles outside of school (i.e. child care, unstable housing, financial instability, transportation needs, etc.). All of these need to be addressed for former foster youth to truly be successful in higher education.

Currently there is one higher education navigator for current and former foster youth at CDHE. This position focuses on reducing systemic barriers in higher education and direct supports to ETV recipients. Expanding the navigator model to all campuses would allow more current and former foster youth to opt in to this support.

- Expand the navigator model to all two and four-year Colorado state colleges and universities.
- Support students with the Next Generation Education, Training, and Career Platform, which is a system that connects individuals to opportunity.
    - This system replaces College in Colorado. It will link state services to eliminate redundant programs and improve ease of use.
    - The online resource will deliver a sustainable, modern, and personalized web-based service that securely stores and organizes education, training, and career planning information into user portfolios with professional case management.
    - County child welfare caseworkers should be aware of this new resource to assist current foster youth in using the platform and uploading relevant school records and legal documents.
        - A foster youth's proof of independence can be uploaded to this resource
        - K-12 education providers should upload the Individual Career and Academic Plan (ICAP) to the platform to ensure youth and county staff have access.

#3 Support collaboration between the child welfare system and the Workforce Innovation and Opportunity Act program (WIOA) to increase workforce readiness and options to attain industry certifications

The Training for Youth program at the Colorado Department of Labor and Employment (CDLE) is a federally funded program which includes GED preparation and support for high school graduation, tutoring assistance, and employment opportunities including internships, support services, and work skills. However, data reports from the program indicate these programs are either not accessed by foster youth and/or that data reporting is incomplete. Foster youth on panels and in groups did not identify having received services through these programs or through local workforce centers.

These recommendations address the underutilization of a very important service to enable former foster youth to work towards their identified career goals.

- Add targeted funding and recruitment efforts for the foster care population to WIOA services at CDLE.
- Provide workforce navigators that are available to all foster youth.
- Provide paid opportunities to develop workforce skills. Paid apprenticeships in state organizations could be one way to provide workforce opportunities, such as through CareerWise.
- Raise awareness of WIOA, apprenticeship programs, and online career tools among case workers.

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

PILLARS OF PRACTICE

All foster youth will create individualized, developmentally appropriate case plans inspired by their own hopes and dreams

Since the rollout of differential response in Colorado, child welfare practices have increasingly reflected each family's own unique set of strengths and needs: planning with families is most successful when it is done as a partnership led by the parents. This type of respectful, client-led engagement is also the most effective way to work with youth. These recommendations emphasize meaningful youth engagement, highlighting some of the most impactful elements of the Pathways to Success model, where caseworkers engage youth in a "coach-like way," walking alongside youth with the assumption that every youth in foster care has the capacity to be successful, approaching them with thoughtfulness and caring, and honoring the youth's ability to determine and advocate for their own best interest with the support of their guardian ad litem (GAL).

#1 Professionals will ensure every youth's hopes and dreams drive the case plan and each interaction

- A casework practice model based on "Engaging Youth in a Coach-Like Way" and the Pathways to Success model intervention will be implemented statewide.
- The Colorado Child Welfare Training System (CWTS) will design and implement a youth services specialization track for youth-serving caseworkers and supervisors.
    - This specialization will include youth-specific coursework emphasizing the principles of Positive Youth Development (PYD) and supporting the new practice model.
- Individualized services to assess and mitigate the effects of trauma should be integrated into the service plans as well as ensuring staff are trained in trauma informed care to best facilitate meaningful support.

"I don't need people to feel sorry for me. I need to move on. What I need is to be respected for trying to make the best of the life I've got"
~Former Foster Youth

#2 Youth will have a stronger voice in court proceedings

- Youth re-entering the system at or after age 18 shall have direct client representation. Furthermore, the Office of the Child's Representative (OCR) should explore other models of representation for younger youth including direct client representation.

All current and former foster youth will experience normal adolescence, including the opportunity to succeed and make mistakes

Youth in foster care deserve to have the same opportunities as any other youth to grow their independence with developmentally appropriate support and guidance. As discussed previously in this report, the transition to adulthood for any youth is full of starts, stops, mistakes, and successes. Youth panelists shared with committee members that when they struggled with this transition, they were coached out of care, not because they were ready or had the skills to be successful but because they acted exactly as professionals would expect a youth who is 18-20 years old to behave. The following recommendations are intended to ensure foster youth are given the opportunity to experience a more normal transition into adulthood.

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

#1 Youth will experience appropriate developmental milestones while in foster care

- Youth in foster care will have access to developmentally appropriate case management when and where they are in need of services, with youth guiding the direction of their own lives.
- Simplify the process for foster youth to obtain legal documents.
    - Allow foster youth to easily access services and supports including legal identification and driver's licenses.
    - Train county child welfare case workers to assist foster youth in obtaining legal documents in complex situations.
- Support foster parents in implementing the "reasonable and prudent parent standard," allowing youth to have jobs and participate in social activities when appropriate.

#2 County departments will support each foster youth in transitioning to adulthood in a developmentally appropriate way

- Provide county child welfare case management through the 21st birthday if the foster youth deems it necessary.
    - This support should be regardless of the youth's living arrangement (foster family, transitional housing, independent housing, with kin), and should continue until the youth turns 21 or it is otherwise in their best interest to close the case.
    - Continue at least monthly check-ins from county child welfare caseworkers, with visits focusing on the youth's self-identified needs and goals.
- Allow and support youth in all counties to continue in foster care through their 21st birthday or sooner if in their best interest by following the established eligibility criteria.

> *"I need to be able to make mistakes, learn, and not lose all my support."*
> *~ Former Foster Youth*

    - Youth must meet at least one of the following eligibility requirements to remain in foster care after age 18 (§ 19-3-205, C.R.S. and Title IV-E):
        - The youth is working to complete a high school diploma or the equivalent;
        - The youth is enrolled in a postsecondary or vocational program;
        - The youth is participating in a program designed to remove barriers to employment;
        - The youth is employed for at least 80 hours per month;
        - OR the youth is incapable of any of the activities listed above due to a documented medical condition.
- Clarify the continuing jurisdiction statute (section § 19-3-205, C.R.S.) to provide that the evidentiary standard for case closure for youth under 18 is in the "best interests of the child."
    - This recommendation, if adopted, would affect youth who are under 18 and are currently in the child welfare system.
- Amend the continuing jurisdiction statute (section § 19-3-205, C.R.S) to require the following prior to case closure for youth over age 14:
    - All vital documents must be obtained and provided to the youth and must reflect the same legal name.
        - Create a streamlined process under Title 19 for this name change to occur.
        - Trails must reflect the same legal name.

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

  - Youth must receive a copy of their credit report. Any identified issues must show evidence of an attempt to be resolved, or if timely resolution is not feasible referred for assistance for resolving, prior to case closure (reflecting the intention of the current law in 19-7-102, C.R.S.).
  - CDHS should fund credit resolution services for youth in or leaving foster care who have inaccuracies on their credit report.
- Amend the continuing jurisdiction statute (§ 19-3-205, C.R.S.) to include specific language regarding case closure for youth who have current dependency and neglect cases and are on runaway status. This recommendation would affect youth who are under 18 and are currently in the child welfare system but are currently runaway youth.
  - The runaway youth's case cannot be closed if the youth is under 14.
  - For youth between age 14 and 18, the case cannot be closed unless legal permanency has been achieved (reunification, guardianship, adoption) or the youth has been on the run for over 6 months.
    - 6 months was chosen to balance competing desires to remain available for these young people while also allowing resources to be reallocated to foster youth currently engaged in the system.
    - ***The committee's support of this recommendation is contingent upon implementation at the same time of the recommendation allowing foster and former foster youth to reopen their case should they meet the eligibility criteria for re-entry***. That way, cases are not being closed due to a youth's runaway status without the youth having the opportunity to seek needed supports in the future.

The John H. Chafee Foster Care Program for Successful Transition to Adulthood will provide effective services to eligible youth statewide

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) is a federally-funded grant program providing states a flexible and supplemental funding source to support youth who are at risk of leaving foster care without achieving permanency. Currently, these services are only available to youth in half of the state, programs serving youth are inconsistent, documentation requirements can vary between programs, and program eligibility is more restrictive than what is allowed by the federal grant. Often, youth who move counties and were receiving services suddenly find themselves on a long waitlist or unable to access services in their new community. These services can be provided more effectively and efficiently. This has become increasingly apparent through the work being done as a part of the Pathways to Success (Pathways) grant. These recommendations will ensure statewide, high quality, consistent services that are based on the needs and strengths of each individual youth.

#1 All eligible Colorado former foster youth will have the opportunity to participate in the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) until their 23rd birthday

- CDHS will work with stakeholders to redesign the Chafee program so that services are provided to youth consistently throughout the state, regardless of their county of residence.

  - The Pathways to Success model intervention will be integrated into services delivered through Chafee as the Pathways grant allows.
- CDHS will recommend rule changes to expand program eligibility to the maximum extent of federal law.

MEASUREMENT AND MONITORING

It is important to track the progress of implementation plans as well as to monitor outcomes to ensure the recommendations are effective at improving young peoples' lives. Colorado is fortunate to operate in a data-rich environment where systems to track many key outcomes and lead measures already exist. If the committee's recommendations are adopted, Colorado can expect to see improvement across many different measures, such as reduced numbers of former foster youth reporting homelessness and increased four and five-year high school graduation rates. The following is not an exhaustive list and will evolve to integrate data from new collaborations between agencies.

- **National Youth in Transition Database (NYTD)** - Participating in this data tracking is a federal requirement for accessing Chafee and Educational Training Voucher (ETV) funding. The state is required to follow cohorts of youth involved in the foster care system and complete a survey with them at age 17, 19, and 21. The youth answer questions related to their housing stability, permanent connections, employment history, educational achievement, public benefits access (including medicaid), and well-being. The independent living services that were provided to all youth in foster care are also tracked with this data submission. The state is provided with a NYTD Snapshot that details how our youth are prepared for adulthood.
- **C-Stat** - Is a performance-based analysis strategy that allows CDHS programs to better focus on and improve performance outcomes to identify areas of improvement or success. Current areas that are specific to this population:
  - Completion of the Roadmap to Success (formerly known as Independent Living Plan)
  - Children who re-enter care within 12 months
  - Children/Youth who are in congregate care (highly structured environment)
- **Permanent Connection Tracking** - Permanent connections are incredibly important for providing ongoing support to the young people who are emancipating from our system and ensuring they are supported into their adulthood. Sustaining the connections throughout the time of the county child welfare case, and after, will provide that continuous support. This could be tracked in the following ways:
  - Baseline could be addressed by analyzing the permanent connections that are identified in the Roadmap to Success and the Emancipation Transition Plan.
  - For ongoing supports this could be tracked through data provided by Chafee cases as well as Pathways to Success and NYTD data.
- **Colorado Results Oriented Management System (ROM) -** This online reporting tool was created to give state and county child welfare staff the ability to analyze current child welfare data to more effectively address challenges with specific populations. Examples of relevant information available for this population:
  - Roadmap to Success completion rates
  - Demographic information for youth in care
  - Length of stay and number of placements
  - Numbers of youth emancipating from foster care or achieving legal permanency
  - Information on the type of placement that youth are currently in (ILA, residential, group home, kinship placement, etc.)
- ***Runaway and Homeless Youth (RHY) Provider data*** - This is a very important resource in looking at the housing outcomes of former foster care youth and how the services youth received in foster care prepared them.

  - Point in Time - This is a HUD requirement and the main source of data for homeless youth in the state. Homeless youth are surveyed about demographic information and their experiences, including if they have experienced foster care system.
  - Homeless Service Provider data, including Runaway and Homeless Youth (RHY) Provider data - Homeless Management Information System (HMIS) is the main data source for tracking homeless services utilization and housing outcomes for former foster care youth.
  - HMIS data sharing - CDHS is working with the Department of Local Affairs (DOLA), Division of Housing (DOH) and Colorado's Continuum of Care regions (CoCs) to create the necessary data sharing agreement(s) to access HMIS data associated with youth utilizing homeless services or related housing resources, including RHY-HMIS data, coordinated entry data, and any data related to housing waitlists or housing needs. This would enable CDHS to access youth identifiers determine whether youth experiencing homelessness or housing services had also experienced foster care. This will establish a baseline on which the state can improve and ensure that former foster care youth are not experiencing homelessness.
- **The Colorado Department of Education (CDE)** - Office of Dropout Prevention and Student Re-Engagement publishes data annually including outcomes for students in foster care, including graduation and completion rates, dropout rates, and student mobility.
- **Housing Voucher Waitlist** - To ensure that all former foster care youth have access to stable housing it will be imperative to monitor the Family Unification Program (FUP) voucher and other relevant housing voucher waitlists through the Division of Housing. When progress is made in assisting youth accessing the full housing continuum this will reduce the immediate need for housing vouchers and they can be accessed when youth truly need them. Additional data points can be analyzed including housing retention, re-entry, and earnings.
- **Judicial involvement** - As youth are provided the opportunity to establish themselves in a successful adulthood there will be a reduction in their involvement in both the juvenile and adult criminal court systems. The goal of the recommendations is to create housing, behavioral health, and financial stability that will lend itself to decreased involvement in the criminal justice system.
  - Reduction of charges that are related to homelessness and survival.
  - Decreased charges related to behavioral health and/or substance use and their consequences.
- **Workforce Innovation and Opportunities Act (WIOA) Access** - Statewide WIOA funded workforce centers are charged with preparing the workforce and increasing the ability to earn more. A targeted population for WIOA is current or former foster care youth but this resource has been severely underutilized in the state. The implementation of these recommendations will lead to increased access to the services and ultimately better career preparation.

IMPLEMENTATION

Section 26-5-114(3), C.R.S. states, "*The implementation plan recommended by the steering committee pursuant to this section is not required to become operational unless adequate state and federal funding is available.*" Systemic change takes both time and resources. CDHS, in conjunction with other state departments, and the Colorado legislature will analyze fiscal requirements of each recommendation.

> *"We should be pushed to independence, but we should be helped if we aren't ready. We should be set up to succeed."*
> *~ Former Foster Youth*

In this process, the committee recommends that consideration of scalable efforts and permissive strategies first be utilized where applicable. For example, expanding data-driven programs (e.g., Wendy's Wonderful Kids, First Star Academy, and similar efforts) to more regions throughout Colorado is a good first step if statewide expansion is not possible all at once. Similarly, a fund to increase former

foster youths' access to higher education would be a positive step even if all eligible youth could not be served in the first year - this would be comparable to the existing Education and Training Vouchers program, where funds are available on a first-come, first-served basis to eligible students.

In other instances the recommendations are of significant magnitude, such as allowing youth cases to be reopened after age 18, and more extensive stakeholder engagement is required to refine recommendations to be successful and actionable in Colorado.

Specific steps for implementation of each recommendation are included in the "Factors Leading to a Successful Adulthood" and "Pillars of Practice" sections. Each of these will require continued interagency collaboration and stakeholder engagement to be successful. ***In particular, CDHS is committed to forming work groups to gather more stakeholder input on the specific directions of these two of the committee's more complex committee recommendations:***

1. **Create a process for youth ages 18-21 to return to child welfare**

    - The recommended work group is responsible for analyzing how other states have integrated these changes. This will be accomplished through extensive research as well as seeking the input from experts that have assisted other states with the process and will include a fiscal analysis.
    - The group will draft recommended legislative changes.
    - The group will present findings and recommendations for necessary changes and the most effective way to implement them (including dissemination of information, staff training needs, technology/database updates, and ongoing support).

2. **Youth will have meaningful, timely access to behavioral and mental health services**

    CDHS and the Colorado Department of Healthcare Policy and Finance (HCPF) will work together to improve access to Medicaid services, in particular, behavioral health treatment, for current and former foster youth and their families.
    - Identify the barriers of former foster care youth and their families accessing Medicaid services with an emphasis on behavioral health.
    - Recruit relevant staff members from HCPF, CDHS executive team members and staff from the Office of Behavioral Health (OBH) to create a collaborative approach to address the identified barriers.
    - Determine specific steps to address the barriers and ensure that former foster care youth and their families can access needed services in a timely manner.

CONCLUSION

The recommendations in this report are written with the belief that every current and former foster youth is worthy of compassionate support and capable of success.

The current foster care system unintentionally perpetuates the cycles leading to child welfare involvement. Funding and implementing these recommendations will help build a modern system that will serve as a platform to launch youth to success.

Foundations for a Successful Adulthood, such as re-entry for youth who exit care after they turn 18, ensuring every foster youth has a high school credential, and tuition waivers, will disrupt a multi-generation cycle of poverty and child abuse and neglect. The Pillars of Practice will serve as a foundation guiding the Colorado Child welfare

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

system's approach to youth engagement while making key supports available to every youth who is eligible, regardless of their geographic location.

While these changes may take time to fully implement, this report should serve as an important first step towards creating a future for the foster youth of Colorado that we can all be proud of. The Colorado Department of Human Services is grateful to the committee members for giving of their time and expertise to support young people. They are also grateful to the many young people who were willing to share their experiences and provide personal insight and expertise as the report was created.

"If you are able to do all of this, it will make a difference for my brother who is still in foster care."
~ Foster Youth Panelist

Former Foster Care Youth Steering Committee Members

Appointed Voting Members

- Georgina Becerril (Denver County Department of Human Services)
- Derek Blake (Department of Human Services)
- Shawn Bodiker (Department of Health Care Policy and Financing)
- Jamie Burciaga (Department of Higher Education)
- Christina Carlson (Urban Peak)
- Minna Castillo Cohen (Department of Human Services)
- Ashley Chase (Office of the Child's Representative)
- Kippi Clausen (Unfolding Directions)
- Melinda Crowe (Jefferson County Department of Human Services)
- Courtney Daugherty (El Paso County Department of Human Services)
- Betsy Fordyce (Rocky Mountain Children's Law Center)
- Brittany Gardner (Mesa County Department of Human Services)
- Lee Hodge (Pueblo County Department of Human Services)
- Kelly Krause (Weld County Department of Human Services)
- Erin Medina (Mile High United Way)
- Kristin Myers (Department of Education)
- Heather O'Hayre (Larimer County Department of Human Services)
- Gini Pingenot (Colorado Counties Incorporated)
- Pastor Tamara Quansah (Love is Trinity Child Placement Agency)
- Melody Roe (Adoption Exchange)
- Gary Sanford (Burnes Center - University of Denver)
- Tammy Schneiderman (Division of Youth Services)
- Tori Schuler (Fostering Great Ideas)
- Dana Scott (Department of Education)
- Meghan Shelton (Office of Behavioral Health)
- Lindi Sinton (Volunteers of America)
- Chaz Tedesco (Adam's County Commissioner)
- Kristin Toombs (Division of Housing)
- Margo Valaika (Denver County Department of Human Services)
- Catherine Weaver (Larimer County Department of Youth Services)
- Steve Wright (Department of Labor and Employment)
- Claudia Zundel (Department of Human Services)

Non-voting Attendees

- Brian Brant (Lutheran Family Services Rocky Mountains)
- Adam Burg (Adams County)
- Alexis Kuznick (Denver Human Services)
- Sarah Lipscomb (Denver Human Services)
- Kristin Melton (Department of Human Services)
- Jerene Petersen (Department of Human Services)
- Cheryl Secorski (Division of Housing)
- Barbara Smith (Department of Human Services)
- Trevor Williams (Department of Human Services)

Facilitators

- Rox White (Strategy With Rox)
- Donalyn White (Strategy With Rox)
- Griffin Scherma (Strategy With Rox)

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

APPENDIX A: COLORADO'S CURRENT EFFORTS FOR EMANCIPATING YOUTH

Colorado is one of several states attempting to create better outcomes for youth exiting foster care. To date, 25 states and the District of Columbia have been granted approval by the federal government to receive federal funding to extend foster care services beyond the age of 18 under Title IV-E of the Social Security Act, as enacted in the Fostering Connections to Success and Increasing Adoptions Act. While current Colorado law allows for young people to remain in care beyond the age of 18, the state has only recently begun to access this federal funding and does not currently allow young people whose cases have been closed after their 18th birthday to re-enter and access services to support their transition to adulthood. In addition, current Colorado practice may not be developmentally appropriate, thereby deterring youth from seeking continued support. In addition, ten states have enacted significant rules, regulations and legislation to support best and emerging practices for youth. These states were studied and their laws are summarized to illustrate the range of approaches which are underway to support youth.

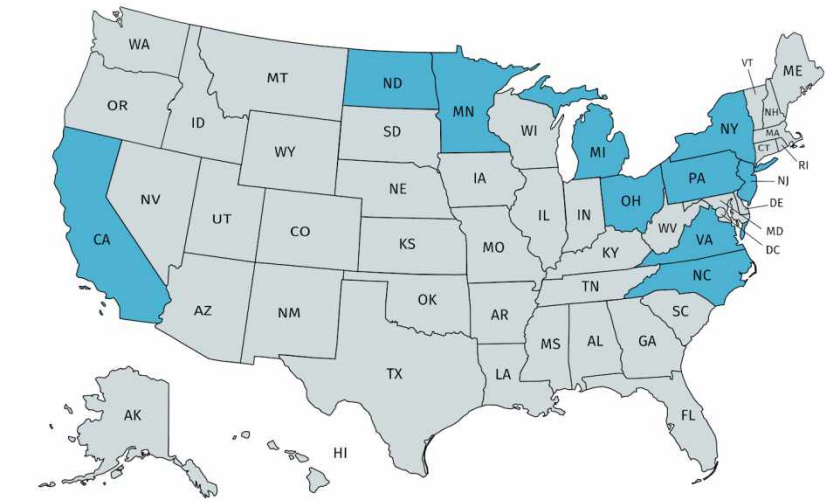


Figure 1. Ten states examined for background research: CA, NY, MI, NJ, PA, MN, NC, ND, OH, VA

National data was gathered to assess the landscape of foster youth in America. States are using a combination of rules, regulations and collaborations to help young people better transition from foster care to permanency. Ten states, shown above, were chosen because of the advanced practices, positive evaluations, and systemic approach. These particular states have been willing to provide state funding to support better outcomes for foster youth and have undergone external reviews and data collection. The Extension of Foster Care Beyond Age 18 report by the Children's Bureau provided extensive background on current state practices. The Annie E. Casey Foundation has conducted research on Foster Youth Transitions (2018), along with rolling out programs like Evidence2Success and Blueprints for Healthy Youth Development. Chapin Hall at the University of Chicago had completed extensive research and evaluation of these efforts including the Midwest Evaluation of the Adult Function of Former Foster Youth (2011) and Improved Outcomes at Age 21 for Youth in Extended Care (2018). Within those ten states, local and state policy were examined to help guide best practices. In addition to state efforts, national nonprofits were studied as states utilize non-profit service providers in their efforts to address the needs of young people. In particular, the efforts of First Place for Youth in California, Mississippi, and Massachusetts which are very similar to Mile High United Way's Bridging the Gap in Colorado; Runaway and Homeless Youth programs nationally as well as in Colorado; and The Adoption Exchange: Wendy's Wonderful Kids, which is a national program that is also operating in Colorado, offered promising and evidence-based

solutions in select areas of Colorado. These organizations were selected based on research and knowledge of services and steering committee members.

To fully understand and appreciate these national efforts, it is essential to first understand what Colorado has in place to support youth as they transition from foster care. In Colorado, the Department of Human Services (CDHS) provides the primary leadership for services to youth in foster care. CDHS is joined in these efforts to support current and former foster youth by the Colorado Department of Education (CDE), Colorado Department of Labor and Employment (CDLE), Colorado Division of Housing (DoH), Colorado Department of Health Care Policy and Finance (HCPF), the judicial branch, and a myriad of nonprofit and faith based organizations.

Current Services and Need in Colorado

In October 2018, 3% (40) of the 1184 foster youth age 15 or older who were in out-of-home placements were able to access Independent Living Arrangement placement. According to data from CDHS, approximately one quarter of 18-year-old foster youth remain in foster care to their 19th birthday. These youth often still need the support and assistance that they have received from the state up to this point, but are often unable to continue receiving care due to state policy, or funding constraints.

In Colorado, the data indicates the struggles faced by young people exiting the foster care system are severe. This is particularly concerning, because 30% of former foster youth aged 19 - 21 years old experience homelessness. During the 2018 Colorado Point-In-Time Count, a HUD-mandated annual census of people experiencing homelessness, 38% of respondents reported involvement with foster care, and 39% of respondents reported involvement with corrections across the country. When the respondents who identified as former foster youth were asked how they exited care, 47.3% reported leaving in an unsuccessful way (aged out, runaway, and/or unsuccessful discharge). Furthermore, the youth experienced barriers to successful transition including: 81.3% of former foster youth reported having difficulties accessing housing assistance, and foster youth reported being twice as likely to lack a trusted adult as their peers from intact families. The current state of youth exiting foster care without the services and supports needed to thrive shapes our recommendations with the intention of improving the long-term life outcomes for this population.

Youth who are served through the child welfare system are entitled to a number of supports and services. However, the child welfare system in Colorado has been historically underfunded and youth become a lower priority. In 2014, The Colorado Child Welfare Workload Study found that the child welfare system was underfunded and that there was a need for 574 additional caseworker FTE positions and 122 supervisory positions. While Colorado has worked to close these gaps, significant underfunding continues. Counties appropriately place the priority on immediate child protection needs.

Family and Children's Programs

The Family and Children's Programs, commonly referred to as the Core Services Program (CORE), is the primary allocation of funds for child welfare services. Core serves families with children who are at imminent risk of out-of-home placement, in need of services to reunify, or in need of services to maintain a placement in the least restrictive setting possible. The goals of Core are to focus on the strengths of the family by directing intensive supportive services to the family/child as needed, to prevent out-of-home placement, to return children/youth in placement to their home, to unite children with their permanent family, and to provide protective services to children/youth. These goals are met by allocating Core funding to counties. Core offers a host of services to help attain the previously stated goals; however, there are limited dollars available to distribute to the counties of Colorado, with the need far exceeding the available funds. In addition, counties must prioritize children at immediate risk for abuse and neglect. While House Bill 18-1319 clarified the law to ensure that in addition to the steering committee work counties could access Core funding for former foster care youth ages 18 to 21, counties continue to report inadequate funding to prioritize older youth, particularly those who are exiting the child welfare system.

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

Chafee Foster Care Independence Program

The John H. Chafee Foster Care Independence Program (Chafee) was created by Congress to offer assistance to states to help current and former foster youth achieve self-sufficiency. This Act succeeded the Foster Care Independence Act of 1999. The Chafee program provides states with funding to implement supplemental programming to prepare foster youth for a successful transition into adulthood. In Colorado, counties apply annually for Chafee funding by submitting a plan regarding what services will be implemented and how the funds will be utilized. In Colorado, the Chafee Program serves youth ages 14 - 21 who have experienced an eligible out-of-home placement (including Department of Youth Services), with 861 youth receiving Chafee-funded services in fiscal year 2018.

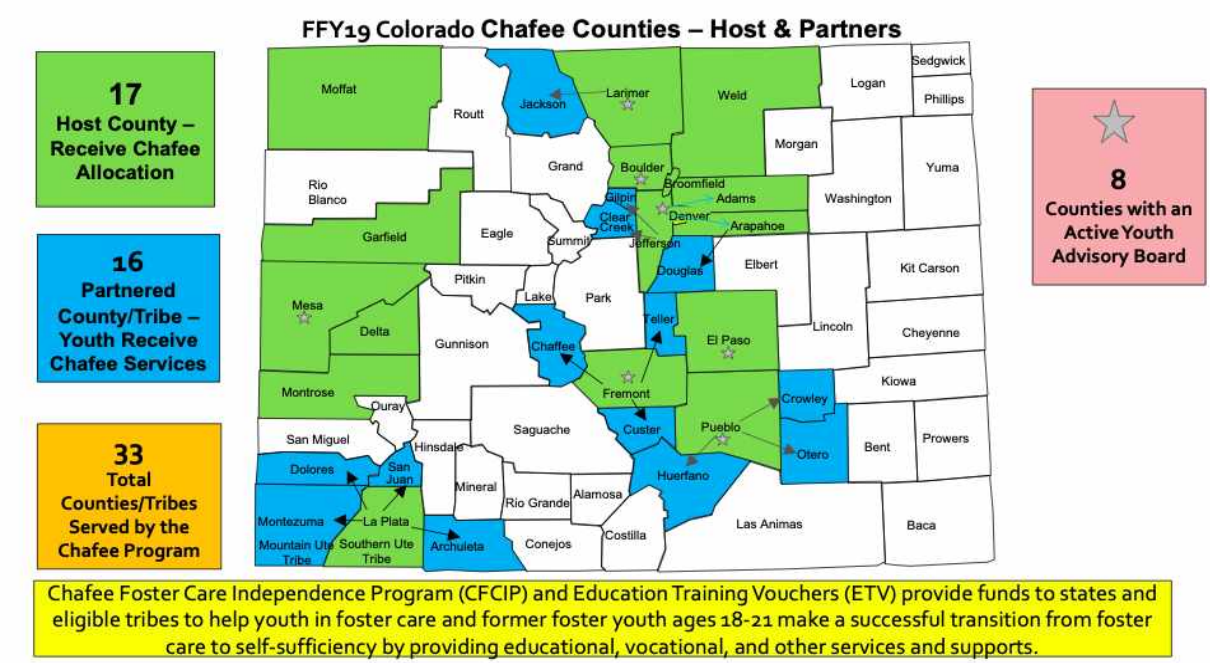


Figure 2. Colorado counties receiving Chafee funding in FFY19

In FFY2019, Chafee programs operated in 33 out of the 64 counties in Colorado. In addition to funding county programs, 30% of Chafee funding can be utilized on former foster youth ages 18 - 21 to support their housing needs. Additionally the state receives a separate allocation for Educational and Training Vouchers (ETV), which support youth in pursuing post-secondary education. ETV provides up to $5,000 per year for the cost of attendance for youth aging out of the foster care system. However, these resources are not available in all counties, and some counties report waitlists due to high need.

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

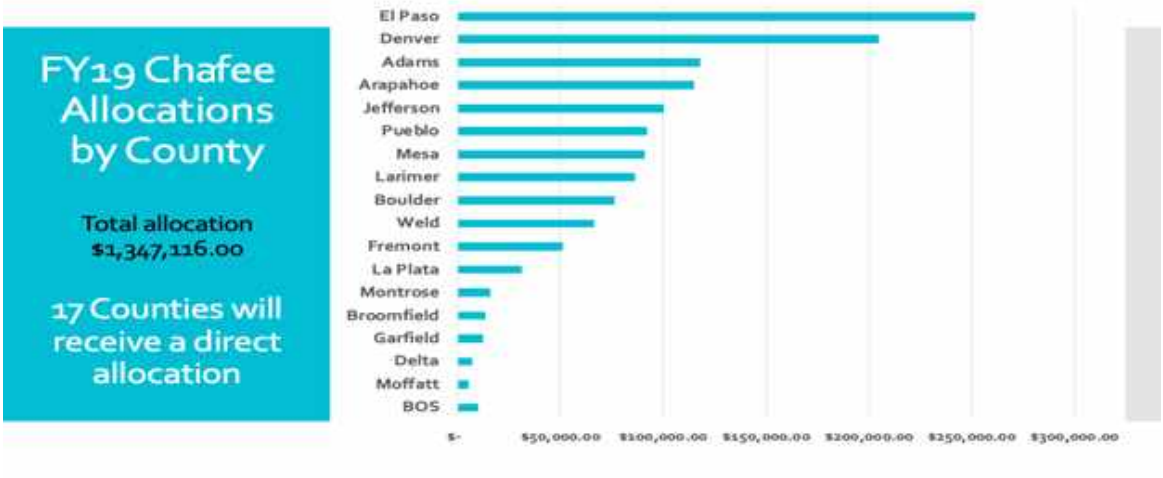


Figure 3. Chafee allocations by county in FFY19

In select counties, a federal Administration of Children and Families' grant to prevent homelessness supports the Pathways to Success program. This program delivers an intervention designed to reduce or end homelessness among current and former foster youth. The project seeks to mitigate homelessness through coach-like engagement of the youth, flexible funding that removes immediate obstacles to care, and transparent focus on supporting youth in building supports within the five pathways of the model (permanency, employment, education, well-being, and housing). The secondary services provided by Pathways to Success are assisting youth in securing and maintaining safe and stable housing, providing immediate small scale financial assistance when needed, advancing permanency using permanency/community roundtables, appropriating referrals for securing resources or addressing barriers, utilizing case planning and assessment tools, and identifying community connections and transitioning youth to other supports. Through supporting youth in these auxiliary ways while pursuing the overarching goal of engaging youth in a coach-like way, Pathways to Success seeks to provide holistic care to current and former foster youth. The Pathways to Success model is currently being implemented in three collaborative sites across Colorado: Denver (urban), Boulder (suburban/smaller city), and several rural counties. These collaborative sites were chosen with the goal of seeing how Pathways to Success influences current and former foster youth in different regions of the state.

And yet, in spite of all these efforts, some Colorado youth are being left behind as they exit foster care. To understand how this occurs, it is important to first understand that over half of youth over age 15 in foster care are living in group home or facility settings. They do not have options for family settings for numerous reasons ranging from multiple failed placements to acuity of needs. Not only are these youth more likely to emancipate from foster care, but they are also transitioning suddenly from a highly structured environment to on their own. Of the youth who emancipated in FFY18 the vast majority (63%) transitioned from a non-family like environment. Eleven percent of the youth emancipated from a more family like setting, and 26% from an independent living arrangement, which provides the youth an opportunity to practice life skills while still receiving the support of the department of human/social services.

Behavioral Health Funding

Youth and case workers report that one critical factor for successful transition from foster care is access to behavioral and mental health. Under Federal law and state practice, behavioral and mental health services must be made available to current and former foster youth; however, youth and caseworkers report that these services are frequently not accessed by youth. According to data from the Office of Behavioral Health, usage of services drops as the youth age, often at the exact time when need for support and services increases. There is a drop in usage by 28% between ages 17 -18 and an additional 30% between ages 18 - 19. This is compounded by transition age youth having higher clinical severity scores than either children or adults, as well as being much more likely to

develop bipolar or schizoaffective disorders during their transition years. For former foster youth, accessing these services can be harder than it would be for non-foster youth. This is due, in part, to child and adult mental health care systems currently being separated, meaning that a foster child would need to navigate the additional barrier of transferring their care to a new service provider during a time of their life that, statistically, they may not even access the services regardless of ease of use. Compounding upon this, former foster youth would need to re-qualify for benefits. This points to a need to streamline behavioral and mental health services to promote a healthy lifestyle among current and former foster youth and to continue services uninterrupted as youth exit the child welfare system.

The Colorado Department of Education: Foster Care Education

The Foster Care Program within the Colorado Department of Education was established in 2012 to help youth in foster care with academic achievement, credits toward graduation, and opportunities toward a path for post secondary success. Each local school district designates a person to act as the Child Welfare Education Liaison (CWEL) for the district. These liaisons work to help students with placement, transfer, and enrollment. Among foster youth, the four-year high school graduation rate is 23.6%, and the dropout rate is 8.4%. These numbers are compared to the Colorado four-year high school graduation rate of 79%, with a 2.3% dropout rate as of 2017.

The Colorado Department of Labor and Employment: Workforce Initiative Opportunity Act (WIOA)

The Training for Youth program at the Colorado Department of Labor and Employment is a federally funded program which includes: GED preparation and support for high school graduation; tutoring assistance, and employment opportunities including internships, support services, and work skills. However, data reports from the program indicate that these programs are either not accessed by foster youth or that data reporting is incomplete. Foster youth on panels and in groups did not identify having received services through these programs or through local workforce centers.

The Colorado Division of Housing: Youth Housing

The Office of Homeless Youth Services is located with the Colorado Department of Local Affairs, Division of Housing, and was created in Colorado statue in 2002. This legislatively mandated program is designed to coordinate services for homeless youth, of which the majority have been involved in the child welfare system. The staff members work intensively on documentation and counting of homeless youth, the presenting reasons for homelessness, and resources for helping the youth with housing assistance. In conjunction with the Division of Housing, nonprofits, counties, and other state agencies, they work to provide rental assistance and permanent supportive housing to young people. These housing resources are essential, and inadequate, to meet the needs of former foster youth. It is difficult, particularly in rural communities, to find private landlords. In addition, the regulations exclude some youth from housing options due to personal circumstances, backgrounds, or needs. Providers and youth report extensive wait times, difficulties with re-entry after a move or failed housing attempt, and a lack of flexibility in configurations of housing (pets, roommates, etc).

The Colorado Department of Health Care Policy and Financing: CHP+ and Medicaid (Health First)

CHP+ and Health First work closely with human services to provide health care coverage for youth in foster care. Foster youth eligibility extends to age 26 for youth who remained in the child welfare custody on or after their 18th birthday. Coverage includes medical, behavioral health, and dental benefits. There is no co-payment requirement. Youth are automatically enrolled provided they are in foster care on or after their 18th birthday. A significant barrier to automatic enrollment exists for youth who left care before the age of 18 and who must complete the enrollment process independently.

The Colorado Judicial Branch: Youth Services

In Colorado, all youth in a dependency and neglect proceedings receive a Guardian ad Litem, a court-appointed attorney to represent their best interests. The Office of the Child's Representative provides training and oversight

for all contracted guardians ad litem in the state. The advocacy of these attorneys only extends through the duration of the court case. In addition, by law, these are best-interest attorneys, representing what they believe is best for the youth, as opposed to the youth's wishes, regardless of age. Youth from the metro-Denver area spoke highly of their relationship with these representatives and expressed desire to continue to receive such legal representation should they have the opportunity to re-enter and access additional services in the future.

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

APPENDIX B: COLLABORATIVE EFFORTS OF NONPROFIT ORGANIZATIONS IN COLORADO

In addition to the state and county efforts to support young people, a number of nonprofit organizations are working on behalf of the young people and in collaboration with state and county efforts. The following list is not exhaustive but is provided to illustrate the depth and breath of efforts being undertaken on behalf of young people transitioning from foster care.

- Burnes Center on Poverty and Homelessness at the University of Denver
  - The mission of the Burnes Center is to educate and partner with policymakers, practitioners, and the public on issues of poverty, housing, and homelessness to transform the lives of people who are homeless or at risk of becoming homeless. Their goals include:
    - Access to housing
    - Data-driven research, policy and practice
    - Sharing their learning to improve lives
- The Children's Law Center
  - The Children's Law Center's mission is to transform the lives of abused, neglected, and at-risk children and youth through compassionate legal advocacy, clinical services, education, and public policy reform. Their values include:
    - Listening to the youth they serve to explore every option for safety, stability and success
    - Being reliable advocates who work collaboratively
    - Being resourceful
- Colorado Children's Campaign
  - The mission of the Colorado Children's Campaign is to realize every chance for every child in Colorado. The goals of the Colorado Children's Campaign are to:
    - Eliminate gaps in student achievement and health outcomes between children of different demographic and socio-economic backgrounds
    - Provide all children in Colorado with high-quality early learning and development opportunities
    - Secure affordable, quality health care for all Colorado children to support healthy communities
    - Ensure all children in Colorado have access to a quality K - 12 education to prepare them for their college experience, career, and life
- Court Appointed Special Advocates (CASA)
  - The mission of CASA it to ensure that every child who has experienced abuse and neglect has a consistent adult to advocate for his or her well-being.
    - CASA volunteers are specially trained to act as a voice for children in child welfare with the goal of helping the youth find safe, loving homes
    - There are 18 CASA programs in Colorado serving 18 of the 22 Judicial Districts
- Fostering Great Ideas
  - The mission of Fostering Great Ideas is to improve the lives of children as they struggle in foster care. Their goals to achieve this are to:
    - Support all children in foster care to feel valued and cared for during periods of stress and uncertainty
    - Develop a sense of dignity in foster care youth
    - Cultivate relationships - a key to long-term well-being
    - Develop community wherever possible to support caring individuals coming together
- Gates Family Foundation
  - The Gates Family Foundations is a philanthropic organization with the goal of improving quality of life in Colorado. They seek to:

        - Close the educational achievement gap between low-income and affluent children
        - Support rural communities in the changing economy
- Love is Trinity Child Placement Agency
    - Love is Trinity is a child placement agency dedicated to partnering with foster families to provide safe, well-educated homes for children in placement. As a placement agency, they stress that foster families should stay connected to each other well beyond the child welfare experience.
- The Adoption Exchange
    - The Adoption Exchange is a child welfare organization with the goal of establishing safety and permanence in the lives of foster children. Through collaboration with state, federal, and other relevant agencies, the Adoption Exchange seeks to find waiting children caring and loving relationships that last through adoptive and mentoring programs.
- Mile High United Way: Bridging the Gap
    - Bridging the Gap provides supportive services to youth ages 18 through 24 are they transition out of the child welfare system. Supports include:
        - Housing
        - Coaching
        - Employment
        - Educational programs
- Urban Peak
    - Urban Peak is a comprehensive program for runaway and homeless youth in Denver and Colorado Springs that provides a full convergence of services for youth aged 15 - 24 who are experiencing homelessness or are at immediate risk of experiencing homelessness. Services include:
        - Emergency shelters
        - Day-time drop-in centers
        - Street outreach
        - Education & employment programming
        - Supportive housing
- Volunteers of America
    - The Volunteers of America Colorado Branch works to identify and provide the services required by individuals and families most in need within Colorado. For youth, they provide:
        - Housing
        - Employment
        - Independent living skills
        - Parenting skills

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

APPENDIX C: HIGHLIGHTS FROM STATE PRACTICES

State Practices on Permanency

Across America, youth continue to transition to adulthood without being successfully adopted, reunified, or having long-term connections and supports. Some of the current best practices designed to increase the number of youth achieving legal permanency are described below. These represent a combination of practice, regulatory, and legislative reforms.

California

- AB12 allowed foster care for eligible youth to extend beyond age 18 up to age 21. Eligible foster youth are designated as "non-minor dependents" (NMDs). This legislation also recognized the importance of family and permanency for youth by extending payment benefits and transitional support services for the Adoption Assistance Program (AAP) and the Kinship Guardianship Assistance Payment (Kin-GAP) Program.
    - Basic Eligibility Requirements:
      At the six month hearing prior to youth turning age 18, the social worker/probation officer must have a plan to ensure the youth meet at least ONE of the following participation criteria:
        - Working toward completion of high school or equivalent program (e.g. GED)
        - Enrolled in college, community college or a vocational education program
        - Employed at least 80 hours a month
        - Participating in a program designed to assist in gaining employment
        - Unable to do one of the above requirements because of a medical condition
    - Non-minor dependents must sign an agreement to reside in an eligible placement location and agree to work with a social worker/probation officer to meet the goals outlined in their Transitional Independent Living Case Plan.
    - Remaining in foster care after age 18 is voluntary. Non-minor dependents can exit at age 18 or at any subsequent time before age 21. Youth who exit at age 18 can re-enter foster care at any time before age 21.

- AB 604 allows older foster youth who were involved in sex trafficking to access extended foster care benefits. It also removes some barriers for older transition-age youth to re-enter foster care if they experienced a failed guardianship or adoption after age 18.

New York

- Youth may stay in Foster Care until age 21.
    - Care may extend beyond age 21 - a provider agency may request an Exception to Policy to allow an individual to remain in care.
- NYS Guardianship Assistance Act.
    - This act provides a monthly stipend for the care and maintenance of foster children until the child is age 18, or if the child was over 16 when their kinship guardian was appointed, until the child is 21 provided the child attends school, vocational training, or is employed for 80+ hours per month.
- Provided funding for community initiatives.
    - $2.45 million for Settlement Houses to provide community services including job training and employment programs, early childhood education, after-school youth programs, literacy education, legal counseling, mental health and home care, housing, and senior centers.

Michigan

- Michigan offers the following services through the Foster Care Independence Program to increase the permanency of former foster youth transitioning out of care.

- Identifying foster youth who are likely to remain in foster care until age 18 and helping these youth 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
  - Preventive health activities, including smoking avoidance, nutrition education, and pregnancy prevention
- While the services listed above are direct-services such as trainings or job placement, wraparound services are also provided to foster youth such as:
  - Helping young adults who are likely to remain in foster care until age 18 navigate the system to receive education, training, and services necessary to obtain employment
  - Helping young adults who are likely to remain in foster care until age 18 prepare for and enter postsecondary training and education institutions
  - Providing personal and emotional support to youth aging out of foster care, college through the provision of mentors and the promotion of interactions with dedicated adults
  - Providing financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between age 18 and 21 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

New Jersey

- The state of New Jersey's Extended Foster Care Program is committed to providing services to adolescents, age 18 - 21, to assist with a successful transition to independence. The department encourages youth who are age 18 or older to remain service-active with the department until they turn age 21. However, when there are no child protective services concerns or other legal reasons to keep a service case open, an older youth (age 18 or older) may request that his or her case be closed; the department is required to heed such a request; however, former foster youth can reverse that decision and re-enter care conditionally.
  - The Department of Children and Families shall provide services to an individual between 18 and 21 if (a) the individual was receiving services from the department on or after the individual's 16th birthday; (b) on or after the individual's 18th birthday, they have not refused or requested that such services be terminated; and (c) the commissioner determines a continuation of services would be in the individual's best interest and would assist him in becoming "an independent and productive adult."
  - The criteria for cases remaining open are as follows:
    - Received services from the Department of Children and Families at age 16 or older
    - Is in a Child Protection and Permanency-supervised or funded out-of-home placement and agrees to accept continued case management services from Child Protection and Permanency, including continued board payments. This includes adolescents in foster care or independent living settings
    - The Worker and Supervisor, as part of an assessment that actively engages the adolescent, conclude that continuation of services is in the adolescent's best interest, e.g., to facilitate completion of high school, GED< post-secondary education, vocational program
    - Clinical reasons exist
    - Continued work towards the goals outlined in his or her Transitional Plan for Adolescents

    - Fully employed (30 hours per week or more) and earns less than 150% of the Federal Poverty Income Guidelines for a family of one or needs non-financial CP&P services
    - The foster youth is pregnant
- In order to extend services to a foster youth who has turned 18:
    - Six months prior to the foster youth's 18th birthday the caseworker engages the youth in a service needs assessment. Areas assessed include the need for services to facilitate the goals of independence and self-sufficiency, education, financial stability, housing stability, and health care.
    - The caseworker must meet the foster youth to check in at least once every month, and must visit their residence at least once every three months. If the youth is attending college out of state, but still receiving services, the caseworker must check in with the youth at least once whenever they are back in the state.
- Youth may re-enter care.

Pennsylvania

- Fostering Connections to Success Act in Pennsylvania was created through two laws Act 80 and Act 91 to provide greater opportunities and supports for older youth in foster care.
- Regarding the availability of foster care services past age 18, the court will assess the following at each permanency hearing:
    - The services needed to assist a foster youth who is age 14 or older to make the transition to successful adulthood
    - Whether the youth continues to meet the definition of "child" pursuant to PA §6302 and has requested that the court continue jurisdiction if the child is between ages 18 - 21
    - That a transition plan has been presented in accordance with section 475 of the Social Security Act (49 Stat. 620, 42 U.S.C §675(5)(h))
- At any time prior to a foster youth reaching age 21, they may request the court to resume dependency jurisdiction if:
    - The youth continues to meet the definition of "child" pursuant to PA §6302
    - Dependency jurisdiction was terminated within 90 days prior to the youth's 18th birthday, or before the youth turns 21
- As part of their Independent Living Plan, Pennsylvania provides foster youth with the following group counseling and workshop opportunities to promote permanency:
    - Self-esteem courses
    - Self-confidence courses
    - Development of interpersonal and social skills courses
    - Preparation for transition to independence and termination from substitute care
- Stipends will be provided to youth for participation in and completion of independent living activities.
    - These are activities that promote and assist youth, and their children if applicable, in making the transition out of foster care

Minnesota

- A youth in foster care can, immediately prior to their 18th birthday, express interest in remaining in foster care past age 18. They are able to remain in foster care unless:
    - The youth can safely return home
    - The child is in placement pursuant to the agency's duties under MN §256B.092 to meet the youth's needs due to developmental disability or a related condition, and the youth will be served as an adult
    - The youth can be adopted or have permanent legal custody transferred to a relative prior to the youth's 18th birthday
- The responsible social services agency shall assist the youth in obtaining the following documents before the individual exits foster care:

- A Social Security Card
- An official or certified copy of the youth's birth certificate
- A state identification card or driver's license, tribal enrollment identification card, green card, or school visa
- Health insurance information
- The youth's school, medical, and dental records
- A contact list of the youth's medical, dental, and mental/behavioral health providers
- Contact information regarding the youth's siblings, if the siblings are in foster care

Nevada

- Child Welfare and Education are coordinating data sharing in the best interest of education attainment.
  - Information technology professionals at Nevada County Human Services collaborated with the district to have their version of the TRAILS system to automatically upload the notice of out-of-home placement to the school district's student information system (e.g. Infinite Campus, Powerschool, etc.)
  - Caseworkers have access to the same school information a parent would (e.g. grades, attendance, behavior, etc.)
  - Schools have limited access to the county human services database (e.g. name, birthday, date of placement, address, etc.)
  - Counties and schools use this information to ensure they are providing high-fidelity wraparound supports for children and youth in foster care. Educational goals, progress, and other relevant educational information is shared to ease the burden on the student

North Carolina

- North Carolina's efforts extend from the Fostering Connections to Success and Increasing Adoptions Act of 2008 which were revised in 2015
- The relevant agency must make the following documents available to current and former foster youth:
  - An original or certified copy of the youth's birth certificate
  - A Social Security Card
  - The youth's latest complete immunization record and all other medical records
  - All educational records
  - Copies of any legal documents that the youth may need for employment or benefits, including verification of eligibility for extended foster care Medicaid, legal residency documentation, a letter verifying agency custodial responsibility at age 18, and other pertinent legal documents

Ohio

- Expansion of Wendy's Wonderful Kids to increase permanency.
- The Department of Job and Family Services provided independent living supports and is coordinated with the Bridges to Success work which provides housing, education, employment and well-being support for youth aging out of foster care.
- Health services, education, and risk prevention training is available, which includes
  - Hygiene, nutrition, fitness, and first-aid training
  - Medical and dental care benefits
  - Assistance maintaining personal medical records
  - Sex education, HIV prevention, pregnancy prevention, and family planning training
  - Substance use education, prevention, and intervention

Virginia

- Virginia has had some of the highest percentages of youth aging out of care without permanent connections. As a result, Virginia has changed supports.
- Youth placed in foster care before age 18 may continue to receive Independent Living services from the child-placement agency between the ages of 18 - 21 if:

  - The youth is making progress in an educational or vocational program, has employment, or is in a treatment or training program
  - The youth agrees to participate with the local department in (i) developing a service agreement and (ii) signing the service agreement
    - Service agreements must require, at a minimum, that the youth's living arrangement shall be approved by the local department and that the youth shall cooperate with all services
  - The youth is in permanent foster care and is making progress in an educational or vocational program, has employment, or is in a treatment or training program
- Local department shall provide any person who chooses to leave foster care or terminate Independent Living services before their 21st birthday written notice of their right to request restoration of Independent Living services

State Practices on Education and Employment

Education and skills development is vital to individuals becoming productive and successful members of the community and improve their prospects for developing financial assets. According to the Colorado Department of Education, for foster youth, the high school graduation rate is 23.6%, and the dropout rate is 8.4%. These numbers are compared to the Colorado high school graduation rate, which is 79%, with a 2.3% dropout rate. This large discrepancy points to foster youth in Colorado falling between the cracks of our education system. Child Welfare Education Liaisons currently exist in schools across Colorado, and foster youth are currently required to have an Individual Career and Academic Plan; however, these measures are not enough to support foster youth through their educational careers. The development and widespread adoption of Single Points of Contact in every school across Colorado, attempting to streamline foster youth's education by minimizing school transfers, and ensuring that foster youth understand and have access to postsecondary education and supports is essential to improving educational outcomes of foster youth in Colorado.

According to Fostering Success in Education 20% of foster youth who graduate high school go on to attend college (compared to 60% of high school graduates overall). Only 2-9% of those foster youth attain a bachelor's degree.

California

- AB 1567 provides information to self-identified foster youth to support youth at selected campuses with supportive programming and guidance.

New York

- Foster Youth College Success Initiative provided $4.5 million to support a program with the goal of helping foster youth successfully attend and excel in college.

Pennsylvania

- As part of their Independent Living Plan, Pennsylvania provides foster youth with the following educational and skill supports:
  - Career planning;
  - Preparation for a GED or higher education;
  - Tutoring or other remedial education;
  - Job readiness training;
  - Job search assistance;
  - Job placement; and,
  - Job follow-up activities.

North Carolina

- County Departments of Social Services may provide Foster Care Assistance Payments to support continued education if the following factors are established:
    - The youth is younger than age 18 and is:
        - A full-time student in a secondary school; or,
        - Enrolled in the equivalent level of vocational or technical training; and,
        - May reasonably be expected to complete the program before reaching age 19.
    - The youth has not reached the age of 21 and is a full-time student, or has been accepted for enrollment as a full-time student for the next school term pursuing one or more of the following:
        - A high school diploma or its equivalent;
        - A course of study at the college level; or,
        - A course of vocational or technical training designed to prepare them for gainful employment.
- With monthly supervision and oversight by the director of the County Department of Social Services or a supervising agency, an individual receiving this benefit may reside outside of a foster care facility in a college or university dormitory, or other semi-supervised housing while continuing to receive benefits.

Ohio

- Independent living services include, but are not limited to:
    - Expansion of Wendy's Wonderful Kids to increase permanency.
    - Academic support, including literacy training and help the youth access educational resources.
    - Postsecondary educational support, including information about financial aid and scholarships.
- Career preparation services include, but are not limited to:
    - Vocational and career assessment, guidance in setting and assessing vocational and career interests and skills, and help in matching interests and abilities with vocational goals.
    - Job seeking and job placement support, writing resumes, completing job applications, developing interview skills, writing resumes, completing job applications, developing interview skills, understanding employee benefits coverage, and securing work permits.
- Educational financial assistance is available for the following:
    - The purchase of textbooks, uniforms, computers, and other educational supplies;
    - Tuition assistance;
    - Scholarships;
    - Payment for educational preparation and support services; and,
    - Payment for GED or other educational tests.

National Housing Practices

The availability of safe and affordable housing for youth who transition from foster care to adulthood was identified as a barrier. Youth want and need safe and stable housing. This is generally achieved when youth have access to supportive housing with case management services that meet each youth's individual needs. Barriers to safe and stable housing are the result of:

- Policies and laws that do not support the needs of transition age youth.
- A lack of case worker awareness and understanding of housing options and funding requirements.
- The lack of safe and affordable housing for transition age youth.

Some county departments of human/social services have created policies that limit the types of housing youth are allowed to access due to rental agreements and liability. Federal law does not permit the state to claim Title IV-E funds for youth who have not reached the age of 18 and might benefit from living in an age-appropriate

independent living arrangement. Once a youth has reached the age of 18, it is very difficult for them to sign a lease until they are at least 21 years of age without a cosigner on the lease.

Many communities do not have any independent housing options for youth under the age of 18, and even emancipated youth are viewed as high risk tenants by landlords. Youth who are over 16 but under the age of 21 or even 26 find it very difficult to stabilize in housing. Youth need to experiment with varying types of housing situations, roommates and locations. However, youth who exit stable housing either by choice or due to evictions find it almost impossible to quickly re-enter or find alternative housing.

The primary funding source for youth housing comes from the U.S. Department of Housing and Urban Development (HUD) and Runaway Homeless Youth funds from Health and Human Services. These are invaluable sources of housing for many youth. However, for other youth, HUD supported housing comes with restrictions that can make it difficult for current and former foster youth to navigate, or restrict access to services. Some HUD services require the status of homelessness to receive benefits, which can result in youth being temporarily forced into homelessness to receive services. Long-term housing options via permanent supportive housing vouchers and directed HUD grants to providers are currently designed to serve adults, removing the ability for former foster youth to either access them or experience normal youth development. This points to a larger issue with HUD services, that they are not focused on providing age and developmentally appropriate services. HUD income calculations aren't normed for costs or expenses of older youth, making loss of services due to the cliff effect a serious consideration. Nor are most youth adequately prepared for independent housing and the responsibilities that come with independent housing. Youth are more likely to succeed with supportive housing that includes on-site services, landlords, and assistance.

County child welfare caseworkers who are not specifically trained in housing options do not always understand the available housing options and varying rules which can make the development of a strong ILA difficult. Youth often feel that, during their transition to adulthood, they are not treated as adults in regards to decision making and planning, and they are often not prepared for the full array of housing decisions. Some foster youth also reported that they were not given complete information on what housing services were available to them. Colorado youth also experience very uneven distribution of housing resources between rural and urban communities. It is very difficult for most 18-21 year olds to navigate housing, transportation to work or school, tenant disputes, and apartment life.

With these barriers in mind, some of the current best practices that other states have begun to utilize include continued care and services (CA, FL), direct payment of supports to the youth (CA, FL, MN and OH), and continued support for foster or adoptive families (CA, FL and AK). HUD has detailed promising practices in their report, Housing for Youth Aging Out of Foster Care and the National Council of State Legislators has provides overviews in their report Extending Foster Care Beyond 18.

California

- There are three options for foster youth in California:
    - Remain in an existing home of a relative or guardian; licensed foster family home; certified foster family agency home; home of an unrelated legal guardian whose guardianship was established by the juvenile court; or a group home (youth may remain in group homes after age 19 only if the criteria for a medical condition is met and the placement is a short-term transition to an appropriate system of care).
    - THP - Plus Foster Care (THP + FC) - this program has three models: a Host Family where the youth lives with a caring adult who has been selected and approved by the transitional housing provider; a Single Site where the youth lives in an apartment, condominium, or single family dwelling rented or leased by the housing provider with an employee(s) living on site; or a Remote Site where the youth lives independently in one of the housing types listed above with regular supervision from the provider.

- Supervised Independent Living Placement (SILP) - this placement option allows youth to live independently in an apartment, house, condominium, room and board arrangements, or college dorm, alone or with a roommate(s), while still receiving the supervision of a social worker/probation officer. The youth may directly receive all, or part, of the foster care rate for renting

Mississippi

- Mississippi offers rooming houses with supervision from a licensed placement agency that is an additional source of housing for the Independent Living Arrangement program.
  - Caseworkers refer foster youth into these placements, and monitor their progress regularly.

Florida

- Florida has several options for youth to receive housing assistance
  - Remain placed at a foster home;
  - Licensed group homes, and supervised living arrangements (i.e. college dormitories, rental homes, or apartments); and,
  - When youth are denied extended foster care, they can appeal that decision by submitting a formal application for re-entry. They receive a fair hearing process to make their case. All current and former foster youth also receive a standard payment once they turn 18 to continue pursuing educational and vocational goals.

New Mexico

- Current and former foster youth are able to obtain Independent Living Placement Status (ILPS)
  - This allows an eligible youth to become their own vendor to receive monthly maintenance payments. These payments allow the youth to live as a tenant with a foster parent, or to live independently with limited parental or state supervision regarding safety and appropriate use of funds.
  - This model puts responsibility in the hands of foster youth, who often feel that they are not being given a chance to "try out" being an adult in their formative years.

New Jersey

- New Jersey has a similar program to direct payment method of New Mexico
  - Youth ages 18 - 21 who are in an independent living placement may receive an independent living stipend if they have signed the voluntary services agreement and are in compliance with the expectations therein, including participation in the development of their transition plan, have an income less than 150% of the Federal Poverty Income Guidelines for a family of one, and have agreed to and signed the Independent Living Stipend Responsibility Agreement. Youth in licensed resource homes or congregate care placement are not considered to be living independently.

Arkansas

- Arkansas has developed a youth sponsor program that provides ongoing support through current and former foster youth's 21st birthday
  - Sponsors visit youth at school, provide a framework of normalcy through supporting the youth in normal activities, assist with financial guidance, and other coach-like supports.

Pennsylvania

- As part of their Independent Living Plan, Pennsylvania provides foster youth with the following housing supports:
  - Money management training;
  - Home management training;
  - Consumer skills development;

- Support identifying and utilizing community resources;
- Transportation assistance;
- Assistance locating housing;
- Problem-solving and decision-making training; and,
- Time management and communication skills training.

Minnesota

- Independent Living Plans in Minnesota should all include, but are not limited to:
  - Education, vocational, and/or employment planning;
  - Health care planning and medical coverage;
  - Transportation including, when appropriate, assisting the youth in obtaining a driver's license;
  - A money management plan;
  - A housing plan;
  - Social and recreational skills development;
  - Establishing and maintaining connections with the youth's family and community; and,
  - Regular opportunities to engage in age-appropriate or developmentally appropriate activities typical for the youth's age group while taking into account the capacities of the individual.

Ohio

- Housing and home management services include:
  - Assistance or training in locating and maintaining housing, filling out rental applications, acquiring a lease, handling security deposits and utilities, and understanding tenants rights and responsibilities; and,
  - Instruction in food preparation, laundry, housekeeping, living cooperatively, meal planning, grocery shopping, and basic maintenance and repairs.
- Room and board financial assistance is available, including rent deposits, utilities, and other household start-up expenses.

Virginia

- Housing assistance is extended to former foster youth age 18+ to provide the following services:
  - Local departments and licensed child-placing agencies shall provide Independent Living services to any person between ages 18 - 21 who is in the process of transitioning from foster care to self-sufficiency. Any person who was committed or entrusted to a local board or licensed child-placing agency may choose to discontinue receiving Independent Living services any time before their 21st birthday in accordance with regulations adopted by the State Board of Social Services. A local board or licensed child-placing agency shall restore Independent Living services at the request of that person provided that (i) the person has not yet reached age 21 and (ii) the person has entered into a written agreement with the local board or licensed child-placing agency less than 60 days after Independent Living services have been discontinued.
  - Local departments and licensed child-placing agencies shall provide Independent Living services to any person between 18 - 21 years of age who (i) was in the custody of the local Department of Social Services immediately prior to their commitment to the Department of Juvenile Justice, (ii) is in the process of transitioning from a commitment to the Department of Juvenile Justice to self-sufficiency, and (iii) provides written notice of their intent to receive Independent Living services and enters into a written agreement for the provision of Independent Living services with the local board or licensed child-placing agency within 60 days of their release from commitment to the Department of Juvenile Justice.

COLORADO
Department of Human Services

October 1, 2019

The Honorable Jared Polis
Governor of Colorado
136 State Capitol
Denver, CO 80203

Dear Governor Polis:

This letter is sent as a cover to the Core Services Program Evaluation Report submitted pursuant to C.R.S. 26-5.5-104 (6):

"On or after July 1, 1994, the Executive Director of the State Department shall annually evaluate the statewide Family Preservation Program and shall determine the overall effectiveness and cost-efficiency of the Program. On or before the first day of October of each year, the Executive Director of the State Department shall report such findings and shall make recommended changes, including budgetary changes to the Program, to the General Assembly, the Chief Justice of the Supreme Court, and the Governor. In evaluating the Program, the Executive Director of the State Department shall consider any recommendations made by the interagency Family Preservation Commission in accordance with section 26-5.5-106. To the extent changes to the Program may be made without requiring statutory amendment, the Executive Director may implement such changes, including the changes recommended by the commission acting in accordance with subsection (7) of this section."

Sincerely,

Michelle Barnes
Executive Director

Enclosures

Cc: Lisa Kaufmann, Chief of Staff

Colorado Core Services Program Annual Evaluation

January 1, 2018- December 31, 2018

Strength Based

Individualized Services

Family Preservation

Colorado Department of Human Services
Office of Children, Youth and Families
Division of Child Welfare
October 1, 2019

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

Core Services Program Annual Evaluation Report Calendar Year 2018

Submitted to:

Colorado Department of Human Services
Office of Children, Youth, and Families
Division of Child Welfare

Contact: Minna Castillo Cohen
minna.castillocohen@state.co.us
303.866.4544

Submitted by:

Marc Winokur, PhD
Social Work Research Center
School of Social Work

Colorado State University

Table of Contents

Acknowledgements

The Social Work Research Center at Colorado State University, the independent evaluator for the Core Services Program, worked closely with the Division of Child Welfare within the Office of Children, Youth, and Families at the Colorado Department of Human Services (CDHS) to prepare this report. We would like to acknowledge the following Core Services Coordinators, CDHS staff, and county personnel for their contributions.

Sherrin Ashcraft
Nadia Barela
Nicholas Barela
Joni Bedell
Robert Bertolino
Barbara Bofinger
Nicole Bortot
Sara Boylan
Claudia Budd
Megan Burch
Tonia Burnett
Kim Castellano
Matthew Caywood
Marilyn Cheever
Tobi Cullins
Cindy Dicken
Matthew Dodson
Jan Enderud
Malynda Evans
Michelle Ferrera
Carolyn Fox
Carol Friedrich
Patricia Gibbons
Jennifer Gribble
Sherry Hansen
Jessica Hardwicke
Monica Haskell
Lori Higgins
Hollie Hillman
Lee Hodge
Stephanie Holsinger
Courtney Holt-Rogers
Sheila Hudson-Macchieto
Todd Hyman
Martha Johnson
Kristin Kadlecek
Karen Kindblade
Kendra Kleinschmidt
Brie Knight
Sharon Longhurst-Pritt
Mary Longmire
Lori Lundgren
Janeen McGee
Matt McGough
Pamela McKay
Kris McKenzie
Germaine Meehan
John Mowery
Dennis Pearson
Taletha Pettis
Patricia Phillips
Carrie Porter
Tiffany Ramos
Erin Rinaldo
Laurie Rivera
Ellen Sandoval
Stephanie Sandoval
Stacy Schoch
Taunia Shipman
Amanda Starr
Tasha Thode
Teresa Traxler
Jamie Tupper
Tommy Vigil
Susan Walton
Linda Warsh
Catherine Weaver
Barb Weinstein
Erik Weitzel
Diane White

Special Thanks

Graig Crawford
Jefferson County Department of Human Services

Melinda Cox
Tony Vigil
Colorado Department of Human Services

Core Services Program Annual Evaluation Report Calendar Year 2018

Executive Summary

Background and Introduction

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. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

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

1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth
2. Prevent out-of-home placement
3. Return the child/youth in placement to their own home, or unite the child/youth with their permanent families
4. Provide services that protect the child/youth

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

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services were developed, in part, as a response to a federal requirement to demonstrate reasonable efforts to prevent removal of children from their homes. Family preservation services grew out of the recognition that children/youth need a safe and stable family and that separating children/youth from their families and communities removes them from natural supports and often causes trauma, leaving lasting negative effects.

The goals of the Core Services Program are to safely maintain children/youth in the home, return children/youth home, promote the least restrictive setting for children/youth, and/or provide services for families at-risk of further involvement in the child welfare system. These goals are achieved in two ways. The first is the provision of services directly to the child/youth. These services promote well-being and may work to address mental or physical health issues that act as family stressors. The second is the provision of services directly to adult caregivers on behalf of the child/youth.

In most cases, the primary goal is for children/youth to remain in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services work to return that child/youth home in a safe and timely manner. In cases where safety requires the child/youth to be permanently placed out of the home,

services focus on stabilizing and maintaining the least restrictive out-of-home placements (including adoptive and foster homes). These priorities are reflected in the service goals created for each child/youth, which must be entered each time a new Core Service is authorized.

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 State Child Welfare Block, Core Services Program allocation, and the Colorado IV-E Waiver funding. This is referenced as Program Area Three (PA3), which is a mechanism to: (1) provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare; (2) close cases with no safety concerns and continue providing services with a support plan; and (3) help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting. Colorado county departments of human/social services are able to use state and federal funds to provide, and account for, prevention services to children, youth, and families prior to a referral to child welfare, or to screened out referrals. If county departments choose to provide preventative services to children, youth, and families, they are able to directly provide services through qualified staff, or contract with available service providers in their community. PA3 is optional, based on county by county available funding and ability to provide preventative services. Prevention services are offered as 100% voluntary to a family.

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes historic reforms to help keep children and youth safely with their families and avoid the traumatic experience of entering foster care, and emphasizes the importance of children and youth growing up in families. In cases where foster care is needed, the FFPSA helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs. The FFPSA creates a new entitlement in the form of a 50% reimbursement stream using federal funds to provide services to keep children and youth safely with their families and out of foster care (without regards to income). When foster care is needed, the FFPSA allows federal reimbursement for care in family-based settings and certain residential treatment programs for children and youth with emotional and behavioral disturbance requiring special treatment.

The FFPSA prioritizes keeping families together and puts more money toward at-home parenting classes, mental health counseling, and substance abuse treatment, while limiting placements in congregate care settings. Although it has been characterized as the most significant child welfare legislation in over a decade, the impact of this landmark act will be felt far beyond county administered child welfare services. That is why the Division of Child Welfare at CDHS has been working so hard to engage a large number of professionals from within CDHS, other State Departments, behavioral health networks, providers, counties, and community partners to analyze the FFPSA and make recommendations for implementation in Colorado.

The Core Services Program Evaluation Calendar Year (CY) 2018 report, produced by the Social Work Research Center in the School of Social Work at Colorado State University, is designed to describe the outcomes and costs of the Core Services Program across Colorado to provide meaningful data to support decisions made by the Office of Children, Youth, and Families, Division of Child Welfare, and county Core Services Programs. Significant progress has been made in consistently documenting services in Colorado Trails (Trails), which is the Comprehensive Child Welfare Information System (CCWIS), and the County Financial Management System (CFMS), which allows for more accurate tracking of service provision, service outcomes, payment, and costs.

Implementation of the Core Services Program

The Core Services Program is structured as a state-supervised, county-administered system with the Colorado Department of Human Services overseeing funding allocations and working with county staff to set policies and procedures. The legislative authorization requires access to specific services statewide, while maintaining flexibility at the local level as each county operates the Core Services Program to meet the unique needs of families and communities. Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

Children and Families Served during CY 2018. In CY 2018, the Core Services Program served 29,382 distinct clients (unduplicated individuals). This represents a 0.01% decrease in distinct clients served from CY 2017. Overall, 56% of the distinct clients were children/youth directly receiving services and 44% were adults receiving services on behalf of the child/youth. Overall, 18,051 distinct children/youth from 10,771 cases/involvements received or benefitted from Core Services in CY 2018. This represents a 0.01% increase in distinct children/youth receiving or benefitting from Core Services from CY 2017.

Services Provided in CY 2018. There were **34,321 service episodes** open at any time in CY 2018. This represents a 3.0% increase in service episodes from CY 2017. County designed services represent the most common type of service provided, with 35% 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 as necessary to meet unique needs in the community. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state.

Outcomes of the Core Services Program

The evaluation report presents short-term service effectiveness outcome measures being tracked by caseworkers in Trails, service goal attainment outcomes, and follow-up child welfare involvement outcomes. In addition, sub-analyses are reported for service goal (remain home, return home, or least restrictive setting), program area, provider type (purchased or county provided), service type, and county.

Service Effectiveness. Seventy-eight percent of service episodes for CY 2018 were closed with a "successful" or "partially successful" service effectiveness outcome. This represents a slight decline in the percentage of service episodes closed with a successful or partially successful outcome from CY 2017. Service episodes for children/youth with a remain home service goal or a prevention or PA3 designation, as well as sexual abuse treatment had the highest rates of successful or partially successful service effectiveness.

Service Goal Attainment. The overall service goal attainment rate was 80%, which represents a 2% increase from CY 2017. The service goal attainment rate was 91% for remain home service episodes, 81% for least restrictive setting service episodes, and 70% for return home service episodes.

The remain home service goal was attained in 99% of all PA3 service episodes.

Follow-up Outcomes. Based on a distinct count of 5,758 children/youth with closed cases in CY 2017, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% had a subsequent Division of Youth Services (DYS) involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2016.

Costs of the Core Services Program

The evaluation report presents average cost per service episode, average cost per client, and average cost per child/youth receiving or benefitting from services. In addition, a cost offset measure estimates the additional out-of-home placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in out-of-home care.

Cost per Service Episode. The cost per service episode measure is intended to provide an overall average cost for each paid service intervention. This analysis only includes the costs for paid services (costs for no-pay services cannot be calculated from Trails) and does not include the cost of county-provided services. Per-episode costs for county provided services cannot be accurately obtained from Trails data because there is no designation in the available data systems for how each county designates its Core Services allocations into specific types of services. The average cost per service episode for all therapeutic Core Service episodes closed in CY 2018 was $2,354 with

an average service duration of 127 days. For therapeutic assessments/evaluations, the average cost per service episode was $721 with an average service duration of 38 days, which represents an increase of 14% or $91 in average cost per service episode from CY 2017, and an increase of 18.8% or 6 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was $2,652 with an average service duration of 143 days, which represents an increase of 5.3% or $134 in average cost per service episode from CY 2017, and a decrease of 5.9% or 9 days in average duration per service episode.

Cost per Client and Cost per Child/Youth. The average cost per client statewide for CY 2018 was $1,916 based on total expenditures of $56,653,852 and 29,567 clients served. This represents an increase of 5.3% or an additional $96 in average cost per client from CY 2017. The average cost per child/youth statewide for CY 2018 was $3,139 based on total expenditures of $56,653,852 and 18,051 children/youth receiving or benefitting from Core Services. This represents an increase of 5.3% or an additional $158 in average cost per child/youth receiving or benefitting from Core Services from CY 2017.

Cost Offset. Overall cost offset was calculated using a methodology that assumes that all children/youth would have been placed in out-of-home care in the absence of Core Services. Based on actual Core Services and OOH expenditures of $140,983,030 and an estimated OOH cost of $187,130,567, an additional $46,147,537 would have been spent by county agencies statewide in CY 2018 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services.

Over the past six calendar years, an additional $287 million would have been spent by county agencies statewide if out-of-home placements had been provided exclusively instead of a combination of Core Services and out-of-home placements.

Conclusions

The following conclusions illustrate the high level of overall program success as measured by service effectiveness, service goal attainment, subsequent child welfare involvement, and cost offset.

Core Services Program is Working as Designed. The findings from this report support the Core Services Program as an effective approach to strengthening Colorado families by keeping or returning children/youth home or in the least restrictive setting while maintaining safety. For example, 99% of children/youth who received prevention services remained home, which also indicates that the Core Services Program is serving the population targeted by the legislation. Furthermore, the Core Services Program is clearly providing the appropriate levels of support, as evidenced by the findings that less than 5% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Growing and Maintaining Consistently Positive Outcomes. There was an increase of 6% in children/youth receiving or benefitting from services with a PA3 designation, and a 2% increase in PA3 service episodes from CY 2017. With this substantial increase in volume, the Core Services prevention programs recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes.

Core Services are Effective in Achieving Treatment Success. Seventy-eight percent of all service episodes in CY 2018 were determined to be successful or partially successful with 88% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers, intensive in-home therapeutic services, enhanced substance abuse treatment and mental health services, and innovative county designed services positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 80% of children/youth with an involvement closed in CY 2018. Similar to past evaluations, the remain home service goal was attained in 92% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,758 distinct children/youth with a closed case in CY 2017, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2016.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional $46 million in CY 2018 on out-of-home placements for children/youth. Over the past six calendar years, an additional $287 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. Core Services Coordinators noted that practice changes including intensive home-based treatment models, mentoring, and county designed services are used as alternatives to OOH placements.

Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2018. First, county-specific reports were produced and knowledge translations efforts were conducted with counties through webinars, workshops, and presentations. These ongoing training and consultation opportunities allow counties to make full use of available data for quality improvement purposes. Second, additional questions were added to the Family Preservation Commission (FPC) report to better understand how counties are implementing strategies to create a welcoming environment for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning (LGBTQ+) children/youth. Third, outcomes and costs for prevention and intervention services were further analyzed and compared. Fourth, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Lastly, questions on county participation in FFPSA committees and county readiness to implement the requirements of the legislation were added to the FPC report to further contextualize the impact of further integrating evidence-based practices in the Core Services Program. Based on findings from the report, 52% of counties had participated in FFPSA committees, sub-committees, or task groups, while 48% of counties reported being somewhat or very prepared to implement FFPSA requirements.

Implications

Based on the outcome and cost evaluation findings, the key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. Core Services are especially effective for county provided services, prevention services, and for children/youth with a service goal of remain home and/or a PA5 designation. As a result, increased efforts to improve outcomes for purchased services and for children/youth with a service goal of return home or a PA4 designation continue to be warranted.

The positive findings for service effectiveness and service goal attainment indicate that current Core Services prevention efforts should be enhanced and offered widely to families at risk for child welfare involvement to maximize the opportunity for lowering case numbers and stepping down children/youth to lower levels of care. The Core Services Program also aligns well with other child welfare prevention efforts recently implemented in the state. As such, future evaluation efforts should look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote the safety, permanency, and well-being.

Colorado remains a national leader by investing heavily in therapeutic systems and by tracking the associated services, outcomes, and costs in CCWIS so that policy and program decisions can be informed by timely and consistent data. Counties continue to consult with one another to identify promising practices, evidence-based services, and areas of collaboration for enhancing their Core Services Program.

Core Services Program Annual Evaluation Report Calendar Year 2018

1. Background and Introduction

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. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

Colorado Revised Statute (C.R.S.) 26-5.5-104(6) authorizing the Core Services Program mandates that the Department annually provide "an evaluation of the overall effectiveness and cost-efficiency of the program and any recommended changes to such program." This report, produced by the Social Work Research Center in the School of Social Work at Colorado State University, responds to this mandate and is designed to describe the outcomes and costs of the program across the state in order to provide meaningful data to support decisions made by the Office of Children, Youth, and Families, Division of Child Welfare, and county Core Services programs.

1.1. Overview of the Core Services Program

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

1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth
2. Prevent out-of-home placement
3. Return the child/youth in placement to their own home, or unite the child/youth with their permanent families
4. Provide services that protect the child/youth

Each of the 64 counties and one Colorado Tribe (the Southern Ute Indian Tribe) annually develop plans to address these four goals through locally tailored strategies and services. Each jurisdiction designs a unique mix of required and county designed services, resulting in a multifaceted array of services and opportunities along with accompanying implementation challenges. In addition, policies guiding documentation and tracking of services and expenditures differ from county to county, adding challenge to the evaluation effort. Each county and tribe share a common mission to support the children/youth and families of their communities, and have the common desire and obligation to deliver services that are meaningful to the families that receive them while remaining accountable to all citizens in the community.

Each county and the Southern Ute Indian Tribe have a Core Services Coordinator that oversees the program locally. However, the range of responsibilities of each coordinator varies considerably. Typically, the coordinator role in larger counties is more specialized and specific to the Core Services Program, compared with coordinators in smaller counties, who must fill multiple responsibilities. In the cases of larger counties, the coordinator is likely responsible for a range of duties, including:

- Engaging service providers in the community, including program development (identifying programs that meet the needs of the local community), reviewing invoices, and holding regular meetings with providers
- Consulting with caseworkers to match families with services

- Ensuring that data is being entered consistently
- Monitoring expenditures vs. allocations throughout the year
- Writing, monitoring, and accurately entering the service contracts
- Completing the annual Core Services Plan and Family Preservation Commission Report, and chairing the Family Preservation Commission
- Periodically reviewing Core Services Program cases (e.g., identifying cases where a service has been open for a long time and identifying strategies to achieve service goals)

In medium-sized counties, other duties may include the supervision of caseworkers and direct involvement with other family service programs in the county (including House Bill 1451 – Collaborative Management Program). In smaller counties, coordinators are often also responsible for direct delivery of providing Core Services. Counties where the Colorado Practice Model and/or Differential Response (DR) are being implemented have direct involvement from either the Core Services Coordinator or other representatives from the program (caseworker, supervisor, etc.).

The coordinators meet quarterly with the state's Program Administrator to discuss issues (such as funding, legislation, and Department policies and rules) that affect implementation at the county level. Additionally, a subgroup of coordinators serve as an Evaluation Advisory Board to this evaluation. They provide valuable insight and guidance in terms of data interpretation and isolating the key county issues that help to provide context to the quantitative results presented here.

1.2. Description of the Core Services Program

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services were developed, in part, as a response to a federal requirement to demonstrate reasonable efforts to prevent removal of children/youth from their homes. Family preservation services grew out of the recognition that children/youth need a safe and stable family and that separating children/youth from their families and communities removes them from natural supports and often causes trauma, leaving lasting negative effects.

In Colorado, a subsection of the legislation mandating the Family Preservation Commissions defines "family preservation services" as assistance that focuses on a family's strengths and empowers a family by providing alternative problem-solving techniques and child-rearing practices, as well as promoting effective responses to stressful living situations for the family. This assistance includes resources that are available to supplement existing informal support systems for the family. There are ten designated types of "family preservation services" and this array of services constitutes the Core Services Program. Each of the ten designated Core Service types are listed below with definitions from Child Welfare Services, Staff Manual Volume 7.

Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

Aftercare Services: Any of the Core Services provided to prepare a child for reunification with his/her family or other permanent placement and to prevent future out-of-home placement of the child.

County Designed Services: An optional service tailored by the specific county in meeting the needs of families and children in the community in order to prevent the out-of-home placement of children or facilitate reunification or another form of permanence. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state.

Day Treatment: Comprehensive, highly structured services that provide education to children and therapy to children and their families.

Home-Based Intervention: Services provided primarily in the home of the client and include a variety of services, which can include therapeutic services, concrete services, collateral services, and crisis intervention directed to meet the needs of the child and family. See Section 7.303.14 for service elements of therapeutic, concrete, collateral, and crisis intervention.

Intensive Family Therapy: Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

Life Skills: Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.

Mental Health Services: 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.

Sexual Abuse Treatment: Therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization, sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization.

Special Economic Assistance: 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. See Section 7.303.14 for service elements of hard services.

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.

1.3. Goals of the Core Services Program

The goals of the Core Services Program are to safely maintain children/youth in the home, return children/youth home, promote the least restrictive setting for children/youth, and/or provide services for families at-risk of further involvement in the child welfare system. These goals are achieved in two ways. The first is the provision of services directly to the child/youth. These services promote well-being and may work to address mental or physical health issues that act as family stressors. The second is the provision of services directly to adult caregivers on behalf of the child/youth.

In most cases, the primary goal is for children/youth to remain in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services work to return that child/youth home in a safe and timely manner. In cases where safety requires the child/youth to be permanently placed out of the home, services focus on stabilizing and maintaining the least restrictive out-of-home placements (including adoptive and foster homes). These priorities are reflected in the service goals created for each child/youth, which must be entered each time a new Core Service is authorized.

1.4. Family First Prevention Services Act

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes historic reforms to help keep children and youth safely with their families and avoid the traumatic experience of entering foster care, and emphasizes the importance of children and youth growing up in families. In cases where foster care is needed, the FFPSA helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs. The FFPSA creates a new entitlement in the form of a 50% reimbursement stream using federal funds to provide services to keep children and youth safely with their families and out of foster care (without regards to income). When foster care is needed, the FFPSA allows federal reimbursement for care in family-based settings and certain residential treatment programs for children and youth

with emotional and behavioral disturbance requiring special treatment. The FFPSA includes the following components:

1. Federal investment in placement prevention for children/youth at risk of foster care through funds under Title IV-E of the Social Security Act, beginning in FY 2020, to support evidence-based prevention efforts for mental health and substance abuse prevention and treatment services, and in-home parent skill-based services. The services may be provided for not more than 12 months for children who are at imminent risk of entering foster care, their parents and relatives to assist the children, and pregnant or parenting teens.
2. Federal funds targeted for children/youth in foster family homes, or in qualified residential treatment programs, or other special settings. Federal funding is limited to children/youth in family foster homes, qualified residential treatment programs, and special treatment settings for pregnant or parenting teens, youth 18 and over preparing to transition from foster care to adulthood, and youth who have been found to be – or are at risk of becoming – sex trafficking victims. The act requires timely assessments and periodic reviews of children/youth with special needs who are placed in qualified residential treatment programs to ensure their continued need for such care.
3. Additional support for relative caregivers by providing federal funds for evidence-based "Kinship Navigator" programs which serve to link relative caregivers to a broad range of services and supports to help children remain safely with them.
4. Reauthorizing or extending a number of programs, including, but not limited to the Promoting Safe and Stable Families Program, Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B), funding set asides for monthly caseworker visits, Regional Partnership Grants, and the Court Improvement Programs grants.
5. Requiring states to create and maintain statewide plans to track and prevent child maltreatment fatalities.
6. Establishing a competitive grant program to support the recruitment and retention of high quality foster families to help place more children in these homes, with special attention to states and tribes with the highest percentage of children in non-family settings.
7. Reauthorizing the John H. Chafee Foster Care Independence Program's independent living services to assist former foster youth up to age 23 (currently available to youth between ages 18-21) and extending eligibility for education and training vouchers for these youth to age 26 (currently only available to youth up to age 23).
8. Establishing an electronic, web based, interstate case-processing system to help states expedite the interstate placement of children in foster care, adoption or guardianship; and extending the Adoption and Legal Guardianship Incentive Payment program for five years, which allows states to receive incentive awards for increasing exits of children from foster care to adoption or guardianship.

1.5. Context of FFPSA as it Relates to the Core Services Program

The FFPSA prioritizes keeping families together and puts more money toward at-home parenting classes, mental health counseling, and substance abuse treatment, while limiting placements in congregate care settings. Although it has been characterized as the most significant child welfare legislation in over a decade, the impact of this landmark act will be felt far beyond county administered child welfare services. That is why the Division of Child Welfare at CDHS has been working so hard to engage a large number of professionals from within CDHS, other State Departments, behavioral health networks, providers, counties, and community partners to analyze the FFPSA and make recommendations for implementation in Colorado. The following represents Colorado's FFPSA 2018 Call to Action:

- **Respond**. Dedicating resources to establish an inclusive, integrated structure to support an intentional review of the FFPSA that will result in a "roadmap" for Colorado's initial implementation of the FFPSA. Additionally, Colorado has applied for the federal funds for evidence-based Kinship Navigator programs.
- **Vision**. Ensuring that the FFPSA work is grounded in the vision, mission and values of CDHS and articulates specific values to ground FFPSA planning, recommendations, and decisions.

- **Analyze**. Recruiting and mobilizing a diverse group of partners and stakeholders to analyze the FFPSA requirements, choices and timelines from fiscal, policy and program/services perspectives. A diverse collaboration will develop recommendations, rationale and short-term action considerations for implementation of the FFPSA.
- **Inform**. Establishing a Colorado FFPSA Advisory Committee and Subcommittee webpage to gather and disseminate national and local resources and provide information regarding Colorado's FFPSA people, process and products.
- **Maximize.** Identifying local and national partners and resources to support Colorado's efforts.
- **Equip.** Providing feedback opportunities, information and ideas to providers and stakeholders through convenings and meetings with local and national experts.
- **Contribute.** Taking advantage of the opportunity to inform national thinking and decisions by responding to opportunities for feedback to the Administration for Children, Youth and Families via federal registry requests and submitting thoughtful questions and recommendations for consideration in establishing federal guidance.
- **Engage.** Creating ongoing, inclusive opportunities for involvement through committee participation, constituent outreach, and engagement of county departments of human/social services, other state agencies, placement providers, and other key stakeholders.
- **Build.** Intentionally identifying successful strategies, approaches, partnerships and structures that have served Colorado well in the past and searching for opportunities to integrate FFPSA considerations into existing work and structures.
- **Create.** Exploring opportunities to transform Colorado's child welfare system through new and innovative partners and programs.

1.6. Enhancements to the Core Services Program

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 State Child Welfare Block, Core Services Program allocation, and the Colorado IV-E Waiver funding. This is referenced as Program Area 3 (PA3), which is a mechanism to: (1) provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare; (2) close cases with no safety concerns and continue providing services with a support plan; and (3) help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting.

Historically, county departments may have provided prevention services with other funding sources. Through the summer of 2013, rule was crafted by the PA3 Policy Subgroup, which is comprised of county and state child welfare staff. The prevention, intervention, and PA3 rules were presented to the State Board of Human Services for final reading October 4, 2013, and promulgated into Volume 7 Rule, effective January 1, 2014. The impact of the statute and rule is that Colorado county departments of human/social services are able to use state and federal funds to provide and account for prevention services to children, youth, and families prior to a referral to child welfare, or to screened out referrals. If county departments choose to provide preventative services to children, youth, and families, they are able to directly provide services through qualified staff, or contract with available service providers in their community. PA3 is optional, based on county by county available funding and ability to provide preventative services. Prevention services are offered as 100% voluntary to a family.

This enhancement requires documentation of activity in Colorado Trails (Trails), which is the Comprehensive Child Welfare Information System (CCWIS). As such, a PA3 Trails Subgroup was tasked with designing a Trails build to support the PA3 policy, as it was being determined. By reporting and tracking in one automated system, the Division of Child Welfare and county departments are able to collect and analyze outcome data for services delivered, as well as track funding used for prevention and intervention service delivery. These data elements also provide information on those families served who never enter the child welfare system. To maintain the integrity of the voluntary prevention mechanism, only client names and date of birth are required in Trails to provide services for these families. Counties who choose to provide services under PA3 are accountable to report those preventative services in Trails. The Trails build went live on January 12, 2014.

In 2018, 60 counties were approved to use Core Services funding for prevention and/or intervention services. Many counties are determining what their process for offering volunteer services will be, and how they will track this type of service provision, without the mandatory monthly contacts and all other child welfare related requirements. A few counties are exploring and developing prevention/intervention service delivery policies and procedures. Colorado is excited to be able to offer prevention/intervention services with their Child Welfare Block and Core Services Program funding, and is confident this practice will evolve as counties recognize the possibilities.

1.7. Outline of the Current Report

This Core Services Program Annual Evaluation Report is based on a Calendar Year (CY) rather than a State Fiscal Year (SFY). This allows for the timely and efficient documentation and collection of Core Services outcome and cost information, so that the data can be more fully analyzed and reported to meet the statutory requirement.

The CY 2018 report features descriptive and comparative analyses of children, youth, and families served, services provided, service effectiveness, service goal attainment, subsequent child welfare involvement, cost per service episode, cost per client, cost per child, and cost offset. Initially a quasi-experimental design was proposed with a comparison of children who received Core Services while in OOH care with children who were in placement but never received Core Services. However, there are so few children in OOH placement who do not receive Core Services that such a design was not feasible. To facilitate group comparisons of outcomes and costs, subgroup analyses are employed based on service goal, program area, provider type, service type, and county. These new analyses allow for the tracking of future trends regarding the outcomes and costs of the Core Services Program.

Following this **Background and Introduction** section is a description of the **Implementation of the Core Services Program**. This section describes the numbers and demographics of clients and children/youth served and the numbers and types of services authorized through the Core Services allocation. This section provides a general overview of the types of services offered across the state and at the county level.

The **Outcomes of the Core Services Program** section is presented in the following three ways: (1) short-term service effectiveness outcome measures for service episodes closed in CY 2018 being tracked by designated county staff in Trails; (2) service goal attainment outcomes based on closed involvements in CY 2018; and (3) longer-term 12-month child welfare involvement outcomes for children with a closed case in CY 2017. In addition, sub-analyses are presented for all outcome measures for service goal, program area, provider type, service type, and county. The **Costs of the Core Services Program** section is presented in the following four ways: (1) average cost per service episode reported by county, service goal, and program area for purchased services; (2) average costs per client reported overall and by service type, service goal, county, program area, and provider type; (3) average cost per child/youth reported overall and by service type, service goal, county, program area, and provider type, and (4) cost offset reported by comparing estimated out-of-home placement costs in lieu of Core Service provision with actual service and out-of-home placement costs for children who received Core Services in CY 2018.

The **Family Preservation Commission Report Findings** section includes a qualitative narrative of successes and challenges facing the Core Services Program from a county/tribe perspective. The findings are derived from the Family Preservation Commission Reports, which are submitted electronically, and span 12 months from January 2018 through December 2018 for the CY 2018 report.

The **Conclusions and Implications** section of the report discusses conclusions, evaluation enhancements, limitations, and implications based on the outcome and cost analyses presented in this year's report.

The **Core Services Program Evaluation Methods** (see Appendix A) provides the design, methods, data collection procedures, and data analysis techniques used in the outcome and cost evaluations. The **Core Services County Designed Programs by County** (see Appendix B) details the county designed service array for each county.

2. Implementation of the Core Services Program

The Core Services Program is structured as a state-supervised, county-administered system with CDHS overseeing funding allocations and working with county staff to set policies and procedures. The legislative authorization requires access to specific services statewide, while maintaining flexibility at the local level, as each county administers the Core Services Program to meet the unique needs of families and communities. Significant progress has been made in consistently documenting services in Trails and the County Financial Management System (CFMS) databases, which allows for more accurate tracking of service provision, service outcomes, and payment.

2.1. Children, Youth, and Families Served in CY 2018

The following definitions guided the analysis of children, youth, and families served during CY 2018.

Clients served – based on clients specified in the Trails service authorization as 'Clients Receiving Services' and includes both adults and children/youth.

Children/youth receiving or benefitting from Core Services – based on the following criteria:

- Program Area 3 (prevention) – services provided in these involvements are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the involvement at the time the service is initiated are counted as a child/youth benefitting from the service.
- Program Area 4 (youth in conflict) and Program Area 6 (adoption and emancipation) – services provided in these cases only count children/youth for whom the service authorization was entered since these services are directed toward a specific child/youth.
- Program Area 5 (child protection) – services provided in these cases are typically connected to a parent but recorded on behalf of a child/youth in Trails. Thus, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the case at the time the service is initiated are counted as a child/youth benefitting from the service.

Although a child/youth could receive one Core Service and benefit from another Core Service, they would only be included once in the distinct count of children/youth receiving or benefitting from Core Services.

Service episodes – created by merging individual service authorizations open any time during the calendar year within the same case, for the same provider and service type, and for the same set of clients receiving the service (as long as there was not a gap in service dates of more than 30 consecutive days).

As displayed in Table 1, the Core Services Program served **29,382 distinct clients (unduplicated individuals)** in CY 2018. This represents a decrease of 0.01% in distinct clients served from CY 2017. Overall, 56% of the distinct clients were children/youth directly receiving services and 44% were adults receiving services on behalf of the child/youth. Services provided primarily to adults include substance abuse treatment. While these services are delivered to adults, they benefit children/youth by allowing them to remain in or return to their homes.

> The Core Services Program served 29,382 unduplicated individuals in CY 2018.

Table 1: *Total Number of Distinct Clients Served by the Core Services Program in CY 2018*

	Children/Youth		Adults		Total	
Distinct Count	Frequency	Percent	Frequency	Percent	Frequency	Percent
Clients	16,383	55.8	12,999	44.2	29,382	100.0

Table 2 shows that the largest race/ethnicity groups served by the Core Services Program were White, non-Hispanic (46%) and Hispanic (31%). The average age of children/youth served by Core Services was 8.3 years, while the average age of adults served by Core Services was 35.9 years.

Table 2: *Race/Ethnicity of Distinct Clients Served by Core Services Program in CY 2018*

Race/Ethnicity	Frequency	Percent
White, Non-Hispanic	13,576	46.2
Hispanic	8,972	30.5
Black or African American	2,166	7.4
Multiple Races	995	3.4
Asian	158	0.5
American Indian or Alaska Native	142	0.5
Native Hawaiian or Other Pacific Islander	37	0.1
Did not Indicate	3,336	11.4
Total	**29,578**	**100.0**

As previously defined, **18,051 distinct children/youth from 10,771 cases/involvements received or benefitted** from Core Services in CY 2018. This represents a 0.01% increase in distinct children/youth receiving or benefitting from Core Services from CY 2017. Table 3 shows that 73% of all children/youth receiving or benefitting from services were designated as Program Area 5 (PA5), 15% were designated as PA3, 10% were designated as Program Area 4 (PA4), and 2% were designated as Program Area 6 (PA6).

Table 3: *Total Number of Children/Youth Receiving or Benefitting from Core Services Program by Program Area in CY 2018*

Program Area	Frequency*	Percent
PA3 Services	2,814	15.3
PA4 Cases	1,826	9.9
PA5 Cases	13,345	72.7
PA6 Cases	371	2.0
Total	**18,356**	**100.0**
*The total does not match the overall sample size of distinct children benefitting because children with multiple involvements during the year can have more than one program area designation.		

There was an increase of 6.4% in children/youth receiving or benefitting from services with a PA3 designation from CY 2017. Of the 2,814 children/youth designated as PA3, 916 had a prior child welfare case (33%) with 117 designated as PA4 and 799 as PA5. This illustrates the use of PA3 as a mechanism to close cases with no safety concerns but continue services, and to step down children/youth into the least restrictive placement setting.

2.2. Services Provided in CY 2018

As previously defined, there were **34,321 service episodes** open at any time in CY 2018. This represents a 3.0% increase in service episodes from CY 2017. On the following page, Table 4 shows that 77% of service episodes were associated with children with a PA5 designation while 14% were associated with PA4, 8% were associated with PA3, and 2% were associated with PA6. As for provider type, 65% of service episodes were purchased from external providers by counties while 35% were internally provided by counties. Overall, 75% of all service episodes were for new services provided in CY 2018, while 70% of all service episodes were closed in CY 2018.

Table 4: *Characteristics of Service Episodes in CY 2018 (N = 34,321)*

Characteristic	Frequency	Percent
Program Area		
PA3 Services	2,589	7.5
PA4 Cases	4,620	13.5
PA5 Cases	26,490	77.2
PA6 Cases	622	1.8
Provider Type		
Purchased	22,388	65.2
County Provided	11,933	34.8
Service Status		
New Service in CY 2018	25,699	74.9
Closed Service in CY 2018	23,928	69.7

The authorizing legislation for the Core Services Program requires that each service type be made available in each county and/or region. In addition, counties have the flexibility to create county designed service types to fit the needs of their unique communities. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state. As displayed in Table 5, the most frequent Core Service type in CY 2018 was county designed services at 35%, followed by life skills at 13%, and substance abuse treatment and mental health services at 12% each.

Table 5: *Service Episodes in CY 2018 by Service Type*

Service Type	Frequency	Percent
County Designed Services	12,110	35.3
Life Skills*	4,504	13.1
Substance Abuse Treatment	4,151	12.1
Mental Health Services	4,007	11.7
Home-Based Interventions	3,324	9.7
Intensive Family Therapy	2,651	7.7
Special Economic Assistance	2,375	6.9
Sexual Abuse Treatment**	790	2.3
Day Treatment***	409	1.2
Total	**34,321**	**100.0**

*Life Skills includes Life Skills Apprenticeship for all analyses.
**Core Services cannot pay for sexual abuse treatment for court-ordered offender treatment.
***Day Treatment includes Day Treatment Alternative for all analyses.

On the following page, Table 6 shows the number of service episodes for each of the county designed service types. The most common county designed service type is family group decision making, followed by supervised visitation, and family engagement meeting services. These three service types comprise 50% of all county designed service episodes in CY 2018.

Table 6: *Service Episodes by County Designed Service Type for CY 2018*

Service Type	Frequency	Percent
Family Group Decision Making	2,581	21.3
Supervised Visitation	2,162	17.9
Family Engagement Meeting Services	1,448	12.0
Domestic Violence Intervention Services	827	6.8
Family Empowerment	684	5.6
Community Based Family Support Services	617	5.1
Child Mentoring and Family Support	575	4.7
CET/TDM	479	4.0
Mentoring	371	3.1
Family Outreach	347	2.9
Multi Systemic Therapy	273	2.3
Mediation	269	2.2
Nurturing Program	228	1.9
Family Strengths	205	1.7
Structured Parenting Time	187	1.5
Functional Family Therapy	127	1.0
Mobile Intervention Team	119	1.0
Direct Link	117	1.0
Parenting Skills	98	0.8
Child/Family Service Therapist	89	0.7
Trauma Informed Care/Services	64	0.5
Youth Intervention Program	56	0.5
Reconnecting Youth	37	0.3
Play Therapy	37	0.3
Foster Care/Adoption Support	31	0.3
Permanency Roundtables	25	0.2
Youth Outreach	23	0.2
Kinship Evaluation/Training	20	0.2
Adolescent Support Group	11	0.1
Other	3	0.0
Total	**12,110**	**100.0**

Substance abuse treatment is the most frequent service type other than county designed services. As displayed in Table 7, the most frequent substance types, for the 2,902 closed substance abuse treatment service episodes from CY 2018, were methamphetamines and marijuana at 26% and 20%, respectively, followed by alcohol at 18%.

Table 7: *Substance Types for Substance Abuse Treatment Service Episodes in CY 2018*

Substance Type	Frequency	Percent
Methamphetamines	764	26.3
Unknown/Other	617	21.3
Marijuana	586	20.2
Alcohol	532	18.3
Heroin	143	4.9
Cocaine/Crack	138	4.8
Other Opiates	107	3.7
Depressants	8	0.3
Stimulants	7	0.2
Total*	**2,902**	**100.0**
*The total does not match the sample size of closed substance abuse treatment service episodes because more than one substance type can be reported for a service episode.		

On the following page, Table 8 shows the count of clients served, the count of children/youth receiving or benefitting from Core Services, and total service episodes for CY 2018 by county.

Table 8: *Count of Clients Served, Children/Youth Receiving or Benefitting, and Service Episodes for CY 2018 by County*

County*	Clients Served**	Percent of State Total	Children/Youth Receiving/ Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Statewide	**29,567**	**100.0**	**18,051**	**100.0**	**34,321**	**100.0**
Adams	2,744	9.3	1,697	9.3	3,478	10.1
Alamosa	259	0.9	197	1.1	258	0.8
Arapahoe	3,404	11.5	2,538	13.9	3,090	9.0
Archuleta	135	0.5	60	0.3	102	0.3
Baca	3	0.0	1	0.0	1	0.0
Bent	42	0.1	26	0.1	36	0.1
Boulder	924	3.1	500	2.7	807	2.4
Broomfield	115	0.4	75	0.4	177	0.5
Chaffee	85	0.3	51	0.3	57	0.2
Cheyenne	4	0.0	3	0.0	1	0.0
Clear Creek	56	0.2	31	0.2	53	0.2
Conejos	77	0.3	68	0.4	87	0.3
Costilla	86	0.3	62	0.3	140	0.4
Crowley	56	0.2	46	0.3	63	0.2
Custer	5	0.0	3	0.0	2	0.0
Delta	257	0.9	162	0.9	344	1.0
Denver	2,198	7.4	1,398	7.7	2,056	6.0
Douglas	749	2.5	465	2.6	650	1.9
Eagle	133	0.4	75	0.4	127	0.4
El Paso	4,306	14.6	2,424	13.3	8,590	25.0
Elbert	171	0.6	98	0.5	90	0.3
Fremont	606	2.0	301	1.7	1,013	3.0
Garfield	412	1.4	260	1.4	335	1.0
Gilpin	18	0.1	22	0.1	27	0.1
Grand	33	0.1	27	0.1	35	0.1
Gunnison/ Hinsdale	61	0.2	33	0.2	50	0.1
Huerfano	29	0.1	17	0.1	27	0.1
Jackson	2	0.0	2	0.0	1	0.0
Jefferson	1,880	6.4	1,376	7.6	2,191	6.4
Kiowa	29	0.1	22	0.1	14	0.0
Kit Carson	77	0.3	45	0.2	73	0.2
La Plata/ San Juan	289	1.0	180	1.0	451	1.3
Lake	32	0.1	24	0.1	36	0.1
Larimer	3,450	11.7	1,924	10.6	2,832	8.3
Las Animas	48	0.2	38	0.2	33	0.1
Lincoln	85	0.3	49	0.3	38	0.1
Logan	238	0.8	140	0.8	214	0.6
Mesa	1,088	3.7	527	2.9	1,145	3.3
Moffat	140	0.5	77	0.4	104	0.3
Montezuma	37	0.1	31	0.2	53	0.2
Montrose	479	1.6	243	1.3	330	1.0
Morgan	319	1.1	172	0.9	297	0.9
Otero	100	0.3	80	0.4	86	0.3
Ouray/ San Miguel	15	0.1	16	0.1	15	0.0
Park	69	0.2	34	0.2	56	0.2
Phillips	2	0.0	1	0.0	3	0.0
Pitkin	56	0.2	34	0.2	41	0.1

Table 8 (continued)

County*	Clients Served**	Percent of State Total	Children/Youth Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Prowers	55	0.2	32	0.2	36	0.1
Pueblo	1,012	3.4	635	3.5	1,509	4.4
Rio Blanco	44	0.1	25	0.1	37	0.1
Rio Grande/ Mineral	98	0.3	59	0.3	72	0.2
Routt	69	0.2	60	0.3	73	0.2
Saguache	23	0.1	21	0.1	24	0.1
Sedgwick	5	0.0	8	0.0	5	0.0
Summit	59	0.2	27	0.1	65	0.2
Teller	161	0.5	71	0.4	138	0.4
Washington	65	0.2	40	0.2	27	0.1
Weld	2,413	8.2	1,465	8.0	2,502	7.3
Yuma	160	0.5	104	0.6	124	0.4

*Dolores County had no clients served, children/youth receiving or benefitting, or service episodes for CY 2018.
**The total does not match the overall sample size of distinct clients because a client could have had multiple involvements during the year with more than one county.
***The total does not match the overall sample size of distinct children/youth receiving or benefitting from services because a child/youth could have had multiple involvements during the year with more than one county.

3. Outcomes of the Core Services Program

The Core Services Program provides direct services to children, youth, and families to:

- Safely maintain children/youth at home
- Support a successful transition back into the home after removal
- Stabilize and maintain out-of-home placements, including foster and adoptive homes
- Support transitions to and maintenance of out-of-home placements in the least restrictive setting
- Prevent children, youth, and families from becoming involved with child welfare (Volume 7.000.1A)

Trails data support the analysis of Core Services Program outcomes in numerous ways. When a service authorization is closed, the designated county staff records the residence of the child/youth, a clinical judgment regarding the degree of treatment completion, and whether specified treatment goals were met. These indicators are not definitive evidence of program success, but are short-term measures of service effectiveness and service goal attainment, which also allows follow-up outcomes to be assessed.

3.1. Service Effectiveness

The service effectiveness outcome indicates how effective each service was at achieving the intended treatment objective(s) and is derived from the 'Outcome Code' selection in Trails that is entered by the designated county staff at the closure of Core Service episodes. The available selections for service outcomes in Trails are:

- **Successful** – the service achieved the Core Service goal and treatment objective
- **Partially Successful** – the client made progress in treatment but Core Service goal was not achieved
- **Not Successful, Did not Engage** – the client did not engage in treatment
- **Not Successful, No Progress** – the client engaged in treatment, but treatment objective and Core Service goal were not met
- **Evaluation/Single-Service only** – evaluation or single-service only, no treatment provided
- **Service Not Completed/Service Completed** – for special economic assistance only

While there is some variation across counties, "successful" generally refers to a case where all (or nearly all) treatment goals are met. "Partially successful" refers to services authorizations closed when the client made some progress in treatment, but not all treatment goals were met. Although this outcome is subjective in nature, it does provide a clinical judgment of the success of each specific treatment. This, in turn, allows for a comparison of short-term outcomes across different types of services and different providers.

The "service not completed" and "service completed" outcomes are used exclusively for special economic assistance. Service episodes closed with either of these reasons were not included because they do not provide an indication of the effectiveness of the service. In addition, service episodes closed with the outcome of "evaluation/single-service only" were removed from the service effectiveness analysis because they do not represent an actual service intervention, but rather an evaluation for the need for services (e.g., psychological evaluation), and the outcome code selection does not provide an indication of the actual effectiveness of the service. Outcome code selections also are not recorded in Trails when service episodes are closed due to the following service closure/leave reasons: (1) contract funds expended (when system generated not caseworker selected); (2) moved out of county; (3) case transferred to another county; (4) opened in error; (5) change in funding source; or (6) payee wrong code.

During the 2018 calendar year, 23,928 total service episodes were closed in Trails. The final service effectiveness sample size was 15,035 closed service episodes after service episodes closed with one of the exclusionary outcomes (service completed, service not completed, or evaluation/single-service only) or one of the closure/leave reasons with a missing outcome code were removed.

Table 9 shows the overall service effectiveness outcomes for CY 2018 across all service types, service goals, and program areas. Overall, 78% of service episodes were closed with a "successful" (60%) or "partially successful" (18%) outcome designation, while 22% of service episodes were closed with a "not successful, did not engage" (13%) or "not successful, no progress" (9%) outcome designation. This represents a two percent decrease in service episodes closed with a successful or partially successful outcome from CY 2017.

Table 9: *Service Effectiveness Outcomes for Closed Service Episodes in CY 2018*

Service Outcome	Frequency	Percent
Successful	8,955	59.6
Partially Successful	2,735	18.2
Not Successful, Did Not Engage	1,941	12.9
Not Successful, No Progress	1,404	9.3
Total	**15,035**	**100.0**

To further explore service effectiveness outcomes, sub-analyses were conducted for service goal, provider type, program area, service type, and county. The "successful" and "partially successful" outcomes were combined into a single outcome category, while the "not successful" outcome category is comprised of service episodes with an outcome of either "not successful, did not engage" or "not successful, no progress". As displayed in Table 10, 84% of service episodes for children/youth with a remain home service goal at time of service initiation were closed with a "successful" or "partially successful" outcome designation, followed by service episodes with a least restrictive setting service goal at 79%, and service episodes with a return home service goat at 72%.

Table 10: *Service Effectiveness Outcomes by Service Goal for Service Episodes Closed in CY 2018 (N = 15,035)*

Service Goal	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Least Restrictive Setting	230	78.8	62	21.2
Remain Home	6,050	84.1	1,138	15.9
Return Home	5,410	71.6	2,145	28.4
Total	**11,690**	**77.8**	**3,345**	**22.2**

As displayed in Table 11, 84% of county provided service episodes were closed with a "successful" or "partially successful" outcome designation, while 75% of purchased service episodes were closed with a "successful" or "partially successful" outcome designation.

Table 11: *Service Effectiveness Outcomes by Provider Type for Service Episodes Closed in CY 2018 (N = 15,035)*

Provider Type	Successful/Partially Successful Frequency	Successful/Partially Successful Percent	Not Successful Frequency	Not Successful Percent
Purchased	7,424	74.7	2,523	25.3
County Provided	4,266	83.9	822	16.1
Total	**11,690**	**77.8**	**3,345**	**22.2**

As displayed in Table 12, 88% of service episodes for children/youth with a PA3 designation at time of service initiation were closed with a "successful" or "partially successful" outcome designation, followed by service episodes for children/youth with a PA6 designation at 85%, episodes for children/youth with a PA5 designation at 77%, and service episodes for children/youth with a PA4 designation also at 77%. For a subsample of children/youth receiving an adoption subsidy 76% of service episodes (provided after the adoption finalization) were closed with a "successful" or "partially successful" outcome designation (*n* = 339).

Table 12: *Service Effectiveness Outcomes by Program Area for Service Episodes Closed in CY 2018 (N = 15,035)*

Program Area	Successful/Partially Successful Frequency	Successful/Partially Successful Percent	Not Successful Frequency	Not Successful Percent
PA3 Services	1,002	87.5	143	12.5
PA4 Cases	1,719	77.3	505	22.7
PA5 Cases	8,770	76.7	2,662	23.3
PA6 Cases	199	85.0	35	15.0
Total	**11,690**	**77.8**	**3,345**	**22.2**

Table 13 shows that 91% of service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services were closed with a "successful" or "partially successful" outcome designation; 89% of service episodes for children/youth who had a screen-out referral within 60 days prior to receiving PA3 services were closed with a "successful" or "partially successful" outcome designation; and 85% of service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services were closed with a "successful" or "partially successful" outcome designation.

Table 13: *Service Effectiveness Outcomes by PA3 Type for Service Episodes Closed in CY 2018 (N = 1,145)*

PA3 Type	Successful/Partially Successful Frequency	Successful/Partially Successful Percent	Not Successful Frequency	Not Successful Percent
Intervention	118	90.8	12	9.2
Prevention – Closed Assessment	323	84.8	58	15.2
Prevention – Screen-out	561	88.5	73	11.5
Total	**1,002**	**87.5**	**143**	**12.5**

On the following page, Table 14 shows that sexual abuse treatment (85%) and day treatment (83%) had the highest percentage of episodes closed in CY 2018 with either a "successful" or "partially successful" designation. Substance abuse treatment (66%) and life skills (71%) and had the lowest rates of "successful" or "partially successful" outcome designations in CY 2018.

Table 14: *Service Effectiveness Outcomes by Service Type for Service Episodes Closed in CY 2018 (N = 15,035)*

Service Type	Successful/Partially Successful Frequency	Successful/Partially Successful Percent	Not Successful Frequency	Not Successful Percent
Sexual Abuse Treatment	292	84.6	53	15.4
Day Treatment	160	83.3	32	16.7
County Designed Services	5,122	82.2	1,109	17.8
Home-Based Interventions	1,339	81.3	309	18.7
Intensive Family Therapy	937	78.5	256	21.5
Mental Health Services	1,112	76.3	345	23.7
Life Skills	1,511	71.2	611	28.8
Substance Abuse Treatment	1,217	65.9	630	34.1
Total	**11,690**	**77.8**	**3,345**	**22.2**

Table 15 shows the service effectiveness outcomes for service episodes closed in CY 2018 by county.

Table 15: *Service Effectiveness Outcomes by County for Service Episodes Closed in CY 2018 (N = 15,035)*

County*	Successful/Partially Successful Frequency	Successful/Partially Successful Percent	Not Successful Frequency	Not Successful Percent
Statewide	**11,690**	**77.8**	**3,345**	**22.2**
Adams	867	75.6	280	24.4
Alamosa	70	77.8	20	22.2
Arapahoe	1,017	76.3	316	23.7
Archuleta	40	74.1	14	25.9
Baca	1	100.0	0	0.0
Bent	17	85.0	3	15.0
Boulder	210	80.5	51	19.5
Broomfield	84	80.8	20	19.2
Chaffee	22	95.7	1	4.3
Clear Creek	19	90.5	2	9.5
Conejos	25	75.8	8	24.2
Costilla	18	100.0	0	0.0
Crowley	15	75.0	5	25.0
Custer	0	0.0	1	100.0
Delta	168	96.6	6	3.4
Denver	583	67.9	275	32.1
Douglas	171	72.2	66	27.8
Eagle	24	96.0	1	4.0
El Paso	2,772	77.1	823	22.9
Elbert	21	77.8	6	22.2
Fremont	253	71.5	101	28.5
Garfield	150	77.3	44	22.7
Gilpin	19	100.0	0	0.0
Grand	19	90.5	2	9.5
Gunnison/Hinsdale	21	87.5	3	12.5
Huerfano	11	100.0	0	0.0
Jackson	1	100.0	0	0.0
Jefferson	917	77.4	268	22.6
Kiowa	6	75.0	2	25.0
Kit Carson	34	97.1	1	2.9
La Plata/San Juan	221	89.8	25	10.2
Lake	16	88.9	2	11.1
Larimer	1,711	88.6	221	11.4
Las Animas	14	66.7	7	33.3
Lincoln	16	88.9	2	11.1
Logan	49	75.4	16	24.6
Mesa	380	74.1	133	25.9
Moffat	46	88.5	6	11.5
Montezuma	12	85.7	2	14.3

Table 15 (continued)

County	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Montrose	131	80.9	31	19.1
Morgan	116	89.9	13	10.1
Otero	16	57.1	12	42.9
Ouray/San Miguel	9	100.0	0	0.0
Park	21	91.3	2	8.7
Pitkin	16	84.2	3	15.8
Prowers	14	82.4	3	17.6
Pueblo	459	68.9	207	31.1
Rio Blanco	8	66.7	4	33.3
Rio Grande/Mineral	12	80.0	3	20.0
Routt	19	90.5	2	9.5
Saguache	12	92.3	1	7.7
Sedgwick	2	100.0	0	0.0
Summit	22	95.7	1	4.3
Teller	73	90.1	8	9.9
Washington	9	90.0	1	10.0
Weld	652	67.0	321	33.0
Yuma	59	100.0	0	19.1
* Cheyenne, Dolores, and Phillips counties had no eligible service episodes for this analysis.				

3.2. Service Goal Attainment

The Core Services Program aims to keep children and their families together or, in cases where a child must be removed due to safety concerns, to return them home as quickly as possible, or maintain them in the least restrictive setting possible. The service goal attainment outcome is intended to determine whether each specific service intervention resulted in the child/youth achieving the intended service goal of either remain home, return home, or least restrictive setting. The unit of analysis for the service goal attainment outcome is per-child/youth and per-service. This means that each service episode within an involvement span for a distinct child/youth has a service goal attainment outcome associated with that service. The service goal is based on the overall Core Services goal defined at the start of the service. The following logic was used to determine whether the service goal was met for each goal type:

1. ***Remain home*** – service goal was achieved if child/youth did not have a removal from home during service episode or after service episode closed while case (or involvement for PA3) remained open.
2. ***Return home and/or placement with kin*** – service goal was achieved if child/youth either returned home to parents or permanent Allocation of Parental Rights (APR)/Guardianship was granted to relatives based on removal end reason and/or living arrangement.
3. ***Least restrictive setting*** – service goal was achieved if: (1) permanency was achieved; (2) lower-level placement change occurred during or after the service episode; (3) same-level placement change occurred during or after the service episode; or (4) no change in placement during or after the service episode. Service goal was not achieved if there was a higher-level placement change during or after the service episode.

Children/youth may have multiple service episodes within the same service goal in addition to multiple service goals within the involvement span. There were 9,224 unduplicated children/youth with a closed case (or closed involvement for PA3) in CY 2018. There were 37,499 service episodes for these children/youth, which averages to just over four service episodes per child/youth. It should be noted that these service episodes were not exclusively from CY 2018 but were provided during closed involvement spans in CY 2018.

3.2.1. Overall Service Goal Attainment Results

Table 16 shows the proportion of service episodes within closed involvement spans in CY 2018 by service goal type with 52% having a goal of return home, 47% having a goal of remain home, and 1% having a goal of the least restrictive setting.

Table 16: *Service Goal Frequencies for Service Episodes from Involvements Closed in CY 2018*

Service Goal	Frequency	Percent
Return Home	19,370	51.7
Remain Home	17,711	47.2
Less Restrictive	418	1.1
Total	**37,499**	**100.0**

As displayed in Table 17, the service type with the highest percentage of return home service goals was substance abuse treatment at 62%, the service type with the highest percentage of remain home service goals was day treatment at 61%, and the service type with the highest percentage of least restrictive setting service goals was day treatment at 4%.

Table 17: *Service Type Frequencies by Service Goal for Service Episodes from Involvements Closed in CY 2018 (N = 37,499)*

Service Type	Return Home		Remain Home		Least Restrictive Setting	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
County Designed Services	6,463	47.7	6,978	51.4	122	0.9
Day Treatment	118	34.5	209	61.1	15	4.4
Home-Based Interventions	1,933	47.7	2,082	51.3	41	1.0
Intensive Family Therapy	1,196	49.8	1,192	49.6	15	0.6
Life Skills	2,496	56.5	1,867	42.3	54	1.2
Mental Health Services	2,128	57.4	1,517	40.9	62	1.7
Sexual Abuse Treatment	347	48.1	348	48.3	26	3.6
Special Economic Assistance	1,961	50.3	1,865	47.8	72	1.8
Substance Abuse Treatment	2,728	62.1	1,653	37.6	11	0.3
Total	**19,370**	**51.7**	**17,711**	**47.2**	**418**	**1.1**

Table 18 shows that the service goal was attained in 80% of all service episodes in CY 2018, which is a two percent increase from CY 2017. The service goal attainment rate was 91% for remain home, 81% for least restrictive setting, and 70% for return home. In past reports, service goal attainment was measured at the time of service closure. To maintain consistency for this year's report, the remain home service goal attainment rate also was calculated based on if the child/youth had an open removal on the day the service ended. Similar to last year's findings, the remain home service goal was attained in 92% of service episodes. A third metric for this outcome is service goal attainment based on distinct children/youth. To calculate this rate, any child/youth with a service episode that did not attain the service goal was considered to not have achieved service goal attainment. Based on this definition, 88% of distinct children/youth with an involvement closed in CY 2018 attained their service goal, which is a one percent increase from CY 2017.

Table 18: *Service Goal Attainment by Service Goal Type for Service Episodes from Involvements Closed in CY 2018 (N = 37,499)*

Service Goal	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Return Home	13,627	70.4	5,743	29.6
Remain Home	16,104	90.9	1,607	9.1
Least Restrictive Setting	337	80.6	81	19.4
Overall	**30,068**	**80.2**	**7,431**	**19.8**

To further explore service goal attainment outcomes, sub-analyses were conducted for provider type, program area, service type, and county for the remain home and return home groups. The least restrictive setting service goal was not included because of the small sample size.

3.2.2. Remain Home Service Goal Attainment Results

As displayed in Table 19, county provided service episodes had a 91% remain home service goal attainment rate, while purchased service episodes also had a 91% remain home service goal attainment rate.

Table 19: *Remain Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2018 (N = 17,711)*

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	6,098	91.1	597	8.9
Purchased	10,006	90.8	1,010	9.2
Overall	**16,104**	**90.9**	**1,607**	**9.1**

The remain home service goal was attained in 99% of all prevention service episodes.

As displayed in Table 20, service episodes for children/youth with a PA3 designation had a 99% remain home service goal attainment rate; service episodes for children/youth with a PA5 designation had a 92% remain home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 74% remain home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 61% remain home service goal attainment rate. It should be noted that service goals are not identified when a prevention service is provided, but it is assumed that prevention is intended to keep children/youth in the home. For a subsample of children/youth receiving an adoption subsidy, service episodes (provided after the adoption finalization) had a 65% remain home service goal attainment rate (*n* = 277).

Table 20: *Remain Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2018 (N = 17,711)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,846	99.7	5	0.3
PA4 Cases	1,211	73.6	435	26.4
PA5 Cases	13,012	91.9	1,145	8.1
PA6 Cases	35	61.4	22	38.6
Overall	**16,104**	**90.9**	**1,607**	**9.1**

Table 21 shows that service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services had a 100% remain home service goal attainment rate; service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate; and service episodes for children/youth who had a screened-out referral within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate.

Table 21: *Remain Home Service Goal Attainment Outcomes by PA3 Type for Service Episodes Closed in CY 2018 (N = 1,851)*

PA3 Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intervention	187	100.0	0	0.0
Prevention – Closed Assessment	601	99.3	4	0.7
Prevention – Screen-out	1,058	99.9	1	0.1
Total	**1,846**	**99.7**	**5**	**0.3**

Table 22 shows that service episodes for mental health services (93%), county designed services (93%), and intensive family therapy (93%) had the highest remain home service goal attainment rates, while day treatment (84%) had the lowest remain home service goal attainment rate.

Table 22: *Remain Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2018 (N = 17,711)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Mental Health Services	1,410	92.9	107	7.1
County Designed Services	6,470	92.7	508	7.3
Intensive Family Therapy	1,105	92.7	87	7.3
Life Skills	1,679	89.9	188	10.1
Sexual Abuse Treatment	309	88.8	39	11.2
Home-Based Interventions	1,844	88.6	238	11.4
Special Economic Assistance	1,651	88.5	214	11.5
Substance Abuse Treatment	1,461	88.4	192	11.6
Day Treatment	175	83.7	34	16.3
Total	**16,104**	**90.9**	**1,607**	**9.1**

Table 23 shows the service goal attainment rates for services episodes with a remain home goal by county.

Table 23: *Remain Home Service Goal Attainment by County for Service Episodes from Involvements Closed in CY 2018 (N = 17,711)*

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Statewide	**16,104**	**90.9**	**1,607**	**9.1**
Adams	2,513	93.6	172	6.4
Alamosa	139	95.9	6	4.1
Arapahoe	1,166	84.6	213	15.4
Archuleta	73	96.1	3	3.9
Bent	35	100.0	0	0.0
Boulder	289	88.4	38	11.6
Broomfield	131	88.5	17	11.5
Chaffee	39	92.9	3	7.1
Clear Creek	37	100.0	0	0.0
Conejos	22	95.7	1	4.3
Costilla	5	100.0	0	0.0
Crowley	17	100.0	0	0.0
Custer	2	100.0	0	0.0
Delta	87	91.6	8	8.4
Denver	859	85.4	147	14.6
Douglas	364	91.5	34	8.5
Eagle	108	99.1	1	0.9
El Paso	3,232	90.5	338	9.5
Elbert	60	92.3	5	7.7
Fremont	292	90.1	32	9.9
Garfield	267	95.4	13	4.6
Gilpin	22	78.6	6	21.4
Grand	49	100.0	0	0.0
Gunnison/Hinsdale	17	94.4	1	5.6
Huerfano	2	18.2	9	81.8
Jefferson	839	89.1	103	10.9
Kiowa	7	100.0	0	0.0
Kit Carson	30	100.0	0	0.0
La Plata/San Juan	267	96.7	9	3.3
Lake	16	100.0	0	6.4
Larimer	2,306	92.3	192	7.7

Table 23 (continued)

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Las Animas	11	91.7	1	8.3
Lincoln	22	95.7	1	4.3
Logan	84	93.3	6	6.7
Mesa	224	93.3	16	6.7
Moffat	90	96.8	3	3.2
Montezuma	43	100.0	0	0.0
Montrose	158	95.2	8	4.8
Morgan	125	95.4	6	4.6
Otero	37	100.0	0	0.0
Ouray/San Miguel	12	100.0	0	0.0
Park	32	88.9	4	11.1
Pitkin	39	100.0	0	0.0
Prowers	17	100.0	0	0.0
Pueblo	570	81.3	131	18.7
Rio Blanco	2	100.0	0	0.0
Rio Grande/Mineral	29	87.9	4	12.1
Routt	24	80.0	6	20.0
Saguache	28	100.0	0	0.0
Sedgwick	7	100.0	0	0.0
Summit	38	100.0	0	0.0
Teller	51	96.2	2	3.8
Washington	25	100.0	0	0.0
Weld	1,069	94.0	68	6.0
Yuma	75	100.0	0	8.3
* Baca, Dolores, Jackson, and Phillips counties had no eligible service episodes for this analysis.				

3.2.3. Return Home Service Goal Attainment Results

As displayed in Table 24, county provided service episodes had a 73% return home service goal attainment rate, while purchased service episodes had a 69% return home service goal attainment rate.

Table 24: *Return Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2018 (N = 19,370)*

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	4,961	72.7	1,867	27.3
Purchased	8,666	69.1	3,876	30.9
Overall	**13,627**	**70.4**	**5,743**	**29.6**

As displayed in Table 25 on the following page, service episodes for children/youth with a PA5 designation had a 71% return home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 61% return home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 21% return home service goal attainment rate. For a subsample of children/youth receiving an adoption subsidy service episodes (provided after the adoption finalization) had a 55% return home service goal attainment rate (*n* = 519).

Table 25: *Return Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2018 (N = 19,370)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA4 Cases	700	60.9	450	39.1
PA5 Cases	12,898	71.3	5,182	28.7
PA6 Cases	29	20.7	111	79.3
Overall	**13,627**	**70.4**	**5,743**	**29.6**

Table 26 shows that service episodes for sexual abuse treatment (76%), life skills (75%), and special economic assistance (74%) had the highest return home service goal attainment rates, while day treatment (59%) and mental health services (66%) had the lowest return home service goal attainment rates.

Table 26: *Return Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2018 (N = 19,370)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Sexual Abuse Treatment	263	75.8	84	24.2
Life Skills	1,865	74.7	631	25.3
Special Economic Assistance	1,458	74.3	503	25.7
Intensive Family Therapy	866	72.4	330	27.6
Substance Abuse Treatment	1,928	70.7	800	29.3
County Designed Services	4,464	69.1	1,999	30.9
Home-Based Interventions	1,315	68.0	618	32.0
Mental Health Services	1,399	65.7	729	34.3
Day Treatment	69	58.5	49	41.5
Overall	**13,627**	**70.4**	**5,743**	**29.6**

Table 27 shows the service goal attainment rates for services episodes with a return home goal by county.

Table 27: *Return Home Service Goal Attainment by County for Service Episodes from Involvements Closed in CY 2018 (N = 19,370)*

County*	Attained		Not Attained	
	Count	%	Count	%
Statewide	**13,627**	**70.4**	**5,743**	**29.6**
Adams	1,630	63.6	934	36.4
Alamosa	71	51.8	66	48.2
Arapahoe	804	65.8	418	34.2
Archuleta	29	63.0	17	37.0
Bent	16	84.2	3	15.8
Boulder	162	50.6	158	49.4
Broomfield	117	64.3	65	35.7
Chaffee	4	50.0	4	50.0
Clear Creek	14	53.8	12	46.2
Conejos	23	85.2	4	14.8
Costilla	14	53.8	12	46.2
Crowley	48	94.1	3	5.9
Custer	2	66.7	1	33.3
Delta	187	94.0	12	6.0
Denver	1,283	62.6	767	37.4
Douglas	274	87.0	41	13.0
Eagle	10	50.0	10	50.0
El Paso	3,162	70.5	1,324	29.5
Elbert	13	54.2	11	45.8
Fremont	410	88.9	51	11.1
Garfield	331	89.9	37	10.1

Table 27 (continued)

County*	Attained		Not Attained	
	Count	%	Count	%
Gilpin	15	100.0	0	0.0
Gunnison/Hinsdale	11	100.0	0	0.0
Huerfano	1	100.0	0	0.0
Jackson	2	100.0	0	0.0
Jefferson	863	69.9	372	30.1
Kiowa	0	0.0	5	100.0
Kit Carson	32	84.2	6	15.8
La Plata/San Juan	56	60.9	36	39.1
Lake	3	100.0	0	0.0
Larimer	1,094	88.9	136	11.1
Las Animas	16	61.5	10	38.5
Lincoln	7	22.6	24	77.4
Logan	85	49.4	87	50.6
Mesa	494	49.3	508	50.7
Moffat	28	84.8	5	15.2
Montezuma	15	88.2	2	11.8
Montrose	126	84.0	24	16.0
Morgan	144	90.6	15	9.4
Otero	20	76.9	6	23.1
Park	42	100.0	0	0.0
Pitkin	2	100.0	0	0.0
Prowers	7	100.0	0	0.0
Pueblo	811	75.7	261	24.3
Rio Blanco	43	72.9	16	27.1
Rio Grande/Mineral	57	96.6	2	3.4
Routt	15	100.0	0	0.0
Saguache	5	62.5	3	37.5
Summit	2	100.0	0	0.0
Teller	115	61.5	72	38.5
Washington	28	100.0	0	0.0
Weld	864	81.7	193	18.3
Yuma	20	66.7	10	33.3

* Baca, Cheyenne, Dolores, Grand, Ouray/San Miguel, and Sedgwick counties had no eligible service episodes for this analysis.

3.3. Follow-up Outcomes

This outcome analysis is intended to provide one-year follow-up outcomes for children/youth receiving or benefitting from Core Services whose case was closed in CY 2017 with the child/youth living with their parents (remain home or return home), and with a service episode that ended less than two years before the case end date. This analysis is on a per-child/youth, per-service basis and requires the case to be closed at least one year to provide the required follow-up time to measure child welfare re-involvement. To further explore follow-up outcomes, sub-analyses were conducted for provider type, service type, and county for the program area groups.

Children/youth that did not have an ending residence of living with parents (i.e., adoption, permanent custody/guardianship to relatives, emancipation, committed to DYS, transferred to Developmental Disabilities Services, moved out of State, walkaway) were not included in this analysis because, generally, they are not likely to experience follow-up events; or, if a follow-up event occurred, it would not involve the parents who were the original recipient of the Core Service. Service episodes with a service close reason of "assessment/evaluation only" were excluded unless for special economic assistance or for one of the following service types: (1) family group decision making; (2) mediation; (3) CET/TDM; (4) family empowerment. The service authorizations closed with an "assessment/evaluation only" reason that are not family meetings do not represent actual therapeutic interventions.

3.3.1. Overall Follow-Up Outcome Results

Five percent of children/youth had an out-of-home placement within one year of case closure.

Table 28 shows the overall follow-up outcomes for a distinct count of 5,758 children/youth with closed cases in CY 2017. Overall, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2016.

Table 28: *Frequency of Follow-up Events for Distinct Children/Youth from Closed Cases in CY 2017*

Outcome	Frequency	Percent
Subsequent Referral (*N* = 5,758)		
Yes	2,721	47.3
No	3,037	52.7
Subsequent Assessment (*N* = 5,758)		
Yes	1,809	31.4
No	3,949	68.6
Subsequent Founded Assessment (*N* = 5,758)		
Yes	388	6.7
No	5,370	93.3
Subsequent Case (*N* = 5,758)		
Yes	630	10.9
No	5,128	89.1
Subsequent Placement (*N* = 5,758)		
Yes	267	4.6
No	5,491	95.4
Subsequent DYS Involvement (*N* = 2,651)*		
Yes	243	9.2
No	2,408	90.8
Subsequent DYS Commitment (*N* = 2,651)*		
Yes	27	1.0
No	2,624	99.0
*The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.		

3.3.2. Service Goal Follow-Up Outcome Results

Table 29 shows the proportion of service episodes within involvement spans for children/youth with closed cases in CY 2017 by service goal type. Of the 21,576 service episodes, 63% were associated with a goal of remain home, 37% with a goal of return home, and less than 1% with a goal of least restrictive setting.

Table 29: *Service Goal Frequencies for Service Episodes from Cases Closed in CY 2017*

Service Goal	Frequency	Percent
Remain Home	13,633	63.2
Return Home	7,914	36.7
Least Restrictive Setting	29	0.1
Total	**21,576**	**100.0**

On the following page, Table 30 shows the results of a service episode analysis for follow-up outcomes by service goal group.

- Children/youth with a return home service goal had a 47% subsequent referral rate, while children/youth with a remain home service goal had a 50% subsequent referral rate.

- Children/youth with a return home service goal had a 30% subsequent assessment rate, while children/youth with a remain home service goal had a 35% subsequent assessment rate.

- Children/youth with a return home service goal had a 7% subsequent founded assessment rate, while children/youth with a remain home service goal had a 8% subsequent founded assessment rate.

- Children/youth with a return home service goal had an 8% subsequent case rate, while children/youth with a remain home service goal had an 11% subsequent case rate.

- Children/youth with a remain home service goal had a 4% subsequent placement rate, while children/youth with a return home service goal had a 5% subsequent placement rate.

- Children/youth with a return home service goal had a 5% subsequent DYC involvement rate, while children/youth with a remain home service goal had an 8% subsequent DYC involvement rate.

- Children/youth with a remain home service goal and children/youth with a return home service goal had the same subsequent DYS commitment rate at 1% each.

Table 30: *Frequency of Follow-up Events by Service Goal Group for Service Episodes from Closed Cases in CY 2017*

Outcome	Frequency	Percent
Subsequent Referral		
Remain Home (*N* = 13,633)	6,856	50.3
Return Home (*N* = 7,914)	3,707	46.8
Subsequent Assessment		
Remain Home (*N* = 13,633)	4,759	34.9
Return Home (*N* = 7,914)	2,398	30.3
Subsequent Founded Assessment		
Remain Home (*N* = 13,633)	1,063	7.8
Return Home (*N* = 7,914)	526	6.6
Subsequent Case		
Remain Home (*N* = 13,633)	1,478	10.8
Return Home (*N* = 7,914)	667	8.4
Subsequent Placement		
Remain Home (*N* = 13,633)	571	4.2
Return Home (*N* = 7,914)	386	4.9
Subsequent DYS Involvement*		
Remain Home (*N* = 6,100)	473	7.8
Return Home (*N* = 2,927)	144	4.9
Subsequent DYS Commitment*		
Remain Home (*N* = 6,100)	34	0.6
Return Home (*N* = 2,927)	28	1.0
*The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.		

As displayed in Table 31 on the following page, the follow-up outcomes by program area are based on service episodes from all cases closed in CY 2017. Service episodes for children/youth with a PA6 designation were not included in the analysis because of the low sample size (*n* = 20).

- Service episodes for children with a PA3 designation had a 41% subsequent referral rate, a 24% subsequent assessment rate, a 4% subsequent founded assessment rate, a 9% subsequent case rate, a 3% subsequent placement rate, a 8% subsequent DYS involvement (any DYS) rate, and less than a 1% subsequent DYS commitment rate.

- Service episodes for children with a PA4 designation had a 44% subsequent referral rate, a 31% subsequent assessment rate, a 3% subsequent founded assessment rate, a 15% subsequent case rate, a 10% subsequent

placement rate, a 29% subsequent DYS involvement (any DYS) rate, and a 4% subsequent DYS commitment rate.

- Service episodes for children with a PA5 designation had a 50% subsequent referral rate, a 34% subsequent assessment rate, a 8% subsequent founded assessment rate, a 10% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate.

Table 31: *Percent of Service Episodes with Follow-up Events by Program Area from Cases Closed in CY 2017*

Program Area	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	**21,576**	**49.0**	**33.2**	**7.4**	**10.0**	**4.5**	**6.9**	**0.7**
PA3 Services	1,391	41.4	23.8	3.5	9.0	2.8	8.4	0.7
PA4 Cases	1,449	44.2	31.1	2.5	14.8	9.5	29.1	3.9
PA5 Cases	18,716	50.0	34.1	8.1	9.7	4.2	2.0	0.0
*Sample size of 909 for PA3, 1,437 for PA4, 6,690 for PA5, and 9,056 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.								

3.3.3. Program Area 4 Follow-Up Outcome Results

Table 32 shows the follow-up outcomes by provider type based on service episodes with a PA4 designation from all cases closed in CY 2017. County provided service episodes had a 46% subsequent referral rate, a 33% subsequent assessment rate, a 3% subsequent founded assessment rate, a 16% subsequent case rate, a 10% subsequent placement rate, a 31% subsequent DYS involvement (any DYS) rate, and a 3% subsequent DYS commitment rate. Purchased service episodes had a 43% subsequent referral rate, a 30% subsequent assessment rate, a 2% subsequent founded assessment rate, a 14% subsequent case rate, a 9% subsequent placement rate, a 28% subsequent DYS involvement (any DYS) rate, and a 4% subsequent DYS commitment rate.

Table 32: *Percent of PA4 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2017*

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	**1,449**	**44.2**	**31.1**	**2.5**	**14.8**	**9.5**	**29.1**	**3.9**
County Provided	481	45.7	32.8	2.9	15.6	10.0	30.8	3.3
Purchased	968	43.4	30.3	2.3	14.4	9.3	28.3	4.2
*Sample size of 478 for county provided, 959 for purchased, and 1,437 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.								

On the following page, Table 33 shows the follow-up outcomes by service type based on service episodes with a PA4 designation from all cases closed in CY 2017.

- Mental health services and intensive family therapy had the lowest subsequent referral rate.
- Intensive family therapy and sexual abuse treatment had the lowest subsequent assessment, subsequent founded assessment, and subsequent case rates.
- Intensive family therapy had the lowest subsequent placement rate.
- Sexual abuse treatment had the lowest subsequent DYC involvement and DYC commitment rates.
- Special economic assistance had the highest subsequent referral, subsequent assessment, subsequent case, and subsequent placement rates.
- Substance abuse treatment had the highest subsequent founded assessment and subsequent DYC involvement rates.
- Life skills had the highest subsequent DYC commitment rate.

Table 33: *Percent of PA4 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2017*

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	**1,449**	**44.2**	**31.1**	**2.5**	**14.8**	**9.5**	**29.1**	**3.9**
County Designed	404	40.6	30.2	2.2	14.9	8.2	28.0	3.0
Day Treatment	69	46.4	30.4	4.3	15.9	11.6	26.5	4.4
Home-Based Interventions	243	49.4	33.3	2.9	13.2	9.9	26.8	2.9
Intensive Family Therapy	95	37.9	23.2	0.0	10.5	3.2	26.9	4.3
Life Skills	178	41.0	28.7	1.7	14.6	10.7	33.0	6.8
Mental Health	125	37.6	25.6	1.6	13.6	9.6	23.4	2.4
Sexual Abuse Treatment	64	42.2	23.4	0.0	10.9	7.8	12.7	0.0
Special Economic Assistance	204	56.4	41.7	4.4	19.1	13.2	37.3	6.4
Substance Abuse Treatment	67	38.8	32.8	4.5	17.9	10.4	40.3	3.0

*Sample size of 403 for county designed services, 68 for day treatment, 239 for home-based services, 93 for intensive family therapy, 176 for life skills, 124 for mental health services, 63 for sexual abuse treatment, 204 for special economic assistance, 67 for substance abuse treatment, and 1,437 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 34 shows that, statewide, 44% of service episodes associated with a PA4 designation had a subsequent referral, 31% had a subsequent assessment, 3% had a subsequent founded assessment, 15% had a subsequent case, 10% had a subsequent placement, 29% had a subsequent DYS involvement, and 4% had a subsequent DYS commitment.

Table 34: *Percent of PA4 Service Episodes with Follow-up Events by County from Cases Closed in CY 2017*

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Statewide	**1,449**	**44.2**	**31.1**	**2.5**	**14.8**	**9.5**	**29.1**	**3.9**
Adams	61	26.2	26.2	0.0	4.9	1.6	13.1	0.0
Alamosa	5	40.0	40.0	0.0	40.0	0.0	40.0	0.0
Arapahoe	97	33.0	20.6	5.2	14.4	10.3	45.4	4.1
Archuleta	30	16.7	16.7	6.7	0.0	0.0	8.0	0.0
Boulder	28	14.3	10.7	0.0	10.7	10.7	25.0	0.0
Broomfield	4	75.0	75.0	0.0	75.0	75.0	100.0	0.0
Chaffee	5	80.0	80.0	0.0	0.0	0.0	0.0	0.0
Clear Creek	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Conejos	4	100.0	100.0	0.0	100.0	100.0	100.0	0.0
Costilla	3	100.0	100.0	0.0	100.0	100.0	100.0	0.0
Denver	174	58.6	45.4	3.4	27.0	19.5	36.2	17.2
Douglas	67	61.2	38.8	0.0	11.9	7.5	16.4	0.0
Eagle	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
El Paso	260	44.2	30.0	0.4	10.4	3.8	31.4	4.7
Elbert	6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Fremont	33	48.5	36.4	9.1	6.1	6.1	6.1	0.0
Gunnison/ Hinsdale	4	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Jefferson	72	30.6	23.6	0.0	9.7	9.7	19.4	2.8

Table 34 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Kiowa	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
La Plata/San Juan	81	29.6	11.1	0.0	3.7	3.7	2.5	0.0
Larimer	183	43.2	32.8	3.8	16.4	6.0	32.4	1.1
Logan	3	0.0	0.0	0.0	0.0	0.0	33.3	0.0
Mesa	4	50.0	50.0	0.0	25.0	25.0	75.0	0.0
Montezuma	13	30.8	0.0	0.0	0.0	0.0	0.0	0.0
Montrose	7	57.1	42.9	28.6	28.6	28.6	50.0	0.0
Morgan	15	60.0	40.0	0.0	20.0	20.0	26.7	0.0
Ouray/San Miguel	2	100.0	0.0	0.0	0.0	0.0	0.0	0.0
Pitkin	3	33.3	0.0	0.0	0.0	0.0	33.3	0.0
Pueblo	208	48.1	34.1	4.8	15.4	12.0	34.6	2.4
Rio Grande/ Mineral	12	33.3	25.0	0.0	25.0	25.0	0.0	0.0
Routt	1	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Saguache	2	50.0	0.0	0.0	0.0	0.0	100.0	0.0
Summit	6	66.7	0.0	0.0	0.0	0.0	66.7	0.0
Teller	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Washington	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Weld	42	76.2	47.6	0.0	40.5	19.0	54.8	2.4

* Baca, Bent, Cheyenne, Crowley, Custer, Delta, Garfield, Gilpin, Grand, Huerfano, Jackson, Kit Carson, Lake, Las Animas, Lincoln, Moffat, Otero, Park, Phillips, Prowers, Rio Blanco, Sedgwick, and Yuma counties had no eligible service episodes for this analysis.

3.3.4. Program Area 5 Follow-Up Outcome Results

Table 35 shows the follow-up outcomes by provider type based on service episodes with a PA5 designation from all cases closed in CY 2017. County provided service episodes had a 49% subsequent referral rate, a 33% subsequent assessment rate, a 8% subsequent founded assessment rate, a 11% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate. Purchased service episodes had a 50% subsequent referral rate, a 35% subsequent assessment rate, a 8% subsequent founded assessment rate, a 9% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate.

Table 35: *Percent of PA5 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2017*

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	**18,716**	**50.0**	**34.1**	**8.1**	**9.7**	**4.2**	**2.0**	**0.0**
County Provided	6,690	49.2	32.5	7.6	11.4	4.3	2.0	0.0
Purchased	12,026	50.4	35.0	8.4	8.8	4.1	1.9	0.0

*Sample size of 2,365 for county, 4,325 for purchased, and 6,690 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

On the following page, Table 36 shows the follow-up outcomes by service type based on service episodes with a PA5 designation from all cases closed in CY 2017.

- Sexual abuse treatment had the lowest subsequent referral, subsequent assessment, subsequent founded assessment, subsequent case, and subsequent placement rates.
- Day treatment had the lowest subsequent DYS involvement rate.
- Substance abuse treatment had the highest subsequent referral, subsequent assessment, subsequent founded assessment, and subsequent placement rates.

- Special economic assistance had the highest subsequent case rate.
- Home-based interventions and life skills had the highest subsequent DYC involvement rate.

Table 36: *Percent of PA5 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2017*

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	**18,716**	**50.0**	**34.1**	**8.1**	**9.7**	**4.2**	**2.0**	**0.0**
County Designed	6,120	49.0	32.7	7.8	10.3	3.8	1.6	0.0
Day Treatment	81	44.4	17.3	3.7	6.2	2.5	0.0	0.0
Home-Based Interventions	2,394	52.1	36.5	8.6	10.5	4.8	2.9	0.0
Intensive Family Therapy	1,432	47.8	33.3	7.1	6.8	3.8	2.0	0.0
Life Skills	1,786	49.0	34.3	7.3	8.5	3.6	2.8	0.0
Mental Health	1,520	48.7	31.3	7.6	9.6	4.1	2.6	0.0
Sexual Abuse Treatment	336	39.9	23.8	3.6	4.8	2.4	1.1	0.0
Special Economic Assistance	2,256	50.9	35.6	8.4	10.8	4.7	1.4	0.0
Substance Abuse Treatment	2,791	53.5	37.4	9.8	9.7	5.2	1.4	0.0

*Sample size of 2,237 for county designed services, 45 for day treatment, 868 for home-based services, 537 for intensive family therapy, 609 for life skills, 686 for mental health services, 176 for sexual abuse treatment, 697 for special economic assistance, 835 for substance abuse treatment, and 6,690 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 37 shows that, statewide, 50% of services episodes associated with PA5 designation had a subsequent referral, 34% had a subsequent assessment, 8% had a subsequent founded assessment, 10% had a subsequent case, 4% had a subsequent placement, 2% had a subsequent DYS involvement, and 0% had a subsequent DYS commitment.

Table 37: *Percent of PA5 Service Episodes with Follow-up Events by County from Cases Closed in CY 2017*

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Statewide	**18,716**	**50.0**	**34.1**	**8.1**	**9.7**	**4.2**	**2.0**	**0.0**
Adams	2,610	41.6	28.1	7.8	6.2	3.3	0.4	0.0
Alamosa	84	36.9	36.9	14.3	9.5	4.8	0.0	0.0
Arapahoe	960	41.5	31.0	6.4	9.0	2.0	5.2	0.0
Archuleta	18	72.2	72.2	22.2	44.4	5.6	0.0	0.0
Bent	12	83.3	83.3	0.0	8.3	0.0	0.0	0.0
Boulder	462	63.6	34.8	14.1	18.0	3.9	0.0	0.0
Broomfield	178	49.4	24.2	5.1	7.9	4.5	8.1	0.0
Chaffee	55	38.2	21.8	0.0	29.1	0.0	9.5	0.0
Cheyenne	8	25.0	25.0	25.0	0.0	0.0	N/A	0.0
Clear Creek	7	71.4	57.1	28.6	57.1	57.1	0.0	0.0
Conejos	6	50.0	50.0	0.0	50.0	50.0	N/A	0.0
Costilla	54	20.4	11.1	0.0	0.0	0.0	0.0	0.0
Crowley	28	71.4	42.9	0.0	0.0	0.0	0.0	0.0
Delta	94	48.9	38.3	34.0	43.6	39.4	0.0	0.0

Table 37 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Denver	1,437	52.5	38.9	7.0	9.7	5.0	2.8	0.0
Douglas	329	33.7	21.3	4.9	5.2	3.0	5.3	0.0
Eagle	138	56.5	40.6	16.7	20.3	13.0	3.3	0.0
El Paso	5,032	53.6	39.4	8.2	6.6	3.4	0.6	0.0
Elbert	52	55.8	7.7	3.8	0.0	0.0	0.0	0.0
Fremont	557	64.1	36.1	10.8	24.8	9.0	0.0	0.0
Garfield	202	59.9	41.1	9.9	16.3	5.9	1.9	0.0
Gilpin	4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grand	12	83.3	58.3	0.0	8.3	0.0	0.0	0.0
Gunnison/ Hinsdale	16	50.0	0.0	0.0	0.0	0.0	0.0	0.0
Huerfano	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jefferson	1,391	53.6	37.1	9.3	8.7	5.0	2.7	0.0
Kiowa	24	62.5	50.0	0.0	0.0	0.0	0.0	0.0
Kit Carson	4	0.0	0.0	0.0	75.0	0.0	0.0	0.0
La Plata/ San Juan	184	67.4	13.0	3.3	4.3	4.3	0.0	0.0
Lake	27	44.4	7.4	0.0	0.0	0.0	14.3	0.0
Larimer	1,787	52.4	37.7	9.5	21.7	5.3	2.5	0.0
Lincoln	20	95.0	45.0	0.0	5.0	0.0	0.0	0.0
Logan	94	78.7	12.8	8.5	8.5	0.0	0.0	0.0
Mesa	587	47.7	21.8	8.7	8.5	7.7	1.9	0.0
Moffat	48	75.0	75.0	0.0	0.0	0.0	0.0	0.0
Montezuma	12	50.0	33.3	0.0	0.0	0.0	0.0	0.0
Montrose	153	23.5	8.5	2.6	2.6	0.0	6.2	0.0
Morgan	164	42.1	3.7	1.2	1.2	0.0	2.5	0.0
Otero	17	41.2	5.9	5.9	5.9	5.9	0.0	0.0
Ouray/ San Miguel	28	64.3	0.0	0.0	0.0	0.0	0.0	0.0
Park	46	100.0	73.9	0.0	15.2	15.2	43.2	0.0
Phillips	30	100.0	100.0	0.0	0.0	0.0	N/A	0.0
Pitkin	21	23.8	23.8	0.0	4.8	0.0	N/A	0.0
Prowers	23	26.1	26.1	0.0	0.0	0.0	N/A	0.0
Pueblo	725	31.9	24.6	0.8	3.3	1.7	0.0	0.0
Rio Blanco	38	23.7	13.2	13.2	0.0	0.0	0.0	0.0
Rio Grande/ Mineral	27	3.7	0.0	0.0	0.0	0.0	0.0	0.0
Routt	6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Saguache	28	64.3	60.7	53.6	42.9	42.9	0.0	0.0
Sedgwick	15	66.7	33.3	33.3	0.0	0.0	0.0	0.0
Summit	14	14.3	0.0	0.0	0.0	0.0	0.0	0.0
Teller	59	44.1	44.1	13.6	0.0	0.0	0.0	0.0
Washington	1	0.0	0.0	0.0	0.0	0.0	N/A	0.0
Weld	747	51.3	39.6	8.8	8.8	3.5	2.9	0.0
Yuma	36	52.8	52.8	27.8	8.3	0.0	0.0	0.0

* Baca, Custer, Dolores, Jackson, and Las Animas counties had no eligible service episodes for this analysis.

4. Costs of the Core Services Program

All Core Services costs were collected based on service dates within the calendar year regardless of date of payment; therefore, these become costs for services provided in CY 2018. Pulling cost data based on date of payment rather than date of service will overstate costs, as sometimes counties pay for several months of service in a single payment month (based on timing of bill submissions). In cases where services are provided directly by the county, there is not a direct link between costs and service episodes, meaning that per episode costs can only be calculated for purchased services. Specifically, county provided Core Service dollars are not evenly allocated across the Core Service types; there is no designation in the available data systems for how each county designates its county provided Core Service allocations into specific types of services, and not all service authorizations for county provided services are entered into Trails. However, cost per client and cost per child can be calculated for both purchased and county provided services. Furthermore, overall cost offset of the Core Services Program is calculated using cost data from both purchased and county provided services. For counties that have shared Core Services contracts (fiscal agent counties in Trails), the expenditures were applied to the county that was responsible for the child/youth (based on Trails service authorization), not the fiscal agent county. For guaranteed payments issued without any authorized children/youth, the authorization county was set to the county that issued the payment.

As displayed in Table 38, the total Core Service expenditures were $56,653,852 in CY 2018, which represents a 4.6% increase in from CY 2017. Fee-for-service contract costs were $26,230,035, which comprised 46% of total expenditures. Fixed-rate contract costs were $7,519,021, which comprised 13% of total expenditures. County provided services costs were $22,904,796, which comprised 40% of total expenditures (this number does not account for county salaried staff who directly provide Core Services and for whom service authorizations are not entered). The CY 2018 allocation was $54,733,855 based on averaging SFY 2018 ($54,360,054) and SFY 2019 ($55,107,655) allocations. As such, total Core Services expenditures slightly outpaced the Core Services allocation, which was mitigated by counties also using funding from their child welfare and collaborative management program (CMP) block to pay for Core Services.

Table 38: *Total Core Services Expenditures by Contract Type in CY 2018*

Contract Type	Total	Percent
Fee-for-Service Contracts	$26,230,035	46.3
Fixed-Rate Contracts	$7,519,021	13.3
County Provided Services	$22,904,796	40.4
Total Core Expenditures	**$56,653,852**	**100.0**

4.1. Cost per Service Episode

The cost per service episode measure is intended to provide an overall average cost for each paid service intervention. This analysis only includes the costs for paid services (costs for no-pay services cannot be calculated from Trails) and does not include the cost of county-provided services. As special economic assistance is a one-time service with a capped expenditure limit, it was not included in the cost per service episode analyses.

Based on service closure reasons, some Core Services are identified as service assessment/evaluation. To differentiate between therapeutic assessments and evaluations and actual therapeutic interventions, cost per service episode is calculated and reported separately for each. This information could be useful to counties in Core Services budgeting and planning given the difference in the duration, cost, and intent of assessments and evaluations as compared to service interventions.

On the following page, Table 39 shows that the average cost per service episode for all therapeutic Core Service episodes closed in CY 2018 was $2,354 with an average service duration of 127 days. The average cost for all therapeutic service episodes (provided after adoption finalization) for a subsample of children/youth receiving an adoption subsidy was $3,221 with an average service duration of 142 days (*n* = 266).

For therapeutic assessments/evaluations, the average cost per service episode was $721 with an average service duration of 38 days, which represents an increase of 14% or $91 in average cost per service episode from CY 2017, and an increase of 18.8% or 6 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was $2,652 with an average service duration of 143 days, which represents an increase of 5.3% or $134 in average cost per service episode from CY 2017, and a decrease of 5.9% or 9 days in average duration per service episode.

Table 39: *Average Cost per Service Episode and Average Service Duration (in days) for Service Episodes Closed in CY 2018*

Service Category	Sample Size	Average Cost per Episode	Average Service Duration
Therapeutic Assessments/Evaluations	1,695	$721	38
Therapeutic Interventions	9,289	$2,652	143
All Therapeutic Services	**10,984**	**$2,354**	**127**

The next set of tables display the descriptive results for cost per service episode and cost duration by service goal, program area, service type, and county. As displayed in Table 40, service episodes with a remain home service goal had an average cost per service episode for therapeutic assessments/evaluations of $689 and an average cost per service episode for therapeutic interventions of $2,627. Service episodes with a return home service goal had an average cost per service episode for therapeutic assessments/evaluations of $733 and an average cost per service episode for therapeutic interventions of $2,637.

Table 40: *Average Cost per Service Episode and Average Service Duration (in days) by Service Goal for Service Episodes Closed in CY 2018*

Service Goal	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	**1,695**	**$721**	**38**	**9,289**	**$2,652**	**143**
Least Restrictive Setting	55	$865	19	181	$3,644	168
Remain Home	638	$689	36	4,549	$2,627	127
Return Home	1,002	$733	40	4,559	$2,637	157

As displayed in Table 41, service episodes with a PA3 designation had an average cost per service episode for therapeutic assessments/evaluations of $144, and an average cost per service episode for therapeutic interventions of $1,686. Because prevention services are 100% voluntary, the cost per service episode for PA3 are not directly comparable with the other program areas.

Service episodes with a PA4 designation had an average cost per service episode for therapeutic assessments/ evaluations of $705, and an average cost per service episode for therapeutic interventions of $3,915. Service episodes with a PA5 designation had an average cost per service episode for therapeutic assessments/evaluations of $750, and an average cost per service episode for therapeutic interventions of $2,510. Service episodes with a PA6 designation had an average cost per service episode for therapeutic assessments/evaluations of $903, and an average cost per service episode for therapeutic interventions of $3,020.

Table 41: *Average Cost per Service Episode and Average Service Duration (in days) by Program Area for Service Episodes Closed in CY 2018*

Program Area	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	**1,695**	**$721**	**38**	**9,289**	**$2,652**	**143**
PA3 Services	70	$144	22	921	$1,686	110
PA4 Cases	211	$705	30	1,415	$3,915	146
PA5 Cases	1,394	$750	40	6,779	$2,510	146
PA6 Cases	20	$903	35	174	$3,020	174

Table 42 shows that substance abuse treatment had the lowest average cost per service episode for therapeutic assessments/evaluations at $207 followed by county designed at $584. Life skills had the highest average cost per service episode at $2,097 for therapeutic assessments/evaluations followed by intensive family therapy at $1,141. For therapeutic interventions, substance abuse treatment had the lowest average cost per episode at $957 followed by intensive family therapy at $1,283. Day treatment had the highest average cost per episode for therapeutic interventions at $7,054 followed by sexual abuse treatment at $4,680. It should be noted that Medicaid covers many of these services, which drives the cost for Core Services Program funding down for services like substance abuse and therapeutic assessments/evaluations. Home-based interventions have higher per service episode costs because, for the most part, Medicaid does not cover in-home therapeutic care.

Table 42: *Average Cost per Service Episode and Average Service Duration (in days) by Service Type for Service Episodes Closed in CY 2018*

Service Type	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	**1,695**	**$721**	**38**	**9,289**	**$2,652**	**143**
County Designed	869	$584	21	2,839	$2,904	129
Day Treatment	1	$79	0	158	$7,054	206
Home-Based Interventions	174	$996	28	1,483	$4,107	139
Intensive Family Therapy	11	$1,141	55	386	$1,283	145
Life Skills	22	$2,097	110	1,479	$2,590	149
Mental Health	374	$1,042	64	1,164	$1,745	136
Sexual Abuse Treatment	66	$843	45	301	$4,680	232
Substance Abuse Treatment	178	$207	61	1,479	$957	147

* The Office of Behavioral Health allocates approximately $2.5 million in Additional Family Services (AFS) directly to Core Services substance abuse. These expenditures are tracked by the substance abuse Managed Service Organization (MSO). These funds are not reflected in the cost per service episode analysis for the substance abuse service type.

Table 43 shows the average cost per service episode and average service duration by county for all therapeutic services closed in CY 2018. Because of the small sample size for many counties, the average cost per service episode was not reported separately for therapeutic assessments/evaluations and therapeutic interventions.

Table 43: *Average Cost per Service Episode and Average Service Duration (in Days) for Service Episodes Closed in CY 2018 by County*

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Statewide	**$2,354**	**127**	**10,984**
Adams	$2,637	102	1,344
Alamosa	$3,038	205	86
Arapahoe	$3,529	122	469
Archuleta	$4,209	132	40
Baca	$978	382	1
Bent	$1,971	56	16
Boulder	$3,667	179	235
Broomfield	$2,696	211	96
Chaffee	$1,428	157	23
Clear Creek	$2,703	145	29
Conejos	$2,002	106	33
Costilla	$3,062	388	20
Crowley	$1,711	96	28
Custer	$450	165	2
Delta	$1,751	194	175
Denver	$4,078	173	844
Douglas	$3,765	147	287

Table 43 (continued)

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Eagle	$1,071	110	59
El Paso	$1,372	88	2,831
Elbert	$2,703	129	40
Fremont	$2,980	250	66
Garfield	$2,444	132	76
Gilpin	$1,029	57	21
Grand	$1,078	141	13
Gunnison/Hinsdale	$1,349	130	14
Jackson	$510	255	1
Jefferson	$1,994	135	1,377
Kiowa	$2,171	184	8
Kit Carson	$2,376	148	23
La Plata/San Juan	$5,878	170	49
Lake	$585	49	7
Larimer	$1,740	116	836
Las Animas	$2,978	148	6
Lincoln	$6,054	195	20
Logan	$2,295	202	42
Mesa	$1,803	154	546
Moffat	$1,628	147	47
Montezuma	$12,057	424	14
Montrose	$2,157	185	119
Morgan	$2,441	154	53
Otero	$3,541	140	33
Ouray/San Miguel	$2,542	90	9
Park	$4,668	344	13
Pitkin	$731	77	24
Prowers	$1,464	1	7
Pueblo	$2,726	80	286
Rio Blanco	$2,462	304	18
Rio Grande/Mineral	$4,449	185	15
Routt	$5,404	131	15
Saguache	$2,760	45	2
Sedgwick	$106	6	2
Summit	$6,822	171	11
Teller	$2,540	161	31
Washington	$1,600	116	10
Weld	$3,563	160	449
Yuma	$1,131	174	63

* Cheyenne, Dolores, Huerfano, and Phillips counties had no eligible service episodes for this analysis.

4.2. Cost per Client

The cost per client receiving services measure is intended to determine the overall average cost per client served using the overall number of clients who received Core Services at some point during the year (both adults and children/youth) and overall Core Service expenditures (both purchased and county provided). As displayed in Table 44 on the following page, the average cost per client statewide for CY 2018 was $1,916 based on total expenditures of $56,653,852 and 29,567 clients served. This represents an increase of 5.3% or an additional $96 in average cost per client from CY 2017.

Table 44: *Average Cost per Client by County in CY 2018*

County*	Expenditures	Clients Served**	Average Cost per Client
Statewide	**$56,653,852**	**29,567**	**$1,820**
Adams	$6,201,480	2,744	$2,260
Alamosa	$370,088	259	$1,429
Arapahoe	$6,313,906	3,404	$1,855
Archuleta	$243,699	135	$1,805
Baca	$15,220	3	$5,073
Bent	$104,219	42	$2,481
Boulder	$1,809,670	924	$1,959
Broomfield	$241,331	115	$2,099
Chaffee	$333,662	85	$3,925
Cheyenne	$556	4	$139
Clear Creek	$209,800	56	$3,746
Conejos	$148,142	77	$1,924
Costilla	$90,000	86	$1,047
Crowley	$147,055	56	$2,626
Custer	$2,115	5	$423
Delta	$441,357	257	$1,717
Denver	$7,821,561	2,198	$3,558
Douglas	$1,314,705	749	$1,755
Eagle	$356,175	133	$2,678
El Paso	$6,252,224	4,306	$1,452
Elbert	$189,910	171	$1,111
Fremont	$906,524	606	$1,496
Garfield	$546,353	412	$1,326
Gilpin	$49,819	18	$2,768
Grand	$106,362	33	$3,223
Gunnison/Hinsdale	$158,486	61	$2,598
Huerfano	$98,158	29	$3,385
Jackson	$510	2	$255
Jefferson	$4,702,662	1,880	$2,501
Kiowa	$59,565	29	$2,054
Kit Carson	$91,618	77	$1,190
La Plata/San Juan	$956,121	289	$3,308
Lake	$82,546	32	$2,580
Larimer	$3,309,100	3,450	$959
Las Animas	$335,521	48	$6,990
Lincoln	$241,854	85	$2,845
Logan	$516,038	238	$2,168
Mesa	$2,215,826	1,088	$2,037
Moffat	$222,164	140	$1,587
Montezuma	$294,581	37	$7,962
Montrose	$677,747	479	$1,415
Morgan	$596,294	319	$1,869
Otero	$283,180	100	$2,832
Ouray/San Miguel	$57,080	15	$3,805
Park	$131,663	69	$1,908
Phillips	$28,272	2	$14,136
Pitkin	$62,179	56	$1,110
Prowers	$262,411	55	$4,771
Pueblo	$2,821,220	1,012	$2,788
Rio Blanco	$60,538	44	$1,376
Rio Grande/Mineral	$123,469	98	$1,260
Routt	$179,372	69	$2,600
Saguache	$71,989	23	$3,130
Sedgwick	$863	5	$173
Summit	$146,003	59	$2,475
Teller	$326,762	161	$2,030

Table 44 (continued)

County*	Expenditures	Clients Served**	Average Cost per Client
Washington	$48,609	65	$748
Weld	$3,111,074	2,413	$1,289
Yuma	$164,446	160	$1,028

*Dolores County had no eligible clients for this analysis.
**The total does not match the overall sample size of distinct clients because clients could have had multiple involvements during the year with more than one county.

4.3. Cost per Child/Youth

The cost per child/youth receiving or benefitting from services is intended to determine the overall average cost per child/youth that received or benefitted from Core Services during the year. The measure includes all children/youth who directly received a Core Service as well as children/youth benefitting from a Core Service. As displayed in Table 45, the average cost per child/youth statewide for CY 2018 was $3,139 based on total expenditures of $56,653,852 and 18,051 children/youth receiving or benefitting from Core Services. This represents an increase of 5.3% or an additional $158 in average cost per child/youth receiving or benefitting from Core Services from CY 2017.

Table 45: *Average Cost per Child/Youth by County in CY 2018*

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Statewide	**$56,653,852**	**18,051**	**$3,139**
Adams	$6,201,480	1,697	$3,654
Alamosa	$370,088	197	$1,879
Arapahoe	$6,313,906	2,538	$2,488
Archuleta	$243,699	60	$4,062
Baca	$15,220	1	$15,220
Bent	$104,219	26	$4,008
Boulder	$1,809,670	500	$3,619
Broomfield	$241,331	75	$3,218
Chaffee	$333,662	51	$6,542
Cheyenne	$556	3	$185
Clear Creek	$209,800	31	$6,768
Conejos	$148,142	68	$2,179
Costilla	$90,000	62	$1,452
Crowley	$147,055	46	$3,197
Custer	$2,115	3	$705
Delta	$441,357	162	$2,724
Denver	$7,821,561	1,398	$5,595
Douglas	$1,314,705	465	$2,827
Eagle	$356,175	75	$4,749
El Paso	$6,252,224	2,424	$2,579
Elbert	$189,910	98	$1,938
Fremont	$906,524	301	$3,012
Garfield	$546,353	260	$2,101
Gilpin	$49,819	22	$2,264
Grand	$106,362	27	$3,939
Gunnison/Hinsdale	$158,486	33	$4,803
Huerfano	$98,158	17	$5,774
Jackson	$510	2	$255
Jefferson	$4,702,662	1,376	$3,418
Kiowa	$59,565	22	$2,707
Kit Carson	$91,618	45	$2,036
La Plata/San Juan	$956,121	180	$5,312
Lake	$82,546	24	$3,439

Table 45 (continued)

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Larimer	$3,309,100	1,924	$1,720
Las Animas	$335,521	38	$8,830
Lincoln	$241,854	49	$4,936
Logan	$516,038	140	$3,686
Mesa	$2,215,826	527	$4,205
Moffat	$222,164	77	$2,885
Montezuma	$294,581	31	$9,503
Montrose	$677,747	243	$2,789
Morgan	$596,294	172	$3,467
Otero	$283,180	80	$3,540
Ouray/San Miguel	$57,080	16	$3,567
Park	$131,663	34	$3,872
Phillips	$28,272	1	$28,272
Pitkin	$62,179	34	$1,829
Prowers	$262,411	32	$8,200
Pueblo	$2,821,220	635	$4,443
Rio Blanco	$60,538	25	$2,422
Rio Grande/Mineral	$123,469	59	$2,093
Routt	$179,372	60	$2,990
Saguache	$71,989	21	$3,428
Sedgwick	$863	8	$108
Summit	$146,003	27	$5,408
Teller	$326,762	71	$4,602
Washington	$48,609	40	$1,215
Weld	$3,111,074	1,465	$2,124
Yuma	$164,446	104	$1,581

*Dolores County had no eligible children/youth receiving or benefitting for this analysis.
**The total does not match the overall sample size of distinct children/youth benefitting/receiving services because a child/youth could have had multiple involvements during the year with more than one county.

4.4. Cost Offset

The cost offset measure is intended to estimate the additional out-of-home placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in OOH care. Overall cost offset was calculated using a methodology that assumes that all children/youth would have been placed in OOH care in the absence of Core Services. This analysis takes into account children/youth that were able to entirely avoid out-of-home placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. The analysis also accounts for the expenditures for OOH days for children/youth that were not able to remain home. The cost offset methodology was as follows:

1. Determine the number of "involved days" for all children/youth receiving or benefitting from Core Services during calendar year (service was open at some point in year). This number represents days in which a child/youth was involved in an open case in which Core Services were received. On average, a child/youth receiving or benefitting from Core Services had 220 involved days in CY 2018.
2. For all children/youth receiving or benefitting from Core Services, add all Core Services expenditures (including county provided) during year with all OOH placement expenditures incurred during year for these children/youth.
3. Divide total Core Services and OOH expenditures for children receiving or benefiting from Core Services from step 2 by total involved days from step 1 to get average actual cost per child/youth per involved day.

4. Derive an average OOH cost per day from all OOH expenditures (including "no-pay" kinship placements) during year divided by the total number of OOH days for all children/youth in the year – this is the overall average cost per OOH day.
5. Compare the average daily OOH cost from step 4 to the total average Core Services and OOH costs per child/youth per involved day to get an average cost difference per involved day.
6. Multiply the total number of involved days (from step 1) by the average cost difference per involved day (from step 5) to get overall cost offset.
7. Divide the average cost difference per involved day by average actual cost per involved day to get a cost offset ratio, with higher ratios indicating greater cost offset. For example, a ratio of 1.0 indicates that for every dollar spent on Core Services and OOH placements, one dollar was not spent on additional OOH care.

Without the Core Services Program, it is estimated that counties would have spent an additional $46 million on out-of-home placements in CY 2018.

Based on actual Core Services and OOH expenditures of $140,983,030 and an estimated OOH cost of $187,130,567, an additional **$46,147,537** would have been spent by county agencies statewide in CY 2018 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional $12 per child/youth per involved day and represents a cost offset ratio of .33 statewide. Thus, for every $1.00 spent on Core Services an additional $.33 was not spent on OOH placements. Table 46 shows the average cost difference per involved day, the overall cost offset, and the cost offset ratio by county for CY 2018.

Table 46: *Estimated Core Services Cost Offset by County for CY 2018*

County*	Number of Involved Days	Average Cost per OOH Day	Average Cost per Involved Day	Average Cost Difference per Involved Day	Overall Cost Offset	Cost Offset Ratio
Adams	419,837	$48.87	$36.62	$12.25	$5,142,681	.33
Alamosa	50,253	$46.07	$29.71	$16.36	$822,236	.55
Arapahoe	459,989	$46.07	$34.81	$11.26	$5,180,791	.32
Archuleta	9,622	$15.85	$27.07	-$11.21	-$107,907	-.41
Baca	365	$91.66	$149.38	-$57.72	-$21,069	-.39
Bent	6,146	$65.21	$32.98	$32.23	$198,081	.98
Boulder	131,276	$48.43	$35.17	$13.26	$1,740,635	.38
Broomfield	16,258	$83.27	$57.64	$25.63	$416,704	.44
Chaffee	10,602	$64.86	$65.12	-$0.26	-$2,770	.00
Cheyenne	480	$0.00	$1.16	-$1.16	-$556	-1.00
Clear Creek	7,158	$64.31	$63.38	$0.94	$6,712	.01
Conejos	15,039	$61.37	$22.90	$38.47	$578,534	1.68
Costilla	18,036	$60.02	$31.26	$28.76	$518,731	.92
Crowley	9,955	$45.21	$32.28	$12.93	$128,673	.40
Custer	483	$82.80	$18.40	$64.40	$31,107	3.50
Delta	36,534	$76.06	$53.08	$22.98	$839,556	.43
Denver	362,468	$49.80	$52.81	-$3.01	-$1,091,889	-.06
Douglas	107,002	$59.66	$33.57	$26.09	$2,791,670	.78
Eagle	18,217	$65.01	$24.93	$40.08	$730,082	1.61
El Paso	549,928	$46.57	$36.15	$10.42	$5,731,074	.29
Elbert	20,363	$82.44	$22.88	$59.56	$1,212,794	2.60
Fremont	62,639	$49.51	$40.12	$9.38	$587,597	.23
Garfield	39,971	$44.16	$26.92	$17.24	$689,021	.64
Gilpin	3,865	$37.62	$17.37	$20.24	$78,246	1.17
Grand	5,315	$53.85	$23.91	$29.95	$159,177	1.25
Gunnison/ Hinsdale	7,721	$85.83	$37.89	$47.94	$370,147	1.27
Huerfano	4,040	$70.47	$44.40	$26.07	$105,342	.59
Jackson	698	$0.00	$0.73	-$0.73	-$510	-1.00

Table 46 (continued)

County*	Number of Involved Days	Average Cost per OOH Day	Average Cost per Involved Day	Average Cost Difference per Involved Day	Overall Cost Offset	Cost Offset Ratio
Jefferson	274,686	$49.27	$39.42	$9.85	$2,705,061	.25
Kiowa	4,678	$49.93	$29.96	$19.97	$93,408	.67
Kit Carson	7,377	$25.34	$22.35	$2.99	$22,058	.13
La Plata/ San Juan	37,344	$34.43	$36.65	-$2.22	-$82,812	-.06
Lake	4,508	$0.62	$18.31	-$17.69	-$79,742	-.97
Larimer	392,526	$21.26	$14.22	$7.05	$2,766,487	.50
Las Animas	8,770	$70.95	$74.29	-$3.34	-$29,268	-.04
Lincoln	11,066	$50.93	$44.74	$6.19	$68,457	.14
Logan	37,824	$42.32	$37.51	$4.80	$181,624	.13
Mesa	134,268	$67.69	$57.88	$9.81	$1,317,118	.17
Moffat	14,645	$146.12	$39.24	$106.89	$1,565,343	2.72
Montezuma	7,416	$67.57	$76.23	-$8.65	-$64,173	-.11
Montrose	54,252	$68.06	$34.40	$33.66	$1,825,970	.98
Morgan	36,861	$48.86	$22.77	$26.09	$961,698	1.15
Otero	18,093	$42.19	$35.75	$6.44	$116,495	.18
Ouray/ San Miguel	3,850	$65.15	$37.96	$27.19	$104,698	.72
Park	7,285	$59.80	$46.22	$13.58	$98,960	.29
Phillips	365	$102.25	$193.39	-$91.14	-$33,265	-.47
Pitkin	6,041	$172.84	$14.73	$158.11	$955,145	10.73
Prowers	8,107	$32.90	$45.82	-$12.91	-$104,689	-.28
Pueblo	130,443	$34.32	$42.05	-$7.73	-$1,008,519	-.18
Rio Blanco	6,510	$51.47	$32.27	$19.20	$124,993	.60
Rio Grande/ Mineral	10,758	$124.38	$56.71	$67.67	$727,972	1.19
Routt	14,922	$29.85	$16.32	$13.53	$201,895	.83
Saguache	4,001	$62.09	$37.42	$24.67	$98,707	.66
Sedgwick	1,555	$0.00	$0.56	-$0.56	-$871	-1.00
Summit	6,123	$193.20	$42.19	$151.01	$924,654	3.58
Teller	13,034	$56.20	$47.23	$8.97	$116,971	.19
Washington	7,727	$72.50	$8.08	$64.41	$497,718	7.97
Weld	317,712	$38.61	$24.79	$13.82	$4,389,339	.56
Yuma	20,615	$60.47	$19.18	$41.29	$851,215	2.15

* Dolores County had no eligible service episodes for this analysis.

5. Family Preservation Commission Report Findings

As mandated by C.R.S. 19.1.116, Core Services Coordinators from each county were asked to complete a web-based version of the Family Preservation Commission (FPC) Report in coordination with their Family Preservation Commission or Placement Alternative Commission (PAC). The purpose of the FPC report is to provide context to the descriptive, outcome, and cost results for the Core Services evaluation. Coordinators were asked to respond to the availability, capacity, accessibility, and delivery of Core Services, multi-generational approach, strategies to create a welcoming environment, for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning (LGBTQ+) clients, collaboration with service providers and community stakeholders, barriers to accessing Medicaid, funding of Core Services, as well as successes, challenges, and recommendations for the enhancement of the Core Services Program.

5.1. Service Availability, Capacity, and Accessibility

Service capacity, availability, and accessibility present interacting challenges in delivering Core Services for counties impacted by geography, population, resources, and relationships. Overall, 62% of counties agreed or strongly agreed that the **availability** of Core Services in their community is adequate to address the needs of children, youth, and families. However, 73% agreed or strongly agreed that there are specific services needed in their county that are not currently available. These services include day treatment (27%), sexual abuse treatment (18%), substance abuse treatment (16%), trauma-informed services (13%), home-based interventions (7%), intensive family therapy (6%), life skills (6%), county designed services (5%) including kinship supports, parent coaching, domestic violence, and mental health services (3%). In addition to availability issues, there is a need for more evidence-based interventions. One coordinator stated, "If there was a way to utilize the Core Services Program and the FFPSA to push providers and local mental health centers to provide evidence-based services specific to child welfare clients, that would be the change that I would want to see."

Similarly, 58% of counties agreed or strongly agreed that the **capacity** of Core Services in their community is adequate to address the needs of children, youth, and families. However, 55% reported that not all services were available at an adequate capacity. These services include substance abuse treatment (23%), mental health services (16%), home-based services (12%), sexual abuse treatment (11%), day treatment (9%), life skills (9%), trauma-informed services (8%), intensive family therapy (7%), county designed services (4%) including mentoring domestic violence, supervised visitation, and wraparound services, and special economic assistance (2%). It should be noted that there continues to be a small negative trend in the perceived availability and capacity of Core Services from CY 2016 to CY 2018, which should be watched carefully at the state and county levels.

> "There is resistance to providing the level of intensity and frequency required to effectively treat children who have experienced trauma…but many local providers are trying to work with the RAE to address this."

The capacity issues for substance abuse treatment, mental health services, and trauma-informed services are particularly acute. Specifically, counties described understaffed community mental health centers with high staff turnover, long wait-times, and a shortage of specialized treatments, intensive services, and bilingual clinicians. However, counties are actively working with their local Regional Accountability Entity (RAE) to identify these service needs and gaps. Coordinators also shared the following creative steps to enhance service capacity in their counties:

1. Strategizing with Core Services providers and community partners to expand services of local agencies
2. Recruiting and contracting with new providers to address gaps in the continuum of care such as trauma-informed services and assessments
3. Collaborating on funding strategies and providing physical space for services
4. Assisting providers with navigating Medicaid
5. Strengthening communication and collaboration across agencies through regular meetings and existing interagency efforts and infrastructure
6. Referring services to neighboring counties or regional partners
7. Contracting with private providers

When asked about service accessibility, 52% of counties reported that there are barriers to accessing services that are available and have adequate capacity. Specifically, coordinators indicated that there are barriers to accessing substance abuse treatment (17%), mental health services (14%), sexual abuse treatment (14%), day treatment (14%), trauma-informed services (13%), home-based interventions (8%), intensive family therapy (7%), life skills (6%), county designed services (4%) including supervised visitation and mental health services specific to LGBTQ+ youth, and special economic assistance (2%).

> Overall, close to 60% of counties agreed or strongly agreed that the availability and capacity of their Core Services program is adequate to address the needs of children, youth, and families.

The most frequently indicated barriers were transportation at 27%, clinician/therapist turnover at 24%, lack of bilingual providers at 17%, Medicaid coverage at 14%, family engagement at 8%, service costs at 7%, and other barriers at 4% including location of services, hours of operation, and medical coverage for non-Medicaid families. Service barriers are influenced by geographic location, resources, and funding complexity; these were often addressed collaboratively with community partners.

> "The Partnering for Safety model utilizes Team Decision Making and Family Engagement meetings to understand family needs and barriers to their participation in services, what they are and are not willing to participate in and what would be most helpful to their family."

Again, counties are actively trying to resolve service barriers. Coordinators offered the following strategies to address barriers to service accessibility in their counties:

1. Implementing creative solutions to enhance transportation options (e.g., bus passes, Uber rides, gas vouchers, providing transportation by case aides)
2. Identifying and training internal therapists to provide home-based services
3. Recruiting and contracting with bilingual therapists and translators
4. Utilizing telehealth and distance technology to provide services
5. Working with RAEs to ensure that services are appropriately covered by Medicaid
6. Collaborating with county and regional partners to deliver services across a system of care

5.2. Service Delivery

The next section of the report asked coordinators to reflect on the delivery of Core Services in their county including the implementation of a multi-generational approach, strategies to create a welcoming environment for LGBTQ+ children/youth, and recommendations for the Core Services Program.

Coordinators were asked what had changed in their county to support a multi-generational (2Gen) approach in serving children, youth, and families in their Core Services Program. All counties described their ongoing 2Gen efforts, often embodied in their practice philosophy and institutionalized in their processes. Although almost all of the respondents cited their existing and continuing approaches, about a fourth of the responses cited new or expanded initiatives including:

1. Increasing the provision of home-based services
2. Providing more supports for kinship providers and post-permanency services to kin
3. Working with more family-based Core Services providers that incorporate a 2Gen approach
4. Coordinating services across providers to facilitate a continuum of services
5. Facilitating family engagement meetings that include the family voice throughout the process
6. Offering staff development and cross-training in multi-generational approaches

One coordinator commented, "We ensure that all family members, not simply the identified client receive the right service at the right time to increase the families functioning to a healthy point." Specifically, family engagement meetings are used to address multi-generational concerns and identify resources and supports. One respondent noted, "Services are presented and selected during family engagement meetings with families and their supporters in the room, they together decide who may attend and what may be the most helpful." Another coordinator noted that an increase in the transiency of the child welfare population had decreased the number of multi-generational families they see. However, the ongoing work of creating a multi-generational continuum of care is established and expanding in most counties.

Coordinators were asked about support and training opportunities for staff to learn about LGBTQ+ children/youth, along with support and education opportunities available for families. Although a small percentage of counties had not reported serving LGBTQ clients over the last year, the majority identified practices that do not discriminate or distinguish based on identity or described targeted efforts and processes to further welcome LGBTQ+ clients. There was an acknowledged need for sensitivity around engaging with LGBTQ+ children/youth in treatment

planning to identify appropriate Core Services. One coordinator commented, "LGBTQ youth are identified through appreciative listening conversations. Youth are allowed to make their own disclosures in their own time and to address the issues as they feel necessary."

A **welcoming environment for LGBTQ+ children/youth** is furthered by matching clients with an appropriate provider who may have specialized expertise or experience in this practice space and are sensitive to individual needs. In addition to reaching out to culturally sensitive services for LGBTQ+ children, youth, and their families, training and education was another frequently mentioned strategy. This encompassed a range of efforts that included encouraging or requiring staff to attend training along with community-wide and cross-organizational efforts around inclusion. Community culture is integral to creating and sustaining a welcoming environment and move system-wide change moving forward. Some county agencies, in collaboration with community partners, have implemented committees or action groups to leverage available agency and community resources "to utilize training and opportunities…to create a welcoming environment for LGBTQ children, youth, and families, including resource families." Partnering with the community, including schools and systems of care, also contribute to fostering a welcoming environment. For example, one coordinator reported, "there has been a community focus on health equity which has helped raise awareness and better services."

> "Where specialized or individualized services are needed to best serve this population, we work with our current Core Services providers to make a selection that will be appropriate for this need, or we will seek out services and initiate contracts if we were not to have an appropriate service for an LGBTQ youth, child or parent."

Agency staff are generally encouraged and supported to seek training **opportunities and support to learn about LGBTQ+ children/youth** through multiple means, most commonly through CDHS and the Child Welfare Training System (CWTS). Participation in training may be required or encouraged and the most frequently mentioned source of training was CWTS. For example, one coordinator stated, "there are trainings offered by the State that are available for staff to attend. Staff are able to access these trainings, and a short narrative description regarding what that specific training is about on the Colorado CWTS website." These trainings help workers understand how to discuss the unique issues this population may be facing and how to ensure they are receiving proper support and services addressed for their specific needs.

In-house training is provided by some agencies as a part of new staff training or regularly scheduled ongoing training. For example, one respondent noted that, "we have provided new staff with in house training using correct pronouns and continuing use with appropriate language when with clients." County agency staff also participate in community-based initiatives, training, and learning activities. One coordinator commented that "they rely on services providers for expertise and consultation. Collaborating with LGBTQ-serving community partners is a source of learning and development for staff." In addition, online learning and training resources are also accessed, including webinar training through the Human Rights Campaign and the Child Welfare Information Gateway. Both are considered helpful resources for working with LGBTQ+ children/youth and families in the behavioral health arena. However, some counties still reported a lack of available training for staff.

Support and/or education opportunities for families to learn about LGBTQ+ children/youth occurs through agency caseworkers, clinicians, and programs, including access to state-provided training and referrals to an identified support or provider. Community-based and local government agencies collaborate on and provide programming and support for LGBTQ+ children/youth, including school resource centers, local public health providers, and an array of state and local service-providing and advocacy organizations. One respondent mentioned that their county recruits potential foster parents through the annual PRIDE events. For some counties, respondents reported a lack of formal support or educational opportunities for families other than what caseworkers can provide through engaging with clients. A need for improving family supports and education was voiced: "This is an area needing improvement - we do not have a universal strategy outside of individual caseworker engagement to provide education to families with LGBTQ children/youth."

Collaboration and strong partnerships were robust themes in what is working well for Core Services delivery. Flexibility and discretion in funding contributed to tailoring services to local needs and supporting innovative county designed services. Prevention services and resources enable expanded support for families in accessing Core Services. In particular, coordinators cited these areas of improvement and success:

- Strong collaboration and partnerships within counties and in the region
- County-designed services tailored to address local needs and gaps
- Prevention programs and resources that extend Core Services
- Being part of a regional plan that allows access to a larger pool of services
- Ability to contract and recruit with new providers
- Cost-sharing with other agencies
- Flexible prevention program funding
- Providing in-home services
- Expanding the menu of evidence-based services
- Centralized location for an array of services

When asked about what was not working well for Core Services delivery, the responses mirrored capacity issues and barriers referenced earlier: (1) understaffing and turnover impacting timeliness and quality of Medicaid providers; (2) need for specialized services, including substance abuse treatment, sexual abuse treatment, and trauma-informed treatment, which frequently outpace the local capacity; (3) distance and transportation barriers when clients must access services out of the community, especially for small and rural counties which have no public transportation; and (4) shortage of and timely access to bilingual/Spanish speaking services.

Rules complexity and navigating within and across funding sources is a cause for concern for Core Services billing and reimbursement. Specifically, expectations of Core Services-funded providers and HCPF (Health Care Policy and Financing) for Medicaid are different; community resources such as SB94 funds, Medicaid, probation, and Victim's Assistance, have rules that conflict; and court-ordered services may default to Core Services funding when there are difficulties accessing services through Medicaid or private insurance. Several respondents noted the cumbersome billing process within Trails. Allocation issues included concerns about how the allocation is calculated, overspending due to costly services, and the availability of special circumstances funding.

Finally, coordinators were asked what one change they would make to the Core Services Program. Although one-third of coordinators would not change anything, the remaining two-thirds offered numerous suggestions centered on flexibility in allocation, treatment categories, funding options, contracts, and providers. Having more providers and services available was commonly reported by small and rural counties, along with greater flexibility to address transportation, basic needs, and funding for in-home services. The ability to tailor Core Services to specific county needs was consistently voiced. Greater simplicity and transparency in the Core Services Program were also requested. Core Services flexibility was included in the vast majority of suggestions for change, enabling counties to provide more effective services to vulnerable families and to respond efficiently to changes in circumstances (e.g., loss of a funding stream).

5.3. Service Collaboration

Coordinators were asked to describe new collaborative efforts to help their county better serve children, youth, and families in the Core Services Program. Strong community partnerships including those through the Interagency Oversight Groups (IOG) featured in the Collaborative Management Program (CMP) have been key in: (1) building capacity across Systems of Care, (2) developing new services and programs, (3) leveraging funding, (4) collaborating on training, and (5) advocating for resources. Multi-agency training has extended the reach of new interventions, while service integration has

> "With our collaborative programs, we try to encompass a spectrum of services that enhance our other Core Services. The various collaborations in our community help to offer a continuum of services for children and families. The goal is to keep children and youth in the community in the least restrictive setting."

been strengthened. Examples of outcomes from community partnerships include additional housing for homeless families, new Family Drug Treatment Courts, crossover youth being better served by collaborations with youth services, day treatment programs supported through school systems, and enhanced school support for children in foster care.

Service and population-specific collaborative groups facilitate crucial information exchange, awareness of services, integrative planning, and service coordination. Furthermore, structures for consistent communication provide a vehicle for effective collaborative work. Through staff participation in cross-system and interagency groups, "we are able to tap into services that we may not normally engage with. Some groups focus on a specific population; however, we look to improve the functioning and capacity for all members of a household." Contracting with providers was another example of collaboration. Prevention funding through PA3 has been instrumental for many counties to extend the reach of Core Services for families accessing services across systems of care. Lastly, engaging the voice of family members throughout their process was cited by many as central to their Core Services approach.

5.4. Service Funding

The next section of the FPC Report explored Medicaid and Core Services funding in each county. Although, one-quarter of counties recommended no changes to Core Services funding, the remaining counties mentioned flexible funding as the most essential change to address service needs specific to their county contexts. Specifically, accessing private providers and non-traditional services would allow families to be served closer to home and extend treatment options. One coordinator noted that, "one of the challenges is that the Core Services criteria does not recognize many of the non-traditional services recommended through the trauma assessments to build on resiliency skills." Coordinators reported that not having to use Medicaid providers first would increase the capacity of Core Services to expand the service array to families to better address specific needs, and increase local access to services such as substance abuse programs and trauma-informed care.

> "[Our county] would thrive with an increase in flexibility in the Core Service allocation and a shift in philosophy to support workload and remain home outcomes. A shift in this direction would allow us to continue to support children in their homes and communities while addressing specific needs and lowering costs to the community and program as a whole."

Flexibility in the allocation formula would allow counties to meet the needs of families as needs, demographics, and circumstances shift. The proportion of the allocation toward specific categories varies across counties and over time. Being able to flex across allocation categories may facilitate greater responsiveness. One coordinator commented, "Treatment categories need to be flexible to allow us to spend our allocation to serve our families and meet them where they are."

Rural county respondents pointed out that access to services can be more expensive due to distance, transportation, and the need for specialized services. "We continue to see a higher success rate for families when they are supported with transportation and housing needs" was echoed across the responses. Expanding special economic assistance (SEA) funding and criteria could increase access to services where local capacity and the cost of living are issues. As stated by one coordinator, "we believe that basic needs have to be met in order to make therapeutic progress and therefore would like to see more SEA funding." Having an allocation formula that meets the particular needs of a county/region was reflected in many of the suggestions. For example, instead of having minimum categorical allocations, "the counties could analyze the data for themselves and use the resources in a way to meet their individual communities' needs and shifting circumstances."

The biggest barrier reported for families in accessing Medicaid covered services was both the lack of and limited capacity of Medicaid providers. Limited availability of Medicaid providers was acute for rural/small counties, while high demand for services and under-capacity of services was an issue for all counties. This compounds and intersects with other identified barriers, which critically impacts what services are available and accessible, and

may negatively affect child welfare outcomes. Another barrier is that access to specialized services for trauma and substance abuse, along with services provided in the client's own language, is limited when Medicaid providers are the first or only option. Being able to expand or blend funding across Medicaid and Core Services was a recommended funding enhancement. Many providers do not accept Medicaid and/or do not want to engage with Medicaid processes, resulting in narrowed services availability. As such, the overlap between Core Services and Medicaid systems can be difficult to navigate.

Billing issues, paperwork, low reimbursement rates, and the reluctance of providers to engage with Medicaid also seriously limits the number of providers and service options. The process of trying to become a Medicaid provider is a complex and lengthy process for some. There is confusion for families around what is covered by Medicaid. For example, when families change locations there can be considerable lapses in services as providers and families navigate the process. A minority of counties indicated there were no barriers for families in accessing Medicaid covered services or said that access to Medicaid provides in their county is "getting better." Overall, barriers identified to accessing Medicaid covered services for families are as follows:

- Lack of access to Medicaid providers
- Limited capacity and quality of Medicaid providers (wait time, service intensity, and specialization)
- Difficulties for providers, including reimbursement, billing, paperwork, and becoming certified
- Authorization for services
- Simply navigating Medicaid
- Medicaid coverage for transportation

6. Discussion

The discussion section of the Core Services Program Evaluation CY 2018 Report summarizes the key findings from the outcome and cost evaluations and the Family Preservation Commission Report. Implications for county and state policy and practice for the Core Services Program are discussed in the context of the enhancements to and limitations of the evaluation design and methodology.

6.1. Evaluation Conclusions

Similar to the previous four calendar year reports, the following conclusions illustrate the high level of overall program success as measured by service effectiveness, service goal attainment, subsequent child welfare involvement, and cost offset.

Core Services Program is Working as Designed. The findings from this report support the Core Services Program as an effective approach to strengthening Colorado families by keeping or returning children/youth home or in the least restrictive setting while maintaining safety. For example, 99% of children/youth who received prevention services remained home, which also indicates that the Core Services Program is serving the population targeted by the legislation. Furthermore, the Core Services Program is clearly providing the appropriate levels of support, as evidenced by the findings that less than 5% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Growing and Maintaining Consistently Positive Outcomes. There was an increase of 6% in children/youth receiving or benefitting from services with a PA3 designation, and a 2% increase in PA3 service episodes from CY 2017. With this substantial increase in volume, the Core Services prevention programs recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes.

Core Services are Effective in Achieving Treatment Success. Seventy-eight percent of all service episodes in CY 2018 were determined to be successful or partially successful with 88% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners

and providers, intensive in-home therapeutic services, enhanced substance abuse treatment and mental health services, and innovative county designed services positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 80% of children/youth with an involvement closed in CY 2018. Similar to past evaluations, the remain home service goal was attained in 92% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

> "Collaboration and strong relationships have allowed our County to develop services to meet the specific needs of families in our community. We believe that better service design results in better service outcomes."

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,758 distinct children/youth with a closed case in CY 2017, 47% of children/youth had a subsequent referral, 31% had a subsequent assessment, 7% had a subsequent founded assessment, 11% had a subsequent case, 5% had a subsequent placement, 9% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes are comparable to the outcomes for cases closed in CY 2016.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional $46 million in CY 2018 on out-of-home placements for children/youth. Over the past six calendar years, an additional $287 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. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. Core Services Coordinators noted that practice changes including intensive home-based treatment models, mentoring, and county designed services are used as alternatives to OOH placements.

6.2. Evaluation Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2018. First, county-specific reports were produced and knowledge translations efforts were conducted with counties through webinars, workshops, and presentations. These ongoing training and consultation opportunities allow counties to make full use of available data for quality improvement purposes. Second, additional questions were added to the Family Preservation Commission report to better understand how counties are implementing strategies to create a welcoming environment for LGBTQ+ children/youth. Third, outcomes and costs for prevention and intervention services were further analyzed and compared. Fourth, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Lastly, questions on county participation in FFPSA committees and county readiness to implement the requirements of the legislation were added to the FPC report to further contextualize the impact of further integrating evidence-based practices in the Core Services Program. Based on findings from the report, 52% of counties had participated in FFPSA committees, sub-committees, or task groups, while 48% of counties reported being somewhat or very prepared to implement FFPSA requirements. These enhancements should be considered in light of several limitations that challenge the Core Services Program about better understanding its impact on child welfare outcomes and costs in Colorado.

6.3. Evaluation Limitations

The primary limitation of the Core Services Program evaluation is that there are competing interventions, service population differences, and county-specific contexts that are not accounted for in the analyses. These potentially confounding factors may be related to overall outcomes or outcome differences and are hard to control without a rigorous experimental research design. Given the breadth, scope, and complexity of the Core Services Program, it is not practical to attempt a randomized controlled trial, for example, which would allow for causal statements to be made about the *effect* of the Core Services Program on child outcomes and system costs. Stated another way, while the positive and consistent outcomes from this year and previous years' reports support conclusions that the

program is effective, it is not clear whether these positive outcomes are solely due to the Core Services Program. Other limitations include variations in data entry procedures and service delivery across counties. Even with these limitations, this report presents the best available data with the most appropriate analyses to evaluate the impact of the Core Services Program.

6.4. Evaluation Implications

Based on the outcome and cost evaluation findings, the key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. Core Services are especially effective for county provided services, prevention services, and for children/youth with a service goal of remain home and/or a PA5 designation. As a result, increased efforts to improve outcomes for purchased services and for children/youth with a service goal of return home or a PA4 designation continue to be warranted.

The positive findings for service effectiveness and service goal attainment indicate that current Core Services prevention efforts should be enhanced and offered widely to families at risk for child welfare involvement to maximize the opportunity for lowering case numbers and stepping down children/youth to lower levels of care. The Core Services Program also aligns well with other child welfare prevention efforts recently implemented in the state. As such, future evaluation efforts should look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote the safety, permanency, and well-being.

Colorado remains a national leader by investing heavily in therapeutic systems and by tracking the associated services, outcomes, and costs in CCWIS so that policy and program decisions can be informed by timely and consistent data. To facilitate the cutting-edge use of administrative data to support practice innovations, a Trails modernization process is currently underway to allow for more efficient collection, entering, and accessing of data regarding service delivery, costs, and outcomes. Counties continue to consult with one another to identify promising practices, evidence-based services, and areas of collaboration for enhancing their Core Services Program.

Appendix A

Core Services Program Evaluation Methods

Outcome Datasets – General Considerations

In the Colorado Trails data system, Core Services are entered as "service authorizations." The service authorization records dates of service, the goal of the service (e.g., remain home, return home, less restrictive setting), the client(s) receiving the service, the county responsible for the child/youth, the agency or individual providing the service (provider), the type of service, and whether the service is being paid for from Trails. Service authorizations must be recorded on behalf of a child/youth but, when entering Core Services in Trails, caseworkers must also specify the client(s) who are actually receiving the service which may be parents/guardians or children. In addition, when the service authorization is closed, outcome information is entered to track the degree to which the service was successful in achieving the Core Service goal.

Service Authorization Adjustments

To provide consistent, accurate, and comparable Core Service descriptive and outcome information statewide, the following adjustments were made to the Trails service authorization data:

- Individual Trails service authorization records were merged into "service episodes"
  - Some counties have a practice of closing and re-opening service authorizations each month or opening separate service authorizations for the periods in which services are authorized. Therefore, multiple service authorizations in Trails would exist for a single uninterrupted episode of service/treatment. If this data entry practice is not accounted for, then both the per-service costs and service-level outcomes will be inaccurate. To account for this, service authorizations were merged when needed to create an adjusted service episode. The service episode was created by merging individual service authorizations open any time during the calendar year within the same case, for the same provider and service type, and for the same set of clients receiving the service, as long as there was not a gap in service dates of more than 30 consecutive days. This adjusted service episode provides a more accurate representation of the duration, cost, and outcome of core service interventions.

- Service authorizations that did not represent actual service interventions were excluded according to the following criteria:
  - Service authorizations closed with an 'Opened in Error' or 'Payee Wrong Code' reason and for which no services were paid were removed.
  - 'Yes-Pay' service authorizations without payment details were excluded unless service was provided by the county department.
  - 'No-Pay' service authorizations for services not performed by the county department were included, as these are typically used to document blended funding services such as TANF.

- Program Area was determined based on the goal that was in place at the time service was initiated based on the child/youth for whom the service authorization is entered.
  - For Core Services provided to children with a finalized adoption, program area was determined using the referral type of the assessment that led to the subsequent involvement.

- Children/youth receiving or benefitting from service was based on the following criteria:
  - Program Area 3 (prevention) – services provided in these involvements are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the involvement at the time the service is initiated are counted as a child/youth benefitting from the service.

- Program Area 4 (youth in conflict) and Program Area 6 (adoption and emancipation) – services provided in these cases only count children/youth for whom the service authorization was entered since these services are directed toward a specific child/youth.
- Program Area 5 (child protection) – services provided in these cases are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the case at the time the service is initiated are counted as a child/youth benefitting from the service.

- Clients receiving services – To determine the actual clients receiving services, the individuals specified as 'Client Receiving Service(s)' in the Trails service authorization were used, as this multi-selection list allows both adults and children/youth to be selected.

Service Goal Adjustments

Trails changes went into effect in 2010 that allow for the permanency goal at time of service initiation to be tracked and stored for each Core Service authorization. Data entry lags in service goal information occasionally leads to inaccurate service goals on Core Service authorizations. To account for this, the following adjustments were made to the service goal specified for service authorizations:

- If the specified service goal was ‘Remain Home,’ but the child had an out-of-home placement open at the time the service was open and that placement remained open for the first 30 days of the service, the goal was adjusted to ‘Return Home.’
- If the specified service goal was ‘Remain Home,’ but the child has a removal within the first 30 days of the service, the goal was adjusted to ‘Return Home.’
- If the specified service goal was ‘Return Home,’ but the child did not have an out-of-home placement within the first 30 days of the core service, the goal was adjusted to ‘Remain Home.’
- No adjustments were made for the Least Restrictive Setting group, so the service goal indicated at time of service was used in the analyses.

Outcome Dataset Descriptions

The following datasets were used for the children and families served, services provided, service effectiveness, service goal attainment, and follow-up outcome analyses.

Clients Receiving Services Dataset
This summary dataset was used to determine the overall number of clients directly receiving services. This dataset used the clients specified in the Trails service authorization as 'Clients Receiving Services' and includes both adults and children.

- Used merged episodes (as defined above)
- Used service episodes open at any time during CY 2018

Children/Youth Receiving or Benefitting from Services Dataset
This summary dataset was used to determine the overall number of children either directly receiving or benefitting from services.

- Used merged episodes (as defined above)
- Children were identified as benefitting from or receiving a service as defined above
- Used service episodes open at any time during CY 2018

Services Received Dataset
This summary dataset was used to determine the overall number and type of services received.

- Used merged service episodes (as defined above)
- Used services received at any point in time during CY 2018

Service Effectiveness Dataset
This outcome dataset was used to analyze how effective each service was at achieving the intended Core Service goal using the outcome codes entered at time of service closure. The unit of analysis is per service episode (not per child/youth or per client).

- Used merged episodes (as defined above) closed in CY 2018
- The following service closure reasons were excluded because there is no service effectiveness outcome recorded in Trails: (1) Contract funds expended (only when system closed the service; include when caseworker selects); (2) Moved out of county; (3) Case transferred to another county; (4) Opened in error; (5) Change in funding source, and (6) Payee wrong code.

The PA3 program area type was further categorized into prevention and intervention based on the following criteria: Prevention group is for children/youth who had a screen-out referral or a closed assessment within 60 days prior to receiving PA3 services. The intervention group is for children/youth who had an open case within 60 days prior to receiving PA3 services.

Service Goal Attainment Dataset
This outcome dataset was used to determine whether the service helped the child/youth achieve the overall service goal and is analyzed on a per-child/youth, per service basis.

- Children/youth were identified as benefitting from or receiving a service as defined above.
- Children/youth with involvements closed during CY 2018 with a service episode that ended less than four years before the involvement end date (four years allows for Termination of Parental Rights (TPR)/Adoption cases to close).
    - Children/youth receiving Core Services in adoption cases were pulled into this dataset at the time the adoption case closed (i.e., end of subsidy). This is a limitation of Trails because the 'services' case is merged into the adoption subsidy case rather than being a separate involvement episode.
- Service goal attainment (Yes or No) was calculated as follows:
    - Remain home – service goal was attained if child/youth did not have a removal from home during service episode or after service episode closed while the involvement remained open. This also was calculated based on if the child/youth had an open removal on the day the service ended to provide consistency with past Core Services evaluations.
    - Return home and/or placement with kin – service goal was attained if child/youth either returned home to parents or permanent Allocation of Parental Rights (APR)/Guardianship was granted to relatives based on removal end reason and/or living arrangement.
    - Least Restrictive Setting – service goal was attained if: (1) permanency was achieved; (2) lower-level placement change occurred during or after the service episode; (3) same-level placement change occurred during or after the service episode; or (4) no change in placement during or after the service episode. Service goal was not attained if higher level placement change occurred during or after the service episode (based on the following hierarchy: DYS – Walkaway – Residential – Group Home – Foster Care –Independent Living – Kinship Care)
- Service episodes with a service close reason of ‘Death’ were excluded.
- Service episodes with a service close reason of ‘Assessment Evaluation Only’ were excluded unless for Special Economic Assistance or for one of the following service types: (1) Family Group Decision Making; (2) Mediation; (3) CET/TDM; or (4) Family Empowerment. The service authorizations closed with an ‘Assessment Evaluation Only’ reason (that are not family meetings) do not represent actual therapeutic interventions.

Follow-up Outcomes Dataset

This outcome dataset was used to compare one-year follow-up outcomes for children/youth who received or benefitted from Core Services and whose case was closed with the child living with their parents. This dataset is analyzed on a per-child/youth, per-service basis.

- Children/youth were identified as benefitting from or receiving a service as defined above.
- Cases closed during CY 2017 with child/youth living with parents as ending residence and with a service episode that ended less than two years before the case end date.
    - Children that did not have an ending residence of living with parents were not included in this dataset because, generally, they do not have an opportunity for follow-up events. These ending residence reasons include cases closed with: (1) emancipation from OOH; (2) TPR/Adoption; (3) permanent custody/APR/Guardianship to kin; (4) youth committed to DYS; (5) transfer to Developmental Disabilities Services; (6) moved out of State; or (7) walkaway.
- Service episodes with a child age 18 or older time of case closure were excluded.
- Service episodes with a service close reason of 'Assessment Evaluation Only' were excluded unless for Special Economic Assistance (SEA) or for one of the following service types: (1) Family Group Decision Making, (2) Mediation, (3) CET/TDM, and (4) Family Empowerment. The service authorizations closed with an 'Assessment Evaluation Only' reason that are not family meetings do not represent actual therapeutic interventions.
- Follow-up outcomes include:
    - Subsequent referral/assessment/case/placement within one year
    - Subsequent DYS involvement (any)/DYS commitment within one year (for children ages 10 and older at time of closure)

Cost Datasets – General Considerations

All Core Services costs were pulled if the date of service fell within the calendar year regardless of date of payment. Pulling records based on date of payment rather than date of service will over-state costs as sometimes counties pay for several months of service in a single payment month (based on timing of bill submissions). As the report will be used for evaluation purposes and is not meant to be a financial accounting tool, pulling costs based on date of service is the most appropriate method of analyzing services provided in the calendar year.

Per-episode costs for county provided core services cannot be accurately obtained from Trails data because of the following limitations:

- County provided core service dollars are NOT evenly allocated across the Core Service types (e.g., a caseworker may spend 50% of time on home-based interventions and 50% of time on life skills). There is no designation in the available data systems (Trails or CFMS) for how each county designates its Core Services allocations into specific types of services.
- Not all service authorizations for county provided services are entered into Trails.

For counties that have shared Core Services contracts (fiscal agent counties in Trails), the expenditures were applied to the county that was responsible for the child (based on Trails service authorization), not the fiscal agent county. For guaranteed payments issued without any authorized children, the authorization county was set to the county that issued the payment.

Costs per Service Episode Dataset

This cost dataset was used to calculate the average cost per episode of service. As described above, per episode costs can only be obtained for purchased Core Services.

- Use expenditures for service episodes completed during CY 2018.
    - This ensures that services authorized at or near the end of the year do not get counted as they have not had sufficient time to incur expenditures.
    - Uses merged episodes (as defined above)

- Only paid Core Services from fee-for-service contracts and from fixed-rate contracts (if documented in Trails as a service authorization) were included (costs for no-pay services cannot be calculated).
- Special Economic Assistance was not included in the cost per service episode calculations because it is a one-time service with a capped expenditure limit unless a waiver to increase the limit was approved (up to a maximum of $2,000 per family per year).
- Actual service closure reason was used to conduct separate analysis for therapeutic services and therapeutic assessments/evaluations.

Costs per Child/Youth and Costs per Client Dataset

This cost dataset was used to calculate the average cost per child/youth receiving or benefitting from a service and average cost per client receiving a service. This dataset provides summaries for both county provided and purchased Core Services. This dataset pulls actual expenditures for service episodes open at any time in CY 2018.

- Uses merged episodes (as defined above)
- Children/youth were identified as receiving or benefiting from a service as defined above.
- This analysis did not break cost per child/youth and cost per client data out by service type.
- The total of all children/youth that received or benefitted from a Core Service during CY 2018 was divided by the total expenditures.
- The total of all clients who received a Core Service during CY 2018 was divided by the total expenditures.

Cost Offset Dataset

This cost dataset was used to calculate overall cost offset of the Core Services program as measured by the estimated additional annual costs that would be incurred in the absence of core services. Because Core Services are provided to children/youth at “imminent” risk of removal or for children/youth who have already been removed from the home and placed into out-of-home care; the basis of the overall cost offset calculation is the assumption that, in the absence of Core Services, all children/youth would have been placed in out-of-home care. This methodology for the cost offset calculation is as follows:

1. Determine the number of 'involved days' for all children/youth receiving or benefitting from Core Services during the calendar year (service was open at some point in the year). This number represents days in which a child/youth was involved in an open case in which Core Services were received.
2. Add all Core Services expenditures (including county provided) during year with all OOH placement expenditures incurred during year for all children/youth receiving or benefitting from Core Services,
3. Divide total Core Services and OOH expenditures for children receiving or benefiting from Core Services from step 2 by total involved days from step 1 to get the average actual cost per child/youth per involved day. This takes into account children/youth that were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered the least restrictive setting as a result of Core Services. This also accounts for the expenditures for OOH days for children/youth that received Core Services and were not able to remain home.
4. Derive an average OOH cost per day by dividing all OOH expenditures (including “no-pay” kinship placements) during year by the total number of OOH days for all children/youth in the year – this is the overall average daily cost of placement.
5. Compare average daily OOH cost from step 4 to total average Core Services and OOH costs per child/youth per involved day to get an average cost difference per involved day.
6. Multiply total number of involved days (from step 1) by average cost difference per involved day (from step 5) to get overall cost offset.
7. Divide average cost difference per involved day by average actual cost per involved day to get cost offset ratio. This measure is based on the ratio between what was spent on Core Services and OOH placements and what would have been spent on OOH placement along, with higher ratios indicating greater cost offset.

Appendix B

Core Services County Designed Programs by County for CY 2018

The Core Services County Designed Programs **bolded are Evidenced Based Services to Adolescents Awards** $4,006,949 State Wide – House Bill 18-1322 Family and Children's line, Footnote #39 (Long Bill)

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Adams	Supervised Therapeutic Visitation Service	Supervised Visitation
	Youth Intervention Program (Expansion - Ex)	**Youth Intervention Program**
	Youth Advocate Program	Child Mentoring/Family Support
	Family Team Meeting/Conference	Family Group Decision Making
	Mobile Intervention Team – Removal Protection Program	Family Empowerment
	Early Crisis Intervention (ECI)	Crisis Intervention
Alamosa	Family Decision Making/Conference	Family Group Decision Making
	Intensive Mentoring Program (Ex)	**Mentoring**
	Nurturing Parenting	Nurturing Parenting
Arapahoe	**Multi-Systemic Therapy (Ex) - Savio**	**Multi Systemic Therapy**
	Savio Direct Link Program (Ex)	**Direct Link**
	Family Group Conferencing	Family Group Decision Making
Archuleta	Day Treatment Alternative	Day Treatment Alternative
	Facilitated Family Engagement Meetings	Family Engagement Meetings
Baca	None	
Bent	Facilitated Permanency Round Tables	Permanency Round Tables
Boulder	Family Group Decision Making	Family Group Decision Making
	Multi-Systemic Therapy (Ex)	**Multi-Systemic Therapy**
	Community Infant Therapy Services Program	Child and Family Therapist
	Play Therapy	Play Therapy
	Supervised Visitation - Therapeutic	Supervised Visitation – Provided by Staff
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
	Behavioral Health Animal Assisted Therapy	(TBD - Trails Modernization)
	Post-Permanency Kinship Therapeutic Consultation and Supports	Therapeutic Kinship Supports/Services
Broomfield	Day Treatment Alternative	Day Treatment Alternative
	Multi-Systemic Therapy (Ex)	**Multi Systemic Therapy**
	Community Based and Family Support	Community Based and Family Support
	Nurse Visiting Program	Nurturing Program
	Facilitated Family Engagement Meetings	Facilitated Family Engagement Meetings
Chaffee	**Chaffee County Mentoring (Ex)**	**Mentoring**
	Youth at Crossroads	Youth Intervention Program
	Nurturing Parent Program	Nurturing Program
Cheyenne	None	
Clear Creek	Community Based and Family Support	Community Based and Family Support
Conejos	**Intensive Mentoring (Ex)**	**Mentoring**
	Nurturing Parent Program	Nurturing Program
	School and Community Based Mentoring Services	Community Based and Family Support
	Facilitated Family Engagement Meetings	Family Engagement
Costilla	**Intensive Mentoring Project (Ex)**	**Mentoring**
Crowley	None	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Custer	Multi-Systemic Therapy (MST)	Multi-Systemic Therapy (MST)
	Functional Family Therapy (FFT)	Functional Family Therapy (FFT)
	Permanency Round Tables	Permanency Round Tables (PRT)
	Family Engagement Meeting	Family Engagement
Delta	Mentoring	Mentoring
	Day Treatment Alternative	Day Treatment Alternative
	Substance Abuse Intervention Team/Family Drug Court	Family Empowerment
	Structured Parenting Time	Structured Parenting Time
	Facilitated Family Engagement	Family Engagement
Denver	Functional Family Therapy	Functional Family Therapy
	Family Advocate Program (PREPT)	Supervised Visitation
	Multi-Systemic Therapy (MST) (Ex)	**Multi Systemic Therapy**
	Savio Direct Link Program	Direct Link
	Domestic Violence Intervention	Domestic Violence Services
	Team Decision Making (VOICES)	CET/TDM
	Mental Health System Navigator	Mental Health – County No Pay
	Substance Abuse Navigator	Substance Abuse – County No Pay
Dolores	Mentoring	Mentoring
Douglas	Multi-Systemic Therapy (MST)	Multi Systemic Therapy
	Functional Family Therapy	Functional Family Therapy
	Collaborative Family Services	Community Based Family Services & Support
	Domestic Violence Intervention	Domestic Violence Services
	Therapeutic Supervised Visitation	Supervised Visitation
	Mentoring	Mentoring
	Child Mentoring and Family Support	Child Mentoring and Family Support
Eagle	Trauma Informed Therapy/Services	Trauma Informed Services
	Therapeutic Supervised Visitation	
	Family Engagement Meetings	Family Engagement Meetings/Services
Elbert	**Multi-Systemic Therapy (Ex)**	**Multi Systemic Therapy**
	Family Coaching/Youth Mentoring (Ex)	**Family Strengths**
	Youth Mentoring	Mentoring
	Parenting With Love and Limits (Ex)	**Parenting Skills**
	Brain Mapping and Neuro-Therapy	Family Coaching
El Paso	Mediation Services	Mediation
	Nurturing Programs	Nurturing Program
	Day Treatment Alternative	Day Treatment Alternative
	Therapeutic Supervised Visitation	Supervised Visitation
	Mission Possible	Community Based Family Services & Support
	Domestic Violence	Domestic Violence Intervention Services
	Functional Family Therapy (Ex)	**Functional Family Therapy**
	Multi-Systemic Therapy (Ex)	**Multi Systemic Therapy**
	Reconnecting Youth/Vocational	Reconnecting Youth
	Facilitated Family Engagement	Family Engagement
	Youth Advocate Program	Community Based Family Services & Support
	Family Treatment Drug Court	Family Empowerment
	Behavioral Health Navigators	Family Outreach
Fremont	Day Treatment Alternative	Day Treatment Alternative
	Family Group Conferencing	Family Group Decision Making
	Adolescent Support Group	Adolescent Support Group
	Functional Family Therapy (Ex)	**Functional Family Therapy**
	Parenting with Love and Limits	Parenting Skills

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Fremont (cont.)	Supervised Visitation	Supervised Visitation
	Family Treatment Drug Court	Family Empowerment - High
	Fremont Fatherhood Program	Family Outreach
	EPP/Family Treatment Court	Family Empowerment/Treatment Package High
	Collaborative Family Services	Community Based Family Services & Support
	High Conflict Parenting Skills	Family Empowerment - Low
	Trauma Informed Treatment	Trauma Informed Care/Services
	Boys and Girls Club – Mentoring	Mentoring
	Mediation	Mediation
Garfield	**Adolescent Mediation (Ex)**	**Mediation**
	Collaborative Family Services	Community Based Family Services & Support
	Nurturing Parenting Program	Nurturing Program
Gilpin	Family Engagement Meetings	Family Engagement Meetings
Grand	Parenting Time/Supervision	Supervised Visitation
	Day Treatment Alternative	Day Treatment Alternative
	Family to Family Team Decision Making	CET/TDM/Family Engagement
Gunnison/ Hinsdale	**Therapeutic Mentoring (Ex)**	**Mentoring**
Huerfano	**Reconnecting Youth (Ex)**	**Reconnecting Youth**
Jackson	Parent Focus Collaborative Family Services	Community Based Family Services & Support
	Child Mentoring/Family Support	Child Mentoring/Family Support
Jefferson	**Multi-Systemic Therapy (Ex)**	**Multi Systemic Therapy**
	Team Decision Making (Ex)	**CET/TDM**
	Day Treatment Alternative	Day Treatment Alternative
	Domestic Violence Consultation/Intervention	Domestic Violence Services
Kiowa	None	
Kit Carson	**Functional Family Therapy (Ex)**	**Functional Family Therapy**
	Facilitated Family Engagement Meetings	Family Engagement Meetings
Lake	High Fidelity Wraparound Program	Community Based Family Services & Support
La Plata	Play Therapy	Play Therapy
	Multi-Systemic Therapy (Ex)	**Multi Systemic Therapy**
	Ad. Dialectical Behavioral (Ex)	**Youth Intervention Program**
	Facilitated Family Engagement Meetings	**Family Engagement**
Larimer	Child Mentoring/Family Support	Child Mentoring/Family Support
	Therapeutic Supervised Visitation	Supervised Visitation
	Nat'l Youth Program Using Mini-Bikes (NYPUM) (Ex)	**Reconnecting Youth**
	PCC Mediation (Ex)	**Mediation**
	Family Options 1	CET/TDM
	Family Options 2 – Family Unity Meetings	Family Empowerment
	Family Options 3 – Family Group Conferencing	Family Group Decision Making
	Life Nurse Visiting Program	Nurturing Program
	Community Based Family Services and Support	Community Based Family Services & Support
	Functional Family Therapy (Ex)	**Functional Family Therapy**
	Family Partnership	Mentoring
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
	Family Advocate Program	Family Outreach
	Parent Education & Skills	Parenting Skills
	Family 2 Family Strengths	Family Strengths
	Therapeutic Foster/Adoption Support	Foster/Adoption Support
Las Animas	None	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Lincoln	Foster Adopt Parents Support Services	Foster Care/Adoption Support
Logan	Play Therapy	Play Therapy
	Circle of Parents Substance Abuse Recovery	Community Based Family Services & Support
	Home Visitation Baby Bear Hugs	Early Intervention
Mesa	Structured/Supervised Parenting Time	Structured Parenting Time
	Rapid Response (Ex)	**Youth Intervention Program**
	Day Treatment to Adolescents (Ex)	**Adolescent Support Group**
	Day Treatment Alternative	Day Treatment Alternative
	Domestic Violence Intervention Services	Domestic Violence Intervention Services
	Child/Family Service Therapist	Child/Family Therapist
	Community Based Family Services and Support	Community Based Family Services & Support
	Mediation Program	Mediation
	Family Empowerment	Family Empowerment
	Therapeutic Mentoring for Youth	Mentoring
	Collaborative Child/Family Substance Abuse Therapist	Child/Family Therapist
	Facilitated Permanency Meetings	Permanency Roundtables
	Therapeutic Mentoring for Youth	Mentoring
Moffat	Day Treatment Alternative	Day Treatment Alternative
	Parenting with Love and Logic	Parenting Skills
	Facilitated Family Engagement	Family Engagement
	Equine Therapy	Mentoring
Montezuma	Day Treatment Alternative	Day Treatment Alternative
Montrose	**Promoting Healthy Adolescents Trends (Ex)**	**Adolescent Support Group**
	High Fidelity Wrap Around	Community Based and Family Support
	Youth/Adolescent Mentoring	Mentoring
	Facilitated Family Engagement	Family Engagement
Morgan	Day Treatment Alternative	Day Treatment Alternative
	Family Group Decision Making	Family Group Decision Making
	Parenting With Love and Limits (Ex)	**Parenting Skills**
	Therapeutic Kinship Supports	Kinship Supports
Otero	Play Therapy	Play Therapy
Ouray/ San Miguel	Day Treatment Alternative	Day Treatment Alternative
	Parenting with Love and Logic Way	Parenting Skills
Park	None	
Phillips	None	
Pitkin	Trauma Informed Services	Trauma Informed Services
	Family Engagement	Family Engagement
Prowers	None	
Pueblo	Visitation Center	Supervised Visitation
	For Keeps Program (Ex)	**Youth Outreach**
	Functional Family Therapy	**Functional Family Therapy**
	Multi-Systemic Therapy	**Multi Systemic Therapy**
	Trauma Informed Behavioral Health	Trauma Informed/Care Services
Rio Blanco	Facilitated Family Engagement	Family Engagement
	Therapeutic Parenting Time	Parenting Skills
Rio Grande/ Mineral	Nurturing Parenting Program	Nurturing Parenting
	Facilitated Family Engagement	Family Engagement
Routt	Day Treatment Alternative	Day Treatment Alternative
Saguache	Nurturing Parenting	Nurturing Parenting

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
San Juan	Multi-Systemic Therapy	Multi Systemic Therapy
Sedgwick	None	
Summit	Play Therapy	Play Therapy
	Day Treatment Alternative	Day Treatment Alternative
	Community Infant and Child Program	Family Empowerment
	Therapeutic Supervised Visitation	Supervised Visitation
Teller	**Multi Systemic Therapy (Ex)**	**Multi Systemic Therapy**
	Day Treatment Alternative	Day Treatment Alternative
	1451 Wrap Around/FGDM	Community Based Family Services & Support
	Family Group Decision Making	Family Group Decision Making
	Permanency Roundtables	Permanency Roundtables
	Nurturing Program	Nurturing Program
	Therapeutic Kinship Supports	Therapeutic Kinship Supports
	Therapeutic Parent/Child Visitation	Supervised Visitation
Washington	Play Therapy	Play Therapy
Weld	**Functional Family Therapy (Ex)**	**Functional Family Therapy**
	TIGHT (Ex)	**Reconnecting Youth**
	Multi-Systemic Therapy (Ex)	**Multi Systemic Therapy**
	Foster Parent Consultation	Foster Care/Adoption Support
	Mobile Crisis Intervention and Stabilization Services	Crisis Intervention
	Family and Parent Mediation	Mediation
	Compass Program	Community Based Family Services & Support
	Role Model Mentoring	Child Mentoring/Family Support
	RMM Mentoring	Mentoring
	Day Treatment Alternative	Day Treatment Alternative
	Kinship Therapeutic Consultation & Supports	Therapeutic Kinship Supports
	Post Adoption Services and Supports	Foster Care/Adoption Supports
Yuma	Mentoring to Adolescents	Mentoring
	Community Based Family Services – Baby Bear Hugs	Community Based Family Services & Support
	Foster Parent Therapeutic Consultation	Foster Care/Adoption Supports

Colorado Shines Brighter

Opportunities for Colorado's Early Childhood System

The Colorado Birth Through Five Needs Assessment

DECEMBER 2019

COLORADO
Office of Early Childhood
Department of Human Services

COLORADO
HEALTH INSTITUTE
Informing Policy. Advancing Health.

This project is supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0009-01-00, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Colorado Shines Brighter

Opportunities for Colorado's Early Childhood System

Table of Contents

List of Figures

List of Maps

List of Tables

EXECUTIVE SUMMARY

The early years of life are very important for learning and development. That's because during the first few years, children's brains are developing fast. In fact, more than one million new brain connections form every second.[1] Because of this, the experiences and relationships that young children have in the early years can impact them for life.[2]

Whether a child is at home with their parents or in a child care program with professionals, it's important for children to be with caring adults who ensure they are safe and able to participate in a variety of activities that help them learn and grow.

Colorado's early childhood system fosters this understanding, but more can be done to ensure all children and their families have access to programs, services and funding that help them to thrive. This Birth through Five (B-5) Needs Assessment identifies meaningful opportunities to strengthen the state's early childhood system.

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators, and policymakers gave their time and shared their experiences to inform the efforts of Colorado Shines Brighter in 2019.[3]

Their contributions show that Coloradans have abundant opportunities to:

- Build on a solid foundation, decades in the making, to create an early childhood system that reaches every family who needs it;
- Build bridges across programs and services, enabling early childhood professionals to connect children and families to needed supports where they're at; and
- Effect policy change to build a strong mixed-delivery system that supports parent choice and ensures all children have access to high-quality early care and education environments.

Sixteen percent of Colorado children under 5 still live in poverty.[4] Rural families struggle with access to quality, affordable care, and children stand to

fall further behind as the economic split between rural and urban Colorado widens. Other vulnerable and underserved populations — those with developmental delays, those from families with lower incomes, tribal and refugee children — also need investment in their futures.

The benefits of taking action last for generations. Investments in quality early childhood development for vulnerable and underserved children demonstrate cost savings as a result of better outcomes in education, health, sociability, economic productivity and reduced crime.[5]

The needs identified in this report are accompanied by solutions that can create positive change for this generation of children. From strengthening the early childhood workforce to aligning data systems to promoting best practices, solutions are at hand.

These goals are advanced by one or more of the 12 opportunities that this Needs Assessment identified:

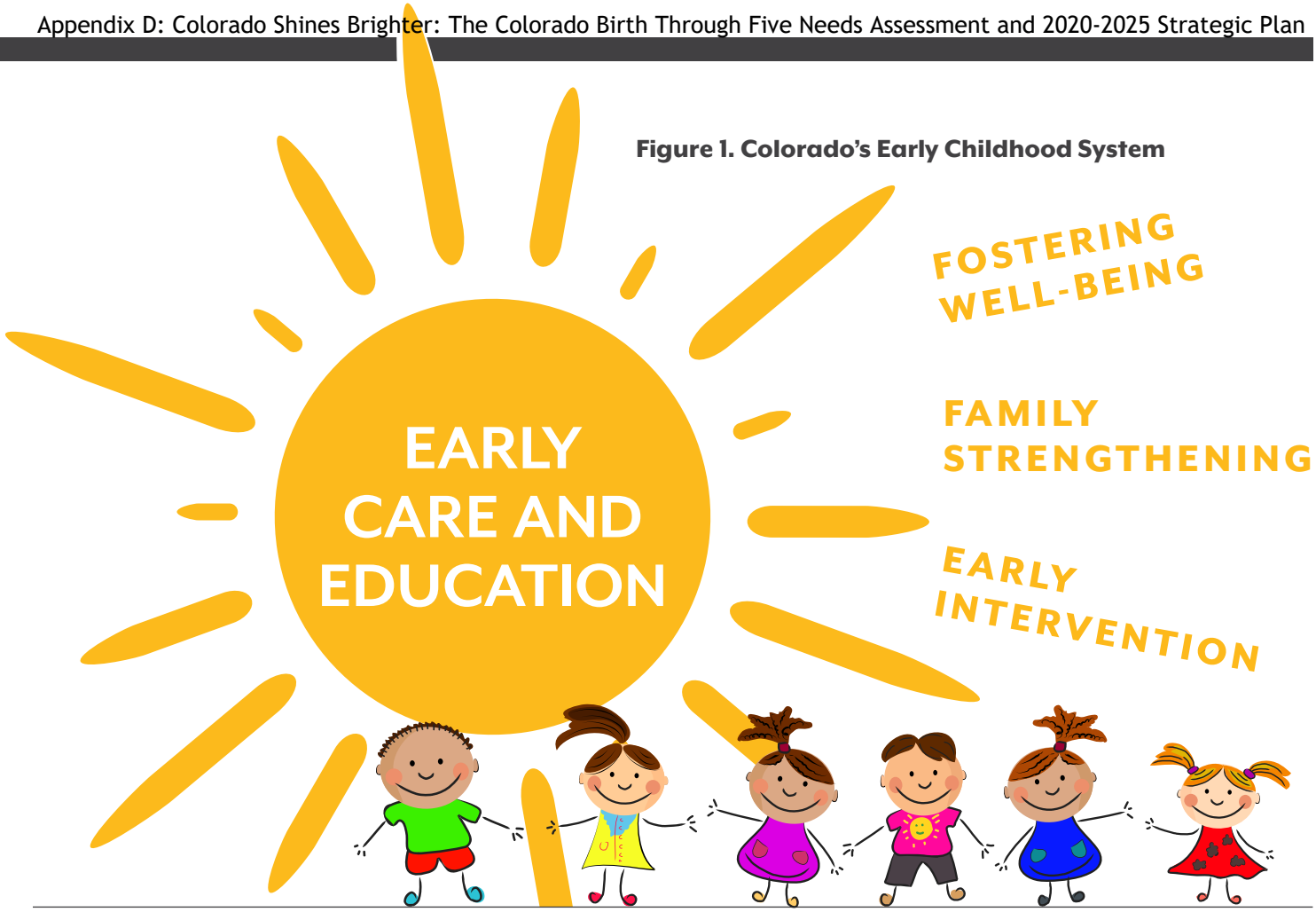
1. *Increase Availability of Affordable, Convenient, and Quality Care, Especially for Infants and Toddlers*
2. *Provide More Equitable and Culturally Relevant Care*
3. *Increase Inclusivity and Access for Children with Special Needs*
4. *Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape*
5. *Continue to Develop a Diverse Early Childhood Workforce*
6. *Increase Knowledge and Supports Around Child Care Licensing and Offer Essential Business Supports to Child Care Providers*
7. *Centralize and Increase Parent and Caregiver Access to Early Childhood Information*
8. *Increase Transition Knowledge and Associated Supports*
9. *Expand Access to Early Childhood Mental Health Consultation*
10. *Invest in Rural Outreach*
11. *Integrate Disparate Data Sources*
12. *Enhance Cross-Sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long-Term Outcomes*

Addressing these needs will advance the six goals of Colorado Shines Brighter, the state's Preschool Development Grant Birth through Five (B-5). These goals are:

1. ***Increase Meaningful and Equitable Access***
2. ***Innovate Service Delivery***
3. ***Maximize Family Knowledge and Engagement***
4. ***Strengthen Business Practices***
5. ***Improve the Quality of Early Care and Education (ECE) Environments and Workforce***
6. ***Align and Coordinate Systems***

In addition to identifying opportunities to better serve children and their families, this report provides detailed profiles of 18 programs that are part of Colorado's early childhood system. This examination of a few of the programs, services, and financial assistance programs offered by state agencies and their partners provides a glance at Colorado's early childhood system.

Figure 1. Colorado's Early Childhood System



This Needs Assessment takes a deeper look at the state's early care and education (ECE) system, highlighting program strengths, needs, and opportunities. It also applies a newly developed algorithm to approximate available licensed care in Colorado. This Child Care Model quantifies and takes into account the type of care settings families would prefer to use in the absence of any barriers (see page 99). Programs in the ECE system include:

- Licensed Child Care
- Colorado Shines
- Head Start
- Colorado Child Care Assistance Program
- Colorado Preschool Program and Early Childhood At-Risk Enhancement
- Preschool Special Education

In keeping with its aim to serve the broader early childhood community, this Needs Assessment also details family and community support programs that are foundational to ensuring positive outcomes of all children and their families (see Figure 1). These programs are addressed under three categories:

- Fostering Well-Being
- Family Strengthening
- Early Intervention

This Needs Assessment reached out across Colorado to listen to parents, caregivers, early childhood professionals, program administrators, and policymakers. The opinions captured were broad and diverse, but taken together, they provide a clear direction for the state's leaders: Now is the time to invest in these opportunities.

Time is fleeting. Infants grow quickly into toddlers, and preschoolers advance to kindergarten. Children grow faster than policy can evolve. The need to improve access to, and the quality of, early childhood programs and services is urgent if we are to affect the hundreds of thousands of young children in Colorado today.

This report is prepared on their behalf.

INTRODUCTION

Overview

The crucial role of life's first years has been well established. Children who are on track developmentally by kindergarten are more likely to enjoy better health and educational success into adulthood.[6] For each child, Colorado's early childhood system has just four or five precious years to get it right.

To maximize young children's learning and development, parents and caregivers often need access to programs, services, and financial assistance — from child care to developmental supports, from health care to nutrition — that are complex and interconnected.

This Birth through Five (B-5) Needs Assessment offers a chance for Coloradans to take stock of the state's early childhood system for developing young minds and bodies.

As we look to 2020 and beyond, Colorado stands at an inflection point in its investment in and commitment to young children's learning and development. This Needs Assessment takes a step toward fulfilling that commitment with a focus on access to early care and education programs and the important role family and community supports play for all children and families.

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators, and policymakers lent their voices to Colorado Shines Brighter in 2019.[7]

The Needs Assessment pairs these voices with a new Child Care Model that quantifies what currently exists across Colorado's early care and education programs, and accounts for family preference in the absence of any barriers (see page 99). This research led to some clear conclusions:

- **Families need more licensed child care options.** According to the Child Care Model, if parents could use the child care setting of their choice, nearly 39,000 more children under age 5 currently in the care of their parents or in the care of their families, friends, or neighbors would be cared for in a licensed child care or preschool program, a 34% increase.
- **There is not enough licensed child care to serve infants and toddlers.** The model estimates that absent any barriers to parental choice, only about one third of infants whose parents want licensed child care are obtaining it today.

As a result, almost 11,000 infants and 18,000 toddlers whose parents prefer licensed care are estimated to be currently cared for in a setting outside of licensed child care. That's about 16% of all infants and 14% of all toddlers in the state. Colorado has somewhat better options for 3- and 4-year-olds, but still not enough to meet family preference in most communities.

- **The cost and availability of child care impacts Colorado's workforce.** An estimated 10% of parents who care for their children full time say they could go back to work if they could find affordable care.[8]
- **Policy efforts have worked.** Decades ago, policymakers set out to expand enrollment in preschool for children from families with lower incomes. These children now have a higher preschool enrollment rate than those from middle-income families. New policy efforts can make sure all families can access their child care and preschool program of choice across the state's mixed-delivery system.

Building on Tradition

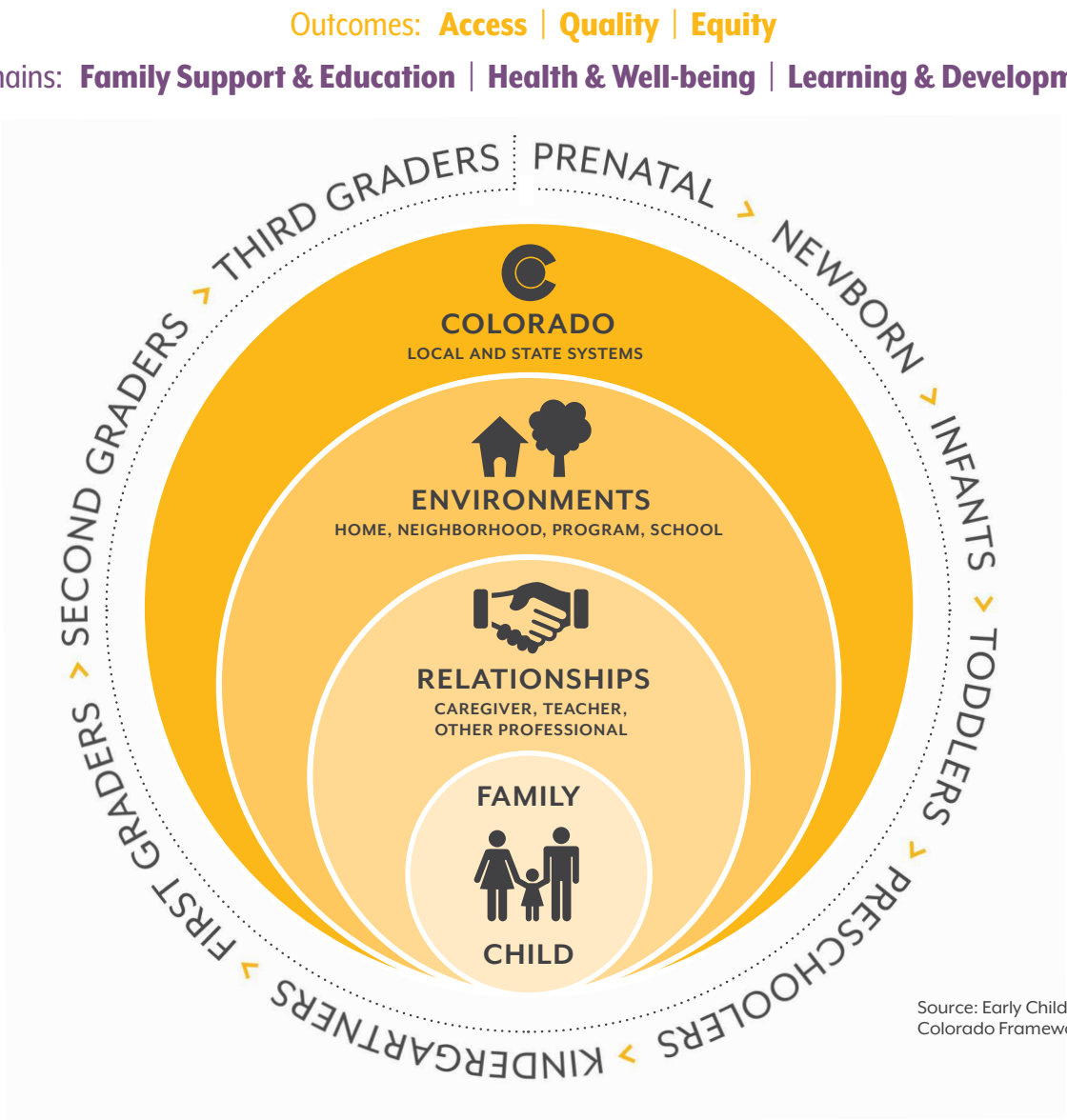
Colorado has long enjoyed a tradition of caring about and investing in young children. The architecture of the current early childhood system dates back at least three decades. Policy and structural decisions of the late 1980s and early 1990s, including the First Impressions Initiative and the enactment of the state preschool program, have linked and integrated the multiple systems serving families with young children. Importantly, the decisions from that era define the ethos behind Colorado's overall system today:[9]

- Acknowledging that the first years of life are foundational
- The importance of parent-child relationships
- The essential role of communities in supporting children and families

This Needs Assessment is premised on the belief that all children and their families will benefit from equitable access to a stronger, high-quality early childhood system, and that many could benefit from immediate increased capacity in the system. For example, the number of children under age 6 with all parents in the workforce has remained relatively unchanged since 2010.[10] Parent Survey findings illustrate this with respondents indicating they are unable to pursue employment due to the lack of available child care options.

This is a priority for state policymakers. Governor Jared Polis's administration is deeply committed to investing in early childhood opportunities to bring them within reach for all families. In his first legislative session, the governor signed into law funding for free full-day kindergarten. While implementation of full-day kindergarten is under way, his attention is turning toward universal preschool for 4-year-olds. The commitment to early childhood investment is a central part of Colorado's policy platform.

Figure 2. The Early Childhood Colorado Framework



Source: Early Childhood Colorado Framework, 2015

Colorado also continues to prioritize alignment and coordination across the state's early childhood system. In 2012, the Office of Early Childhood (OEC), situated in Colorado's Department of Human Services (CDHS), was formed to bring together 23 funding streams administered through five state agencies to more efficiently and effectively support young children birth through age 8 and their families. The OEC serves to advance the state's early childhood platform by providing collaborative leadership across the early childhood system and aligning resources available throughout the state. Similarly, the Preschool through 3rd Grade Office (P-3), located in Colorado's Department of Education (CDE), was formed in 2018 to partner with educators and leaders to create seamless high-quality early learning environments. P-3 focuses on educational policies, institutional capacity, and the adult capabilities that support strong foundations to promote ready systems that lead to high-quality early learning and literacy for all students preschool through third grade.

The OEC engaged the Colorado Health Institute (CHI) to conduct this Needs Assessment. This report is designed to allow a variety of stakeholders — organizations, advocates, providers, policymakers, and funders — to take stock of where we are today, and to ready themselves for future opportunities.

Building on the Early Childhood Colorado Framework

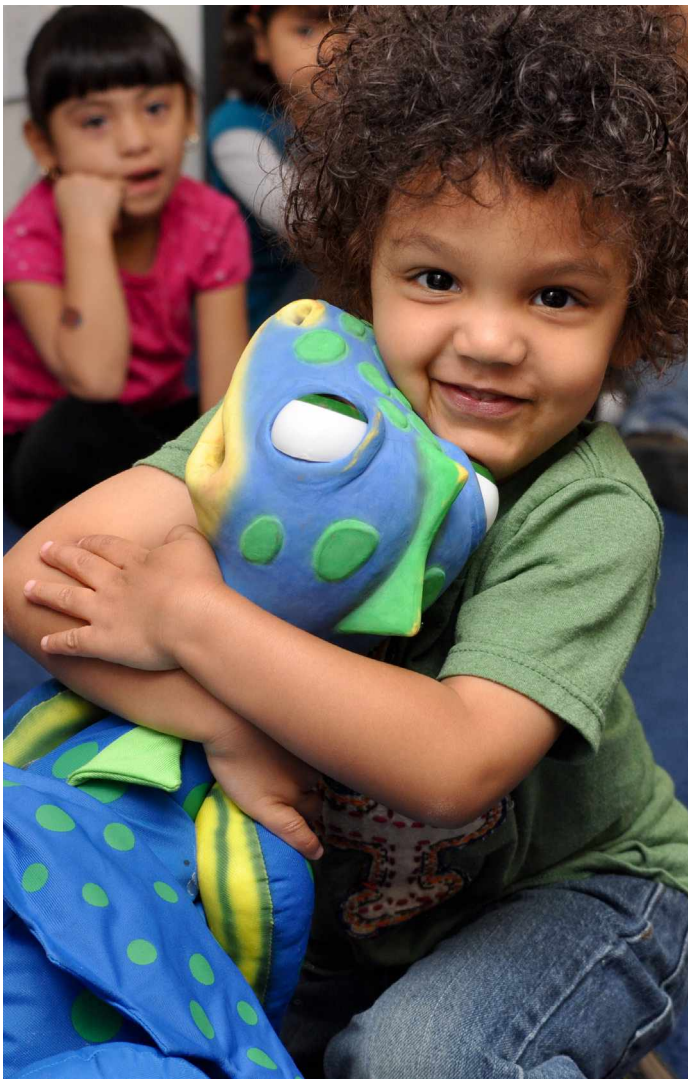
The early childhood system is a large network serving children birth through 5* and their families and caregivers, comprised of multiple systems that are large, overlapping, and significant in and of themselves. This network incorporates core early care and education programs; a wide range of programs and services that strengthen, engage, and stabilize families and their children; programs and services that target health and wellness; and the infrastructure to support them.

All these systems need to work together. To promote integration, early childhood stakeholders throughout Colorado came together in the early 2000s under the auspices of the Early Childhood Leadership Commission (ECLC), the State Advisory Council, to create and disseminate a shared vision of the state's early childhood system. This effort resulted in the adoption of the Early Childhood Colorado Framework (Framework) in 2008.[11] It was built on dozens of previous frameworks, plans, and logic models, and it was designed to be inclusive of early care and education, family support, social-emotional development, and mental and physical health.

The Framework provided a way to begin discussions across disciplines and services to align and coordinate the state's disparate systems serving young children and their families. Updated in 2015, the Framework reflects current research, including recognition of the importance of the earliest years from prenatal to 3, transitions in a mixed-delivery system, and the crucial need for high-quality ECE environments and relationships with caregivers.

The Framework also emphasizes three shared outcomes that align the many systems and services working to support young children and their families. Those outcomes focus on **access** to necessary supports, the **quality** of those supports, and **equity** — meaning the opportunity for all children and families to thrive (see Figure 2).

* Colorado's early childhood system serves children birth through 8. Following the requirements of Preschool Development Grant Birth through Five (PDG B-5), this report focuses primarily on children birth to kindergarten entry.



The Needs Assessment uses the goals of Colorado Shines Brighter to build on the Framework by focusing on how current programs and services provided to Colorado children and families meet their needs as well as opportunities to improve the access, quality, and equity across programs, services, and funding.

The goals of Colorado Shines Brighter are:

- Increase Meaningful and Equitable Access
- Innovate Service Delivery
- Maximize Family Knowledge and Engagement
- Strengthen Business Practices
- Improve the Quality of Early Care and Education (ECE) Environments and Workforce
- Align and Coordinate Systems

Creating the Needs Assessment

This report captures the difference between what currently exists within Colorado's early childhood system and what would be needed to meet parents' preferences from both a quantitative and qualitative perspective. To do this, the Needs Assessment was founded on two elements.

First, the findings of this report are based on parent voice. Nearly 6,000 Coloradans lent their voices to inform Colorado Shines Brighter, including over 5,000 parents and caregivers of children under 5.[12] Focus groups gathered people's experiences from Haxtun to Steamboat Springs to Durango, and online focus groups and surveys reached even more Coloradans. In addition to parents and families, researchers solicited input from providers of early childhood services, program administrators, policymakers, and advocates.

Second, Colorado has created a quantitative model assessing the state's early care and education system. This Child Care Model represents a new look at Colorado's early care and education programs in a holistic manner, rather than considering the individual parts of the system in isolation (see page 99). We believe this model will not only improve the state's early childhood system, but also advance the field beyond Colorado.

What to Expect from this Needs Assessment

This report first establishes definitions of common terms used in the state's early childhood system and other key terms for the purpose of this Needs Assessment.

Next, the report identifies 12 opportunities to address needs across Colorado's early childhood system, followed by an overview of Colorado's children — who they are, where they live, the economic resources available to their families, and their specific needs.

This is followed by a discussion of Colorado's early childhood programs, services, and financial supports, starting with programs supporting early care and education. The report also examines several support programs that offer crucial resources for the state's children, families, and communities. Descriptions of family and community support programs are found in Appendix A (see page 111).

The report then documents data sources and analytic approaches to better understand how both the Needs Assessment and the Child Care Model were developed.

Finally, the report takes stock of all this analysis and data and looks at the future of Colorado's early childhood system.

DEFINITIONS

Shared Definitions

Developing shared definitions is important to forming accurate assessment, meaningful planning, and successful implementation. This activity is particularly important to the work within the early childhood system when multiple partners are involved in reaching desired outcomes. Everyone plays a role in improving child and family outcomes, and shared language provides a foundation for everyone to participate.

Process

For this Needs Assessment, a list of terms was selected in partnership with the OEC and its partners. Initial definitions evolved from existing definitions in the early childhood field across Colorado and beyond. Important considerations included: unifying language across definitions, comprehensiveness of scope, and language that would resonate across multiple systems. We conducted a review of current literature and resources for key definitions. A broad stakeholder group then reviewed key definitions, and we revised the definitions using this feedback.

While it is challenging to include all perspectives and aspects of complex concepts in a definition, we sought to embrace variations to the greatest degree possible. The final step in the process was to review Needs Assessment findings for Colorado-specific implications for the definitions. This was critical to reflect current Colorado context and give greater meaning when implementing strategies beyond this Needs Assessment.

Challenges

Definitions of some key terms can vary by stakeholder group. For example, a parent definition of child care "quality" may be different than that of a state-level stakeholder. Some definitions may also have some nuance or local variability. These tensions were alleviated to the greatest degree possible by striving to arrive at the broadest and most inclusive definitions and including relevant stakeholders in definition development.

Systems Definitions

Colorado's Early Childhood System

The comprehensive, coordinated program, service, and infrastructure elements that impact child and family outcomes across the Early Childhood Colorado Framework domains of Family Support and Education, Health and Well-being, and Learning and Development.[13]

Early Care and Education System

A system of early care and education programs that support or deliver early care and education services. This includes programs providing direct services, such as formal and informal child care programs and providers, preschool programs, and Head Start/Early Head Start programs. It also includes programs and supports providing funding, coaching, training, and advocacy to early care and education programs and providers.[14]

Mixed-Delivery System

A system of early care and education services that are delivered through a combination of programs, providers, and settings, such as Head Start, licensed family and center-based child care programs, public schools, and other community-based organizations, that is supported by a combination of public and private funds.[15]

Continued on next page

Outcome Definitions

Access
Families are able to utilize the services that are available in their communities. This includes affordability of available services as well as services that are present when and where they are needed, often near home or work.[16]

Availability
High-quality services are present within a community at levels sufficient to meet the demand and ensure parental choice. This includes a mixed-delivery system of early care and education services to meet family needs and preferences.[17]

Equity
All children are ready for school regardless of life experiences, demographic characteristics, or the impacts of social determinants of health.

Quality Early Care and Education
Formal, licensed early care and education homes and centers that have systems, facilities, resources, and people to adequately and equitably prepare children to be ready for school when entering kindergarten.[18] This includes homes and centers that are rated Levels 3-5 by Colorado Shines Quality Rating and Improvement System.

Quality Relationships
Interactions between young children and all their important caregivers are reciprocal, stable, safe, mutually enjoyable, and individualized to the child's unique personality, interests, and capabilities.[19] Everyday interactions within relationships lead to healthy development in all domains.[20]

School Readiness
School readiness describes both the preparedness of a child to engage in and benefit from learning experiences, and the ability of a school to meet the learning needs of all students. School readiness is enhanced when schools, families, and community service providers work collaboratively to ensure that support exists for higher levels of learning for every child. Colorado embraces the philosophy of *"Ready child, ready family, ready community, ready school."*[21]

Population Definitions

Families

A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.[22] In the context of Colorado Shines Brighter, we adopt definitions developed by the National Center on Parent, Family and Community Engagement. The terms parent and family honor all those who "make a difference in a child's life."[23]

- ***Parent*** refers to biological, adoptive, and stepparents as well as primary caregivers, such as grandparents, other adult family members, and foster parents.
- ***Families*** can be biological or nonbiological, chosen or circumstantial. They are connected through culture, language, tradition, shared experiences, emotional commitment, and mutual support.

Underserved Children
Children for whom school readiness supports and opportunities have been less accessible or not available related to personal or family characteristics, their life experiences, or demographic characteristics.[24]

Vulnerable Children
Children for whom existing systems have provided insufficient access to opportunities and resources to optimally support their development, often related to personal or family characteristics, their life experiences, demographic characteristics, or social determinants of health.[25]

Principles Definitions

Family Engagement

Family engagement is a collaborative strengths-based, and culturally and linguistically responsive ongoing partnership through which early childhood professionals, families, and children create change together.[26] Engagement may involve engaging with their children, shaping programs and services, and influencing policies and systems.[27]

Protective Factors, Family and Community

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that reduce or eliminate risk and promote healthy development and well-being of children and families. These factors ensure that infants, toddlers, and young children are functioning well across all settings, including home, early care and education, and in their communities.[28]

Setting Definitions

Formal Early Care and Education Environments

Early care and learning settings licensed by the state for the primary purpose of providing regular child care. These include preschools, centers, and homes.

Informal Early Care and Education Environments

Care provided in the child or caregiver's home by a person who is a relative, friend, neighbor, babysitter, or nanny.[29] These settings operate within state guidelines, which allow them to be exempt from regulations. May also be referred to as Family, Friend, and Neighbor (FFN) care.

Geographic Definitions

Rural Areas

Following the U.S. Census Bureau, we define rural areas as non-urban, open country and settlements with fewer than 2,500 residents.

Rural Centers

We define rural centers as areas with at least 2,500 and less than 50,000 people. The U.S. Census Bureau categorizes these as "Urban Clusters."

Urban Areas

According to the U.S. Census Bureau, urban areas represent densely developed territory encompassing residential, commercial, and other non-residential urban land uses with 50,000 or more residents.

Definitions Specific to this Report

Birth through Five (B-5) Needs Assessment ("Needs Assessment")

This Needs Assessment fulfills the formal requirements of Colorado Shines Brighter, the state's Preschool Development Grant Birth through Five (PDG B-5).

Parent Survey

This Needs Assessment draws on data gathered in the 2019 PDG Parent Survey, which this report will refer to as the Parent Survey. More information on survey methodology can be found on page 95.

Child Care Model

A quantitative estimation of current and desired states for child care use in Colorado.

Current State

Model-generated estimates of where Colorado's children are currently receiving care (licensed, informal, and parent).

Desired State

Model-generated estimates of where Colorado's children would be receiving care in an ideal state based on parental preference and free of barriers such as cost and availability.

Eligible Population

Estimates of the total eligible population for specific programs based on program eligibility criteria (income, family characteristics, etc.).

OUR ASSESSMENT

Twelve Pressing Needs and Potential Approaches

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators, and policymakers shaped the efforts of Colorado Shines Brighter in 2019 by sharing their experiences through focus groups, interviews, and surveys.[30] Existing data and the new Child Care Model also informed the assessment. Both the qualitative and quantitative research is applied to appraise individual programs, which are featured later in this report.

A full review of these data sources and related findings leads to 12 equally pressing opportunities to increase equitable access to, and the quality of, Colorado's early childhood system.

Twelve Pressing Needs: A Summary

1. Increase Availability of Affordable, Convenient, and Quality Care, Especially for Infants and Toddlers

2. Provide More Equitable and Culturally Relevant Care

3. Increase Inclusivity and Access for Children with Special Needs

4. Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape

5. Continue to Develop a Diverse Early Childhood Workforce

6. Increase Knowledge and Supports Around Child Care Licensing and Offer Essential Business Supports to Child Care Providers

7. Centralize and Increase Parent and Caregiver Access to Early Childhood Information

8. Increase Transition Knowledge and Associated Supports

9. Expand Access to Early Childhood Mental Health Consultation

10. Invest in Rural Outreach

11. Integrate Disparate Data Sources

12. Enhance Cross-Sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long-Term Outcomes

Each of these 12 needs speaks to one or more of the six goals of Colorado Shines Brighter. The goals that fit with each need are indicated by the following icons:

Increase Meaningful and Equitable Access

Innovate Service Delivery

Maximize Family Knowledge and Engagement

Strengthen Business Practices

Improve the Quality of ECE Environments and Workforce

Align and Coordinate Systems

1. Increase Availability of Affordable, Convenient, and High-Quality Child Care, Especially for Infants and Toddlers

Throughout the state, parents and caregivers report that it is increasingly difficult to locate one or more child care arrangements that can meet the needs of the family's composition, schedule, and budget. As demand for licensed child care grows, it is becoming more challenging to locate a single child care provider who is accepting new enrollments, especially for families seeking infant and toddler care or mixed age care. Moreover, most licensed child care facilities keep hours that accommodate a traditional 9-to-5 work schedule, leaving parents who work nights and weekends with few options.

In line with national trends, Colorado licensing data reflects a significant and demonstrable decline in licensed child care capacity for infants and toddlers.[31] At the same time, demand for licensed child care in Colorado appears to be increasing.[32] This dynamic creates a pressing need for more qualified care providers as well as more center- and home-based facilities. Without these increases it will be incredibly difficult to accommodate parents' preferences for child care.

It is unclear if the increased demand for licensed child care reflects changes in priorities, changes in demographics, or restricted availability of friend and family care. For example, individuals relocating to Colorado from 2011-2016 tended to be younger, have higher levels of educational attainment than Colorado residents, and a median household income of $69,400 in 2016. These characteristics may shape child care preferences.[33] The next iteration of the Needs Assessment should seek to better understand this trend in an effort to promote the unique care arrangements needed and desired by Colorado children and families.

After identifying an appropriate care arrangement, another consideration for many of Colorado's families is whether the child care program is affordable. As of July 2019, 1,685 licensed facilities were authorized to accept Colorado Child Care Assistance Program (CCCAP) to help eligible families cover the cost of child care.[34] While CCCAP and other tuition-assistance and subsidy programs lessen the cost of child care to families, these programs may only cover a fraction of the total cost of care. In some cases, parents may be required to supplement CCCAP through a copayment. Affordability is an even larger barrier for families experiencing homelessness and families who do not have the resources to meet their basic needs.

The health and safety of the child care environment is another top consideration. Parents are also increasingly looking for child care programs that exhibit characteristics of high-quality care, which include opportunities to strengthen the child-caregiver relationship, a key component of supporting young children's learning and development.

For example,

- Parents surveyed universally cited a care setting's ability to provide a safe and supportive environment (97%) and positive child-caregiver interactions (94%) as major reasons in choosing child care.[35]
- The next set of highly rated attributes included the learning environment (84%), socialization opportunities (75%), and flexible scheduling (65%).[36]
- Parents who identified as Hispanic (69%) and whose household income is below $40,000 annually (71%) prioritized flexible scheduling as compared with other survey respondents.[37]
- The leading reasons cited by parents as barriers to engaging their preferred care arrangement:[38]
    - Cost of care (major 63%; minor 16%)
    - Space/availability of care (major 45%; minor 21%)
    - Location (major 38%, minor 29%), and hours of operation (major 43%, minor 25%)
    - Ability to accept child care subsidy/assistance (major 25%, minor 13%)
- Moreover, more than half of parents surveyed (53%), stated they had to turn down a work opportunity in the past year because they could not find or afford care.[39]
- Finally, only 11% of the 22,300 Colorado children under the age of 6 experiencing homelessness were served by an early care and education (ECE) program in 2016.[40]

Greater availability and accessibility to quality ECE programs that are meaningful, convenient, and affordable is essential to supporting the positive development and well-being of both children and families. Potential approaches to increasing availability and access include incentivizing licensed child care facilities to offer non-traditional hours and increase the number of infant and toddler slots. Paid family leave is a critical gap for many families and children, especially because it can help families address the challenge of affordability.

Other opportunities include:

- Fund grants to prospective and existing family child care home providers and centers serving infants and toddlers in communities demonstrating need, child care deserts, and/or those providing non-traditional hours.
- Ensure a mixed-delivery ECE system — a system where there is a balance of center child care, home child care, Head Start, and school-district based preschools, to ensure parents have choices that best fit their needs and the need of their child, at any age.
- Develop a policy analysis tool to examine how current and future policies affect availability of infant and toddler care with a lens toward equity and impacts on priority populations, such as dual language learners and families experiencing poverty.
- Strengthen policies that incentivize providers who serve priority populations, such as infants and toddlers. For example, consider development and expansion of tax credits, the Colorado Child Care Assistance Program, the Child and Adult Care Food Program, and future initiatives to increase funding for providers who serve priority populations.
- Identify tools that ECE programs can use to identify families experiencing homelessness, better engage and build relationships with these families, and use strengths-based approaches to support families and connect them to other resources in their communities.

> ***"Child care takes two-thirds of what we make a month. It's hard to find affordable child care when you need to pay for living expenses [like] food, etc. It is a real struggle."*** — Colorado parent, 2019

2. Provide More Equitable and Culturally Relevant Child Care

ACCESS INNOVATE QUALITY

Within focus groups, inequitable access to child care was a prominent point of discussion. Both parents and ECE providers noted significant differences in available options, frequently contrasting rural and urban resources, as well as the limited number of facilities statewide appropriately prepared to support the development of all children. In particular, recent immigrants and dual language learners were noted as typically underserved populations, as well as children from a diversity of racial and ethnic backgrounds, children from refugee families, and children from tribal families.

For example,

- Colorado is culturally and linguistically diverse. For instance, 145 languages were spoken by students in Denver Public Schools in 2014.[41] (See At Our Core: Colorado's Children and Families on page 35 for more detail).
- Parent Survey respondents cited the (in)ability to accommodate their child's language (23%) as a barrier to engaging in their preferred care arrangement. It is important to note that the Parent Survey was available only in English and Spanish.[42]
- On average, 46% of parents reported culturally relevant information and programs as being a major driver when choosing child care. This grows to over 56% for families with incomes below $40,000 annually and 59% across all respondents of color.[43]

Colorado has a pressing need to foster inclusive and culturally relevant care settings. Potential approaches include increasing the cultural competency of ECE providers and investing in instruction and materials that are adaptive to serve all children. However, the next iteration of the Needs Assessment should make a concerted effort to capture the voices of commonly isolated and difficult-to-reach populations to better understand how best to support ECE needs within these special populations.

> ***Parents are concerned about their children forgetting their culture and language. It is important for schools to offer [programming that supports] different cultures/languages.***
> — Colorado parent, 2019

3. Increase Inclusivity and Access for Children with Special Needs

ACCESS

Locating, securing, and paying for child care is a challenge parents face nationally. Over 98% of Parent Survey respondents stated the importance of safe and healthy environments in their consideration of child care arrangements.[44] However, for parents of children with special needs, this consideration was paired with the added necessity of identifying appropriately prepared care environments, making child care even harder to locate for these families.

For example,

- Close to half of all parents surveyed (44%) cited the importance of accommodating special needs in choosing child care.[45]
- This number rises to 60% for families earning under $25,000 annually.[46]
- And 34% of parents cited the (in)ability to accommodate any special needs of their

child(ren) as a barrier to engaging their preferred care arrangement.[47]

- Current assessments of program quality do not capture inclusive practices, and participation in inclusivity training is optional for child care providers.[48]
- Head Start is serving a small percentage of this eligible population. Federal law requires at least 10% of the total number of children enrolled by each Head Start program be children with disabilities who are determined to be eligible for preschool special education (IDEA Part B — Section 619) and related services or early intervention services (IDEA Part C).[49]

> ***There are no child care facilities that have a fluent ASL user. The only full-day preschool option is an oral-only approach. I have been unable to work for three years because of the lack of access for my child.***
> — Colorado parent, 2019

Continuing to create an ECE system that is inclusive for all children, especially children with developmental delays or disabilities, requires investment in training, facilities, and programs that promote inclusivity. A potential approach to building more capacity is to connect licensed child care facilities to funding streams that allow for necessary renovations and adaptive instruction and materials purchases. Another avenue for advancement is to create and offer free and accessible professional development opportunities, including coaching, consultative services, and online training modules. Finally, approaches to building this critical knowledge into foundational coursework for ECE professionals should be considered. Systematic investment in increasing the availability of appropriately prepared care environments and child care providers is vital to ensuring that all children are valued, healthy, and thriving. As such, increased inclusivity is a pressing priority.

4. Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape

QUALITY

An emphasis on the importance of high-quality ECE environments can be heard from all stakeholders, from parents to policymakers. Quality may vary in definition by individual — from access and convenience to systematic environmental ratings — but the voices captured in this report all underscored the importance of quality.

> ***Quality care is … having caregivers that genuinely enjoy being with kids; they're not doing it just because it's the only job they can land in town. It's greeting parents and kids at the door. It's meeting their needs when they see there's something going on with the family, so it's not just working with children in the academic sense…You're asking those questions of families: How can you better be supported?"***
> — Colorado child care provider, 2019

Colorado's ECE system would benefit from consistent training requirements that support the quality of care, as well as efforts to recruit and retain a qualified workforce. Stakeholders shared that ECE professionals often leave the sector to secure better paying, more stable, and less demanding positions.[50]

For example,

- According to a 2017 Colorado early childhood workforce survey, ECE center directors reported a 17% annual turnover rate in program leadership positions and a 16% turnover rate in lead teacher positions. Community-based and Head Start centers tended to experience higher rates of turnover across job roles in comparison with public school-based ECE programs.[51]

- In the same survey, teachers who reported leaving their jobs most often left the field altogether, left to obtain a higher paying teaching job, or left to stay at home with their families. Approximately a quarter of teachers indicated that they plan on making a job change within the next two years.[52]
- Almost three out of four (70%) ECE center directors reported difficulty in filling vacant positions and took an average of two and a half months to fill those roles. As a result of those recruitment challenges, directors reported hiring less qualified staff to meet the need.[53]

High turnover of ECE professionals negatively impacts Colorado's children and families, as well as child care programs that cannot provide services due to staff shortages or vacancies. Difficulty in retaining qualified ECE providers also limits the number of available high-quality ECE programs in Colorado.[54]

The quality of current and future licensed child care programs will improve by retaining and investing in the professional development of the workforce. Potential approaches to grow and retain staff are to "professionalize" the occupation through certifications and other credentialing programs; offering structured career ladders; and increasing coaching, education, and training options through new partnerships or the provision of scholarships. Increased compensation would improve recruitment and retention rates, too. Some regions may consider local tax options to do just that.

5. Continue to Develop a Diverse Early Childhood Workforce

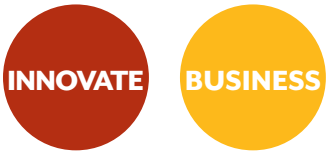
> ***We want diversity. Children want to see people who look like them."***
> — Colorado parent, 2019

Focus groups shared that ECE professionals do not always represent the diverse children they serve. This finding is also captured in the 2017 Colorado Early Childhood Workforce Survey, which found that:

- Half of teachers work with children whose primary language they do not speak.[55]
- Latinx teachers were less likely to be in lead teaching roles and more likely to be in assistant teaching roles than their white, non-Latinx counterparts.[56]
- African Americans accounted for 5% or less of commonly held roles in ECE settings (Director, Lead Teacher, Assistant Teacher, and/or Family Child Care Provider).[57]

A more representative workforce would serve children and families more effectively. This is particularly relevant as the state's demographics continue to shift and change. Potential approaches include broadening recruitment, training, and outreach efforts to communities of color throughout the state; providing more educational scholarships and fellowships; and supporting current informal care providers in obtaining child care licenses.

6. Increase Knowledge and Supports Around Child Care Licensing and Offer Essential Business Supports to Child Care Providers



Small businesses make up most of the child care provider market.[58] Those small businesses must navigate the many administrative burdens that come with local and state regulations. For example, a report examining family child care home providers in Colorado reveals that:

- Nearly 15% of surveyed family child care home providers found the licensing application confusing and 12% did not know how to get help.[59]
- Local regulatory agencies may assign more requirements than child care licensing rules require. If localities have adopted the International Business Code, which treats family child care homes as small businesses, they may require a sprinkler system and an additional point of egress be installed. Additionally, some local regulations allow fewer children than the state child care licensing rules. Even when

local regulation does support family child care homes, a Homeowners' Association (HOA) may completely prohibit the operation of family child care.[60]

In addition to providing care, many child care providers play a dual role of child care administrator or director. Successfully operating licensed child care facilities can include a range of duties, from offering nutritious meals to meeting payroll to regularly reporting quality metrics. Small facilities may not have the staff or training to successfully complete all of these activities.[61]

Efforts aimed at supporting both new and continuing providers in navigating layered, and sometimes competing licensing regulations, is imperative to meeting the state's current child care demands. Reducing this burden may allow providers to more efficiently maintain their license and lower barriers to other providers becoming licensed. Suggested approaches include developing and providing technical assistance to support providers through the licensing process, increasing the number of licensing specialists to expedite application processing, and creating more relevant e-learning content to support licensing and professional development requirements.

Child care facility owners, whether center- or home-based, would benefit from business support and technical assistance. An approach is to explore partnerships with business consultants or navigators to support providers through the start-up process, providing training, technical assistance, and other resources associated with starting and maintaining a financially sound licensed child care facility.

7. Centralize and Increase Parent and Caregiver Access to Early Childhood Information

FAMILY SYSTEMS

The early childhood system is large and complex. Many professionals within the early childhood system report limited knowledge of all of the programs, services, and financial assistance available to families. Navigation of the system is considerably more difficult for those outside the system such as parents and informal child care providers. This barrier can feel concentrated and insurmountable for specific populations such as new parents, immigrant and migrant parents, and rural and low-resource parents.

> ***Many parents aren't aware of the resources available and rely on word of mouth to find programs and services.***
> — Colorado parent, 2019

For example,

- When asked what services are locally available when needed, medical and dental care were prominent among Parent Survey respondents — 95% and 91% respectively.[62]
- In contrast, parent knowledge of early childhood programs is limited. Between 7-19% of parents surveyed reported a range of child development services were not available locally and another 35-65% had no knowledge of existing child development supports.[63]

Parents are not alone. Informal child care providers interviewed for this Needs Assessment were not aware of how to connect to family and community supports such as early intervention services or home visitation programs. For example, a focus group of primarily Spanish-speaking informal care providers shared that the only way they learned about support programs for the children in their care was through their own child's experience in a preschool or home visitation program.

Increasing families' and caregivers' knowledge of the programs, services, and financial assistance available to them — from knowing the quality and availability of local licensed child care programs to understanding funding available to pay for child care, especially for families with lower incomes — would empower families to make informed choices in Colorado's mixed-delivery system. One approach is to create a family-facing website that consolidates, highlights, and connects parents to early childhood programs, services, and financial assistance. Another potential approach is to increase targeted outreach efforts to locations families and informal child care providers gather — libraries, parks, pediatric offices, community and faith-based organizations. Systematic investment in outreach efforts should hold equity at the forefront, aligning initiatives with the needs of families from diverse

backgrounds, cultures, races, and ethnicities, and would include creating outreach tools in languages responsive to Colorado's populations.

8. Increase Transition Knowledge and Associated Supports

ACCESS FAMILY

Transitions in early childhood, between and across caregivers and settings, can be a source of great excitement as well as great uncertainty for children and families. Uncertainty may outweigh excitement for some families, such as immigrant families, families with a history of trauma and adversity, and children with developmental delays and disabilities.

To make transitions successful, families and early childhood professionals need to share information, focus on supportive relationships, and align programming to ensure consistency and stability.

For example,

- Within focus groups, home visits were cited as opportunities to have rich conversations with children and families about how children are feeling about the transition, including expectations, concerns, and fears.
- Parents shared that children transition best when they have a nurturing environment, and when their teachers and child care providers understand the child's previous care and education environment. This was a repeating theme for parents, ECE providers, and other early childhood professionals.[64]

This Needs Assessment captures the experiences of families and early childhood professionals as children transition out of sending programs; however it does not reflect opportunities to address the challenges and opportunities of transitioning into the receiving entities, such as kindergarten classrooms. Greater understanding is necessary to more effectively support the transitions of children, especially those who are vulnerable and underserved and children experiencing special needs who are entering kindergarten.

Some local ECE programs and school districts may participate in transition planning for children entering kindergarten. However, Colorado lacks a system-level approach to planning and providing support to parents, child care providers, K-12 educators, and other professionals. This is especially true regarding children's transitions into kindergarten. Increased coordination between the OEC and the P-3 Office is recommended to facilitate systematic investment into the development and communication of transition plans, provider-to-provider data sharing, and activities that encourage families to share information about their child's strengths and challenges across ECE environments.

Activities to support children's transitions include connecting parents and early childhood professionals to concrete strategies to support and guide children and families through transitions. This effort would leverage national best practices and the positive experiences of Colorado families to ease transitions, increase social-emotional support, and ensure children are ready to learn.

For example,

- Embedding transitions content into the Colorado Early Learning and Development Guidelines to inform practices by formal and informal child care providers, parents, and others working with children and their families, of the four principles to ensure smooth transitions.
- Developing tools for families and informal child care providers to support children's school readiness and transition into kindergarten and resources for early childhood professionals to have structured conversations with parents as children transition across caregivers and settings.
- Promoting cross-provider and family involvement in developing transition plans for children who meet criteria for Early Intervention Colorado (IDEA Part C; birth through age 2) who will likely need continued services in preschool special education (IDEA Part B - Section 619 programs; ages 3 through 21) or another program.

> ***"[Children] need ... that nurturing element [and providers need] an understanding of where children have been when they enter kindergarten."***
> — Colorado parent, 2019

9. Expand Access to Early Childhood Mental Health Consultation

Early Childhood Mental Health Consultation (ECMHC) is a prevention and promotion approach that places mental health professionals in ECE facilities to assist child care providers in creating environments and interactions that foster social-emotional competence for all children from birth through age 8. Consultation services are available at the child-, classroom-, and program-level (see ECMHC profile on page 116). However, ECMHC services are largely embraced for child-level guidance to reduce challenging behaviors, suspensions, and expulsions. Taken together with constraints on funding and available workforce, much of Colorado is not receiving this free, quality-enhancing service.

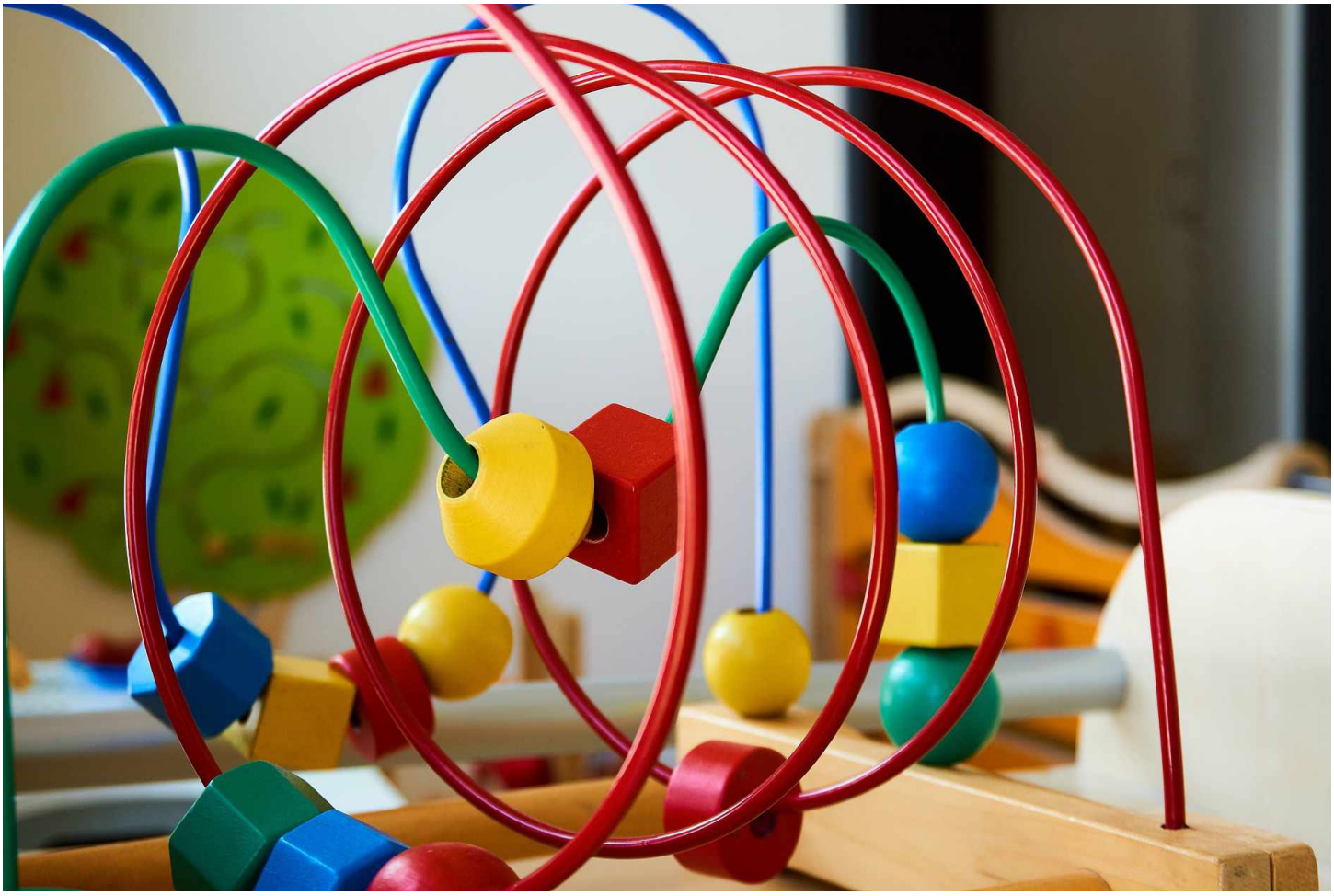
In 2016, the Colorado legislature doubled the number of state-funded ECMHC professionals from 17 full-time equivalents (FTE) to 34 FTE.[65] This was a much-needed step in the right direction; however, this increase has not been enough to meet current demand.

As of today, the state funds 34 ECMH Specialists serving 64 counties that participate in the state program.[66] This equates to:

- Less than one service provider per county.
- Less than one service provider per 120 child care classrooms.[67]
- Less than one service provider per almost 12,000 children under 5.[68]

For example,

- Of the 28 ECMHC professionals who completed an internal program survey in August 2019 (47% response rate):[69]



- 32% stated they turned down one to three referrals a week due to high or full caseloads.
- Of those who independently kept waitlists, the number of children and classrooms awaiting services ranged from four to 20.
- Survey respondents identified 10 children for whom they did not or could not provide services, and who were ultimately removed from their ECE programs.

- This mismatch of supply to demand was reflected in the Parent Survey, with 52% of parents rating ECMH services that address challenging behaviors or social emotional development as extremely or very important to the care of their child.[70]
- This was rated much higher for areas with rural counties (e.g., 57% in Central region), communities of color (e.g., 62% for Black or African American parents), and families experiencing low income (e.g., 66% for families earning less than $25,000 annually).[71]
- However, 52% of parents were not aware of local availability of ECMH services.[72]

ECMHC professionals, though valuable in equipping adults with the skills needed to appropriately and positively engage children whose behaviors they find challenging, are also important contributors to increasing program quality, improving family-provider collaboration, and reducing ECE professionals' stress, burnout, and turnover. Additionally, ECMHC professionals have the tools and developmental expertise to enhance statewide screening and referral initiatives.

While parent and child care provider demand is growing for ECMHC, convenient and timely access to services continues to be a barrier to receiving services statewide. One targeted approach is to explore remote options such as a warm-line and telehealth strategies. Another approach is to incentivize program-level use of ECMHC services to increase reach and expand adult knowledge. Systematic investment in increasing the availability of ECMHC services to all ECE environments will likely yield positive outcomes for children, staff and providers, and is therefore a pressing priority.

10. Invest in Rural Outreach

Rural service delivery presents a perennial challenge. Offering early childhood programs and services that focus on specific subpopulations are especially difficult to implement in rural settings because of both reach and scale.

For example,

- Formal (Licensed) Child Care:
  - On average, Colorado is meeting 74% of the desired state for licensed child care with the current state (see page 48). Fourteen of Colorado's rural counties are below the state average for meeting the desired state for licensed child care with their current offerings.
  - Parents in southwestern Colorado reported the highest rate of having a time when they went without needed child care as compared with the rest of the state, noted by almost three out of four Parent Survey respondents (71%) in this rural region.[73]
- Family and Community Support Programs:
  - Family Resource Centers (FRCs). Families in 16 counties do not have access to Colorado's 31 FRCs.[74]
  - Services for Children with Special Needs. Parent Survey respondents in non-Denver metro areas of the state — though not completely rural — were less likely than their Denver metro area counterparts to report having the services they need for children experiencing developmental delays or physical or mental disabilities, with about a third of parents indicating awareness that services are available.[75]
  - Early Childhood Mental Health Consultation (ECMHC). The northwest region of the state has two full-time ECMH Specialists who are responsible for an area larger than the state of Massachusetts.[76]

- Home Visitation. Nurse-Family Partnership serves all counties. However, HIPPY, PAT, and HealthySteps have little presence on the Eastern Plains. SafeCare Colorado is not available in the mountainous western counties (see Map 8 on page 88).

The recruitment and retention of rural ECE providers will benefit from increased access to training and technical assistance through more effective outreach. A potential approach is to invest in more outreach — both in-person and increasingly through digital modalities — to provide more consultative services and practice-based coaching for ECE professionals, informal care providers, and other early childhood professionals. Additionally, micro-grants and other investments to increase the number of licensed and quality child care providers should target rural communities.

Since 2017, Early Intervention Colorado has successfully expanded its reach into rural communities through the use of telehealth. Other family and community support programs such as ECMHC, and ECE program supports like quality improvement coaching, may expand their reach into rural communities by employing similar efforts.

11. Integrate Disparate Data Sources

SYSTEMS

Currently, early childhood data systems are organized to capture and provide information on individual engagement in programs and services. This approach generates meaningful information for specific stakeholders and lends itself to strong program evaluation. However, it also limits Colorado's understanding of how programs and services interact to best serve and support children and families.

For example,

- In FY2018-19, ECMHC professionals provided 2,706 services to adults working with young children.[77]

- In the 2018-19 school year, more than 14,400 children received services through the preschool special education program (IDEA Part B — Section 619).[78]
- In calendar year 2018, 4,586 first-time moms participated in Nurse-Family Partnership.[79]

At this time, current data systems cannot easily nor systematically assess whether these are unique or duplicate child or parent counts. Additionally, these systems cannot assess additive benefits derived from engagement in multiple services at the child- or family-level. Finally, they cannot connect nor assess long-term outcomes for children and families.

To further illustrate this need, the Child Care Model within this Needs Assessment employed more than four distinct data sources to arrive at an ***estimate*** of the current state of available child care in Colorado (See Our Approach, page 93).

Simple counts of current supply and demand — of children, providers, available slots, or funding — are technical challenges. Forecasting future demand is even more challenging. With a unique identifier, systems could have more precise counts of children or parents who may be connecting to more than one service. This would allow local providers, program administrators, and policymakers to better understand the degree to which children and families are — or are not — served. This will be especially helpful to better track children and their families longitudinally and support children's transitions across programs in the early childhood system. Systematic investment in Colorado data systems, structures, and data sharing agreements among agencies and programs is a pressing priority.

12. Enhance Cross-Sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long-Term Outcomes

SYSTEMS

Building on the previous first need to integrate internal data sources, the state would greatly benefit from an investment in new or strengthened cross-sector partnerships and data sharing agreements. Longitudinal data that follows children through age 5 — and potentially beyond (e.g., prenatal through third grade) — would allow program administrators and policymakers to assess and invest in the programs and services that improve school readiness across the entire system. Additionally, supports to children and families could be better coordinated and leveraged across sending and receiving programs during important transitions.

For example,

- Early Intervention Colorado (IDEA Part C; birth through age 2) is administered through the Colorado Department of Human Services, while preschool special education (IDEA Part B — Section 619; ages 3 through 21) is through the Colorado Department of Education.
- Early Intervention Colorado administrators are currently unable to provide information on whether children who aged out of IDEA Part C services and were referred to IDEA Part B — Section 619 met eligibility criteria or started receiving services.

At this time, child- and family-level assessment and outcome data are regularly collected. However, progress indicators only align with individual program initiatives and required reporting. For example,

- Colorado Community Response, Promoting Safe and Stable Families, and Family Resource Centers focus on increasing family protective factors.
- ECMHC focuses on increasing key social and emotional strengths in children and improving the quality of adult-child interactions.
- Early Intervention Colorado focuses on increasing current levels of developmental functioning.
- The Colorado Shines Quality Rating and Improvement System relies on ratings of the child care or preschool environment.

Few, if any, programs collect data on children and families following program engagement (e.g., no longer enrolled). Appropriate and meaningful information exists across data systems. However, at this time it is not possible to determine whether a family has had one or multiple connections to programs or services in the early childhood period or whether those contacts improved school readiness as well as long term family well-being. Therefore, another area of suggested improvement is selection of agreed-upon progress indicators that could be collected across programs and services to assess collective and long-term impact. Systematic investment in evidence-based, uniform, measurable outcomes will help assess the impact of various programs on children and the system overall.

We believe that a framework to support the development and education of young children requires a comprehensive approach grounded in an understanding of how current gaps in early child care access and quality contribute to the growing deficits in school readiness and educational outcomes over time."[80]

— Ajay Chaudry et al., *Cradle to Kindergarten: A New Plan to Combat Inequality*

AT OUR CORE

Colorado's Children and Families

Colorado is home to an estimated 332,000 children under age 5 (see Table 1).[81] The first step to serving them is to understand who they are and the communities where they grow up.

Colorado's children are diverse, and understanding this diversity will help in the implementation of programs and services that are tailored to meet demand, promote school readiness, and optimize overall child development.

Diversity also poses challenges for early childhood leaders. Rural areas must cope with issues of reach and scale. Poverty is closely and inversely correlated with many school readiness measures. Historical inequities mean that children of color are frequently not as ready for school as their white counterparts. And children with developmental delays and disabilities who do not receive services early in life may not be as school-ready as their peers when entering kindergarten.

This portion of the Needs Assessment takes a detailed statistical look at Colorado's young children. Section One profiles key populations in the state of Colorado according to the following characteristics:

household income, experiences of homelessness, race and ethnicity, language spoken, developmental delays and disabilities, teenage parenthood, military background, single-parent status, parents' employment status, immigration, refugee status, American Indian identity, and experiences of trauma. This section also describes associations between select characteristics and school readiness.

Section Two analyzes geographic differences. First, we look at children by region: Central, East, Metro, Mountain, Southeast, and Southwest (see Map 1).[82] Second, we analyze the urban/rural dichotomy. The contrasts among populations, services, and programs in rural and urban areas create distinct challenges and opportunities for program administrators and policymakers.

Unless otherwise noted, the data in this section come from public data sources. Additionally, in cases where data are not available to specifically describe the population of children under 5, older children are included (e.g. children under 6, children under 18).

Table 1. Colorado's Children Under 5 by Age, 2018 Estimates

Age Group Name	Age	Estimated Number of Children	Estimated Total by Age Group
Infants	<1	64,422	64,422
Toddlers	1	65,623	133,005
	2	67,382	
Preschool-aged Children	3	67,708	135,041
	4	67,333	
Total Children Under 5			**332,468**

Section One: Key Populations

A. Socioeconomic Factors

A1. Low-Income Households

Nearly one in six (16%) children under 5 in Colorado are from families who earn less than the federal poverty level.[83] And the number of young children living below the federal poverty level (FPL) represents just a portion of those living in resource-constrained homes. (See "Defining Low Income" on page 36.)

39% of children under 6 live in households that earn less than 200% of the FPL, which was $51,500 for a family of four in 2019.[84]

Poverty can affect nearly every indicator of child well-being, including cognitive, socio-emotional, and physical health outcomes.[85] As a result, children from low-income families, on average, enter kindergarten less ready to start school than children from families with moderate and higher incomes.[86] The developmental effects of poverty appear around age 2 and are pronounced by age 3, and poverty experienced in a child's earliest years often produces more pronounced adverse effects than poverty experienced later in childhood.[87]

Economic hardship does not occur evenly across Colorado's population. Children from rural communities, communities of color, and immigrant families are disproportionately likely to be from a low-income household. In Colorado, Black, American Indian, and Hispanic children are more than twice as likely to live in a household earning below 200% of the FPL, relative to non-Hispanic white and Asian children (see Figure 3).[88] And children from immigrant families are nearly twice as likely to live in homes earning below 200% of the FPL (see Figure 4).[89]

Take Five: What About Colorado's 5-Year-Old Children?

This Needs Assessment focuses on children under age 5 except where indicated. This is due to the desire to take a deeper look at the state's early care and education (ECE) system and the ages of children participating in these programs. Specifically, Colorado implemented free, full-day kindergarten during the 2019-20 school year. Children who were age 5 on or before October 1, 2019, were eligible to enter kindergarten. That means 5-year-old children with a birthday before October 1 — most of them, if birthdays are evenly distributed across the year — are included in the K-12 system and not the early care and education system.

Five-year-old children remain an important focus for the early childhood system. There are an estimated 66,800 5-year-olds in Colorado, and understanding their needs and experiences — and those of their families — is essential to best serving the state's youngest children.[150]

Colorado's 5-year-olds are demographically similar to its children under 5.

- Nearly one in six 5-year-old children (17%) live below the poverty line — a similar rate to the under-5 population (16%).[151]
- Colorado's 5-year-olds are diverse: 59% are non-Hispanic white, 31% are Hispanic, 7% are Black, 4% are Asian or Pacific Islander, and over 2% are American Indian — a distribution nearly identical to that of Colorado's children under 5.[152]
- More than one in 10 (11%) 5-year-old children live in rural parts of the state — the same proportion as children under 5.[153]

While the socioeconomic, racial, ethnic, and rural/urban profiles of 5-year-olds are similar to their younger counterparts, 5-year-olds are at a unique transition point out of the early care and education system into the K-12 system — and with that, they present a unique set of challenges and opportunities.

The transition to kindergarten is a critical developmental milestone for 5-year-old children and for their families, many of whom have never engaged with a formal care environment like a public school setting.[154] To make transitions successful, families and early childhood professionals need to share information, focus on supportive relationships, and align programming to ensure consistency and stability.

Understanding the needs of these children is necessary to more effectively support their transitions, especially those who are vulnerable and underserved and children experiencing special needs.

Figure 3. Percentage of Colorado Children Living in Households Earning Below 200% of the Federal Poverty Level by Race/Ethnicity, 2016

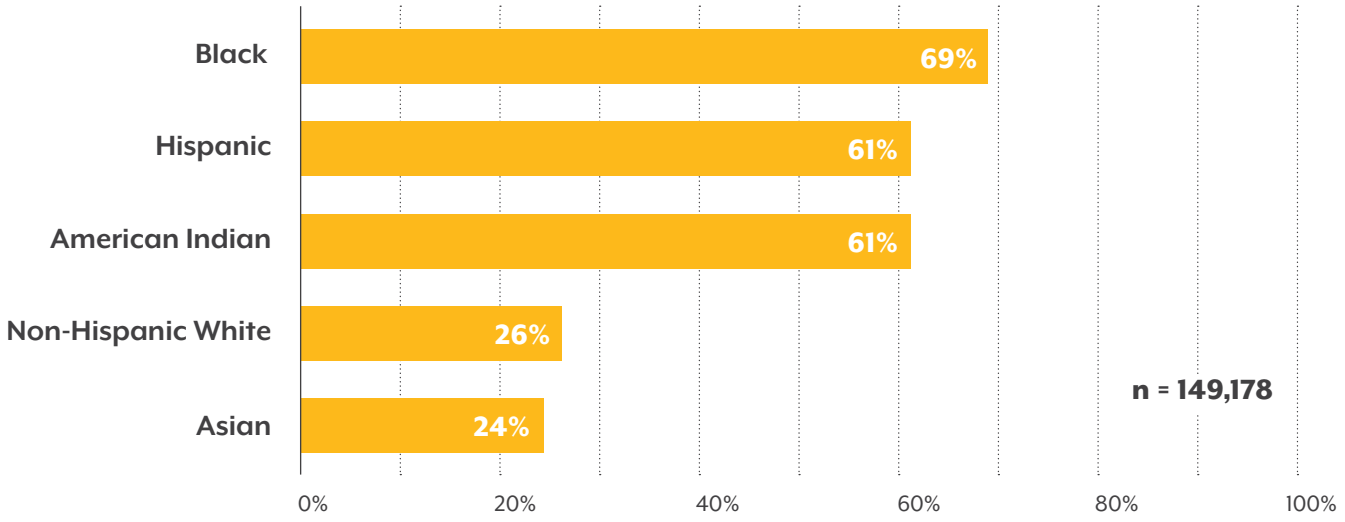
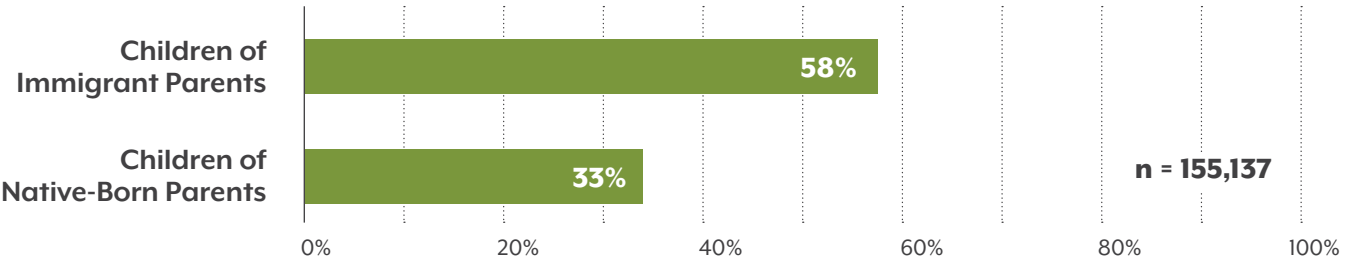


Figure 4. Percentage of Colorado Children Living in Households Earning Below 200% of the Federal Poverty Level by Parental Nativity, 2016



A2. Families Experiencing Homelessness

Colorado recognizes children or youth who do not have a fixed, regular, or adequate nighttime residence as homeless.[90] Experiences of homelessness in early childhood are associated with reduced school readiness.[91] Young children experiencing homelessness in Colorado are therefore especially in need of programs and services to prepare them to enter kindergarten.

22,300 children under age 6 experienced homelessness in Colorado at some point during the 2015-2016 school year — one in every 18 children, according to the U.S. Department of Education.[92]

Two programs in Colorado's early childhood system emphasize serving young children experiencing homelessness: Head Start and the McKinney-Vento Education for Homeless Children and Youth program. In 2016, only 11% of children under age 6 experiencing homelessness were served by Head Start or McKinney-Vento-funded early childhood programs.[93] This presents an opportunity for future outreach to families experiencing homelessness.

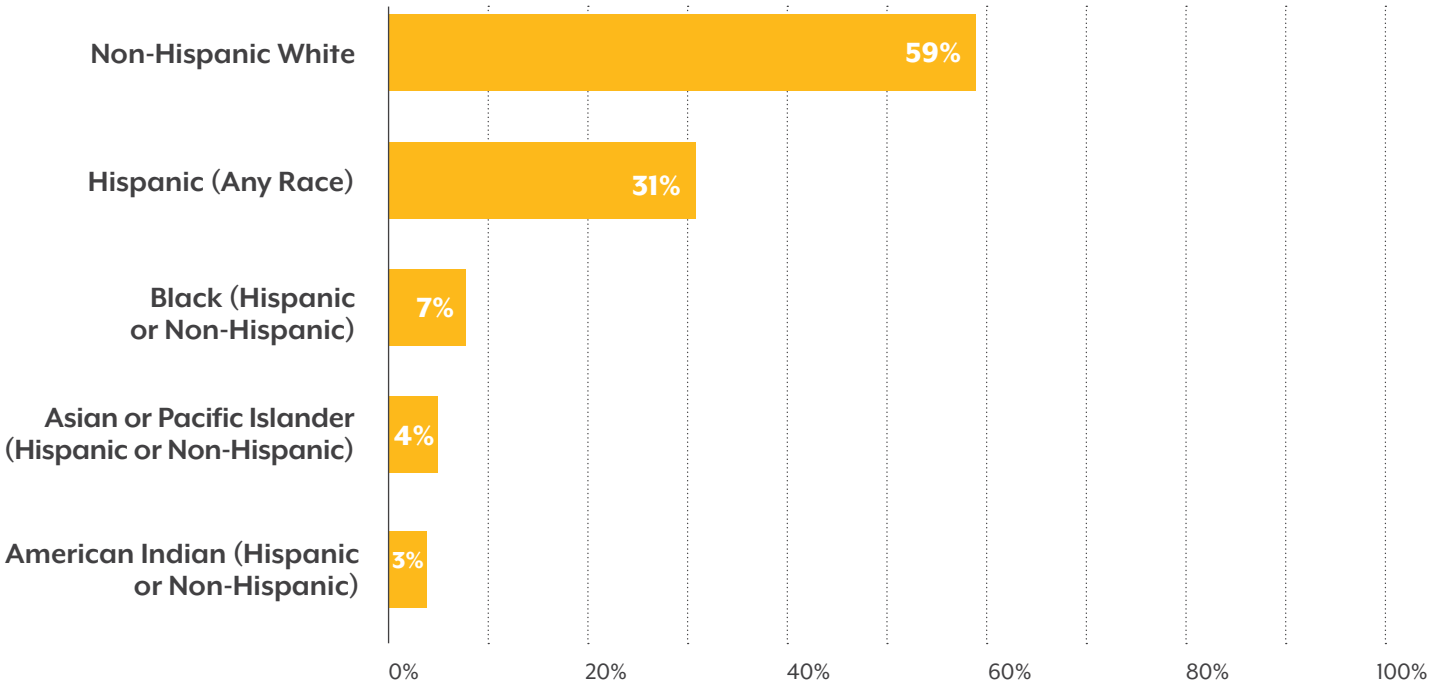
B. Race, Ethnicity, and Language

B1. Racial and Ethnic Diversity

Colorado is home to children from a diversity of backgrounds. Four in 10 children under 5 in Colorado are children of color (see Figure 5).[94]

In Colorado, many families of color are underserved. For example, the Parent Survey found that 82% of Black or African American parents and 69% of Hispanic parents had gone without child care when

Figure 5. Colorado Children Under 5 by Race/Ethnicity, 2018



Numbers do not sum to 100% because Hispanic origin and racial categories are not mutually exclusive.

How This Report Talks About Race and Ethnicity

Sources cited in this assessment use different language to talk about different racial and ethnic groups. In some cases, language differences are due to different ways of categorizing groups of individuals. For instance, a survey may ask people to self-identify as Black or African American, and people may self-identify as one but not the other. Similarly, data on Hispanic and Latinx populations are not interchangeable: "Hispanic" typically refers to people who have Spanish-speaking ancestry, while "Latinx" refers to people with Latin American ancestry. Some sources aggregate data on Asian Americans and Pacific Islanders, while others do not. And some but not all sources distinguish between immigrant and non-immigrant groups.

This report uses standardized language where possible. In some cases, it employs the language used by the source in order to accurately reflect the content of its sources. That means this report uses the terms "Latinx," "Latino," and "Hispanic," sometimes within the same section, because those terms are not always interchangeable.

This report also discusses "communities of color." Communities of color are not monolithic: a given community includes people and groups with diverse experiences. And yet there are common threads worth exploring in how Coloradans who are not white are uniquely affected by policies and practices.

Table 2. Percentage of Kindergartners Who Met All School Readiness Domains by Race/Ethnicity, 2018-19

Ethnicity	Percentage
Non-Hispanic	46%
Hispanic	30%
Race	**Percentage**
American Indian/Alaska Native	25%
Asian	33%
Black	30%
Native Hawaiian/Pacific Islander	36%
Two or more races	41%
White	45%

they needed it, compared with 59% of white parents and 55% of Asian parents. Relative to other parents, Black or African American parents were also more likely to turn down a work opportunity because they could not find or afford child care.[95]

Furthermore, when it comes to school readiness, inequities between children of color and their non-Hispanic white peers are well-documented.[96]

At the beginning of each school year, Colorado's school districts assess whether their kindergartners are meeting age expectations in each of the following school readiness domains: physical well-being and motor development, social and emotional development, language and comprehension development, cognition, mathematics, and literacy. During the 2018-19 school year, 46% of non-Hispanic kindergartners met all school readiness domains used by the Colorado Department of Education, compared with just 30% of Hispanic kindergartners. American Indian/Alaska Native children were least likely to meet all school readiness domains (25%), followed by Black children (30%), Asian children (33%), Native Hawaiian or other Pacific Islander children (36%), children of two or more races (41%), and white children (45%). Data for ethnicity and race were reported separately due to reporting limitations.[97]

It is vital that Colorado attend to its youngest children — 41% of whom are children of color — with these inequities in mind.[98]

B2. Language

An estimated 17% of Colorado residents speak a language other than English at home.[99] Among Coloradans who speak a language other than English, approximately two-thirds (65%) speak English "very well." However, for the 300,000 Colorado residents who speak English less than "very well," language barriers may remain an obstacle to accessing services for themselves and their families.[100]

After English, Spanish is the most common language spoken in Colorado, with 12% of the state's population speaking Spanish at home. An additional 5% of Coloradans speak a language other than Spanish or English.[101]

In 2014, Denver Public Schools identified 145 spoken languages by their students' families. After English and Spanish, top languages included Vietnamese, Arabic, and Somali.[102]

Table 3. Distribution of Colorado's Foreign-Born Residents by Region, 2017

Region	Percentage
Latin America	51%
Asia	26%
Europe	13%
Africa	8%
Northern America	3%
Oceania	1%

Numbers do not sum to 100% due to rounding.

C. Developmental Delays and Disabilities

Colorado's children have a wide variety of special needs, including disabilities that affect vision, hearing, movement, thinking, remembering, learning, communicating, mental health, and social relationships.[103] This Needs Assessment includes a focus on children with developmental delays and disabilities, which include a range of language, learning, or physical impairments that may affect day-to-day functioning.

In the United States, 7% of children ages 3 to 17 have been diagnosed with a developmental disability.[104] Data from Colorado show a similar story, with 8% of Parent Survey respondents reporting having a child with a developmental disability.[105]

Identifying developmental delays and disabilities and connecting families to supports early in a child's life can have a significant impact on their school readiness and life course.[106]

D. Family Composition

Many family characteristics — from parental unemployment to recent histories of immigration and other factors described below — are associated with barriers to school readiness and other developmental outcomes. Knowledge of the circumstances of Colorado families can help policymakers offer programs and services that effectively meet the needs of children and their families.

Defining Low Income

This Needs Assessment bases its analyses of income and poverty on the federal poverty level (FPL). **Poverty** refers to the conditions of a household earning less than 100% of the FPL, which was $25,750 for a family of four in 2019.[155] **Low income** refers to families who do not have the resources to meet their basic needs. When "low income" refers to a group or household making less than a designated income threshold (such as 200% of the FPL), we will specify.

Many programs in Colorado's early childhood system have income eligibility thresholds based on FPL, but eligibility varies from program to program. For example, Head Start serves families with incomes at or below 100% of the FPL, while the Nurse-Family Partnership (NFP) serves families making less than 200% of the FPL.[156] Some eligibility requirements even vary within programs, as with the Colorado Child Care Assistance Program (CCCAP). Under CCCAP, counties set their own maximum eligible income, provided they serve families with incomes at or below 165% of the FPL and do not serve families earning over 85% of the state median income.[157]

Many families who fall just above eligibility thresholds may actually be in greater need of supports than those who fall below. These families may be both low resourced and ineligible for many programs.

D1. Teen parents

Being a child of a teenage parent is associated with low birth weight, poor health outcomes, greater risk of social-emotional challenges, and greater risk of becoming an adolescent parent oneself.[107] Colorado's teen birth rate has declined dramatically, from 55.5 births per 1,000 females ages 15 to 19 in 1991 to 16.1 births in 2017.[108]

D2. Military families

Nearly 44% of U.S. active duty military members and 43% of reserve members have children.[109] As of September 2019, 49,703 Coloradans were active duty or reserve members of the military.[110] On average, military families move three times more often than civilian families. These frequent transitions can result in challenges at home and issues with enrolling in and adapting to early care and education environments — important factors when it comes to child development.[111]

D3. Single-parent households

Children in single-parent households are at greater risk of experiencing home-related stressors. For example, the poverty rate for single-parent families in Colorado is over four times that of married-couple families (31% and 7%, respectively).[112]

28% of Colorado's children under age 18 live in single-parent households.[113]

D4. Parents experiencing unemployment

Children living in homes experiencing economic hardship are more likely to have poor mental health compared with those raised in more advantaged households. Some studies show that children whose mothers are unemployed have worse mental health outcomes.[114] In 2017, 2% of Colorado parents were unemployed, down from 8% in 2010.[115]

D5. Immigrant and refugee families

While there is significant variation among immigrants, children from immigrant families, on average, experience more barriers to school readiness than children from native-born, non-Hispanic white families. Research suggests that factors such as family socioeconomic characteristics,

parental decisions about child care, language background, and availability of early childhood programs are all associated with school readiness of children of immigrants.[116]

In Colorado, one in 5 children under 6 (21%) have at least one foreign-born parent.[117] The majority of Colorado children with foreign-born parents (88%) were born in the United States.[118] And Colorado's foreign-born residents are diverse: An estimated 51% are from Latin America, 26% from Asia, 13% from Europe, 8% from Africa, 3% from Northern America, and 1% from Oceania.[119] The estimated unauthorized population of Colorado is approximately 162,000, approximately 8% of whom are children under age 16.[120]

Colorado also welcomes an average of 1,650 refugees each year.[121] Since 2000, more than 29,000 refugees have settled in Colorado.[122] In recent years, refugees resettling in Colorado are most commonly from Burma, Iraq, Afghanistan, Democratic Republic of the Congo, Bhutan, and Somalia. Colorado's primary resettlement sites are the Denver Metro area, Colorado Springs, and Greeley.[123]

Refugee children often have academic and behavioral challenges, attributable in part to above-average rates of post-traumatic stress disorder, anxiety, and exposure to stressful life events.[124] In

addition to stressors experienced in their country of origin, the resettlement process presents a variety of challenges for refugee children and their families, including social isolation, discrimination, language barriers, financial stressors, and unemployment.[125]

D6. American Indian families

An estimated 3% of Colorado's children under 5 are American Indian.[126]

American Indian communities are disproportionately affected by challenges such as poverty, mental health issues, and substance use disorder, in large part due to a long history of oppressive policies and practices, including the forcible removal of children from their families.[127] Still today, American Indian children are over three times more likely than their white peers to be removed from their homes and placed into foster care, even compared with families with the same characteristics and challenges.[128] These inequities manifest themselves in adverse educational outcomes for American Indian children and youth.[129] For example, in 2018, the graduation rate for American Indian students in Colorado was 69%; among white students, it was 85%.[130]

E. Experiences of Trauma

Adverse childhood experiences (ACEs) are potentially traumatic events or aspects of a child's environment that undermine their sense of safety, stability, and bonding.[131] ACEs include experiencing or witnessing violence in the home, growing up with a family member with a substance use disorder, and being separated from one's parents. ACEs are associated with adverse educational, health, and socioeconomic outcomes.[132]

More than one in 10 Colorado children under 6 have already been exposed to multiple ACEs. And exposure to ACEs varies by family income: In Colorado, children from families earning less than 200% of the FPL are five times more likely to experience multiple ACEs than children from families earning more than 400% of the FPL.[133]

Providing supports to children who have experienced — or are at risk of experiencing — ACES, along with their parents and early care and education providers, will improve school readiness, social-emotional well-being, and educational outcomes throughout a child's schooling.[134]

Section Two: Geographic Variation

The economic, racial, and ethnic composition of Colorado communities varies widely across regions. Understanding this variation can help inform the allocation of resources within the state's early childhood system.

Income and Poverty Across Regions

Children who live below the poverty line are ready for school at a lower rate than those from middle- or higher-income backgrounds.[135] For this reason, early childhood leaders should pay particular attention to the southeastern and southwestern regions of Colorado, which have the highest rates of poverty among children under 5.[136]

Race and Ethnicity Across Regions

Hispanic, Black, and American Indian children are disproportionately affected by poverty and are less likely to arrive at kindergarten school-ready, relative to their white peers.[137] Identifying areas with relatively large Hispanic, Black, and American Indian populations can therefore suggest places for intensified programmatic investment.

Colorado's under-5 population is 31% Hispanic, 7% Black, and 3% American Indian.[138] But geographic variation across the state is significant.

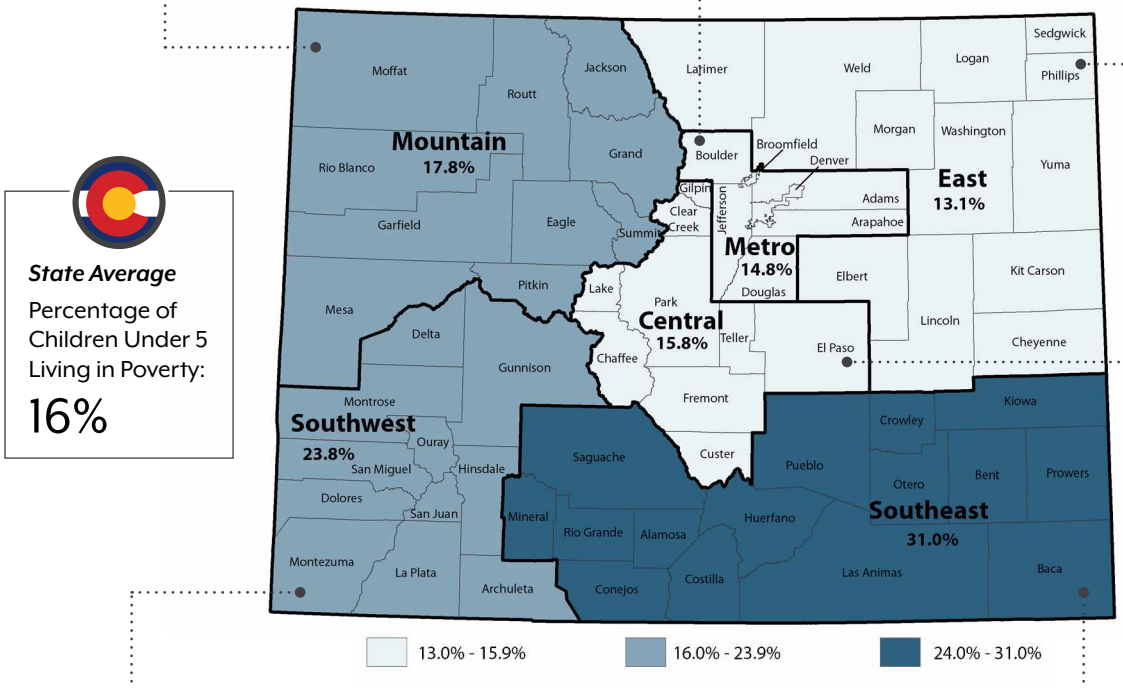
Map 1. Percentage of Children Under 5 Living in Households Earning Below 100% of the Federal Poverty Level by Region, 2017 [158]

Mountain Region:

The proportion of children under 5 living in poverty in the Mountain region is slightly greater than the state average.[162]

Metro Region:

The Metro region has a slightly lower poverty rate for children under 5, relative to the state average. However, many children in this area are still affected by poverty: The Metro region is home to an estimated 27,000 children living below the poverty line.[161]



East Region:

The East region has the lowest percentage of young children living in poverty in the state. [163]

Central Region:

The poverty rate for children under 5 living in the Central region is the same as that for the entire state.

State Average

Percentage of Children Under 5 Living in Poverty:

16%

Southwest Region:

In southwestern Colorado, one in four children under 5 live below the poverty line, the second highest rate in the state, after the Southeast.[160]

Southeast Region:

In southeastern Colorado, nearly a third of children under 5 live below the poverty line — almost twice the state average.[159]

Map 2. Percentage of Children Under 5 Who Are Children of Color by Region, 2018 [164]

Metro and Central Regions:

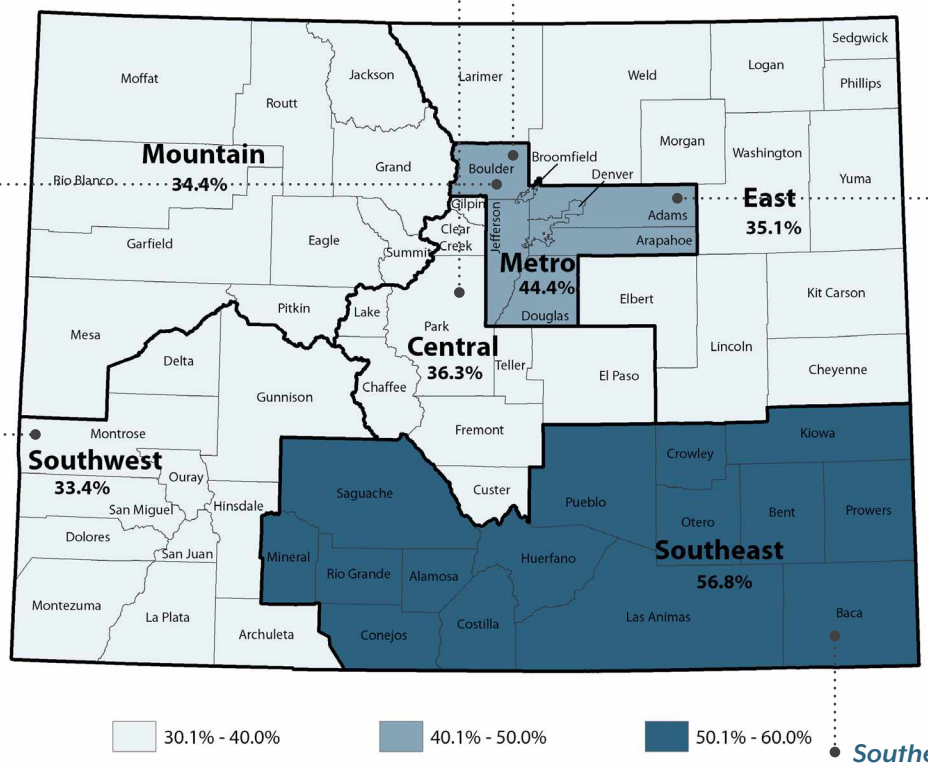
The Metro and Central regions have both the highest concentration and greatest number of Black children in the state. Over 10% of children under 5 in central Colorado and 9% of children under 5 in the Metro area are Black, compared with 2-4% of children in other regions of the state.[167]

Metro Region:

An estimated 4,200 American Indian children live in the Metro region — the most in the state.[169]

Southwest Region:

In the Southwest, 11% of children under 5 are American Indian, four times the state average of 3%. This amounts to an estimated 1,100 children. [168]



Metro Region:

The Metro region is home to the greatest number of Hispanic children in the state: Some 58,700 children under 5 in the Metro area are Hispanic. Hispanic children represent 32% of the region's under-5 population.[166]

Southeast Region:

In the Southeast, over half (52%) of children under 5 are Hispanic, the highest concentration in the state.[165]

The Urban/Rural Divide

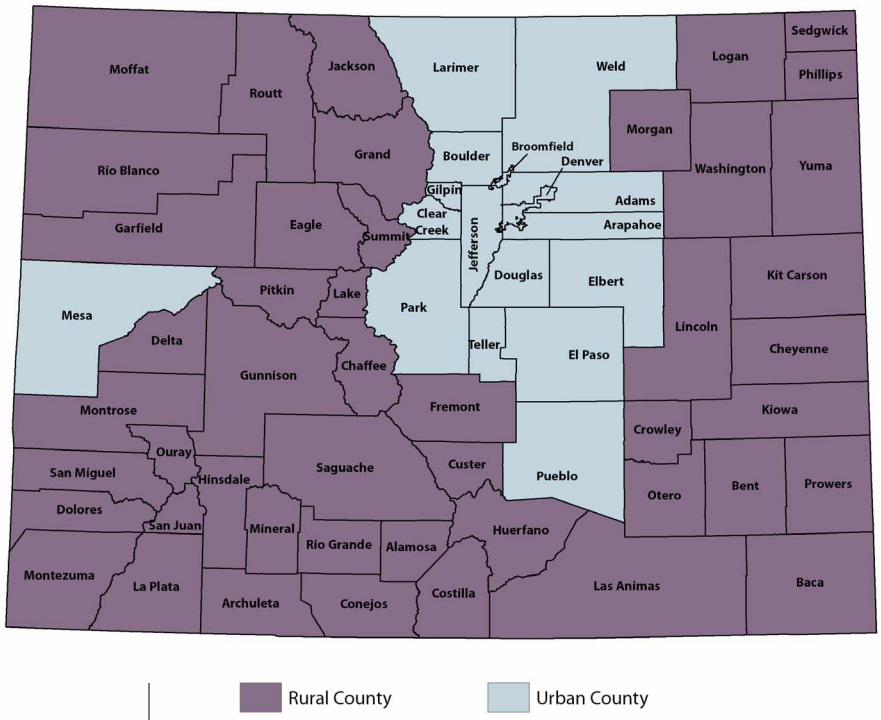
Despite the state's wide-open spaces, Colorado's population is highly urban. Nine in 10 of Colorado's children under 5 (89%) live in an urban county, and nearly half of Coloradans (47%) live in a city or town with more than 100,000 residents.[139] But 47 of Colorado's 64 counties are considered rural, and the experiences and challenges faced by rural Coloradans should not be overlooked (see Map 3).[140]

This analysis reveals stark differences between urban and rural populations, which should inform the reach and resource allocation for early childhood programming.

Rural communities face unique barriers compared with their metropolitan counterparts. Many have a lower median household income, more residents living in poverty, and more widespread food insecurity.[141] These characteristics can affect children's readiness for school and leave them at a disadvantage compared with those living in urban areas.[142]

- Research indicates that young children in rural areas, on average, enter kindergarten with less advanced academic skills than children in small urban areas and suburbs.[143]
- Rural families, on average, lack the financial resources of their urban counterparts. In Colorado, 21% of children under 5 in rural counties live below the FPL, compared with 15% of their urban counterparts.[144] And the average median household income in Colorado's rural counties is approximately $54,000, compared with $69,000 in urban counties.[145] This discrepancy is likely not simply a result of difference in cost of living: In 2011, urban households in the United States received 32% ($15,779) more in yearly income than rural households, but spent just 18% ($7,808) more on household expenditures.[146]
- Children in rural Colorado experience higher rates of food insecurity compared with those in urban areas. About 13% of rural children under 18 have low or limited access to safe, nutritionally adequate food, compared with about 5% of urban children.[147] Food insecurity is particularly pronounced in the Southeast region, where 23% of children under 18 have low access to a supermarket or large grocery store.[148]
- Nationally, rural families spend 12% of their income on child care, while families in metropolitan areas spend about 11%.[149]

Map 3. Urban- and Rural-Designated Counties



Defining Rural and Urban

This section of the Needs Assessment assigns rural and urban designations using the programmatic designation used by the Colorado Rural Health Center and the Office of Management and Budget: "All counties that are not designated as parts of Metropolitan Areas (MAs) are considered rural."[170] When citing public data sources, this assessment defers to the definitions used by the source.

COLORADO'S EARLY CHILDHOOD SYSTEM

Colorado's long history of supporting children from birth to kindergarten is grounded in a systems approach designed to impact the child and family outcomes of access, quality, and equity across the domains of family support and education, health and well-being, and learning and development from the Early Childhood Colorado Framework.[171]

The early childhood system includes a wide array of programs and services in the early care and education (ECE) system, as well as a number of programs and services defined broadly as family and community supports (see Figure 6). While this Needs Assessment focuses on families' access to ECE programs, services, and funding, it also recognizes the important role family and community support programs play to ensure positive outcomes of all children and their families.

This systems view is based on a fundamental assumption that consistent, stable care across settings in the context of healthy relationships is foundational to ensuring all Colorado children are healthy, valued, and thriving, and achieving the express goal of preparing every child in Colorado for school when entering kindergarten.

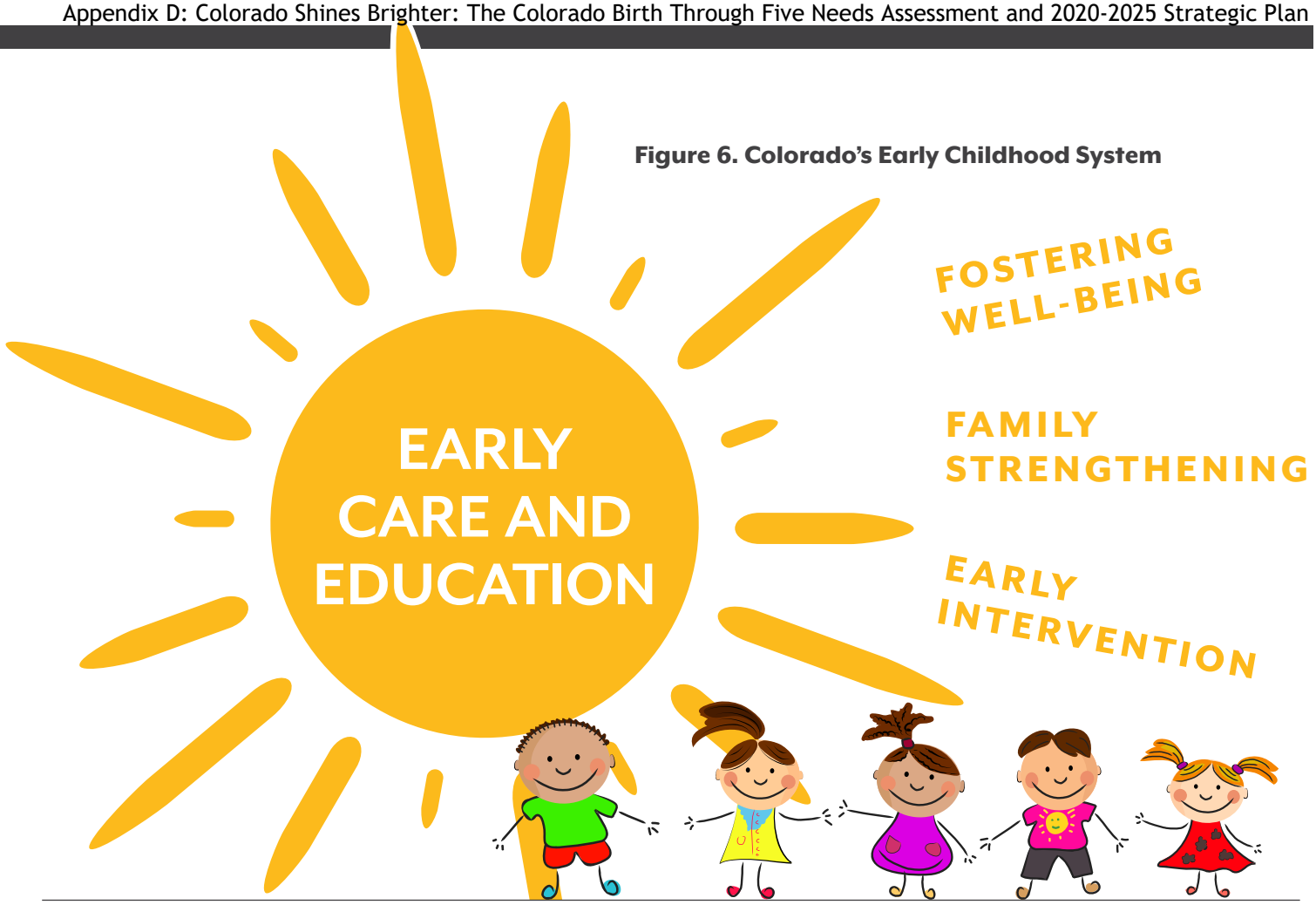
Colorado's early childhood system is designed to promote inclusive settings for all children regardless of their abilities, incorporate trauma-informed care approaches, and provide successful transitions both within the early childhood system and into kindergarten. As a state, Colorado strives to prepare every child for school, support resilient families, and offer the safest facilities and highest-quality programming possible to ensure children have a strong start in life.

The next two sections of this report examine Colorado's early care and education programs followed by family and community support programs.

The early care and education programs profiled in this Needs Assessment:

- Licensed Child Care
- Colorado Shines
- Head Start
- Colorado Child Care Assistance Program
- Colorado Preschool Program/Early Childhood At-Risk Enhancement
- Preschool Special Education

Figure 6. Colorado's Early Childhood System



The family and community support programs and services detailed in this Needs Assessment:

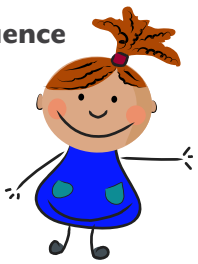
- Fostering Well-Being
  - Early Childhood Mental Health Consultation
  - Growing Readers Together
  - The Incredible Years
- Family Strengthening
  - Colorado Community Response
  - Family Resource Centers
  - HealthySteps for Young Children
  - Home Instruction for Parents of Preschool Youngsters
  - Nurse-Family Partnership
  - Parents as Teachers
  - Promoting Safe and Stable Families
  - SafeCare® Colorado
- Early Intervention Colorado

These family and community support categories are explored in detail beginning on page 77 of this report. Detailed program profiles are available in Appendix A (see page 111).

This report provides a snapshot of the ECE and family and community support programs, services and funding, and how these programs work together to support children and their families. It's important to bear in mind that other factors influence children's school readiness and their families' ability to thrive, including secure housing, health, and financial well-being. This report does not attempt to assess needs in these broad categories outside the programs and services listed above.

Figure 7. Other Factors that Influence Children's School Readiness

- Secure Housing
- Health
- Financial Well-Being



EARLY CARE AND EDUCATION

For more than 30 years, Colorado's state leaders, policymakers, educators, and providers have made repeated and lasting investments in early care and education (ECE). In particular, Colorado has made significant strides in promoting quality child care and preschool options for children. The state took an important step in 1988 when the legislature enacted a preschool program to serve 2,000 young children with language delays, forming the foundation of the Colorado Preschool Program. Another significant milestone was achieved in 2015, with the launch of the state's quality rating and improvement system, Colorado Shines.[172]

Today's ECE system reflects Colorado's continued investments and a commitment to the following goals:

- Prepare all children for kindergarten, with special emphasis on transitioning each child effectively.
- Provide inclusive care for all children, regardless of income, race, ethnicity, ability, or geography.
- Support families' choice of quality care setting through equitable access and affordability.

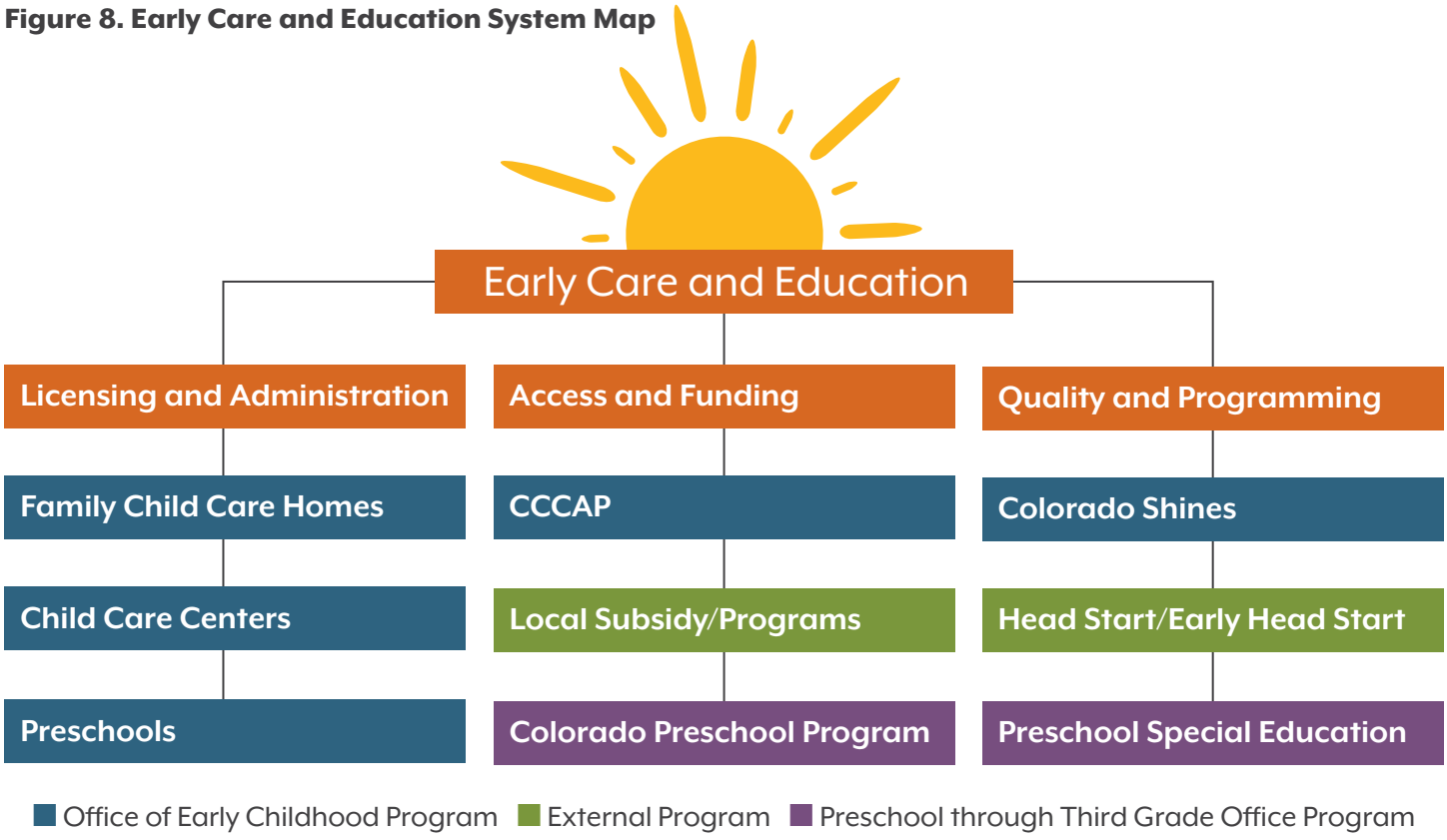
Surrounding the ECE system are supporting areas that form a vibrant and necessary early childhood system. These supporting programs are discussed in the Family and Community Supports section (see page 77).

Most ECE programs are coordinated through the Office of Early Childhood (OEC)'s Division of Early Care and Learning and the Colorado Department of Education (CDE)'s Preschool through Third Grade (P-3) Office.

In 2019, Colorado's ECE landscape is a complex system that is organized into three large categories of activity (see Figure 8):

- **Licensing and administration.** Regulation and activities to ensure the health and safety of children in ECE facilities.
- **Access and funding.** Subsidies and financial supports to increase families' access to high-quality ECE programs.
- **Quality and programming.** Programs to rate and improve the quality of ECE facilities.[173]

Figure 8. Early Care and Education System Map



It's also important to note that many programs cross multiple categories. For example, Head Start provides access to ECE slots, federal reimbursement directly to ECE providers, and high-quality programming.

Key Needs in Colorado

This Needs Assessment revealed critical challenges that will require continued investment:

- The high cost of child care prevents parents from accessing the care they want for their children. This can complicate the decision of whether to return to work or provide care for their child. Data from the Parent Survey confirmed the greatest limitation to accessing their preferred child care is cost, with eight in 10 parents (79%) saying that cost is a limiting factor.[174]
- Within focus groups, inequitable access to child care was a prominent point of discussion. Both parents and early care and education providers contrasted rural and urban resources and cited the limited number of facilities statewide appropriately prepared to support the development of all children.
- These challenges are compounded for families of children with special needs, who have immense trouble finding care that can accommodate their needs in a safe, nurturing environment at a cost their family can afford.
- The ECE workforce needs increased supports and training to promote inclusivity of children with special needs, to apply trauma-informed care best practices, and to benefit from early childhood mental health services.
- Providers are struggling to attract, train, and retain talented staff. Pay, benefits, and working conditions need to improve to retain and grow a skilled workforce capable of driving improvements in the quality of care delivered.
- Licensed infant and toddler child care options have declined dramatically, due to the high cost of providing this type of care and the perceived burden of regulation, especially on licensed family child care homes.

- Offering early childhood programs and services in rural settings is a challenge because of reach and scale. For example, many parts of the state do not have sufficient workforce or funding to meet family needs with licensed child care options.
- Current data systems cannot systematically assess unique child or parent counts accessing programs and services. These systems also cannot connect nor assess long-term outcomes for children and families.
- In addition to integrating internal data sources, the state would greatly benefit from an investment in new or strengthened cross-sector partnerships and data sharing agreements.

What Parents Say

- When asked what they want when it comes to high-quality, available child care options, families prioritized highly individualized, safe, reliable care options that promote social-emotional health.
- But six out of 10 parents (62%) were unable to get child care when it was needed, and just over half (53%) reported having missed work opportunities because they either did not have access to care or could not afford it, according to the Parent Survey.

Child Care Model

For this Needs Assessment, Colorado applies a newly developed algorithm to approximate available licensed care in Colorado. The Child Care Model quantifies and takes into account the type of care settings families would prefer to use in the absence of any barriers.

This model leverages multiple data sources, including census data (American Community Survey, 2017), administrative data on licensed capacity from the OEC, enrollment data from the Colorado Shines Quality Rating and Improvement System (QRIS), and responses to the Parent Survey, to estimate the number of children, by age and county, in licensed, informal, and parental care today (current state) and the number who would be cared for in these settings based on parental preference in the absence of barriers (desired state).

The Child Care Model estimates that, in the desired state absent any barriers, 152,000 children under 5 would be enrolled in licensed care. This is approximately 39,000 more children than estimated to be enrolled in licensed care today.

The model is also designed to provide unique estimates for specific programs, including Head Start, Colorado Child Care Assistance Program (CCCAP), and Colorado Shines, based on eligibility criteria and parental preference. Collectively, this allows for both regional comparisons and state-level analyses.

The model includes several assumptions, including the time it takes parents to drive to a child care facility and licensed provider waitlists. We acknowledge that children often receive care in multiple settings (licensed, informal, and parental). However, the model places children into one primary care category for estimates of both the current and desired state. See Our Approach on page 99 for additional information.

Data Strengths and Opportunities

- The Colorado Shines QRIS captures information on licensed child care facilities and the children they serve. However, data are not available to describe children not participating in these programs.
- Colorado would benefit from a comprehensive system capable of linking children served across multiple programs and agencies. Current data systems cannot easily or systematically assess unique child or parent counts receiving services from multiple programs. For example, current data systems cannot assess whether families using CCCAP are the same families receiving services from the Early Childhood Mental Health Consultation (ECMHC) program.
- Finally, current data structures allow only limited tracking of the outcomes of early childhood programming. We cannot systematically link children to school readiness data. Colorado's next step in advancing ECE data systems is to move from process measures to outcome measures.

PROGRAM PROFILE:

Licensed Child Care

Overview

Colorado's licensed child care providers play a critical role in the state's ECE system and often serve as a common entry point for many Colorado children and families to the larger early childhood system's provision of services and supports.

The OEC licenses less-than-24-hour ECE programs that provide care for infants, toddlers, and young children.

Family child care homes provide care for five or more children unrelated to the provider in the provider's place of residence.

Non-home child care facilities include child care centers, school-age child care centers, preschools, children's resident camps, and neighborhood youth organizations.

Licensed child care providers must meet the regulations specified in the state's Child Care Licensing Act and outlined in the General Rules for Child Care Facilities, as well as the individual rule sets appropriate to the type of license they are issued.[175]

Licensure can provide parents with security and assurance that their children are receiving care that meets standards for health and safety; has policies in place regarding supporting positive child behavior and guidance; is provided by qualified professionals who have passed background checks for criminal history and child abuse and neglect; and is inspected by external parties.

- **Administration.** The Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning is responsible for the licensing and regulation of less-than-24-hour child care providers.
- **Funding.** Licensed child care providers do not receive funds based on their license status.
- **Quality.** Colorado Shines, the state's Quality Rating and Improvement System (QRIS), is embedded in child care licensing. Licensed providers that serve children prior to kindergarten entry are part of Colorado Shines QRIS.
- **Target Populations.** Licensed providers serve children as young as six weeks old. Different programs serve children in unique age ranges.
    - **Infant programs:** Six weeks to 18 months.
    - **Toddler programs or classrooms:** 12 to 36 months.
    - **Preschool programs or classrooms:** 30 months to 7 years.

The age and number of children served also vary based on provider type. For example, large child care centers provide care between six weeks up to 18 years. Infant and toddler programs may be included in a large child care center license to enable that facility to serve children of all ages.

Current Supply of Licensed Child Care Providers

Data limitations regarding enrollment among licensed providers limits Colorado's abilities to describe the current supply of licensed child care providers with absolute certainty; however, available information on current licensed providers is described below.

Table 4. Licensed Facilities by Colorado Shines QRIS Rating Level, October 2019

QRIS Level	Number of Facilities
Level 1	1,813 (48%)
Level 2	988 (26%)
Level 3	190 (5%)
Level 4	673 (18%)
Level 5	94 (3%)

Licensed Providers

Colorado had nearly 3,800 licensed child care providers (centers and homes) in October 2019.[176]

Quality

The majority of licensed providers are currently rated Level 1-2 in the Colorado Shines QRIS (see Table 4). However, 957 (25%) licensed child care facilities have received Levels 3-5 ratings, having completed a process to demonstrate quality across program operations, including workforce qualifications, family partnerships, administrative practices, learning environments, and child health (see Colorado Shines on page 55 for more information).[177]

Analytic Approach

Terms used in the Child Care Model are referenced throughout this report and are defined below. Please see Our Approach on page 99 for additional information.

- **Current State:** Estimates of where Colorado's children are currently receiving care
- **Desired State:** Estimates of where Colorado's children would be receiving care based on parental preference and free of barriers (cost, availability, quality, accessibility, etc.)
- **Eligible Population:** Estimates of the total eligible population for any given program is based on specific program criteria (income, family characteristics, etc.)
- **Infants:** Under Age 1 (0 to 11.99 months)
- **Toddlers:** Ages 1 and 2 (12 to 35.99 months)
- **Preschoolers:** Ages 3 and 4 (36 to 59.99 months)

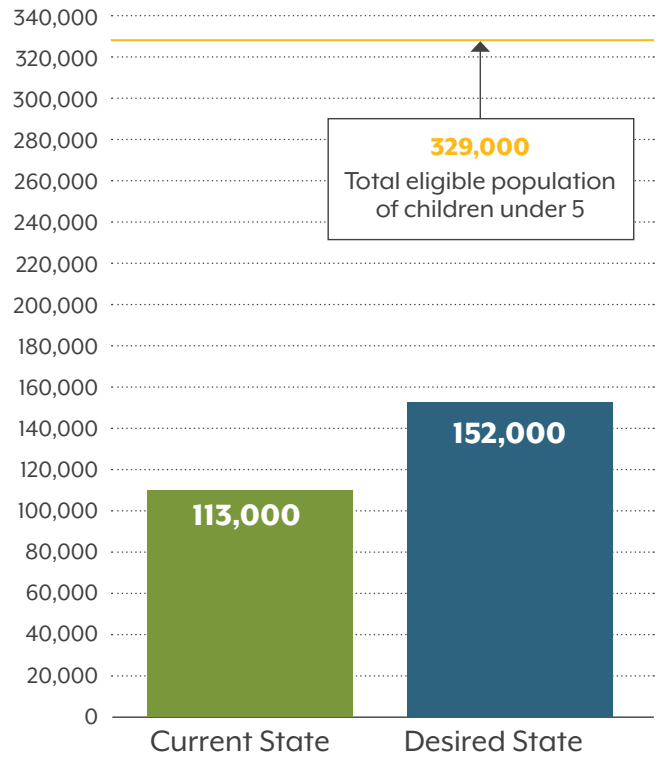
The Child Care Model generated the following estimates:

- **Eligible population estimates:** 329,000 children under 5
- **Current state estimates:** 113,000 children under 5
- **Desired state estimates:** 152,000 children under 5

Data Strengths and Gaps

The Child Care Model accounts for geographic variations in the supply and availability of licensed child care as well as parent preferences. Although children receive care in multiple settings, the current and desired states place them in one care type. Age-specific estimates may not sum to the total estimate due to rounding. Assumptions and limitations of this analysis are described in the Our Approach section.

Figure 9. Current and Desired State of Available Licensed Care for Children Under 5 in Colorado, October 2019



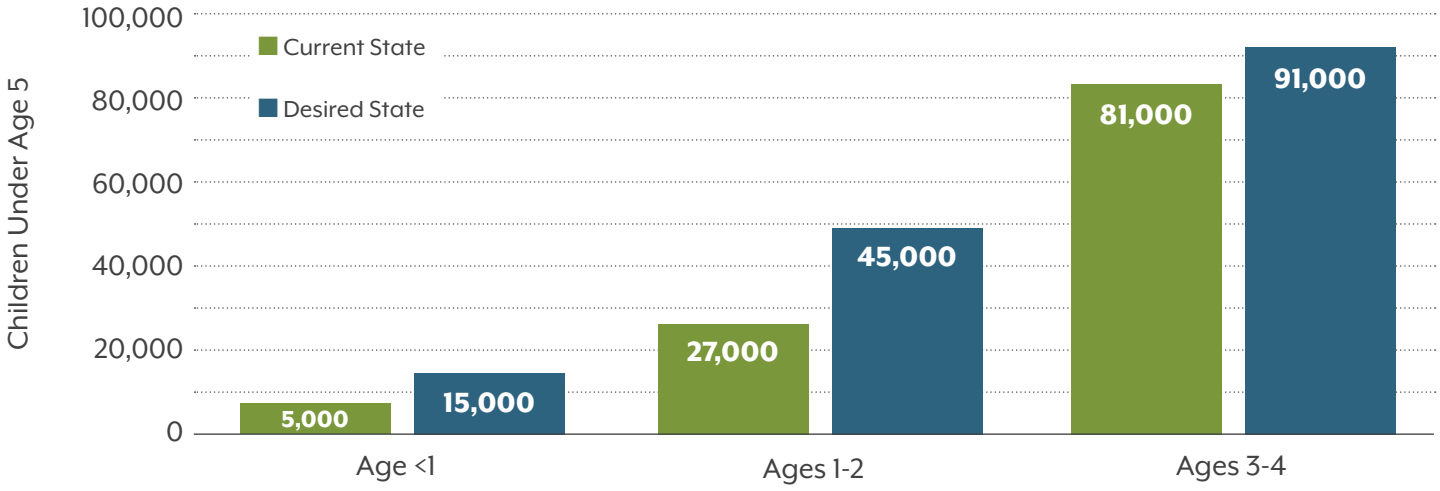
The next sections outline the contrast between current estimated supply and extrapolated demand utilizing the Child Care Model.

What Is Enough?

Approximately 113,000 (34%) children under age 5 are estimated to be in licensed child care currently.

In the desired state — parental preference in the absence of any barriers — an estimated 152,000 children would be in licensed care — an increase of 34.5% or 39,000 more children from the current state (see Figure 9).

Figure 10. Current State and Desired State of Available Licensed Care by Age, October 2019



The total eligible population for children under age 1 is 66,000; children ages 1-2 is 131,000; and for children ages 3-4 is 132,000.

Who is Not Getting Enough?

The biggest difference between current and desired states in licensed care is observed for infants and children ages 1-2.

Infants: Only 33% of infants whose parents would choose licensed child care in the absence of barriers are estimated by the model to be enrolled in licensed care currently. The desired state estimates 10,000 additional infants (15,000 total) would be receiving licensed care — three times the current state (5,000 infants).

Toddlers: Parents of toddlers have a slightly better opportunity to secure licensed child care. Some 60% (27,000) of the 45,000 toddlers whose parents desire licensed care are estimated to be receiving it.

Preschoolers: At 89%, preschool age licensed care in its current state most closely mirrors desired state. Which is to say it appears that parents of preschoolers seeking licensed child care are nearly all able to obtain it, with 81,000 of the 91,000 children in this age group whose parents desire licensed care currently receiving it (see Figure 10).

Colorado providers and stakeholders participating in focus groups consistently identified the challenges in securing licensed child care for infants. This was the case for both center and home-based child care.

> ***"It was extremely difficult to find care for infants under 1 year...waitlists are approximately seven to eight months long."*** — Colorado parent, 2019

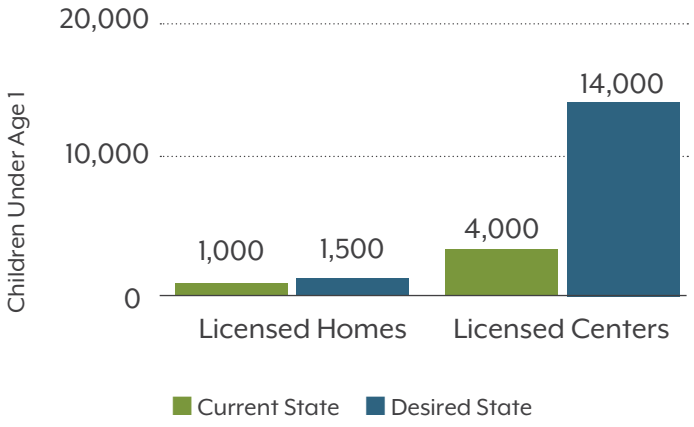
However, Colorado's licensed child care homes are currently meeting 66% of parental preference for children under age 1, compared with center-based settings at only 29% (see Figure 11).

Parents of children with special needs may have more limited options.

Nineteen percent of all parents responding to the Parent Survey said that the ability to accommodate the special needs of their children significantly limited their ability to use their preferred type of child care. For families earning less than $25,000 annually, this number jumped to 35%.[178]

> ***"There are kids that should be in school all day that (are) only in part day because the schools don't have the resources to be able to meet their needs."*** — Colorado parent, 2019

Figure 11. Current and Desired State of Licensed Homes and Licensed Centers, Infants, October 2019



The total eligible population for children under age 1 is 66,000.

Frustration was readily shared in both the Parent Survey and focus groups by parents of children with special needs regarding the quantity and quality of care available to their families.

Where Is There Not Enough?

Most counties are meeting at least 60% or more of the desired state for licensed child care with the current state (see Table 34 in Appendix B). But counties vary widely in the differences between the desired state and the current state for infants and toddlers.

Infants

Among the 25 of Colorado's 64 counties with more than 50 infants estimated to be in the current or desired states (see Map 4), the rural counties of Eagle, Summit, and La Plata are meeting about half (59%, 53%, and 46%, respectively) of the desired state today.

The seven urban counties in metro Denver fare similarly to one another — meeting approximately a third (29-35%) of the desired state in the current state for infants.

The urban counties of Pueblo and Elbert appear to be meeting parental preference absent of barriers at the lowest rates among urban counties, at 18% and 22% respectively.

Toddlers

For toddlers, most urban counties are meeting 58-68% of the desired state in the current state. Park and Pueblo counties are the exception and among the lowest, meeting just 41% and 46% respectively (see Map 5).

The rural mountain west counties of Summit, Eagle, Pitkin, and Gunnison are estimated to be meeting 73-77% of the desired state in the current state. Rural Alamosa and Washington counties are also estimated to be meeting nearly three quarters of the desired state in the current state for toddlers.

What Parents Say

Many parents say they face barriers related to licensed child care's accessibility and affordability.

The Parent Survey shows that most parents prefer school-based preschool programs or licensed child

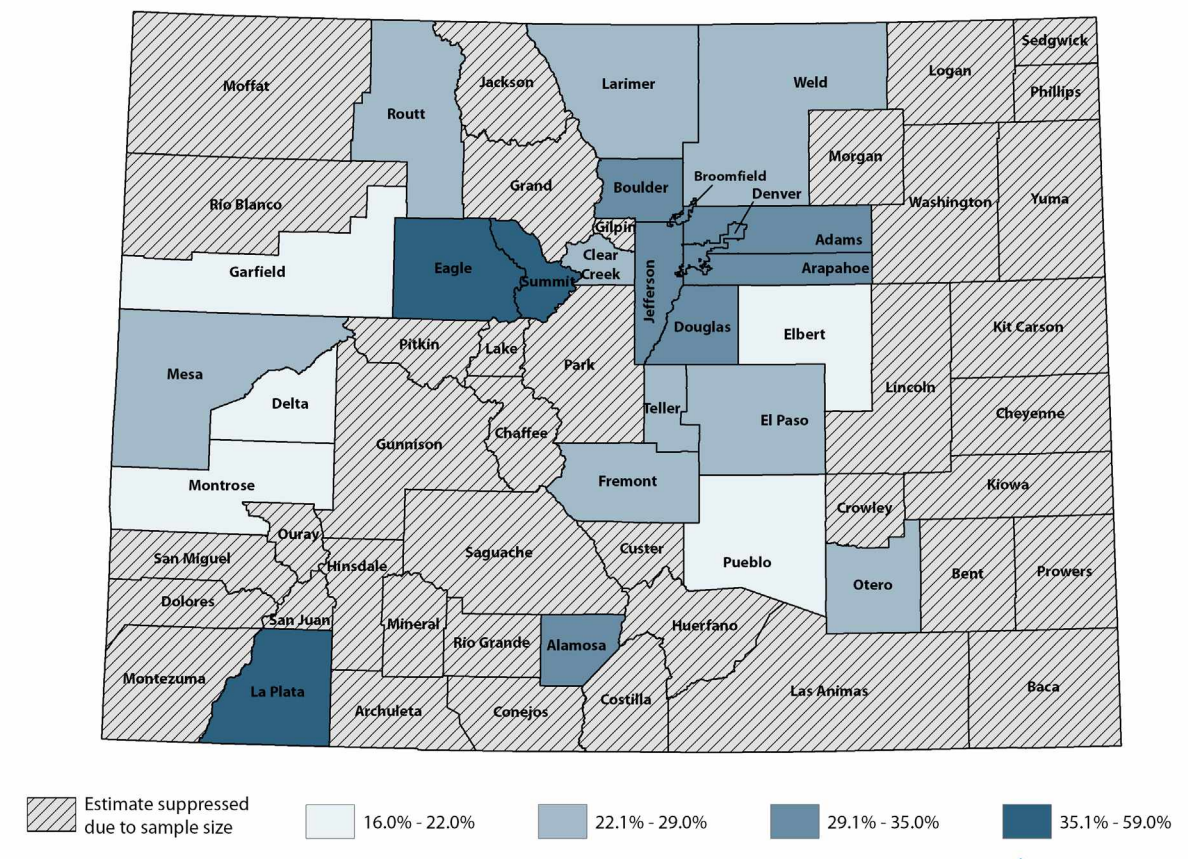
The Role of Informal Care

Some of the state's most important child care providers are not formally part of the child care system. Grandparents, aunts and uncles, and a neighbor down the block are essential to the child care plans of more than half of Colorado's families, according to estimates from the Child Care Model.

Certain child care providers may be legally exempt from licensing requirements under Colorado's Child Care Licensing Act. Family care homes that provide less than 24-hour care to four or fewer children ages birth to 18 and no more than two children under age 2 may be exempt from licensing. The maximum number of children in care includes the providers' own children.

These types of license-exempt child care providers, as well as babysitters and nannies, are often referred to as informal care providers. A quarter of parents (28%) who responded to the Parent Survey use informal care frequently, and another 28% rely on it occasionally.[182]

Map 4. Rate of Licensed Care Desired State Being Met by Current State, Infants Under Age 1, October 2019



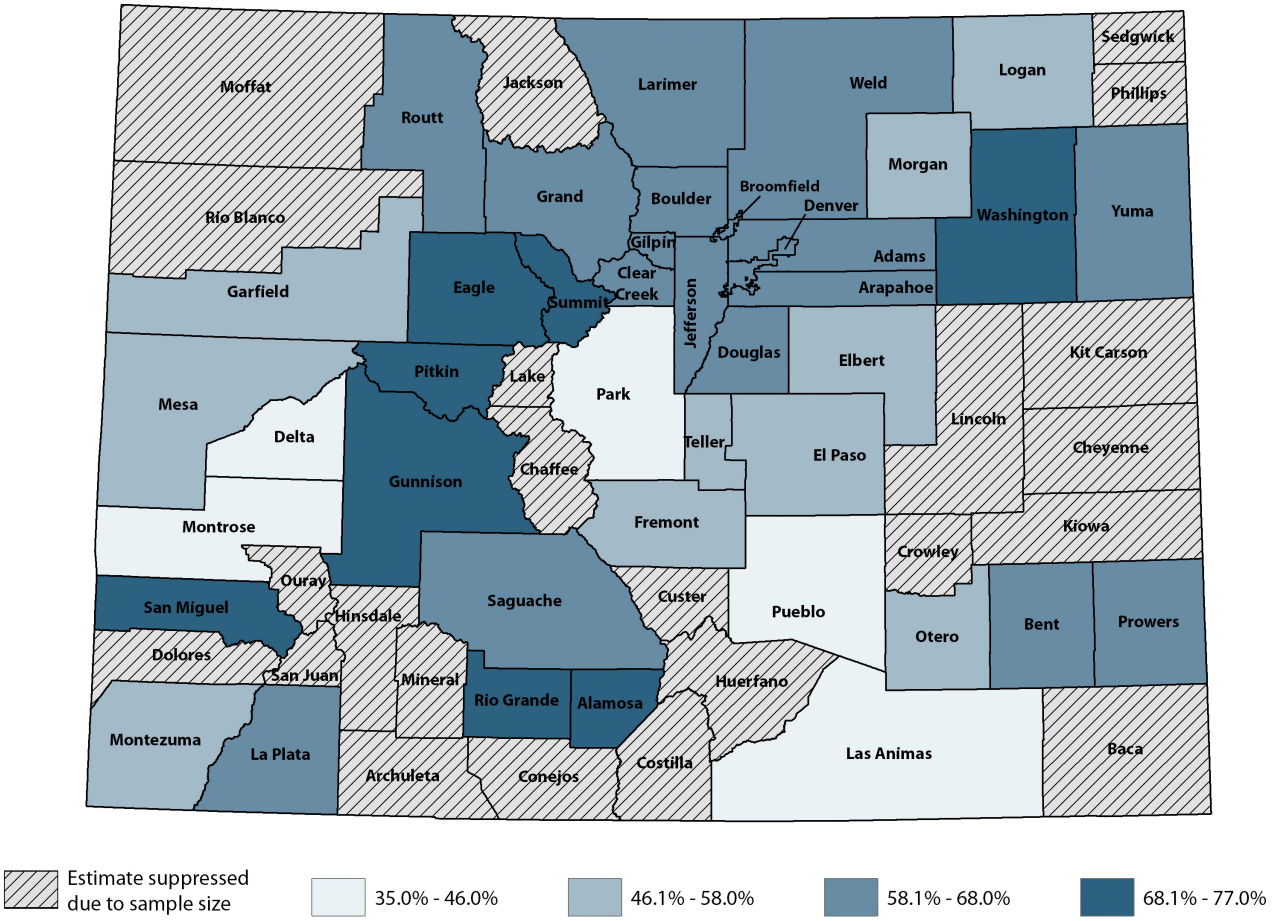
Counties with fewer than 50 children estimated to be in the current or desired states are suppressed in this map due to the potential instability of the estimate.

Taking Multiple Views of the Need for Infant Child Care

In 2019, Gary Community Investments engaged Dr. Ajay Chaudry and his team to inform a state-based cradle to kindergarten policy agenda and funding estimates based on their book, *Cradle to Kindergarten.* Within this project, Dr. Chaudry provided an estimate of Colorado's need for infant child care and family child care homes in response to Colorado Senate Bill 19-063. In regard to infant care, Dr. Chaudry and his team found that the state would need to double the current capacity for licensed infant care from 9,500, including 7,000 in centers and 1,500 in family child care homes, to 16,000-22,500 for children under age 1 (13,500 – 18,500 in centers and 2,500 – 4,000 in family child care homes).

In contrast to the Child Care Model reported here, findings from Chaundry's team focus on infant care and produce estimates relative to maximum licensed capacity. The Child Care Model developed by CHI arrives at a lower estimate of current licensed child care for children under age 1 by applying enrollment and drive time data to maximum licensed capacity to arrive at an estimate that more closely reflects operating capacity (5,000 vs 9,500). These analyses provide different yet complementary insights into Colorado's child care needs. Importantly, both arrive at a similar estimated need for increased infant care (16,000-22,500 vs 20,000).[183]

Map 5. Rate of Licensed Care Desired State Being Met by Current State, Children Ages 1-2, October 2019



Counties with fewer than 50 children estimated to be in the current or desired states are suppressed in this map due to the potential instability of the estimate.

care centers at 62% combined compared with 8% of parents who stated a preference for licensed home-based child care.[179]

However, these preferences appear to be influenced by several factors.

- **Geography.** Overall preference for licensed child care facilities varies by region across Colorado, with 54% of parents living in southeast Colorado and 74% of parents in the mountain region indicating this preference.
- **Child age.** Families with very young children want more informal care, while families with children age 3 and older want more formal environments. About 34% of parents with children under age 1 stated a preference for friend, family, or neighbor (informal) care. For parents with children age 3 or 4, more than 40% reported preschool as their top choice.
- **Household Income.** Families earning the least (less than $40,000 annually) are significantly less likely than the rest of the state to prefer preschool/ pre-kindergarten (about 27%), while higher income earners ($100,000 - $149,999 annually) are significantly more likely to prefer preschool/ pre-kindergarten (about 35%) than the rest of the state.

> ***"The barrier many families face is the cost and availability of quality programs when you have more than one child – the associated cost and availability of wanting one quality place for a four-month old and a nearly three-year-old."***
> — Colorado parent, 2019

Stakeholder Feedback

Child care providers shared that they must navigate the many administrative burdens that come with local and state regulations. Efforts aimed at supporting both new and continuing providers in navigating layered, and sometimes competing licensing regulations, is imperative to meeting the state's current child care demands.

Why is There Not Enough?

- **Cost of providing infant and toddler care.** Results of the Child Care Model, as well as feedback from parents and stakeholders, find the availability of infant and toddler licensed care lacking. Stakeholders identified several challenges, including the costs associated with meeting infant program requirements and expenses required to meet staffing ratios without making the care out of reach for parents. In some cases, the financial cost of complying with the low staff-to-child ratio can lead a facility to opt out of caring for infants. Colorado center-based providers cited the high cost related to lower adult-to-child ratios, difficulty finding qualified staff, and lack of space to meet requirements as major barriers to providing infant care. Child care licensing rules require a low staff-to-child ratio for infants. This rule, while costly in resources and staff, ensures safe, nurturing care for very young children.
- **Challenges of becoming and staying licensed.** Providers and stakeholders participating in focus groups recognized the importance of licensure and standards. They also flagged concerns about the costs and benchmarks set for meeting these standards as a barrier to becoming and staying licensed. Although the federal government has some involvement, the state plays the lead role in establishing and enforcing child care licensing. State and local stakeholders, providers, and parents share the goals of improving access and expanding licensed providers while also ensuring safety and quality. The next step might be to expand available supports and technical assistance to support providers in licensing activities, including boosting the number of licensing specialists.

The Active Ingredient

The "active ingredient" in a child's growth is the developmental relationship between the child and their caregivers. The basic building blocks of such relationships are the day-to-day interactions between children and the adults who teach and care for them.[184] Very young children use interactions with responsive adults to learn about themselves, others, and the world. Even when they are busy exploring materials or practicing rolling, crawling, and walking, infants check back often with their trusted adult to be sure they're still safe. Babies need to be held and comforted, talked to about everything around them, fed, changed, and, always, kept safe and healthy.

Colorado's child care licensing rules require a low staff-to-child ratio for infants. This rule, while costly in resources and staff, ensures safe, nurturing care for very young children through simple interactions.

Opportunities to Address Needs

- **Address affordability.** Most parents responding to the Parent Survey (80%) cited cost as the biggest barrier to receiving their preferred type of child care.[180] Supporting parents and providers in weaving together federal, state, and local funding sources to access and maintain high-quality care is one opportunity.
- **Explore avenues for mixed-delivery and co-locating licensed child care programs in other family- and child-friendly settings.** Some stakeholders expressed concern that expanding full-day kindergarten and the implementation of

universal preschool may reduce the number of physical spaces available for preschool and other programs, especially in school-based settings. Head Start stakeholders specifically talked about opportunities for building on its two-generation approaches to co-locate programs with local organizations, senior centers, or other family- and child-friendly locations.

- **Enhance the visibility of Colorado Shines for parents and providers.** Respondents to the Parent Survey cited safety as the most important aspect when evaluating child care options for their children.[181] Colorado Shines provides free, on-demand tools for parents to research the health and safety of child care programs. Additionally, continuing to communicate with parents about the value of Colorado Shines QRIS ratings as a mark of high-quality care when choosing a program can reinforce this important program.
- **Support and expand inclusive, licensed environments.** Equitable access to child care is a prominent need. Inclusive environments must serve the needs of many populations, including recent immigrants, dual language learners, children from refugee families, and children from tribal families. In addition, parents of children with special needs want — and need — licensed care options that allow their children to learn, be cared for, and thrive safely. Current programs and options are very limited and may have income eligibility criteria that exclude many children who could benefit from these services. Supports for children under age 4 who are not yet in school or for children ages 3 and up already in preschool also may be lacking. At the same time, a lack of qualified ECE providers present workforce burdens.

PROGRAM PROFILE:

Colorado Shines

Overview

Colorado Shines is a quality rating and improvement system (QRIS) for licensed early care and education programs that serve children prior to kindergarten entry. Colorado Shines QRIS is embedded into the state child care licensing system. Its primary functions are to rate the quality of early care and education programs; help participating programs and professionals improve the quality of services they provide; and to connect Colorado families with quality child care and preschool programs.

The program also includes the Colorado Shines Professional Development Information System (PDIS), a free, comprehensive online resource tool for learning and professional advancement for all early childhood professionals in Colorado.[185]

- **Administration.** Colorado Shines is administered by the Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning.
- **Funding.** Colorado Shines is currently funded through the federal Child Care and Development Fund. It launched in 2015 using a portion of the Race to the Top Early Learning Challenge grant, a federal program that aimed to improve the quality of early learning and development and close the achievement gap for children with high needs.[186]
- **Target Populations.** Colorado Shines works with licensed programs serving children prior to kindergarten entry and early care and education professionals to improve their quality, and with families searching for quality child care and preschool programs.

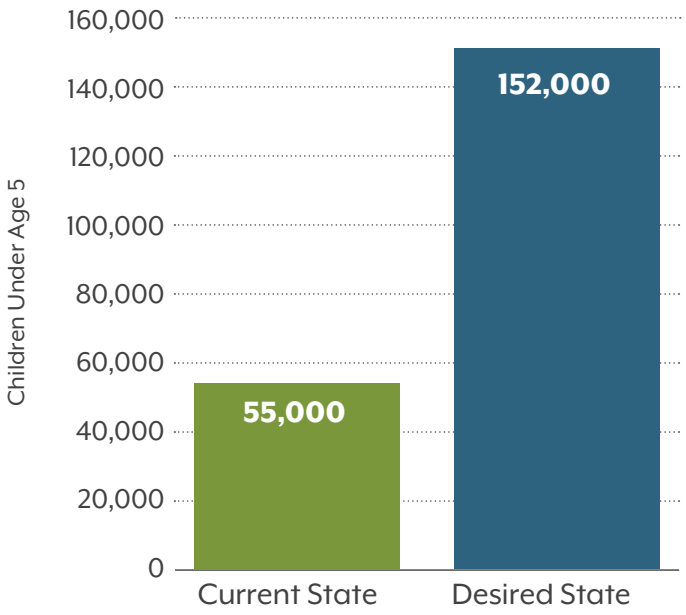
Colorado Shines QRIS assigns quality rating Levels 1 through 5. A higher QRIS level indicates a higher-quality facility.

All licensed programs serving children prior to kindergarten entry that meet basic licensing health and safety requirements are rated at Level 1. To advance to Level 2, a program must complete certain activities, which prepare the program to advance toward the high-quality ratings of Levels 3-5 in the future.

Levels 3-5 are based on points earned by meeting quality indicators and criteria across five category standards:

- Workforce and Professional Development
- Family Partnerships
- Leadership, Management, and Administration
- Learning Environment
- Child Health

Figure 12. Current and Desired State of High-Quality (Colorado Shines QRIS Levels 3-5) Care for Children Under 5 in Colorado, October 2019



The total eligible population is 329,000 children under 5. The desired state estimates are based on parental preference in the absence of barriers and do not take into account provider preference or availability of funding that would be necessary to meet estimated parental/family demand.

Programs can also achieve a Level 3 or 4 using alternative pathways, including national accrediting bodies, being a part of an approved school district, or being a Head Start program.

As of October 2019, only 25% of Colorado licensed child care facilities (957 facilities out of a total of 3,758) have achieved quality ratings of Levels 3-5 (see Table 4 in Licensed Care). Child care centers are much more likely to participate in and receive a high-quality rating than child care homes (38% and 6% respectively).[187]

Analytic Approach

The Colorado Shines analysis is based on the Child Care Model as described in Our Approach (see page 93). The model provides estimates for infants (under age 1), toddlers (ages 1-2), and preschoolers (ages 3-4). However, the following adjustments have been made to reflect the specifics of Colorado Shines:

- **Eligible population estimates** include all children under age 5.
- **Current state estimates,** like the overall model, adjust licensed capacity downward to account for child care facilities that enroll below their licensed capacity for various reasons, including available teaching staff.
- **Desired state estimates** assume that all children and families who prefer licensed care based on estimates from the overall model will prefer licensed care with a quality rating of Level 3 or above.

Data Strengths and Gaps

- Colorado Shines maintains comprehensive rating data on all licensed providers in the state because the program is embedded into the state child care licensing system.
- Provider rating information is up-to-date and is refreshed continuously.
- Colorado Shines has detailed information on all component scores of the rating assigned to a provider, providing transparency into the rating logic and calculations. For instance, individual scores are recorded for Child Health, Family Partnership, Leadership, Learning Environment, and Workforce.
- Colorado Shines also maintains information about alternate path accreditation for achieving Level 3 or 4, including the accrediting entity as well as expiration of accreditation.
- In some cases, a small amount of data in the Child Care Model is lost during the process of cross-walking between various sources during the intermediate calculations of the model. The impact on model outputs and analysis is negligible.
- Age-specific estimates may not sum to the total estimate due to rounding.

What Is Enough?

Approximately 55,000 (17%) children under age 5 are estimated to be in high-quality rated licensed child care facilities in the current state.

In the desired state, 152,000 (46%) children under age 5 would be in high-quality (Colorado Shines QRIS Levels 3-5) licensed care — 97,000 more children and a near three-fold increase from the current state (see Figure 12).

Who is Not Getting Enough?

The number of parents who desire high-quality care is larger than those estimated to be currently receiving it. This is consistent across age groups (see Figure 13 on page 59).

For infants, the difference observed between current and desired state is the smallest. However, the ratio of desired state to current state reveals the lowest supply relative to demand at 13% for children age < 1 (24% for ages 1-2, 46% for ages 3-4, and 36% for all children under 5). An eight-fold increase in available high-quality licensed infant care would be needed to meet parental preference absent any barriers. For preschool age children, a two-fold increase from 42,000 to 91,000 is needed.

Where is There Not Enough?

Overall, the current state is meeting the need for just over one in three (36%) of Colorado children whose parents desire high-quality rated care. Across the state there is wide variation, but no county's current state estimates meet parental preferences for high-quality child care (See Map 6 on page 59).

More than 70% of children in the desired state for high-quality care are estimated to be served in the current state in some rural counties, including Gunnison, Costilla, Alamosa, and San Miguel.

However, some of Colorado's more densely populated counties in the west, south, and eastern parts of the state are well below the state average.

In Mesa County, home to Grand Junction, the current state accommodates only 17% of children whose parents desire high-quality care (Colorado Shines QRIS Levels 3-5).

In southern Colorado, the rate of children is similar in Pueblo County (22%) and some of its rural neighboring counties. On the Eastern Plains, Baca and Kiowa counties have similar rates (27% and 23% respectively).

Across the populous urban Front Range counties, including Arapahoe, Boulder, Broomfield, Denver, Douglas, Larimer, El Paso, and Weld, the rate is below 40%.

County-level rates are influenced by many factors, including the number of children in a county, the total number of child care providers, the number of providers participating in Colorado Shines, and local opinions of the program from parents and providers. Closing county-level gaps will require addressing these factors, as well as a deeper dive into the unique needs of counties identified by this analysis — in addition to funding needs.

What Parents and Providers Say

One in three respondents (31%) to the Parent Survey cited a Colorado Shines quality rating as a major reason for choosing their preferred child care.[188]

Nearly all respondents, however, cited safe and supportive environments and providing children with positive interactions with caregivers as major reasons for choosing their preferred child care (97% and 94%, respectively).[189] This creates opportunities for informing parents of the assurances that come with a Colorado Shines rating, including safety, supportive environments, and quality interactions with caregivers.

> ***"I greatly value our caregiver having a license, but the higher ratings are not as much of a concern since I feel she does a wonderful job. She is nurturing and great at helping the children explore curiosities and learn through play, reading, art, etc."***
> — Colorado parent, 2019

Survey findings suggest that the Colorado Shines rating resonates more strongly with parents with household incomes less than $40,000 (see Table 5).[190] This is possibly a reflection of CCCAP policies related to Colorado Shines (see page 64) and a result of the OEC's focused outreach to lower-income families.

For preschool, less than a third (31%) of parents indicated a Colorado Shines quality rating as extremely important. Instead nearly half of parents reported other quality ratings or accreditation as extremely important.

Tribal stakeholders in the southwest corner of the state expressed difficulty in accessing quality-improvement support such as coaching as well as lack of awareness of the program by parents and early care and education providers.

Why is There Not Enough?

Opportunities to Address Needs

- **Increase awareness among parents and providers.** Emphasize the assurances that come with a Colorado Shines rating to all parents — specifically highlighting safety, nurturing environments, and skilled, trained staff. Communicating these issues to parents, and supporting Colorado Shines rated providers in this as well, can increase awareness of how Colorado Shines ratings align with parents' preferences for child care.
- **Support providers with resources to advance their Colorado Shines QRIS quality ratings.** Increasing the number of providers moving into high-quality rating Levels 3-5 will increase Colorado's ability to meet the desired state. Concentrating efforts among those providers who serve infants — or are willing to expand to serve infants — is a priority. Colorado Shines should balance the value of specific rating criteria in improving quality against the administrative burden for providers in complying with requirements.

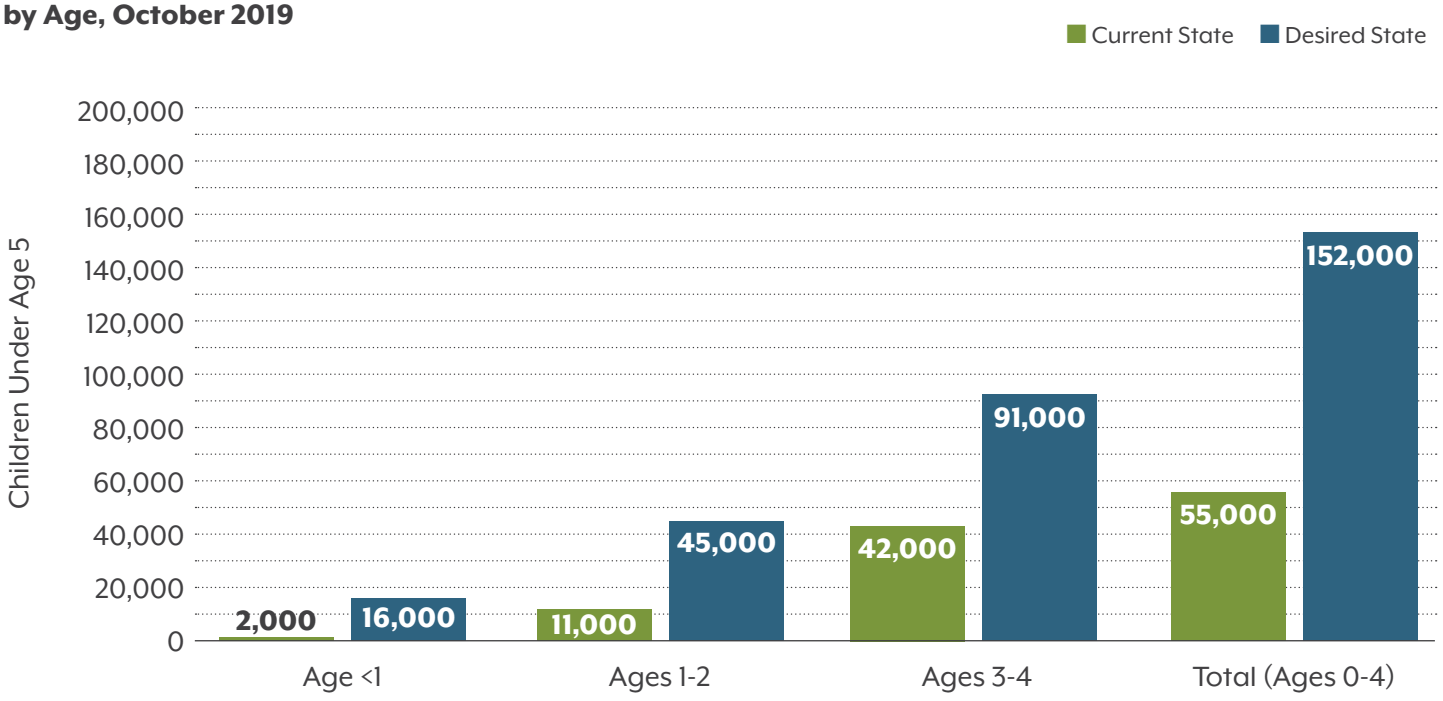
Table 5. Percentage of Parents Identifying Colorado Shines Ratings as a Major Reason for Selecting Care, by Income, August 2019

Household Income	Percentage That Indicate Having a Colorado Shines Quality Rating is Important
< $25,000	44%*
$25,000 -39,999	41%*
$40,000-64,999	31%
$65,000-99,999	25%*
$100,000-149,999	23%*
>$150,000	16%*

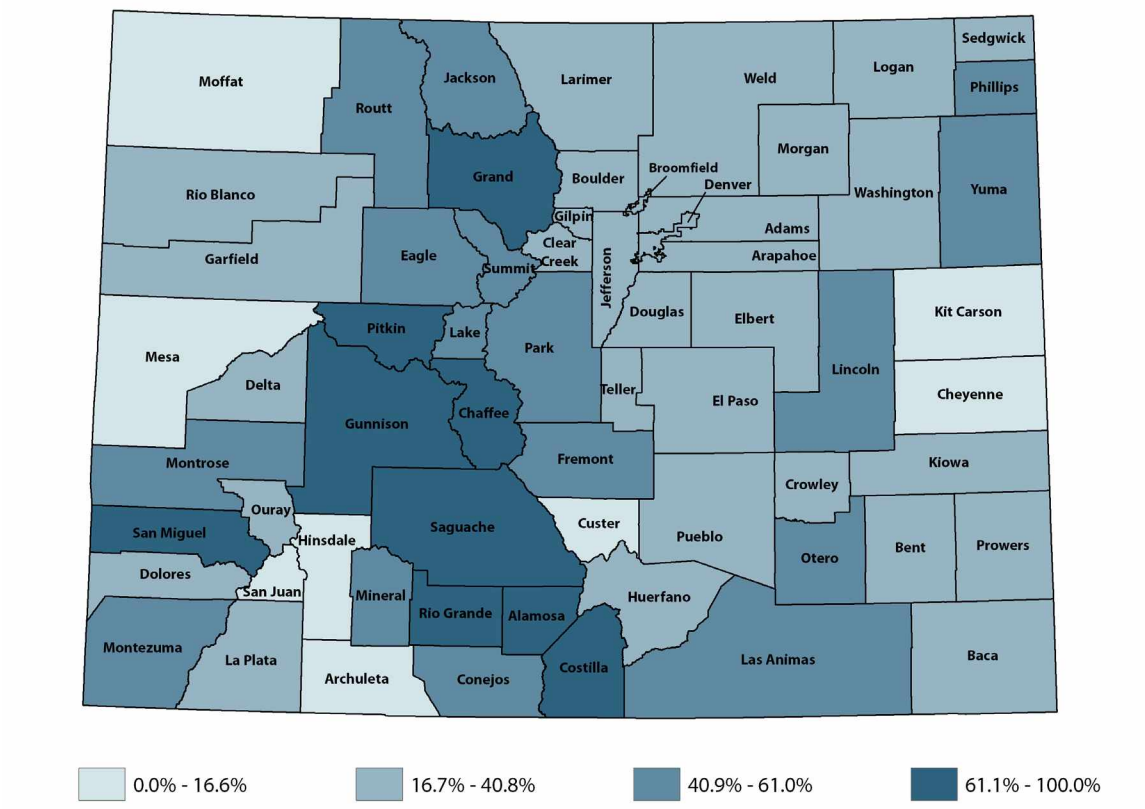
*Indicates this income group reported significantly different than the rest of the state at p <.05.

> ***"I've never heard of Colorado Shines. I looked it up and it looks like a great program, but it's not talked about at all. It needs better marketing."***
> — Colorado parent, 2019

Figure 13. Current and Desired State of High-Quality (Colorado Shines QRIS Levels 3-5) Care, by Age, October 2019



Map 6. Rate of Children in the Desired State for High-Quality Care (Colorado Shines QRIS Levels 3-5) Being Served by Current State, Children Under 5, October 2019



Statewide, 36% of the desired state is met in the current state for children under 5.

PROGRAM PROFILE:

Head Start

Overview

Head Start puts two-generation approaches into practice every day for thousands of Colorado families.

Head Start is a federal grant program that promotes school readiness of children under 5 from low-income and at-risk families. It is a comprehensive early education program that focuses on the development of the whole child, from early math and reading skills to confidence and resilience.

Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs, which serve infants (under 1), toddlers (ages 1 and 2), and pregnant women.

Funded enrollment for Head Start in Colorado in the 2017-18 school year was approximately 10,300 children and pregnant women.[191]

- **Administration.** Public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems receive federal funds directly from the federal Administration for Children and Families division of the Department of Health and Human Services. The Colorado Department of Human Services houses the federally required Collaboration Office that facilitates partnerships with other state entities that provide services to benefit low-income children and their families.[192]
- **Funding.** The Office of Head Start (OHS) administers grant funding and oversees 1,600 Head Start agencies across the country with 64 agencies in Colorado. Federal funding is allocated directly to local agencies that administer Head Start programs. As of July 2019, Colorado Head Start programs employed an estimated 3,000 full-time equivalent workers and reported a combined annual budget of $92 million.[193]
- **Quality.** Programs must meet the Head Start Program Performance Standards (HSPPS), which were revised in 2016 to strengthen and improve the quality of Head Start programs.[194] Office of Head Start (OHS) grantee and delegate programs that are also licensed by the Office of Early Childhood, Division of Early Care and Learning can utilize an alternative pathway to receive a Level 4 rating in the Colorado Shines Quality Rating and Improvement System.[195]
- **Target Populations.** Head Start serves pregnant women and children under 5 who are from families with incomes at or below 100% of the federal poverty level. Children experiencing homelessness, children in foster care, and families receiving Temporary Assistance for Needy Families (TANF) are eligible regardless of income. Each grantee is required to reserve at least 10% of its funded enrollment for children who have been identified with special needs. Head Start also offers culturally relevant programs for migrant and seasonal families and American Indian and Alaska Native families.[196]

There are 64 programs (including Head Start, Early Head Start, and programs available to specific populations) operating in 32 of Colorado's 64 counties.[197]

Head Start provides a wide range of services to children and families in need, including education and academic supports; oral, mental, and physical health resources; and social supports and services. Program administrators work with local community members to offer services that match each community's needs.

Head Start programs are implemented in centers, schools, and family child care homes. Some Head Start programs also offer home-based services, where staff conduct weekly visits to children and their families in their own homes. Head Start programs are not required to be licensed; however, they are monitored annually by the federal government.

Analytic Approach

The Head Start analysis is based on the overall Child Care Model as described in Our Approach (see

page 99). However, the following adjustments have been made to reflect the specifics of the Head Start program.

- **Eligible population estimates** are based on the total numbers of Coloradans within specific groups, including pregnant women, foster children, and children under 5 in low-income families.
- **Current state estimates** are generated from Head Start Licensed Facilities data on funded slots. The current state assumes the number of slots is equal to the number enrolled because Head Start facilities are required to fill their allocated slots.
- **Desired state estimates** are based on the total eligible population within specific groups, including pregnant women, foster children, and children in low-income families, and adjusted based on parent preference for licensed child care.

Data Strengths and Gaps

- Head Start is required to collect child outcome data to inform their school readiness goals, however there is not a centralized state system to house the data or track progress over time, as data reside at the local level.
- The eligible population does not include all demographics that Head Start uses to determine eligibility based on data availability. This includes children from families experiencing homelessness and families receiving public assistance such as TANF.
- "Pregnant parents" is a preferred term for eligible populations, however the term "pregnant women" is used in this section in order to align terminology with enrollment data.
- Approximately 22 Head Start centers in the program files could not be matched to a licensed care facility cross-walk by center name or address, so they were excluded from the analysis (accounting for 7% of current Head Start funded slots). Modeled current state estimates differ from the funded enrollment number reported at the beginning of this section due to this exclusion as well as the assumption that the number of funded slots equals the number enrolled.
- In some cases, a small amount of data is lost during the process of cross-walking among various sources during the intermediate calculations of the model.
- Age-specific estimates may not sum to the total estimate due to rounding.

What is Enough?

According to the Child Care Model, an estimated 9,000 children and pregnant women are

participating in Head Start in the current state, while 52,000 children and pregnant women are estimated to be eligible for Head Start based on income and other demographics. Approximately 17% of the total eligible population is estimated to be currently enrolled in the program.

Taking into account preference for licensed care, 22,500 children and pregnant women would participate in Head Start in the desired state, an additional 13,500 individuals and more than double the current state.

Who is Not Getting Enough?

Pregnant women and children ages 1-2 desiring Head Start are currently participating in the program at the lowest rates relative to other eligible populations.

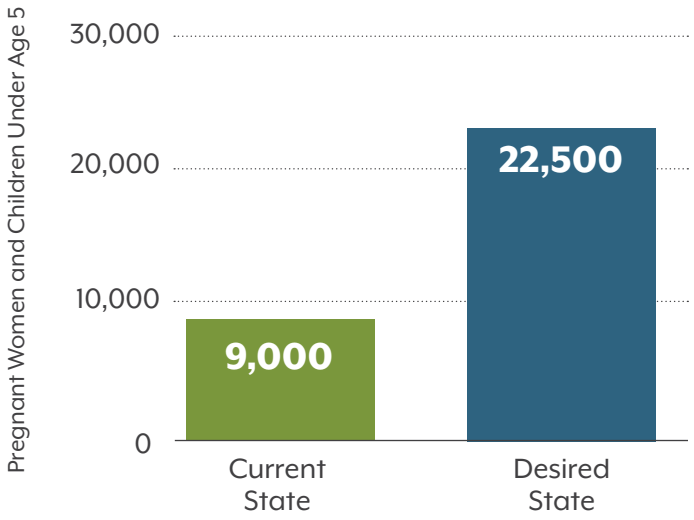
Table 6 shows the estimated eligible population, current state, and desired state for all Head Start programs in Colorado, as well as the percent increase needed to reach the desired state.

Although children ages 3 and 4 make up the largest proportion of the desired state, the current state accounts for 64% of these children.

Where is There Not Enough?

Geographic analyses find that, on average, the current state is meeting 41% of the desired state for Head Start programs. Put another way, Colorado would need more than 13,000 new Head Start slots to meet the desired state.

Figure 14. Head Start Current State and Desired State of Eligible Pregnant Women and Children Under 5, October 2019



The estimated eligible population is 52,000.

However, some rural counties do not have Head Start programs, including Baca, Cheyenne, Gunnison, Rio Blanco, and San Miguel. Urban counties on the periphery of the Denver metro area, including Clear Creek, Douglas, Elbert, Gilpin, and Park, also do not have programs.[198] While families in the metro areas, including Douglas County, may be able to access a program in a neighboring county, rural families face greater geographic barriers to travel.

Table 6. Head Start Estimated Eligible Population, Current State, and Desired State, by Age Group, October 2019

Age	Estimated Eligible Population	Estimated Current State	Estimated Desired State	Estimated Percent Increase Necessary to Reach Desired State
Children Under 1	9,100	700	2,100	200%
Children Ages 1-2	20,700	1,300	6,900	431%
Children Ages 3-4	16,600	7,000	11,000	57%
Pregnant Women	5,800	300	2,500	733%
Total	52,200	9,300	22,500	142%

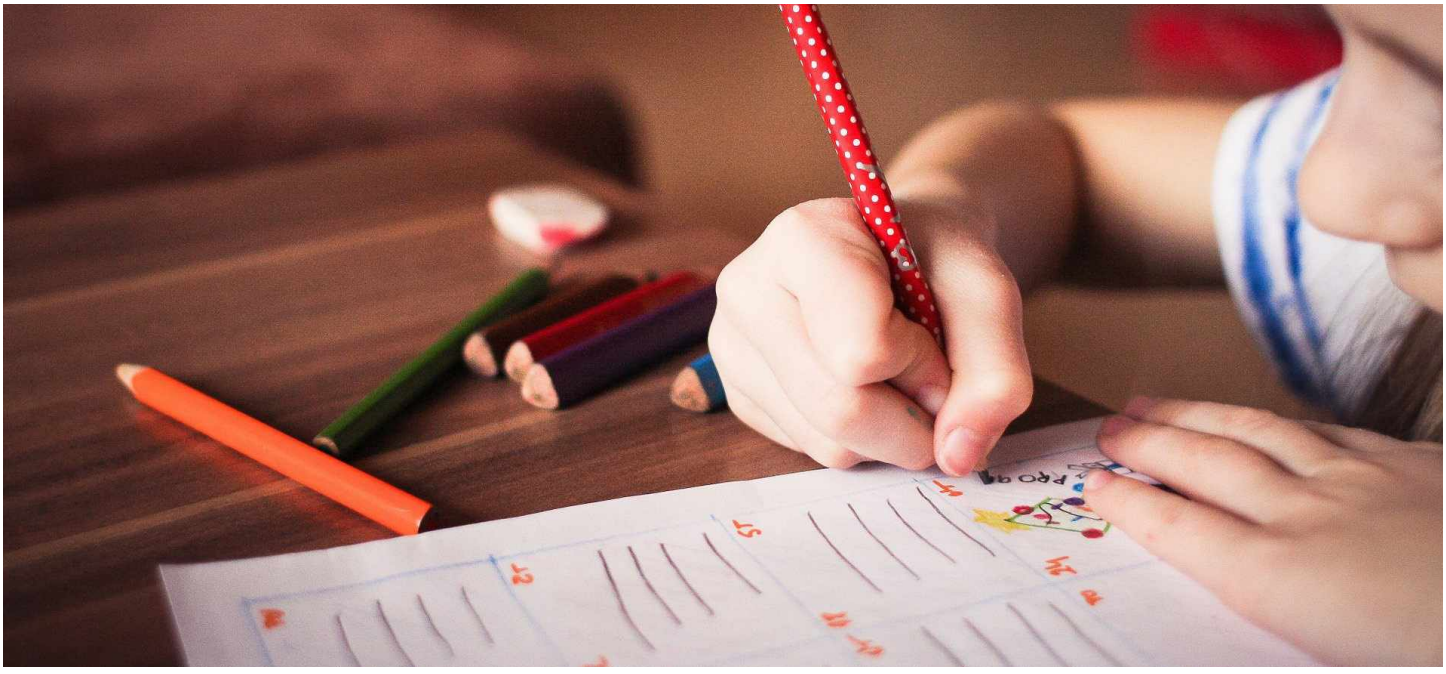
What Parents and Providers Say

> ***"Early Head Start does a great job connecting with resources … even things like cooking classes … watching for timely developmental cues, and making sure kids are getting any extra care and attention they need."***
> — Colorado parent, 2019

Why is There Not Enough?

Opportunities to Address Needs

- **Unify enrollment waitlists.** Head Start providers are required to fill vacant enrollment slots within 30 days.[199] Each Head Start program is also required to maintain a waitlist, but there is no centralized mechanism for all Head Start programs to track capacity and waitlists. A unified enrollment process and improved communications across providers could ensure slots are filled quickly when they become available. The state does not play a role currently in these activities, because Head Start funding goes directly to local grantees.
- **Quality child care facilities are hard to find.** Because expanding full-day kindergarten is reducing the number of physical spaces available for preschool and other programs, Head Start needs new and innovative ways of housing its programs, including co-location with local organizations, senior centers, or other family- and child-friendly locations.
- **Enhance two-generation efforts.** Head Start already has strong parent engagement, and it can inform Colorado's leaders looking to leverage and expand two-generation approaches in other programs.
- **Funding limits ability to meet demand.** Colorado relies on federal funding for Head Start. Fifteen states had supplemented federal resources with state funding for Head Start in 2014-2015.[200]
- **Fill data gaps and create standardization.** Child assessment and outcome data (including school readiness) is collected, but not uniformly. Each grantee has the same framework to collect child outcome data every year. Federal funding also requires programs to conduct a community assessment every three years. Head Start needs standardized data collection and reporting on school readiness goals and outcomes. In addition, incorporating robust local-level evaluation into the assessment may allow for more tailoring of slots and services. For example, if a county has high rates of teenage pregnancy, additional Early Head Start services could be allocated to serve pregnant women and infants.



PROGRAM PROFILE:

Colorado Child Care Assistance Program

Overview

Cost is one of the most significant barriers to accessing child care, especially for lower-income families.

The Colorado Child Care Assistance Program (CCCAP) provides financial assistance for child care to families who are working, those who are searching for employment or are in training, and those who are enrolled in the Colorado Works program and need child care services to support their efforts toward self-sufficiency.

- **Administration.** CCCAP is administered through county departments of social/human services under the direction of the Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning.
- **Funding.** CCCAP funding is comprised of federal, state, and local funding. The federal Child Care Development Block Grant provides approximately 65% of CCCAP funding. The Fiscal Year 2019-20 appropriation in total is $124,537,113, including $29,410,508 from the General Fund, $83,481,532 in federal funds, and $11,645,071 in county funds.[201] Counties must reimburse child care providers based on state-established rates. Parents must contribute a portion of the monthly child care cost as a copayment directly to the child care provider.
- **Target Populations.** Income-eligible families who are working, searching for employment or in training, and families who are enrolled in the Colorado Works program. Colorado House Bill 18-1335 requires counties to serve families with income at or below 185% of the federal poverty level (FPL), although they can serve families with higher incomes, up to 85% of the state median income.[202]

The CCCAP program provided funding for nearly 11,000 Colorado children under 5 as of July 2019.[203] Children authorized to receive CCCAP funding are

ethnically and racially diverse, with Hispanic children making up approximately 50% of the population for which data are available. Non-white children comprise another 16% of children enrolled in CCCAP, including 9% Black or African American.

Of children under age 5 served by CCCAP, just under half (5,703) are ages 3-4 and another 4,344 are ages 1-2. About 8% (881) of children enrolled to receive CCCAP funding are under age 1.

Ideally, all licensed facilities would accept CCCAP funding. Currently, nearly half (40%) of licensed facilities in Colorado have a fiscal agreement in place to accept CCCAP payment for enrolled, eligible children (see Table 7).[204] The majority of licensed child care centers in Colorado have a fiscal agreement to accept CCCAP (55%) whereas only one in five preschools have a fiscal agreement to accept CCCAP (20%). Approximately one in four providers (27%) who responded to a provider survey conducted by the Butler Institute for Families, however, indicated that they limit enrollment of the number of children and families receiving CCCAP.[205]

Approximately 164 providers authorized to accept CCCAP are considered "Qualified Exempt," according

Table 7. Licensed Child Care Facilities Authorized for CCCAP, July 2019

Child Care Facility Type	Number of Licensed Facilities in Colorado	Number of Licensed Facilities Authorized for CCCAP
Child Care Center	1,497	819 (55%)
Large Child Care Home	295	135 (46%)
Infant/Toddler Home	17	6 (35%)
Experienced Child Care Home	361	118 (33%)
Child Care Home	1,101	332 (30%)
Preschool	558	111 (20%)
Total	**3,829**	**1,521 (40%)**

An additional 164 Qualified Exempt Providers/Facilities in the state of Colorado are authorized for CCCAP.

to July 2019 administrative data.[206] These providers, such as friends or relatives, are legally exempt from licensing requirements.

Analytic Approach

The CCCAP analysis is based on the Child Care Model as described in Our Approach (see page 99). However, the following adjustments have been made to reflect the specifics of CCCAP.

- **Eligible population estimates** reflect the total number of children eligible for CCCAP based on income (but do not take into account available funding or other eligibility criteria such as employment). Income eligibility is determined using the midpoint between:
    - Entry income: the state and county-determined maximum income threshold at program application (which must be at least 185% FPL).
    - Exit income: the maximum income at eligibility redetermination, which is 85% of the state median income.
- **Current state estimates** include only the number of children under age 5 currently enrolled in and receiving CCCAP funding as of July 2019 (10,928, according to data provided by the OEC).
- **Desired state estimates** include the total number of children eligible for CCCAP based on eligibility criteria and parent preference for licensed child care (but do not take into account available funding). This estimate begins with the number of income-eligible children and then adjusts downward at the county level to account for children whose parents would rather care for their own children or use informal care, based on the Child Care Model.

Data Strengths and Gaps

- Data on provider fiscal agreements and family authorizations are updated nightly, meaning information on program participation is current and accurate and can be readily accessed to provide insights on utilization.
- Data contain detailed information about the race, ethnicity, and age of both the child and the primary guardian of the child.
- There are no data regarding early care and education (ECE) program waiting lists specifically for families enrolled in CCCAP.
- Neither the total number of income-eligible children nor the desired state estimate take into account available funding, available provider capacity, or the potential impacts of the need for parents to apply and maintain their eligibility for the program. The desired state only accounts for an expansion of

CCCAP funding for licensed providers, not informal providers such as those who are Qualified Exempt.

- In some cases, a small amount of data is lost during the process of cross-walking among various sources during the intermediate calculations of the model. The impact on model outputs and analysis is negligible.
- Age-specific estimates may not sum to the total estimates due to rounding.

What is Enough?

Nearly 11,000 children under 5 are enrolled in and receive CCCAP funding in the current state.

An estimated 133,000 children under 5 in Colorado are eligible to receive CCCAP based on income. Approximately 8% of the total income-eligible population is currently enrolled in the program.

Taking into account parent preferences for licensed care, 59,000 children would receive CCCAP funding in the desired state — 44% of the total number (133,000) of children eligible to receive CCCAP based on income and 48,000 more children under 5 than the current state.

For the state overall, an estimated 18% of the desired state children under 5 are receiving CCCAP in the current state.

Who is Not Getting Enough?

Children ages 1-2 make up the largest portion of income-eligible children under 5. However, children under age 1 have the lowest rate of the desired state being met by the current state.

Table 8 shows the estimated eligible population, current state, and desired state for CCCAP, as well as the percent increase needed to reach the desired state.

Where is There Not Enough?

For the state overall, an estimated 18% of the desired state children under 5 are receiving CCCAP in the current state. No county is currently meeting the desired state.

County-level rates are influenced by many factors, including the total number of child care providers in a county, the number of providers with a fiscal agreement in place to accept CCCAP, and the number of children using CCCAP that an authorized provider is willing to accept. Closing county-level gaps will require addressing these factors, in addition to the funding needs.

What Parents and Providers Say

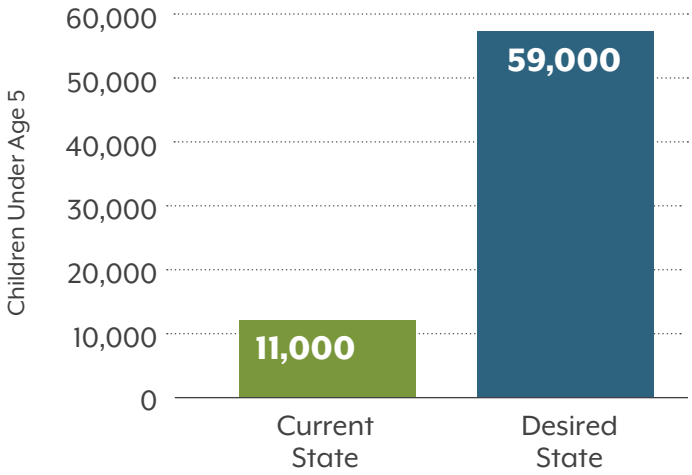
Three in 10 Parent Survey respondents (29%) did not know if they were eligible for CCCAP when asked and only one in five (21%) did know they were eligible. Among parent respondents who said they know they are eligible, two-thirds (67%) participate in CCCAP while the remaining third do not.[207]

When asked why they don't participate, despite being eligible, the top reasons were lack of providers accepting CCCAP in their area (20%) and that the providers who accept it do not meet

Table 8. Estimated Eligible Population, Current State, and Desired State, by Age Group for CCCAP, October 2019

Age	Estimated Eligible Population	Estimated Current State	Estimated Desired State	Estimated Percent Increase Necessary to Reach Desired State
Children Under 1	27,000	900	6,000	567%
Children Ages 1-2	57,000	4,400	19,000	332%
Children Ages 3-4	49,000	5,700	34,000	496%
Total	**133,000**	**11,000**	**59,000**	**436%**

Figure 15. CCCAP Current State and Desired State of Eligible Children Under Age 5, October 2019



The estimated eligible population is 133,000.

their needs (19%). Lowest-income (below $25,000 per year) respondents were most likely to indicate they know they are eligible for CCCAP but not participating (21%) compared with the rest of the state.[208]

Other challenges include the difficulty of applying for and maintaining eligibility, along with provider waitlist issues and the time it takes to find out whether they have been accepted. Affordability is also a barrier. While CCCAP and other tuition-assistance and subsidy programs lessen the cost of child care to families, these programs may only cover a fraction of the total cost of care. In some cases, parents may be required to supplement CCCAP through a copayment.

> ***We have been on the CCCAP waitlist for over two years with no funding available to accept waitlisted families."***
> — Colorado parent, 2019

One of four providers (27%) with a CCCAP fiscal agreement who responded to the Butler Institute for Families Provider Survey, when asked if their program limits CCCAP authorizations at a given time, indicated they do limit authorizations.[209]

> ***I wish that CCCAP had higher income limits...that would be easier to qualify for... it's based off of my gross income not my net income."*** — Colorado parent, 2019

Why is There Not Enough?

Opportunities to Address Needs

- **Address barriers to growth.** CCCAP's growth is limited by federal, state, and local funding, which dictates the extent to which Colorado can address the opportunities and challenges in meeting the current and desired state of its ECE system. Similarly, counties have discretion in how they administer CCCAP eligibility, affecting state-level efforts.
- **Increase capacity to serve infants.** Colorado's efforts to expand total licensed capacity for infants may help address this need. However, given the potential increased costs that providers shoulder to be licensed for infant care, they may be less willing to accept CCCAP despite higher reimbursement.

- **Increase availability of high-quality facilities.** Continue to increase the percentage of Colorado Shines rated high-quality facilities that have CCCAP fiscal agreements and can leverage tiered reimbursement.
- **Address barriers to cost.** Consider elements of the CCCAP reimbursement structure, regulations, and operations that may be barriers to provider and family participation such as family copay amounts and reimbursement when children are absent from care.
- **Continue to increase provider awareness and education around the program as part of a push to increase the number of providers.** Sixty-two percent of providers who responded to the Butler Institute for Families survey indicated they know a little, not very much, or nothing about the program.[210]
- **Address stigma associated with receiving CCCAP "low-income subsidies" that limits families' participation in some communities, especially rural areas.** Other states — and other Colorado programs such as the Denver Preschool Program — have implemented best practice strategies for marketing, branding, and subsidy structure to reduce stigma and improve uptake. These strategies can also drive improvements in care and facility quality.

Local Supports to Expand Access for 4-Year-Olds: Denver and Summit Counties

Voters in Denver and Summit counties have approved local taxes to put preschool programs within reach for all families — including middle-income families who may struggle to afford quality child care yet do not qualify for other public programs. The Denver Preschool Program (DPP)[211] and Summit Pre-K (SPK)[212] provide tuition support for families with 4-year-olds enrolled in participating preschool programs in the year before kindergarten.

Both programs are available to any family, with tuition credits based on household income and the preschool program quality rating. DPP also includes criteria on the number of hours each day a child attends preschool while SPK factors in whether the family has younger children in child care.

These local subsidy programs are innovative opportunities for leveraging local resources to support families in accessing preschool services. Families and providers can blend or stack together subsidies from other programs such as CCCAP with DPP or SPK, for example, to lower the costs of child care and expand access.

PROGRAM PROFILE:

Colorado Preschool Program and Early Childhood At-Risk Enhancement

Overview

Colorado Preschool Program (CPP) is a state-funded program that provides high-quality early childhood programs for children ages 3, 4, and 5 who are experiencing certain risk factors that put them at risk of school failure.[213] Children access either half- or full-day programming in various early childhood classroom settings — school districts, local child care centers, community preschools, or Head Start programs.[214]

Enacted by the state legislature in 1988, CPP is one of the state's longest-standing funding streams supporting young children and their families. Each year, CPP funds half- or full-day preschool for children considered at-risk for adverse educational outcomes later in their schooling.[215] Colorado also funds Early Childhood At-Risk Enhancement (ECARE), which affords districts greater flexibility in using CPP positions.[216]

In 2019-2020, CPP was funded for 29,360 positions, including ECARE positions.

CPP is one of multiple programs administered by school districts. As participants in CPP, school districts administer state-funded preschool, including blending funding from CPP with other programs such as preschool special education funding. School districts are allowed to add eligibility criteria to reflect community needs when the expanded criteria can be linked to school failure.

Because of this Needs Assessment's focus on system connectivity, data systems, and other infrastructure needed to better serve families, this profile looks at CPP through the lens of school district administration as an opportunity to better serve families of young children in a coordinated way.

- **Administration.** CPP is administered by the Colorado Department of Education (CDE), Preschool through Third Grade (P-3) Office and managed by participating local school districts and their respective District Advisory Councils (DAC). Local community members play a significant role in local implementation through participation in the DAC.

- **Funding.** Colorado finances CPP with state funds. The program budget for the 2018-19 school year was $122,458,295, according to

216

CDE. About 81.1% ($99,295,574) went toward preschoolers while 18.9% ($23,162,721) went toward full-day kindergarten via ECARE positions (although some ECARE positions were used in preschool).

- **Target Populations.** CPP serves 3-, 4-, and 5-year-old children who experience risk factors associated with challenges later in school. Four and 5-year-olds are eligible for CPP the year before they enter kindergarten in their district and meet at least one risk factor, such as being eligible for free and reduced-price lunch or having a parent without a high school degree. Three-year-olds are also eligible if they meet at least three risk factors.

Innovating for the Future

Colorado recently began funding free full-day kindergarten, and policymakers are now turning their attention to expanding preschool.[217] CPP's infrastructure and lessons learned — from local preschool DACs to program data systems — can inform strategies for a statewide preschool expansion.

For example, any statewide preschool program expansion will need to consider issues ranging from how to define eligibility, how to recruit and retain qualified providers, and where to find or create new preschool classrooms to address a broader population.

Program Strengths

CPP engages with parents and families with high-needs and connects them to other needed services and supports. CPP programs may be provided in a variety of ECE settings, depending on the community market and local partnerships in place.

- **Proven outcomes.** CPP has shown to support significant, long-lasting positive outcomes. Proven outcomes include reductions in students identified with significant reading deficiencies, lower rates of students being held back, and increased changes for on-time high school graduation.[218]
- **Parent engagement.** Given its eligibility criteria, CPP is uniquely positioned to engage with parents who might need additional support to offer their

Calculating CPP Saturation

CDE estimates the total proportion of potentially eligible children who are served or who may need service.[223] A summary of methods and assumptions is provided here. For additional detail, please contact the Colorado Department of Education.

Methods

To find the number of children potentially eligible for CPP positions, CDE used data from school district enrollment counts and eligibility data from CPP district annual reports:

- First, CDE doubled the most recent kindergarten enrollment as a proxy for 3- and 4-year-olds — assuming either the highest of last year's kindergarten enrollment or the average of the last three years.
- Then, CDE multiplied the 3- and 4-year-old population estimate by the district's percentage of at-risk pupils as reported in the school finance formula.
- Finally, CDE divided this number by the percentage of children who qualified for CPP based on free and reduced-price lunch criteria only as reported in the district's CPP Annual Report. That way, the estimate captures children who may qualify based on other eligibility factors.

CDE measures its program capacity in terms of "base allocation," which includes a total number of positions available for CPP including ECARE.[224] Comparing the base allocation with the number of potentially eligible children provides a saturation rate.

Assumptions

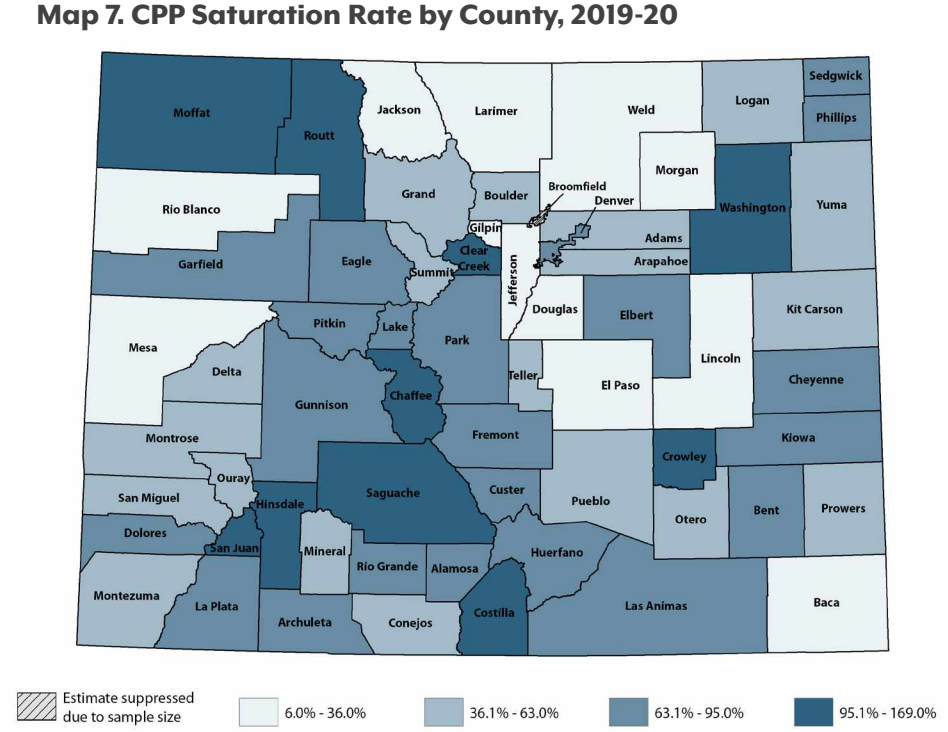
- **Half-day positions.** This method assumes that all CPP positions are used to fund eligible children for a half day. However, districts have the flexibility to combine some half-day positions to serve children in full-day programming. In the 2018-19 school

year, 3,422 positions (1,711 children) were combined in this manner. There is significant variability across districts as to how they combine half-day slots. For example, there are differences between whether districts operate full-day programs and whether they choose to combine part-day positions into full day, as well as how to establish which eligible children will have access to full-day programs. There is a 5% cap on the number of standard CPP positions (not ECARE) that can be combined for a full day of service.

- **Differences from base allocation.** Actual CPP slot usage by individual school districts can vary from their base allocation. This is due to some districts receiving temporarily reallocated slots from a district that turned them back because they could not use them that year. The present model assumes base allocations.
- **Mapping school districts to counties.** Results cannot be determined for Broomfield County using this methodology. CPP base allocations are awarded by CDE through an application process in any year in which additional positions are funded by the legislature. School districts are coded to the county in which most of the population resides, although district boundaries can overlap counties.

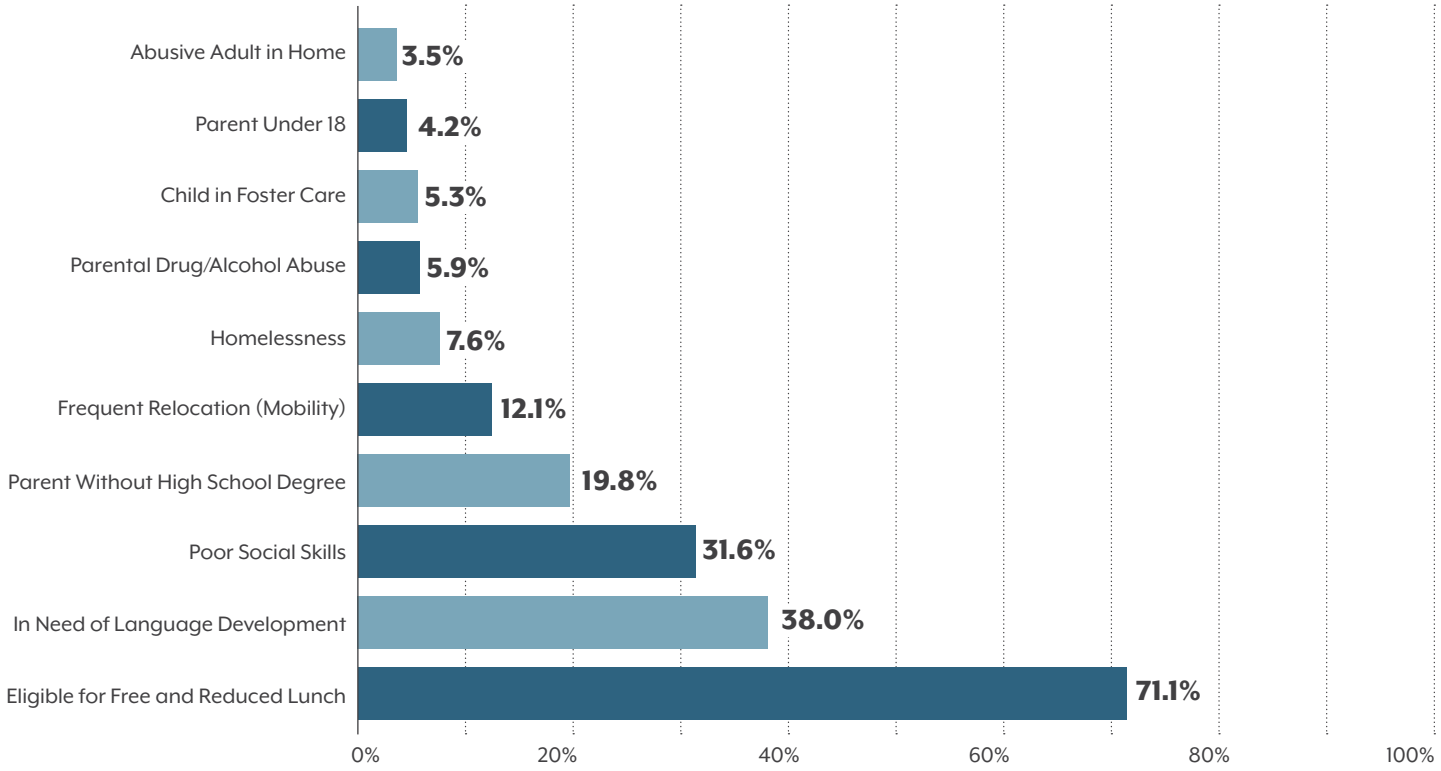
A note about program intensity: Each half-day position equals access to 360 hours of programming across a school year, or 720 hours for a full day. According to CDE, this is the minimum amount of time that families must have access to a free high-quality preschool. Additional wraparound child care, when needed by the family, may have to be funded with other resources, including the Colorado Child Care Assistance Program (CCCAP) or families being charged for tuition.

Map 7. CPP Saturation Rate by County, 2019-20



Note: Percent of eligible population served by CPP in 2019-20 uses data calculated and provided by CDE. Estimates of children who may qualify for CPP and Head Start become less stable in rural communities with fewer children. More than 100% saturation is due to the fact that CDE is estimating eligible populations and does not have access to verifiable data on the true population of children who would qualify for CPP based on all combined eligibility factors. Districts that serve over 100% of the potentially eligible populations generally serve a small number of children and district allocations typically include a minimum number of funded positions in order to ensure that the program is adequately supported. See methods and assumptions below.

Figure 16. Eligibility Risk Factors for CPP, 2018-2019

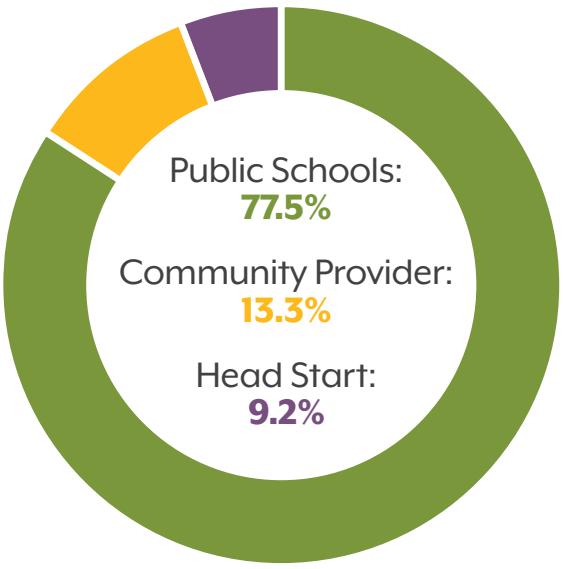


Each line represents the percentage of children funded by CPP with that reported risk factor. Note that children may be experiencing several risk factors and reflected in multiple categories. Not all risk factors may be reported.

children a strong start. For example, CPP can help parents navigate the school system, transition between service providers, and access related community-based services such as parental substance use treatment. That engagement begins with initial outreach and program intake and continues into programming.

- **High-need population focus.** CPP data systems reveal that programs are serving children facing a variety of risk factors — from experiencing frequent relocation of their family to having poor social skills (see Figure 16).[219]
- **Flexible program setting.** CPP may be available in multiple settings — from district schools, local child care centers, community preschools, or Head Start programs — depending upon local factors, including school districts/DAC decisions and community partner participation. Most enrolled preschoolers are receiving supports in a public school environment (77.5%), with fewer children enrolling in programs run by community partners and Head Start facilities (see Figure 17).[220]

Figure 17. Enrollment of Children in CPP by Setting, 2018-2019



219

Program Needs

CPP faces challenges in order to expand the program reach to all eligible but not yet enrolled children.

Addressing that gap requires additional funding. Expansion also brings additional challenges — locating physical spaces for expansion, reaching out to eligible children, recruiting additional providers, and increasing partner programs in the community to serve more eligible children.

Limited Program Reach

Today's CPP funding is enough to meet the needs of about a third (38%) of eligible children in Colorado, according to 2019-20 analyses conducted by CDE. CPP estimates that 76,410 Colorado children are eligible for CPP in the 2019-20 school year, and that only 29,360 positions (or 38% of the need) are funded for that time period (see Figure 18).

That leaves more than 47,000 potentially eligible children not enrolled in CPP.

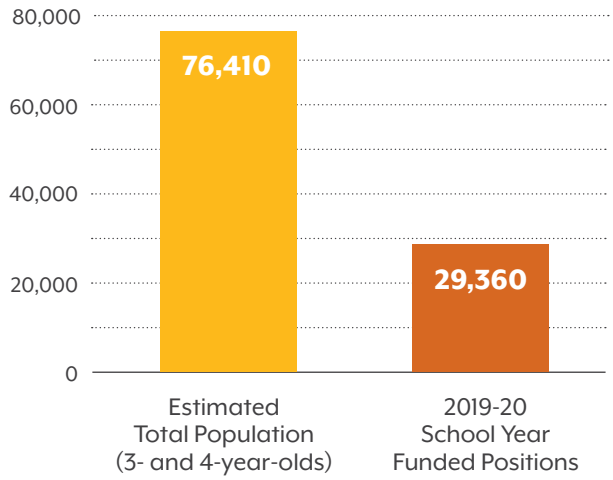
Mapping these estimates reveals some parts of the state with large eligible populations that do not yet have access to CPP. Many of these are urban counties. For example, Jefferson, Douglas, and El Paso counties — highlighted in light blue — currently have only enough CPP positions to meet the needs of no more than a third of the potentially eligible population (see Map 7).

Data Strengths and Gaps

CPP program data are rich and reflect quantitative needs and utilization.

- **Comprehensive data collection.** Using CDE data systems, CPP captures data on children eligible for CPP. For example, program data capture information on child age, race/ethnicity, and program setting, as well as some family characteristics and needs/risk factors such as parental drug or alcohol abuse, frequent relocation, or homelessness. CPP's data system can be linked with the same unique identifier to preschool special education data as well as K-12 enrollment, which allows deduplication across the two preschool funding streams as well as longitudinal K-12 analysis.[221]

Figure 18. CPP Potentially Eligible Population and Funded Positions, 3- and 4-Year Olds, 2019-20



- **Limited waitlist data.** Not all school districts report the full eligible population to CDE. The state has a systemic way to collect this data across all school districts during the pupil count, but districts are not required to identify eligible children they do not have the capacity to serve. Many districts keep waitlist data locally but do not all report it to CDE. Data from those districts that do keep waitlists revealed 4,150 children waiting for services.[222] CDE recently started using administrative data to estimate unmet needs as shown in Figure 18.

PROGRAM PROFILE:

Preschool Special Education

Overview

Preschool special education is a combined state and federal program for children ages 3 through 5 not yet enrolled in kindergarten who have been identified with an educational disability. The program entitles eligible children to a free and appropriate public education in an inclusive setting at no cost to families.[225] The program is mandated by Part B of the Individuals with Disabilities Education Act (IDEA), which serves children from age 3 to 21 years. Section 619 of IDEA refers to the preschool component of the system. Almost 9,000 Colorado students were reported to be enrolled in preschool special education services in the October 2018 pupil count, and enrollment typically grows by approximately 40% by the end of each school year.

IDEA Part B — Section 619 complements IDEA Part C, also known as Early Intervention (EI) Colorado. That program serves families and their children under age 3.

- **Administration.** The Colorado Department of Education (CDE), Preschool through Third Grade (P-3) Office administers the preschool special education program, and it is implemented through local Special Education Administrative Units, designated school districts, and/or Boards of Cooperative Educational Services (BOCES). Access to general education preschool programming, along with specialized instruction and related services, may be provided in various settings, including public schools, community programs, and Head Start programs.[226]
- **Funding.** State and federal dollars pay for services. Federal funding comes through Part B of IDEA. State funding comes from the Exceptional Children's Education Act. Local school systems pay additional costs that are not funded with existing state and federal funds.
- **Target Population.** Children ages 3 through 5 who are not in kindergarten and who cannot benefit from general education without additional supports because of a specific disabling condition.[227]

Early Intervention Colorado

Early Intervention Colorado is a program for infants and toddlers with developmental delays or disabilities, also known as Part C of the Individuals with Disabilities Education Act (IDEA). The program identifies infants and toddlers potentially eligible for services, and provides families with supports and resources to help them enhance their child's learning and development through everyday learning opportunities. Services are voluntary, provided at no cost to families, and occur in families' homes or other environments where children spend their day. See the full profile on page 90.

Innovating for the Future

Preschool special education is already meeting some of the core tenants of a strong data system — from using a unique identifier to capturing child-level demographic and program participation data.[228]

Preschool special education program administrators should consider strengthening linkages across the early intervention system by adopting recommendations from the Early Childhood Data Collaborative.[229]

Examples include:

- Pursue the ability to link child-level data with other key data systems.
- Adopt a unique early care and education workforce identifier with the ability to link with data systems outside of CDE.

Program Strengths

Colorado's preschool special education program benefits families by promoting parent choice and aligning with other CDE-administered programs for young children such as the Colorado Preschool Program (CPP).

- **Measurable outcomes.** A significant strength of the preschool special education program is the program effectiveness data collected at the child level. For example, the program tracks child social relationships, knowledge, and skills and compares those outcomes to national results.[230]
- **Program reach.** The preschool special education program provided services to more than 14,400 children during the 2018-19 school year.[231]
- **Program funding and cost to families.** The preschool special education program has funding available for all children who are identified as eligible. Services are provided at no cost to families. Similarly to CPP, access to programming and services is expected to be approximately 360 hours per year, which is about 10-12 hours each week during the school year. Some children may have fewer or more hours of access to programming depending on their needs and decisions made by the Individualized Education Program (IEP) team.
- **Funding alignment with CPP.** CPP provides preschool services to children experiencing certain risk factors, (as defined on page 72). Children with an educational disability who also meet the eligibility criteria for CPP may access funding from both programs in order to receive the equivalent of a minimum of 720 hours of programming across the school year. In 2018-19, 776 children attended full-time preschool with combined funding from CPP and preschool special education (see Figure 19).[232]

Program Needs

Program needs include challenges related to aligning funding allocation with pupil counts and supporting parents and children who transition from EI Colorado to preschool special education.

- **Undercounted funding needs.** Funds are allocated for local school districts' preschool special education services based on the number of children enrolled during the pupil count window in the fall of each school year. Because children are identified for special education services throughout the year, pupil counts generally differ between the fall and the end of the school year. According to CDE, approximately 40% more children enroll in preschool special education services between the fall pupil count and the end of each school year. Many programs are operating on a budget that undercounts actual enrollment.[233]
- **Transitions from Early Intervention Colorado.** EI Colorado has different eligibility criteria than preschool special education — a reflection that not all children who experienced delays as infants or toddlers have educational disabilities requiring specialized instruction. Explaining these differences and supporting parents through the evaluation process is key.

Figure 19. Number of Eligible Children Receiving Full-time Care through Colorado Preschool Program (CPP) and Preschool Special Education, and Part-time Care through Preschool Special Education Only, October 2018

776
Full-Time CPP and Preschool Special Education

8,129
Part-Time Preschool Special Education

These counts were provided by CDE and reflect enrollment as of October 2018. Children identified for special education services during the rest of the school year are excluded. Approximately 40% more children are determined eligible and enroll in preschool special education services between the fall pupil count and the end of each school year.

Data Strengths and Gaps

Colorado's preschool special education data are rich with information about disability categories, service settings, demographics, and other data. However, the program — and the broader early intervention system in Colorado — would benefit from increased interoperability between CDE and OEC data systems. These two state agencies are currently working together on ways to track children as they transition between the programs and beyond age 5.

- **Unique identifier.** CDE tracks children served by the preschool special education program using a unique identifier. That allows the program to track individual child service utilization, needs, and outcomes across programs within the same data system. The Colorado Preschool Program (CPP) — as well as all other parts of the preschool through high school system — uses the same unique identifier, which allows linkages across data systems.[234] However, that unique identifier is not used by data systems outside of CDE such as the IDEA Part C data system administered by OEC. Because of this fragmentation, no agency has a view across the entire system.

- **Transition data.** Because EI Colorado and preschool special education are administered by two different state agencies, some administrators experience challenges tracking children through service transitions. For example, whether or not the child is or is not eligible for IDEA Part B — Section 619 services is not always reported back to EI Colorado. EI Colorado is partnering with CDE to identify which children were eligible and whether they participated in preschool special education.

FAMILY AND COMMUNITY SUPPORTS

Positive child development happens within the context of supportive relationships and healthy environments. Colorado's early childhood system is designed to reflect this important reality. The state's system of family and community supports focuses not only on children, but on their parents and caregivers, their homes, and their communities.

Collectively, these support programs prepare families and communities to ensure that all children in Colorado are ready for school when entering kindergarten. Families and children currently engaged in Colorado's early care and education system may access family and community support programs. However, these programs also ensure children not currently attending licensed child care programs, their families, and caregivers are connected to important programs, services, and funding that meet their individual family and child development needs.

Family and community support programs use the Strengthening Families approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect by engaging families, programs, and communities in building five key Protective Factors.[235]

Table 9. Strengthening Families Protective Factors Framework

Protective Factor	Description
Parental Resilience	Managing stress and functioning well when faced with challenges, adversity and trauma.
Social Connections	Positive relationships that provide emotional, informational, instrumental and spiritual support.
Knowledge of Parenting and Child Development	Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
Concrete Support in Times of Need	Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
Social and Emotional Competence of Children	Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

Family and Community Supports in Colorado

In 2019, Colorado's landscape of family and community supports includes programs in three areas: **Fostering Well-Being, Family Strengthening, and Early Intervention**. These programs provide important connections to other systems that support children and their families.

Why This Matters

Cross-system collaboration leads to better outcomes for children and families.[236] Family and community support programs create important connections between families and their communities to increase their access to the programs, services, and funding they need to thrive, such as child care, health care, employment support, and economic assistance. This is especially important for families of children not participating in formal child care programs, and informal care providers, who may require additional resources to support children's development and ensure they are ready for school when entering kindergarten.

Colorado's system of family and community supports uses the research-informed Strengthening Families approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.[237] These services and supports focus on building five key protective factors in families (see Table 9).[238]

Family and community support programs are evidence-based approaches to promoting healthy children and healthy communities — from safe neighborhoods to healthy child development. For example, research shows that home visitation improves public safety by reducing child abuse and neglect. Young children living in families receiving coaching on early literacy strategies are significantly less likely to need special education services later in life.[239]

These programs are also cost-effective and take a two-generational approach to promoting healthy child development. One estimate suggests home visitation programs save up to five dollars for every dollar invested.[240] Family and community support programs such as Family Resource Centers help improve parents' finances, which provides stability for their child's development.

Key Needs in Colorado

This Needs Assessment revealed critical challenges that will require continued investment:

- **Transitions in early childhood,** between and across caregivers and settings, are critical moments for children and families. Some families may experience more uncertainty than others, such as immigrant families, families with a history of trauma and adversity, and children with developmental delays and disabilities.
- **Workforce constraints.** Due to constraints on funding and available workforce, much of Colorado is not receiving free, quality enhancing Early Childhood Mental Health Consultation (ECMHC) services.
- **Reaching rural children.** Many of the state's family and community support services are not reaching rural parts of Colorado. And programs that are statewide do not have adequate capacity to reach all families in need. For example, 34 state-funded Early Childhood Mental Health Consultation (ECMHC) professionals serve all regions of the state — but that means in some regions, two full-time equivalents (FTEs) are supporting classrooms serving more than 58,000 children under age 6.[241] Families in 16 counties do not have access to Colorado's 31 Family Resource Centers (FRCs).[242]
- **Limited engagement of informal care providers.** More than half of Colorado families get at least some child care outside the licensed system. Informal care provided by parents, families, friends, or neighbors is the most common child care option in the state for infants, toddlers, and other vulnerable populations.[243] Many informal care providers interviewed for this Needs Assessment were not aware of how to connect to family and

27 percent

of parents reported working inconsistent or irregular hours, often leading to less economically stable lives.

community supports such as early intervention services or home visitation programs. For example, a focus group of primarily Spanish-speaking informal care providers shared that the only way they learned about support programs for the children in their care was through their own child's experience in a preschool or home visitation program.

- **Data fragmentation.** Funding for family and community support programs comes from federal, state, and local sources, each with its own program-specific regulation, data collection, and reporting requirements. Program administrators interpret and implement data requirements differently, making it difficult to systematically link children to service utilization or outcomes across the family and community support system.

What Parents Say

Parents and caregivers participating in focus groups and the Parent Survey revealed the family and community supports and other programs, services, and funding they would benefit from — from financial assistance to health care to early intervention services.

- A quarter of parents (27%) reported working inconsistent or irregular hours, often leading to less economically stable lives.[244]

Other families pointed to behavioral health care needs for children and families.

> ***Caregivers [are needed] who have had training in dealing with issues that arise from foster care placement, trauma, neglect and abuse such as PTSD and anxiety."***
> — Colorado parent, 2019

About one in seven Parent Survey respondents (14%) reported having children who have a disability, identified developmental concern, or behavioral health issue.[245] Of these parents, about half reported having children with multiple disabilities or special needs, such as developmental, emotional, or social challenges.

Due to the constraints of self-reported survey data, it's challenging to interpret these results other than some parents believe their children have a disability, developmental concern, or a behavioral health issue. Methods limit our understanding of whether these children have or could qualify for services from programs such as IDEA Part B — Section 619 and Part C where eligibility is specific and prescribed. We therefore encourage leaders and policymakers to consider survey results as general indicators of parents who perceive their children to require specialized care, regardless of whether eligibility criteria are met.

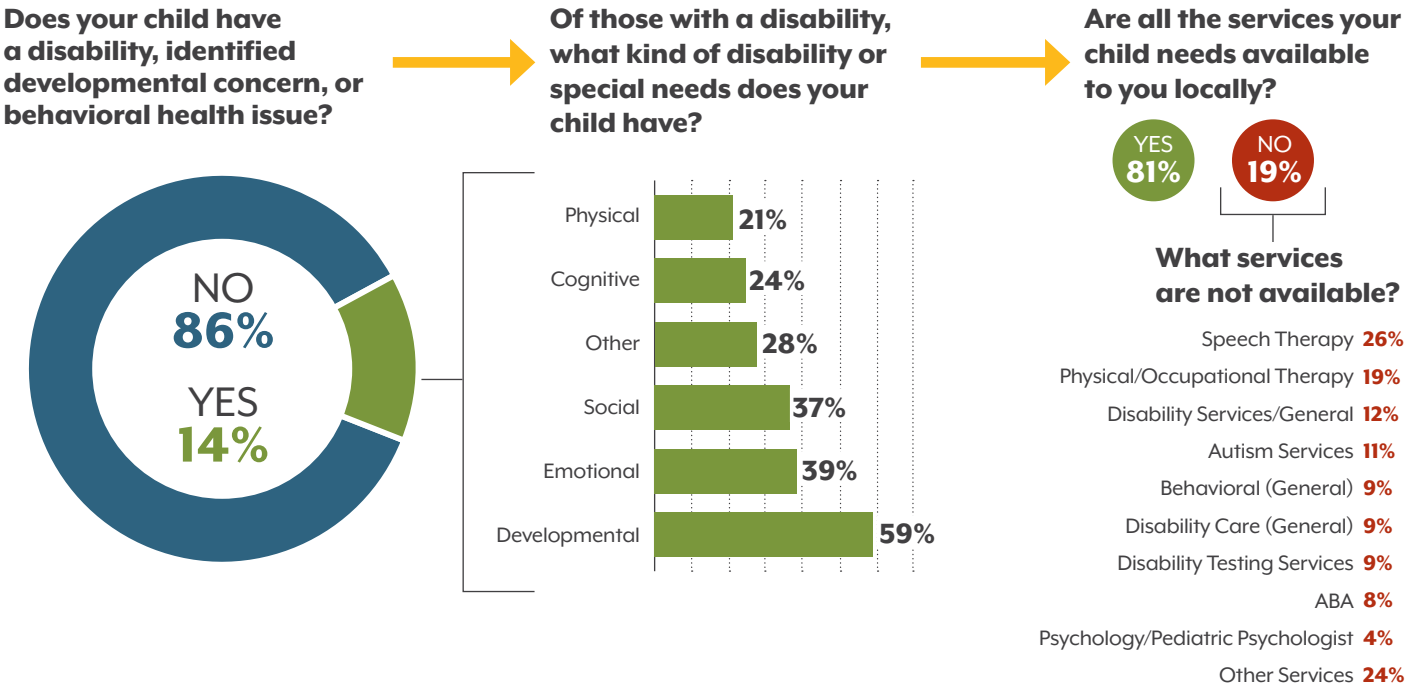
From this generalized standpoint, nearly one in five (19%) parents reported not having local access to needed services related to their child's disability — most commonly speech therapy, followed by physical/occupational therapy, general disability services, and autism services (see Figure 20).[246]

Parents of children with perceived special needs were more likely to want other services for their children relative to parents who did not indicate their children had special needs. But parents of children with special needs were also less likely to have access to those services when they needed them.

For example, parents of children with disabilities were almost twice as likely to want support and advice on health, child development, and parenting (54%) as parents of children who did not have disabilities (29%).[247] But parents of children with disabilities were twice as likely (20%) to report they do not have access to those services, relative to their counterparts (9%).[248]

Parents who reported needing supports did not just point to one area or child-specific needs. Requests were often compounded, leading to needs for significant, coordinated service provision. For example, more low-income families responding to the survey reported caring for a child with a disability or special needs. And low-income respondents were more likely to be female, Latinx, and/or Black or African American — groups that are more at risk for experiencing structural sexism and racism in the workplace and other environments.[249]

Figure 20. Service Needs Reported by Parents of Children with Disabilities or Special Needs



Innovating for the Future

Colorado's family and community support programs are coordinated, monitored, and regulated at a state level with local support from implementing agencies and partner organizations such as schools, community-based organizations, Community Centered Boards, Family Resource Centers, and Early Childhood Councils. Despite this alignment, there are opportunities to better support young children and their families. Examples of these innovations include:

- **Interagency collaboration.** Program administrators across state agencies, the Governor's Office, and local organizations are eager to leverage the state's family and community supports to reach more families. Varying funding sources, requirements, policies and practices reflect this commitment to interagency collaboration, but others hinder alignment.
- **Data system strengthening.** Promoting cross-agency collaboration requires interoperable data systems. Strengthening existing infrastructure is one opportunity to better serve the most vulnerable Coloradans. Other efforts are underway to advance data systems through deployment of the OEC's Information Technology Strategic Roadmap to improve the ability of state and local program administrators to capture and report data.
- **Streamlining transitions.** Transitioning families between sending and receiving services across Colorado's system of family and community supports is critical for child well-being and school readiness. That's especially true for certain groups such as families of children with special needs. For example, Early Intervention Colorado (IDEA Part C) is required to provide transition activities for families as their children age out of the program. However, challenges exist to ensuring the continuity of services through other programs, such as preschool special education (IDEA Part B – Section 619) including the timing of the family's exit from Early Intervention Colorado and access to eligibility data.
- **Reaching informal care environments.** Colorado's early childhood administrators are working to leverage family and community support programs to better engage informal care providers — such as the Growing Readers Together early literacy program and home visitation pilot programs — to extend family and community supports to children in informal care environments, their families, and their caregivers.

Other Systems Supporting Children and Families

The early childhood system is a large network serving children and their parents and caregivers, comprised of multiple systems that are large, overlapping, and significant in and of themselves.

This Needs Assessment profiles only a few of the programs, services, and funding that strengthen, engage, and stabilize families and their children. Additional programs provide essential supports — from health care to economic assistance to nutritional support — but are beyond the scope of this Needs Assessment.

Colorado's family and community support programs connect with or refer families to these programs. These strong connections are critical to support vulnerable and underserved families.

For example, Colorado's public health insurance programs help low-income families access health care — including Health First Colorado, which is Colorado's Medicaid public health insurance program, and the Child Health Plan *Plus* for children and pregnant women. Health care providers are critical referral partners for many of the family and community supports analyzed in this report — including early intervention supports, home visitation programs like HealthySteps, and connections to community-based family-support services.

Other public programs increase access to healthy food and other supports such as cash assistance and job opportunities. These include, for example, the Child and Adult Care Food Program (CACFP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), and other supports. Several critical programs serving children and families are described in Table 10.

Table 10. Selected Federal-State Partnerships to Support Families

Program	Description
Health First Colorado (Medicaid)	Public health insurance program connecting low-income Coloradans with comprehensive health care services.
Child Health Plan *Plus* (CHP+)	Low-cost health insurance program providing comprehensive health care services for pregnant women and children from families who earn too much to qualify for Health First Colorado, but not enough to pay for private insurance.
Supplemental Nutrition Assistance Program (SNAP)	Food assistance program that supports low-income families to purchase foods at participating stores.
Colorado WIC (The Special Supplemental Nutrition Program for Women, Infants and Children)	Program that provides supplemental foods, health care referrals, and nutrition education for low-income, pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.
Colorado Works (Colorado's Temporary Assistance for Needy Families or TANF program)	Financial support program administered by county departments of human or social services to support Coloradans with low incomes.

FOSTERING WELL-BEING

Overview

Children develop in the context of supportive, positive, and interactive relationships. All caregivers — including families as the child's first teacher, as well as providers beyond the family — play important roles to support healthy development.

Colorado fosters child well-being by delivering services that support parents and caregivers and their relationships with children. These programs touch a range of environments — at home, in early care and education (ECE) settings, in communities, and in community-based organizations.

This section profiles three programs that focus on fostering well-being for children, families, and communities: Early Childhood Mental Health Consultation, The Incredible Years, and Growing Readers Together.

Program Overviews

Early Childhood Mental Health (ECMH) Consultation
Professionals in early childhood development and mental health who support caregivers and programs that serve young children.

The Incredible Years
A suite of prevention programs designed to increase a child's success at school and at home by promoting positive parent, teacher, and child relationships.

Growing Readers Together
A program supporting local public libraries to work with caregivers to better support the early literacy development of children in their care.

For more information, detailed program profiles can be found in Appendix A beginning on page 111.

Why This Matters

Evidence suggests that promoting emotional health and social-emotional learning skills is foundational to all other development and competencies in children.[250]

Decades of research reveal that programs working to promote strong relationship skills in adults have long-term impacts on the children in their care. The Incredible Years program — a suite of interventions that work on parent, teacher, and child relationships — provides an example:

- 58% of children whose parents and teachers received the program decreased their negative behavior, compared with 36% of children in the control group.[251]
- At school, 96% of children whose parents and teachers received the program were better able to follow directions from their teachers compared with 56% of children in a control group.[252]

According to the 2017 Colorado Child Health Survey, 15% of Colorado's children needed mental health care or counseling in the past 12 months, but almost a quarter of those children (23%) did not receive it.[253] ECMH consultation, a promotion and prevention program, can support positive early childhood mental health and, when appropriate, connect adults with necessary resources and referrals.

Overall Assessment

Key Findings

1. The three programs evaluated as part of this profile are leveraging limited resources to reach large parts of the state with evidence-based programs. However, programs are spread thin, which leads to not meeting the needs of all families.
2. When it comes to promoting their children's well-being, families want and need more information and education about child

development and parenting, and they need increased access to services — especially early childhood mental health supports.

3. Expanding these programs requires investing in their workforce, increasing the connectedness of their data systems, and leveraging their infrastructure to engage more informal caregivers.

Innovating for the Future

Colorado has generated a service selection tool for community-based organizations to assess their current ECMH consultation and service landscape, identify gaps, and select programs and services to meet their child population's needs. State policy leaders should consider generating a similar service selection tool to help community leaders strengthen their system of programs fostering child well-being.

What Parents Say

The programs included in this profile serve primarily non-parent caregivers, so parent focus group and survey respondents were less likely to cite them directly. That said, these programs indirectly address many of the pressures that parents raised.

For example, parents in focus groups across the state reported they are overwhelmed and struggle to have the time and resources to manage their child rearing responsibilities with everything else.

To address the need, parents called for high-quality programs that promote social-emotional health and school readiness. Early childhood mental health consultation is one way to address this need.

> ***"Early childhood teachers are lacking and early childhood education that fosters motor, cognitive, social-emotional, language and communication development is extremely important! It's hard to find quality care."***
> — Colorado parent, 2019

Key Needs in Colorado

The three programs profiled here are not yet resourced to reach all parents who might want services. These programs — like other programs serving young children in Colorado — do not yet benefit from a workforce that is fully representative of Colorado's diverse population.[254]

- **Improved program marketing.** Though these programs may be available in their community, many families are not aware of them. According to the Parent Survey, 28% of parents did not know about community-based programs such as early literacy programs at local libraries or other services to support families. Early childhood mental health services were used even less, with 52% of parents reporting they did not know about these programs.[255] Colorado should consider supporting additional education, awareness, and communication to connect families to these programs.
- **Representative workforce.** Communities need trained early childhood professionals — including ECMHC professionals, literacy specialists, ECE providers, and others delivering programming — who represent the communities they serve in terms of gender, race and ethnicity, culture, and language. Even when translators are available, not all program elements are easily translated into a family's home language.

Program Reach

Colorado is working to leverage limited resources to foster child well-being across all parts of the state. However, available programs are currently overextended.

For example, every county in Colorado has at least one assigned ECMHC professional. But given the limited consultative workforce in the state, most need is likely going unmet. In both the northeast and northwest corners of the state, just two full-time equivalent (FTE) specialists are responsible for providing ECMHC services to programs, classrooms, and children across 10 counties.[256] State-level program administrators are considering ways to broaden ECMHC services to other regions, professionals, and caregivers or parents. Some strategies may include provider trainings, site visits, online resources, and/

or a warm-line for parents and ECE providers with questions about early childhood mental health.

Literacy and social-emotional programs profiled here have similarly limited resources. For example, the Growing Readers Together program is serving 22 libraries out of several hundred library facilities, and the Incredible Years program served families in 21 of 64 counties in 2018-19.[257]

Data Strengths and Opportunities

Like other parts of the early childhood system, the programs profiled here do not have the data systems available to measure long-term impacts or to estimate the unmet needs of families.

- **Measuring impact.** These programs fostering child well-being are tracking primarily process measures — from partnerships formed and events hosted by Growing Readers Together to ECMHC services delivered at the child, classroom, and program level. However, the system is currently not equipped to measure long-term impacts. Strengthening data systems to track children longitudinally and across programs could improve development. For example, tracking long-term impacts could better demonstrate a child's needs over time, including identifying needs for other services like early intervention.

- **Estimating waitlists.** These programs have no way of identifying children who need services but cannot access them. Barriers may include program funding or workforce limitations, or program convenience for families, or other barriers like stigma. For example, most state funded ECMHC professionals are serving multiple counties — a workforce that is likely not enough to meet the need of the hundreds of thousands of children living in Colorado. That said, data systems cannot currently track unmet demand for services. This information would help Colorado allocate resources to the areas with the most needs.

FAMILY STRENGTHENING

Overview

The Strengthening Families Protective Factors Framework is a research-informed, strengths-based framework to promote child and family well-being and lessen the likelihood that children will be abused or neglected. Protective factors include parental resilience, concrete supports in times of need, social connections, knowledge of parenting and child development, and social and emotional competence in children.[258]

Colorado offers multiple programs that promote protective factors to support families, ranging from case management services to brick-and-mortar Family Resource Centers that connect families with comprehensive services. These programs also include evidence-based home visitation services in which a nurse, social worker, early childhood professional,

Program Overviews

Community-Based Child Abuse Prevention (CBCAP)*

Federal CBCAP grants support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect, and foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Colorado Children's Trust Fund (CCTF)*

The CCTF, established in statute in 1989, exists to prevent the abuse and neglect of Colorado's children. The CCTF is governed by an advisory board of directors with unique backgrounds to guide the work supported by the trust fund dollars.

Colorado Community Response (CCR)

Voluntary program that provides family-driven case management to families that have been referred to Child Protective Services for concerns about child abuse or neglect.

Family Resource Centers (FRCs)

Agencies that provide or connect families with comprehensive, integrated services in their community, ranging from early care and education to adult education and wellness programming.

HealthySteps

Pediatric clinical program that fosters positive parenting and promotes children's early development from birth to age 3.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Parent-driven school readiness program for children ages 3, 4, and 5.[273]

Nurse-Family Partnership

Home visitation program for first-time, low-income mothers from pregnancy until age 2.

Parents as Teachers (PAT)

Program that empowers parents in their roles as their children's first teachers from pregnancy until children enter kindergarten.

Promoting Safe and Stable Families (PSSF)

A funding stream to support services that ensure children can thrive in their families.

SafeCare® Colorado

Home visiting program for families with children age 5 or younger to help parents manage challenging behaviors and identify household hazards.

For more information detailed program profiles can be found in Appendix A.

**Denotes family strengthening programs administered by the OEC that are not profiled in this report.*

or other trained professional provides services in a family's home during the first years of a child's life.

This section provides a brief overview of eight programs that use the Strengthening Families Protective Factors Framework and that are supported at least in part by the OEC.

Other parts of Colorado's early childhood system also promote these key protective factors. See the Family and Community Supports overview on page 77 for more detail.

Why This Matters

Programs that focus on family protective factors reduce abuse and neglect and promote child development.[259] These programs build family strengths and assets, support positive child development outcomes, and foster strong relationships upon which children rely.[260] Protective factors help mitigate the impact of adversity and promote resilience.[261]

Neurobiological research informs the Strengthening Families approach. Focusing on protective factors can reduce biological stress responses such as toxic stress — or responses that result from strong, prolonged adversity such as family violence.[262] Strengthening protective factors also mitigates the effects of adverse childhood experiences (ACEs) — ranging from physical, emotional, and sexual abuse to living with an adult experiencing a substance use disorder — which can have lifelong impacts on physical and mental health.[263]

Overall Assessment

Key Findings

1. Colorado maintains a series of programs that promote family strengths and offer a full array of services to thousands of families every year — from Family Resource Centers to home visitation programs.
2. Compared with other states, Colorado is a leader in home visitation programming in terms of numbers of programs offered, blended financing approaches, local Early Childhood Council engagement, and reporting accountability.[264]
3. Colorado's family strengthening programs do not currently have the capacity to reach all parts of the state; bolstering these programs will require increased coordination of funding and the expansion of interoperable referral and data systems.

Innovating for the Future

The eight programs profiled in this overview use the Strengthening Families approach to support families. Each program has strong referral networks, data systems, and trained professionals. One opportunity to innovate is to leverage existing program infrastructure to reach more families in need.

Colorado could consider leveraging existing program infrastructure to reach more families in need of family strengthening programs or services. For example, current home visitation programs are supported by several intermediary agencies, including Invest in Kids, Parent Possible, and Assuring Better Child Health & Development (ABCD). These organizations monitor program fidelity, provide technical assistance, identify potential program sites, and build capacity. If given additional resources, these entities have the expertise and infrastructure necessary to act as connectors for families in need of multiple family strengthening programs. They also have relationships with community-based organizations and with networks of parents and informal care providers. Leveraging these agencies locally could help boost family awareness of, and participation in, other programs and services.

What Parents Say

Family strengthening programs support families by promoting key protective factors — from strengthening parent resilience to offering concrete support in times of need. Parents participating in focus groups statewide reiterated their appreciation for these programs.

But many parents are not aware of the state's variety of family strengthening programs, while others cannot access the ones they want. For example, parents participating in focus groups shared that home visitation programs are critical

tools for parents, but not all programs are available everywhere. One Spanish-speaking mother who is also an informal care provider described her experience with Parents as Teachers:

> ***"I could be a teacher to my son. It was a really incredible experience. When my son started preschool, he knew colors, numbers, and had more knowledge going into kindergarten. When I moved out of Denver, they didn't have these programs in [my county], so my daughter couldn't participate. Now my daughter is not as developed as my son at the same age. These programs are really good and need to be promoted and expanded."***
> — Colorado parent, 2019

Key Needs in Colorado

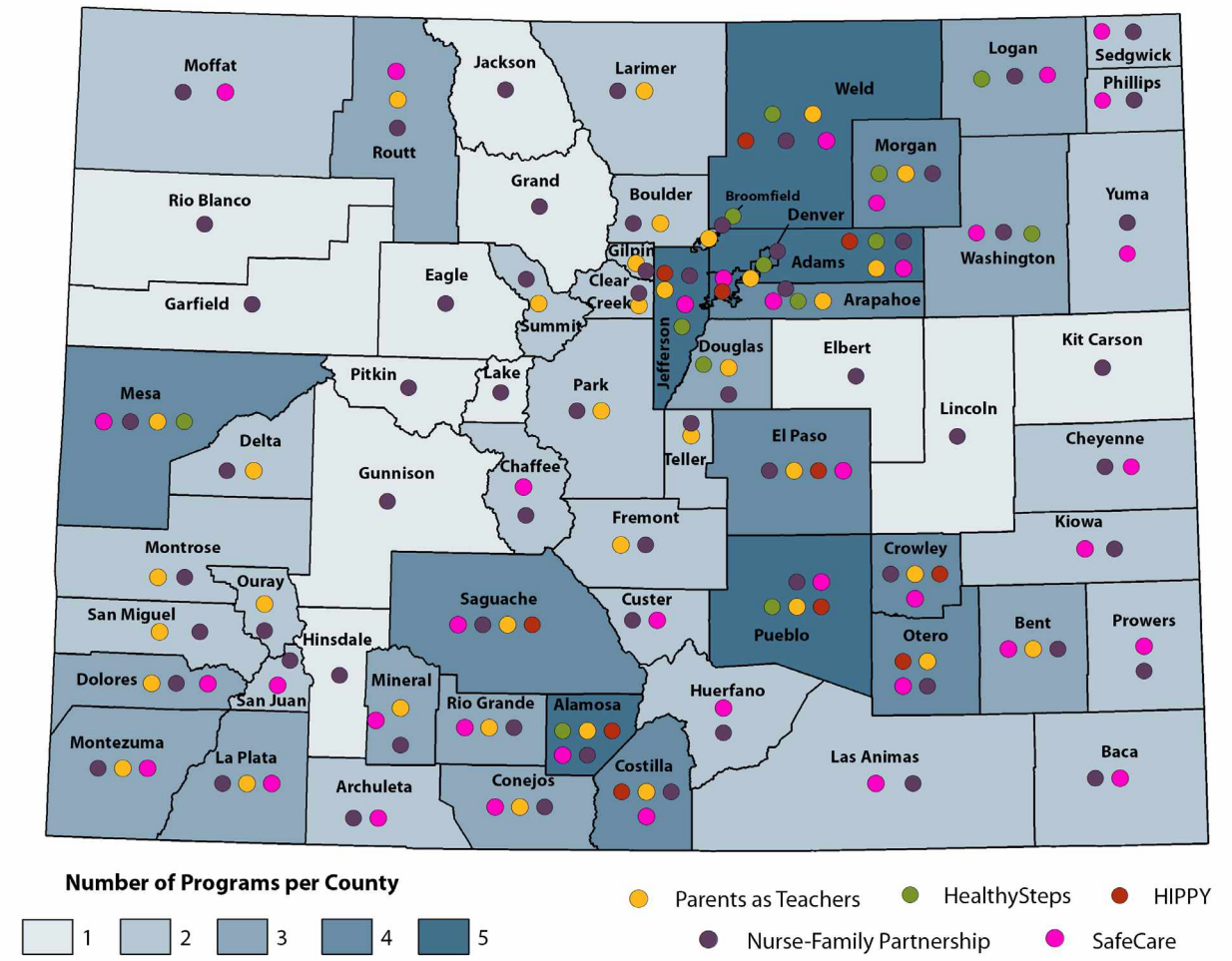
Colorado's family strengthening programs do not yet have the capacity to serve all families who need support, and many families are not aware of the programs offered. Meeting these needs will require additional resources for the early childhood workforce and expanded parent outreach.

- **Limited workforce.** Program administrators cited the limited workforce of home visitors and other family strengthening service providers — and limited funding to support that workforce — as a major need. As a result, many programs report having a long waitlist of families but no way to serve them. One reason for this limitation is that Colorado's family strengthening programs rely on a wide range of staff with varied levels of training and expertise, from providers without a high school degree to registered nurses. Staffing all components of the home visitation system is a challenge.
- **Culturally responsive services.** Similar to national trends, Hispanic or Latinx and Black and African American families are disproportionately represented in Colorado's child protection system.[265] The Strengthening Families approach — which helps prevent involvement in the child protection system — is a culturally responsive framework. However, parents and early care and education providers participating in focus groups highlighted the need to train service providers on issues ranging from implicit bias to culturally competent service delivery. Program administrators also note that program staff are not always able to provide these services in the language needed. Many programs have Spanish-speakers on staff, but other languages often are not available.
- **Parent availability.** Programs using the Strengthening Families approach aim to meet families where they are, but families often struggle to access services in a way that meets their needs. For example, some families do not have access to stable housing, so they are unable to maintain a consistent relationship with a home visitor. Implementing agencies are also offering increasingly flexible services at multiple times during the week to accommodate parent work schedules, including evenings and weekends.
- **Family awareness and perceptions**. When it comes to programs that use the Strengthening Families approach, many families are not accessing services because they do not know the programs are available, while others do not access services due to privacy concerns or fear. For example, a common referral source is word of mouth. In the absence of a network or gathering place, this information may not reach isolated or disconnected families. Families living without documentation may be fearful of publicly funded programs, including home visitation services. Other families are not interested in accepting services in their home due to privacy concerns.[266]

Program Reach

The programs profiled here currently reach thousands of families annually. For example, the state's 31 Family Resource Centers provided services to more than 13,000 families in 2018-19, including services to help meet basic needs, support early care and education, and foster high-quality parenting.[267] The Promoting Safe and Stable Families program supported services for more than 3,000 Coloradans in fiscal year 2017-18.[268]

Map 8. Home Visitation Program Density by County, 2019



That said, data systems are not currently aligned in a way that allows programs to assess families' involvement with multiple programs or to track their waitlists, estimate unmet demand, or analyze eligible but unenrolled populations. But existing evaluations, family surveys, and focus group findings suggest that not all families in need are accessing services. For example:

- Although Nurse-Family Partnership serves all 64 counties, HIPPY, PAT, and HealthySteps are not yet able to serve many families on Eastern Plains (see Map 8).[269]
- SafeCare Colorado is not funded to be able to reach many of the mountainous western counties (see Map 8).[270]
- Due to limited funding and capacity, Colorado Community Response currently only serves 36 of Colorado's 64 counties (see Colorado Community Response in Appendix A on page 112).
- Because of their limited funding and capacity, Family Resource Centers do not currently reach families in much of northwestern and northeastern Colorado, as well as some mountainous regions such as Gunnison and Hinsdale counties (see Family Resource Centers in Appendix A on page 121).

Data Strengths and Opportunities

Colorado's family strengthening programs could better serve families by aligning data systems and tracking family outcomes.

- **Tracking parent and child outcomes.** Many programs in Colorado that use the Strengthening

Families approach monitor progress at a family level, but do not necessarily assess both parent and child outcomes. Having access to this information could help programs better provide evidence-based services to the parents and children they serve.

- **Cross-system connectivity.** Most of the state's program data systems — including those that use the Strengthening Families approach — are siloed due to program funding, reporting requirements, and confidentiality concerns. Connecting these systems — for example, by using unique identifiers across all program data systems or improving data sharing agreements — could track families' needs over the long-term, sustain impact, and improve family outcomes.
- **Measuring complex family outcomes.** There is not yet consensus on which family functioning indicators programs should collect data on in order to demonstrate program effectiveness. One exception is the Protective Factors Survey, which many programs are using to assess family strengths across the five protective factors.[271] Measuring these outcomes — from economic stability to reduced involvement with the child protection system — will require aligning multiple data systems and pursuing long-term tracking spanning decades.
- **Linkages to school district data.** At least one school district in Colorado is tracking enrollment in services like home visitation programs to monitor family outcomes over time.[272] Scaling up this approach to multiple school districts could enhance local coordination within a region and better track family outcomes. However, local control of Colorado's schools may pose a challenge to statewide adoption.

EARLY INTERVENTION

Overview

Research shows that the first three years of a child's life are the most important time for development and learning. By providing needed services and supports during this time, families are able to help their children with special needs develop to their full potential and may decrease the need for additional help later in life.

The Early Intervention (EI) Colorado program bases its foundation of support on seven guiding key principles. They are a way to talk about how services are provided and delivered to the families the program supports. They include being family-centered, focusing on children's learning in their natural environment, adult learning, and quality teaming.[274]

This section profiles EI Colorado, a program for infants and toddlers with developmental delays or disabilities in the state of Colorado, also known as Part C of the Individuals with Disabilities Education Act (IDEA). The program identifies infants and toddlers potentially eligible for EI Colorado and provides families with supports and resources to help them enhance their child's learning and development through everyday learning opportunities. Services are voluntary, provided at no cost to families, and occur in families' homes or other environments where children spend their day.

Overall Assessment

Key Findings

1. Colorado's program boasts generous eligibility criteria. An infant or toddler and their family are eligible for EI Colorado when:
    - The child exhibits a 25% or more delay in one or more of five developmental domains: adaptive, cognitive, communication, physical (including vision and hearing), and speech and language; or
    - The child has an established condition that is determined to result in the likelihood of a long-term developmental delay; or
    - The child resides with a parent who has been identified as having a developmental delay.[275]
2. EI Colorado makes it a priority to deliver services in families' homes or in other environments where families spend their day. This allows parents and children to learn in their "natural environment" and reduces barriers to services related to transportation and accessibility.[276]
3. Colorado's efforts to provide early intervention services through video conferencing has generated substantial buzz in the early childhood development field.[277] Since implementing a pilot program in Pueblo County in 2017, the state has seen an increase in the number of providers completing EI Colorado-provided telehealth training and an increase in providing telehealth services. As of November 2019, 444 providers completed the telehealth training offered by EI Colorado.[278]

Program Overview

Early Intervention Colorado (IDEA Part C)
This program provides supports to families with children under 3 who have developmental delays or disabilities.

Innovating for the Future

- **Building the workforce.** Depending on the specific needs of the cohort of children being served at that time, Colorado may experience a shortage of direct service providers with a specific expertise who are also experienced in working with infants and toddlers. These shortages are particularly prevalent in rural communities.[279]
- **Improved screenings and referrals.** Families receiving services from EI Colorado are referred by health care providers or other referral sources. Early care and education (ECE) providers are also positioned to identify signs of a possible developmental delay or disability and encourage families to participate in developmental screenings. To better engage families, ECE

Preschool Special Education

Preschool special education is a combined state and federal program for children ages 3 through 5 not yet enrolled in kindergarten who have been identified with an educational disability. The program entitles eligible children to a free and appropriate public education in an inclusive setting at no cost to families.[285] The program is mandated by Part B of the Individuals with Disabilities Education Act (IDEA), which serves children from age 3 to 21 years. Section 619 of IDEA refers to the preschool component of the system.

providers need training on EI Colorado services and child development — especially those providers working with families with lower incomes or who speak languages other than English at home.

- **Inclusivity training.** All ECE providers should be trained in inclusivity to better engage children with disabilities and delays in the general child population. Informal care providers — given their broad reach and diverse populations served — could be the first area of priority. Expansion of the Colorado Shines Professional Development Information System (PDIS) course offerings can provide free, online access to this training.
- **Expand telehealth service delivery.** Colorado can capitalize on existing telehealth infrastructure by encouraging more early intervention providers to take the telehealth training provided by EI Colorado.[280] Telehealth can help reach families in rural communities and during inclement weather. Telehealth also makes it easier for families who speak languages other than English to access interpreters, and it enables providers who have expertise with less common disabilities to connect with families who require their services.[281] Expanding telehealth initiatives should happen in conjunction with efforts to expand the number of direct service providers, and these services should be monitored, evaluated, and adjusted to incorporate feedback from families and providers.
- **Coordinating Early Intervention Colorado with infant and toddler care.** Because EI Colorado services are provided within the child and family's natural environment, many services are provided within an education setting. Training must be available for child care workers to recognize when an infant or toddler should be referred for a developmental screening. Additionally, child care facilities should be prepared to care for children of all abilities.

Key Needs in Colorado

Preschool special education (IDEA Part B — Section 619) provides a continuum of services for some children who participate in EI Colorado, however challenges exist during this transition.

- **Transitions for children aging out.** Children transition out of EI Colorado services on their third birthday. Those identified as being potentially eligible for preschool special education are referred to these services for a federally required, coordinated transition process to determine eligibility for preschool special education. Because IDEA Part B — Section 619 has narrower eligibility criteria than IDEA Part C, children who received EI Colorado services may not be eligible for preschool special education, and their families must look for supports in their communities and at their medical homes. Additionally, children who are found eligible for preschool special education services may experience a gap in services if their third birthday falls during a time that the traditional school year is not in session and services are not being provided. This is an area to explore to strengthen children's transitions to services and/or additional supports after exiting EI Colorado.

Program Reach

As the IDEA Part C lead agency, CDHS administers the EI Colorado program within the OEC, Division of Community and Family Support. EI Colorado serves all parts of the state through 20 local EI programs implemented through Community Centered Boards (CCBs).[282]

EI Colorado is available to children in every county in the state. The program provided services to more than 15,000 children during the 2018-19 fiscal year. EI Colorado works with more than 1,500 providers and service coordinators throughout Colorado.[283]

The program receives $49.8 million annually from federal and state funding. Direct services and service coordination are also funded in part by Medicaid ($13.3 million) and private health insurance through the Early Intervention Services Trust ($4.8 million).[284] Through this funding structure, Colorado is able to provide services to children and from diverse economic backgrounds.

Data Strengths and Opportunities

- **Data sharing.** EI Colorado maintains a statewide data system that records data for children referred to EI Colorado until they transition out of the program. Referral sources, such as pediatricians, do not have access to the data system, but are expected to share development screening information at the time a referral to EI Colorado is made. These referral sources are provided a referral status update at each step of the referral and evaluation process.

- **Longitudinal data transmission.** EI Colorado is required to report the status of every child who exits the program at age 3. Data are available on the number of children who are referred to Part B — Section 619 services upon aging out of EI Colorado program, and the number of children who had timely transition activities and their eligibility status. However, whether or not the child is or is not eligible for Part B – Section 619 services is not always reported back to EI Colorado to capture that data. EI Colorado is partnering with the Colorado Department of Education, the agency responsible for the administration of Part B — Section 619, to identify which children were eligible and whether they participated in preschool special education.

OUR APPROACH: DATA AND ANALYSIS

This Needs Assessment uses multiple qualitative and quantitative approaches to assess the current and desired states of Colorado's early childhood system. We describe our qualitative methods used to capture the voices of parents, providers, stakeholders, and stewards across the state. We also explain our quantitative methods, including data sources, analytic approaches, stepwise development of Colorado's closest approximation to readily available child care (i.e., the Child Care Model), and the current limitations of these approaches.

Primary Data Sources

Parent Survey

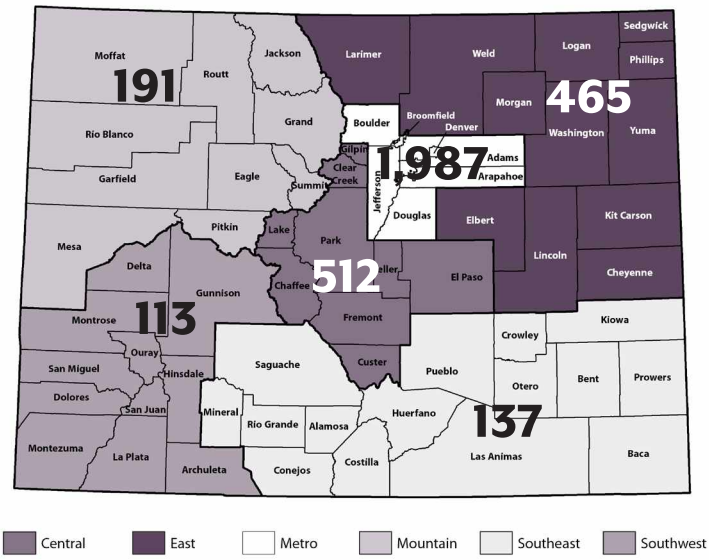
In August 2019, the Preschool Development Grant Parent Survey engaged over 3,000 Colorado parents of children under age 6.

The Colorado Health Institute (CHI) and subcontracted survey administrators, the Office of Early Childhood (OEC), and other partner organizations used mixed data collection methods in outreach efforts that included targeted social media and email canvassing (Table 11). Flyers were also created in English and Spanish to share with organizations such as pediatricians' offices, Family Resource Centers, and Early Childhood Councils statewide. It is important to note that distribution methods primarily leveraged established early childhood systems and partners. Therefore, certain populations such as those least engaged with Colorado's early care and education system may be underrepresented in the sample.

Table 11. Parent Survey Responses by Data Collection Method

Method	Responses (%)
Phone	100 (3%)
Online panels	348 (10%)
Online survey	2,956 (87%)
Total	**3,404**

Map 9. Parent Survey Participation by Region



CHI and OEC developed the 87-item survey to capture information on the topics in Table 12.

The survey (see Appendix B on page 149) used skip logic to present respondents with items relevant to their family as well as allow respondents to pass on items where they were unable and/or unwilling to answer. Individuals who did not respond on a question-by-question basis were excluded from the results.

Data from the 2017 American Community Survey (ACS) was used to weight the collected parent survey data to reflect Colorado's population of parents with children under age 6. Weighting was applied to the following variables: parent age, parent ethnicity, and geographic region.

Table 12. Parent Survey Topic Areas

Topic Areas	Sample items
Participant and family demographics	• Age, race and ethnicity, county of residence, income, special populations
Current child care arrangements	• Provider type, frequency, and satisfaction
Preferred child care arrangements (i.e., desired)	• Most and least preferred provider type • Important characteristics (e.g., opportunities for socialization, learning environment, language match) • Barriers to use of preferred provider type
Preschool	• Preferred setting and duration • Preschool accreditation importance
Family supports	• Colorado Child Care Assistance Program (CCCAP) eligibility and participation • Service availability and importance (e.g., physical health, mental health, child development resources, early literacy programs, etc.)

Table 13. Survey Participant Demographics

Weighting Variable	Value	Unweighted Responses	Weighted Responses
Parent Age	Under 18	14	16
	18 to 24	162	197
	25 to 34	1,581	1553
	35 to 44	1,421	1,432
	45 to 54	179	169
	55 to 64	32	28
	65 to 74	12	8
	75 to 84	3	2
Race and Ethnicity	White	2,389	2,109
	Hispanic	621	902
	Other Race	390	390
Region	Metro Area	1,604	1,987
	Central	455	512
	East	522	465
	Mountain	335	191
	Southeast	296	137
	Southwest	192	113

Table 14. Key Populations as a Percentage of Total Survey Respondents

Key Populations		Survey Respondents (Weighted)
Parent(s) or Primary Guardian(s)	Working parents and primary caregivers	75%
	Household income < $30,000/year	22%
	Household income under $50,000/year	38%
	Recipient of SNAP, WIC, or TANF benefits	22%
	Active in the military	2%
	Under 18 years of age	1%
	Employed as a migrant worker	1%
	Experiencing homelessness or at risk of becoming homeless	4%
Child(ren)	Lives in a home where English is not the main language spoken	10%
	Special health care needs (such as food allergies, asthma, diabetes, takes prescribed medication, etc.)	12%
	Has a disability, identified developmental concern, or behavioral health issue	14%
	Has been involved in the child welfare system (including foster care placement)	4%
	Tribal member or reside on tribal lands	1%

For each variable, unweighted responses have been adjusted either up or down relative to population data from the 2017 American Community Survey to produce weighted response data. In some cases, sums may differ due to rounding.

Data was aggregated to six geographic regions for the purposes of analysis. Region designations were developed in consultation with stakeholders and use boundaries based on preexisting frameworks: the Health Statistics Regions developed by the Colorado Department of Public Health and Environment and regional designations used by the Colorado Department of Human Services Office of Behavioral Health.[286]

Survey data are included throughout this report to provide additional context for the quantitative findings and to reflect parent voices, preferences, challenges, and insights. Survey findings were also used to inform key elements of the Child Care Model, including child care preferences.

Focus Groups

CHI engaged with parents, families, providers, and other early childhood stakeholders through focus groups in multiple settings. CHI organized and facilitated 19 groups in 12 locations across the state (see Map 10 and Table 15) capturing 102 family and 137 provider/stakeholder voices.

Participants were led through a structured discussion to provide local insights to inform this report (see Appendix B beginning on page 149 for the focus group guides).

Focus Group Demographics

Parents and Families

Focus groups solicited inputs from 102 parents, family members, and guardians to inform the Needs

Map 10. Counties Represented in Focus Groups Convened for the Needs Assessment

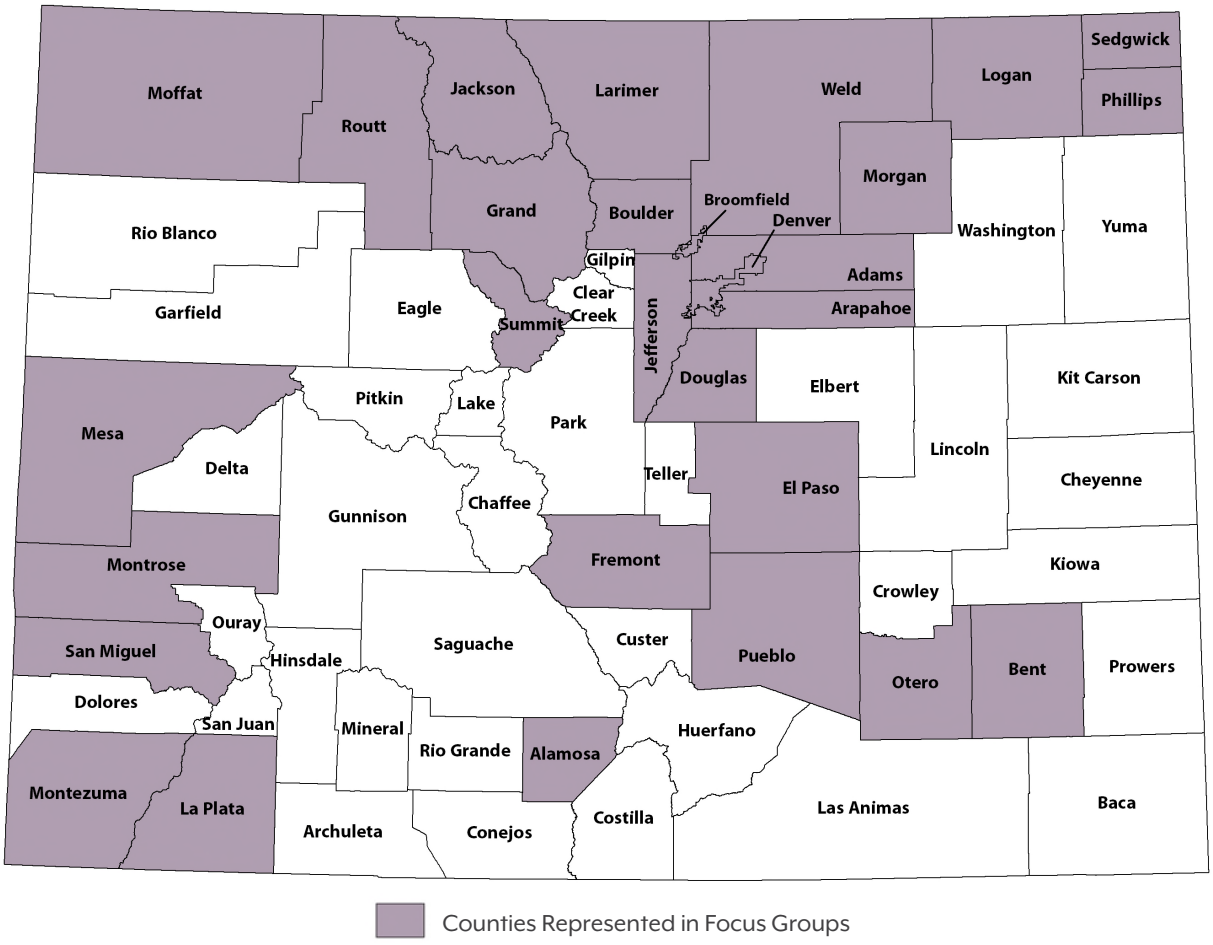


Table 15. Focus Groups by Location and Participant Type

Location	Participant Type
Alamosa	●
Aurora	●
Durango	●
Fort Morgan	●
Grand Junction	● ●
Greeley	● ●
Haxtun	●
La Junta	● ●
Pueblo	● ●
Steamboat Springs	● ●
Westminster	● ●
Zoom webinar (statewide)	● ●

● Families ● Child Care Providers and other Early Childhood Stakeholders

Assessment. Participants represented diverse communities within Colorado:

- Families with foster children or involved in child welfare
- Families of children with special needs
- Experiencing housing insecurity
- Experiencing economic insecurity
- Experiencing food insecurity
- Experiences of trauma
- Tribal populations
- Migrant families
- Refugees
- Non-refugee immigrants
- LGBTQ community
- Military
- Teen parents

Child Care Providers and Early Childhood Stakeholders

Focus groups also engaged 137 child care providers and early childhood stakeholders, including:

- **Child care providers.** Both current and former providers representing licensed and informal care settings
- **Early childhood stakeholders.** Head Start and Early Head Start, home visitation, mental health centers, Family Resource Centers, foster care, Early Childhood Councils, medical clinics, libraries, county services, county commissioners, health departments, and state representatives

Additional Focus Group Data

CHI was also invited by early childhood stakeholders and collaborative OEC vendors to leverage nine previously scheduled organizational meetings to capture further focus group data (see Table 18).

Key Informant Interviews

Interviews with key stakeholders across the state highlighted particular areas of need and opportunity. In addition to meetings with state and local program administrators, CHI conducted six formal key informant interviews with stakeholders from the following organizations:

Table 16. Family Focus Group Demographics*

Participant Demographics	Percentage
Race	
White	65%
Black or African American	6%
American Indian or Alaska Native	4%
Asian	3%
Ethnicity	
Hispanic or Latino	28%
Attended focus group in rural county	36%
Household income under $65,000/yr	60%

**Based on data collected from participants who completed intake forms.*

Table 17. Provider and Early Childhood Stakeholder Focus Group Demographics*

Participant Demographics	Percentage
Race	
White	83%
Black or African American	3%
American Indian or Alaska Native	1%
Asian	1%
Ethnicity	
Hispanic or Latino	15%
Attended focus group in rural county	53%

**Based on data collected from participants who completed intake forms.*

- Delta Family Center
- Early Intervention Colorado, Office of Early Childhood
- Family Resource Center Association
- Head Start State Collaboration Office
- Responsible Fatherhood Program, Jefferson County Department of Human Services
- Renaissance Children's Center, Colorado Coalition for the Homeless

Table 18. Focus Group Data Collected at Organizational Meetings

Meeting or Group	Description
Parents and Families	
Families First*	Spanish-speaking family support group in the Denver metro area
Family Voice Council	Families engaged in two or more CDHS programs across Colorado
Florence Crittenton*	Teen mothers living in the Denver metro area
Parent To Parent*	Families of children with disabilities or special health care needs across Colorado
Spring Institute*	Immigrant and refugee families living in the Denver metro area
Strengthening Working Families Initiative (SWFI)*	Parents who are working and attending school in the Denver metro area
Stakeholders	
Adelante Group – Jefferson County	Latino Network for Health and Education; formal and informal care providers
Early Childhood Summit - PDG/SB-063	Broad membership of early childhood stakeholders across Colorado
Ute Mountain Ute Tribes*	Early childhood professionals serving tribal families

*Indicates the meeting was organized and facilitated by the OEC Strategic Planning vendor as part of ongoing strategic planning efforts. CHI was invited to join these meetings to capture data for this report.

Additional Conversations

CHI and OEC presented analyses and process updates to multiple stakeholder groups to gather feedback and refine our approaches, including:

- Program Quality and Alignment (PQA) Subcommittee of the Early Childhood Leadership Commission (ECLC)
- The PDG Steering Committee, comprised of executive leadership from both the OEC and the Preschool through 3rd Grade (P-3) Office at the Colorado Department of Education (CDE)

Secondary Data Sources

This Needs Assessment and the associated Child Care Model rely on a broad collection of quantitative data housed within the OEC, CDE, and other organizations. CHI worked with over two dozen administrators and unit leads to obtain data and refine analyses from the following organizations:

Administrative Data

Office of Early Childhood, Colorado Department of Human Services (CDHS)

- Division of Early Care and Learning
  - Licensing and Administration
  - Colorado Shines
  - Colorado Child Care Assistance Program (CCCAP)
  - Head Start
  - Child Care Quality Initiatives
- Division of Community and Family Supports
  - Colorado Community Response
  - Early Childhood Mental Health Consultation
  - Early Intervention Colorado
  - Family Resource Centers
  - Home Visitation
  - The Incredible Years
  - Promoting Safe and Stable Families

Colorado Department of Education

- Preschool through 3rd Grade (P-3) Office
  - Colorado Preschool Program
  - Preschool Special Education
- Colorado State Libraries
  - Growing Readers Together

Parent Possible

- Parents as Teachers (PAT)
- Home Instruction Program for Preschool Youngsters (HIPPY)

Invest in Kids

- Nurse-Family Partnership
- The Incredible Years

Assuring Better Child Health and Development

University of Colorado School of Medicine

- SafeCare

U.S. Census Data

American Community Survey (ACS), U.S. Census Bureau, 2017

Annual Social and Economic Supplement to the Current Population Survey, U.S. Census Bureau, 2017

Child Care Model: Analytic Approach

The Child Care Model estimates both current and desired states of child care in Colorado. The current state estimates the number of children under 5 who are receiving care within each child care setting as of August 2019. The desired state estimates the number of children under 5 who would be receiving care within each child care setting based on parental preference in the absence of any barriers as of August 2019. The differences observed between current state and desired state highlight the areas of greatest need for Colorado.

Current state and desired state estimates in the Child Care Model are calculated using multiple data sources and a multistep quantitative model. Detailed data inputs, methodology, assumptions, and caveats are included separately below.

Values from some intermediate calculations have been included below. It is our hope that this will allow the reader to step through the model, assess the assumptions at each stage, and ultimately understand how the selected approach impacts the resulting Child Care Model.

Current State Estimates

Current State Data Sources

- American Community Survey (ACS), U.S. Census Bureau, 2017
- Licensed Child Care Facilities Report, Division of Early Care and Learning, September 2019
- ArcGIS Create Drive-Time Areas Tool
- Licensed Capacity Facility File, Division of Early Care and Learning, October 2019
- Colorado Shines Enrollment File, Division of Early Care and Learning, October 2019
- Capacity by Age by Facility File, October 2019
- PDG Parent Survey, August 2019

Current State Overview

The current state estimates in the Child Care Model reflect the current provision of care from parents, informal caregivers, and licensed care providers for all children under the age of 5 in Colorado. See Table 20 for a summary of the model approach. Associated assumptions are detailed for each step.

Current State Approach

Step 1: Determine the number of children under the age of 5 (0 to 59.99 months) who live in each Colorado census tract.

Data sources: American Community Survey

CHI used ACS data to determine the number of children under the age of 5 living in each Colorado census tract. CHI pulled data for three mutually exclusive age groups (see Table 21):

Assumption #1: All children under age 5 (0 to 59.99

Table 19. Key Terms for the Analytic Approach

Term	Definition
Child Care Model	A quantitative estimation of current and desired states of child care in Colorado.
Licensed Capacity	Administrative data on the maximum number of children for whom licensed care can be provided at any point in time.
Current State	Model-generated estimates of where Colorado's children are currently receiving care (including licensed, informal, and parent care).
Desired State	Model-generated estimates of where Colorado's children would be receiving care in an ideal state based on parental preference and free of barriers such as cost and availability.
Estimated Operating Capacity	Model-generated estimate of facility or census tract licensed capacity following a downward adjustment using enrollment data to reflect the actual number of slots available (e.g., unstaffed classrooms).
Estimated Service Area	All census tracts that fall within a 20-minute drive time radius of any given child care facility. This value was defined for the purpose of allocating available supply of licensed care geographically. In instances where only part of the census tract fell within the radius, the entire census tract was considered the estimated service area.
Eligible Population	Estimates of the total eligible population for specific programs based on program eligibility criteria (income, family characteristics, etc.). Eligibility requirements vary by program, so the eligible population estimate will be different for each. For licensed child care, the entire population of Colorado children under age 5 is assumed to be eligible.

months) are assumed to be eligible to use licensed child care. Children age 5 (60 to 71.99 months) are likely enrolled in kindergarten and therefore not included in the model. As not all children age 5 are enrolled in kindergarten, the model may underestimate the number of children in need of child care.

Assumption #2: The geographic concentration of children under age 5 is relatively static and has not meaningfully changed from 2017 to 2019.

Step 2: Assign licensed care facilities serving children under 5 to a specific census tract or set of census tracts within a 20-minute drive time radius.

Data sources: Licensed Child Care Facilities Report and ArcGIS Create Drive-Time Areas Tool

To estimate which census tracts fall within the estimated service area of each licensed facility, CHI used ArcGIS to calculate a 20-minute drive time radius around each facility address. A census tract was included in the facility service area if any part of the census tract fell within the 20-minute radius. At the end of this step, each census tract was associated with a set of licensed facilities. Each facility could be counted in multiple census tracts.

Assumption #3: Families use child care arrangements near their primary residence, rather than another point of reference such as a place of employment or another caregiver.

Assumption #4: If the drive time radius of a facility touches any part of a census tract, all children living in that census tract are considered as potentially receiving care at that facility, even if they do not technically live within the 20-minute drive time radius.

Step 3: Adjust licensed capacity for each facility to reflect real-world operating capacity based on administrative enrollment data for children under the age of 5 (estimated operating capacity).

Table 20. Estimating the Current State in the Child Care Model

Step	Description
1	Determine the number of children under the age of 5 (0 to 59.99 months) who live in each Colorado census tract.
2	Assign licensed care facilities serving children under 5 to a specific census tract or set of census tracts within a 20-minute drive time radius.
3	Adjust licensed capacity for each facility to reflect real-world operating capacity based on administrative enrollment data for children under the age of 5 (estimated operating capacity).
4	Allocate each facility's estimated operating capacity among census tracts within the drive time radius (step 2).
5	Allocate children into licensed care, informal care, and parental care for each census tract based on steps 2-4 and care use data from the Parent Survey.
6	Aggregate census tract-level estimates to arrive at county and state level estimates for children under the age of 5 in licensed, informal, and parental care.

Step 3a: Allocate licensed capacity into discrete age groups used by the Child Care Model.

Data sources: Licensed Capacity Facility File and Colorado Shines Enrollment File

To estimate the current state of licensed care capacity, CHI started with the Licensed Capacity Facility file from October 2019 exported from the OEC's licensing database. This file contains the total capacity for 3,783 licensed care facilities in Colorado. For home-based licensed facilities, individual ages are not available. The home-based file contains the total capacity as an aggregate of all ages. For center-based licensed facilities, the available data is broken out into age groups.

The Licensed Capacity Facility file from the OEC uses the age groups of infant, toddler, and preschool, but with different, overlapping age ranges than those used by the Child Care Model, shown in Table 22:

To distribute these capacity groups into the mutually exclusive age groups used by the Child Care Model, CHI linked licensed facilities in the Licensed Capacity Facility file with the Colorado Shines Enrollment file from October 2019. The Colorado Shines Enrollment file contained 3,772 (99%) active applications from facilities seeking a quality rating of Level 2 or higher. Enrollment figures by child age (e.g., below age 1, age 1, age 2, etc.) were captured from the facility's latest active application regardless of the facility's progress in obtaining a Level 2 rating.

Table 21. Age Groups in the Child Care Model

Category	Ages Included	Months
Infants	Age 0	0 - 11.99
Toddlers	Ages 1 and 2	12 - 35.99
Preschoolers	Ages 3 and 4	36 - 59.99

For home-based licensed facilities that had an active application and therefore could be located in the Colorado Shines Enrollment file, CHI used the distribution of enrollment for ages 0 through 4 to allocate the facility's total capacity by age group.

For center-based licensed facilities that had an active application and therefore could be located in the Colorado Shines Enrollment file, CHI used the following algorithm for distributing infant, toddler, and preschooler capacity into discrete age groups:

- **Infants (1.5 to 18 months):** CHI allocated infant capacity into age 0 (0 to 11.99 months) and age 1 (12 to 23.99 months) based on the weighted enrollment proportion of those two ages. Because the infant age range overlaps with the toddler age range at age 1, the weight of age 1 enrollment was reduced by 50% for the calculation.
- **Toddlers (12 to 36 months):** CHI allocated toddler capacity into age 1 (12 to 23.99 months) and age 2 (24 to 35.99 months) based on the

weighted enrollment proportion of those two ages. Because the toddler age range overlaps with the infant age range at age 1 and with the preschooler age range at age 2, the weight of both age 1 and age 2 enrollment was reduced by 50% for the calculation.

- **Preschoolers (30 months and above):** CHI allocated preschooler capacity into age 2 (24 to 35.99 months), age 3 (36 to 47.99 months), and age 4 (48 to 59.99 months) based on the weighted enrollment proportion of those three ages. Because the preschooler age range overlaps with the toddler age range at age 2, the weight of age 2 enrollment was reduced by 50% for the calculation.

Of the 3,772 applications in the Colorado Shines Enrollment file, 2,565 (68%) were able to be matched to the Licensed Capacity Facility file by license number. These 68% of facilities represent 80% of the total licensed capacity of the Licensed Capacity Facility file. It was assumed that a facility's reported enrollment would provide an accurate distribution of capacity by year of age needed to inform the Child Care Model (i.e., Age 0, Age 1 and 2, Age 3 and 4).

For the 32% of facilities that did not have a match with the Colorado Shines Enrollment file, CHI built a model to estimate the age distribution of each facility based on the type of facility (home or center) and total capacity.

CHI divided the 2,565 facilities with enrollment data available into five groups:

- Home Based
- Center Based
  - Small Center (Capacity of 4-20)
  - Medium Center (Capacity of 21-49)
  - Large Center (Capacity of 50-94)
  - Very Large Center (Capacity of 95 and higher)

The number of facilities and distribution by age for these facilities is listed in Table 23.

CHI averaged age dispersal for each group and found substantial differences in the typical age distribution served by each. CHI then applied the age distribution of each group to corresponding unmatched facilities based on their type of facility and total capacity.

Table 22. Matching Age Ranges Across Files

	Age (Months)	
Category	**Child Care Model**	**Licensed Capacity Facility File**
Infants	0 - 11.99	1.5 – 17.99
Toddlers	12 - 35.99	12 – 35.99
Preschool	36 - 59.99	30 and above

Assumption #5: A facility's reported enrollment can provide an accurate distribution of estimated operating capacity by individual ages.

Step 3b: Adjust licensed capacity downward to account for facilities that are not able or choose not to enroll as many children as their licensed capacity allows.

Data sources: Licensed Capacity Facility file and Colorado Shines Enrollment file

For facilities with a match in the enrollment file, CHI also adjusted capacity estimates to account for facilities reporting enrollment below their licensed capacity (see Table 24). For any facility that matched and reported lower enrollment than licensed capacity, CHI calculated enrollment as a percentage of licensed capacity and applied that ratio to the facility's capacity for each age group, reducing capacity downward to match enrollment.

Total licensed capacity exceeds enrollment for 1,251 facilities, which decreased estimated effective capacity by about 19,500 spots. This was a reduction of 790 infant slots, 4,900 toddler slots, and 13,810 preschool slots.

The end result of these two adjustments is that each facility's licensed capacity is allocated to the discrete age ranges used in the Child Care Model and adjusted to account for not every facility operating at full licensed capacity.

Lastly, CHI broke current state estimates into home- and center-based slots using each facility's

designation as a home or center in the administrative data. The result of this step is the Capacity by Age by Facility file, which is used in the next step.

See Assumption #5 above.

Step 4: Allocate each facility's estimated operating capacity among census tracts within the drive time radius (see step 2).

Data sources: Capacity by Age by Facility file

For each facility, an associated set of census tracts were assigned to define an estimated service area. A facility's estimated operating capacity (calculated in Step 3) was allocated evenly among the census tracts associated with the facility based on the drive time radius. For instance, if a facility has an estimated operating capacity of 30 slots and the drive time radius for that facility touched three census tracts, CHI allocated 10 slots to each of the three census tracts.

See Assumption #4 above.

Assumption #6: Estimated operating capacity is evenly allocated to all census tracts within the drive time radius of each licensed facility, irrespective of the relevant population size of those census tracts.

Step 5: Allocate children into licensed care, informal care, and parental care for each census tract based on Steps 2-4 and care use data from the Parent Survey.

Data sources: Parent Survey

For each census tract, children under age 5 are allocated into licensed care, informal care, and parental care using a multistep approach, based first on the estimated operating capacity in that census tract, then based on statewide preferences for informal and parental care. The methodology for establishing estimated operating capacity is described in steps 2 to 4 above.

In order to calculate the portion of children cared for by informal providers in the current state, CHI used findings from the Parent Survey, which asks parents to report the frequency with which they use different types of child care, including from informal providers. Since individual parents answering the survey could indicate more than one care type for their children but the model sorts each child into only one care type, CHI adjusted survey data based on the relative proportions of responses so that the sum of those responses totals to 100%. The adjusted survey values estimate that, on average, 16% of all children under 5 are cared for by informal providers. This varies by age: the rate is 22% for infants, 17% for toddlers, and 13% for preschoolers. For each census tract, these percentages were multiplied by the number of children in the relevant age category to estimate the number of children being cared for by informal providers.

After subtracting children cared for by licensed providers and informal providers, CHI assumed that any remaining children were being cared for by their parent(s).

Table 23. Enrollment Distribution by Age and Facility Size, Colorado Shines Enrollment File, October 2019

Groups by Facility Type and Size	Licensed Sample (number of facilities	Age Under 1 (0 to 11.99 months)	Ages 1-2 (12 to 35.99 months)	Ages 3-4 (36 to 59.99 months)
Home Total	804	12.4%	44.2%	43.3%
Small Center	430	2.0%	7.5%	90.5%
Medium Center	452	1.8%	8.2%	90.0%
Large Center	446	4.4%	18.5%	77.1%
Very Large Center	433	6.8%	26.7%	66.5%

See page 102 for definitions of small, medium, large, and very large centers.

Assumption #7: In the current state, all licensed facilities are operating at estimated operating capacity unless the estimated operating capacity for a particular age range in a census tract exceeds the number of children in that age range and census tract.

Assumption #8: Care arrangements that involve multiple provider types are not modeled. Although individual children are often cared for by a variety of providers during the week, in the current state every child is allocated to care from one of three provider types (licensed care providers, parents, informal providers).

Assumption #9: Parental preferences for child care arrangements are similar across geographic regions and demographic groups. (Note: Individual counties were underpowered in the Parent Survey to confidently apply the same modeling approach at a county level.)

Assumption #10: Neither parental nor informal care is being used and/or is needed in regions where estimated operating capacity for any age group (i.e. either infants, toddlers, or preschoolers) is sufficient to serve the total estimated population.

Assumption #11: In census tracts where estimated operating capacity for any age group exceeds the total estimated population of children for any age group, the net amount of estimated operating capacity is assumed to be unused.

Assumption #12: In census tracts where estimated operating capacity is lower than the estimated population for any age group but the combination of estimated operating capacity and estimated informal care exceeds the total estimated population for any age group, informal care use is assumed to be zero and the net of total estimated population and estimated operating capacity is assigned to parental care.

Step 6: Aggregate census tract-level estimates to arrive at county and state level estimates for children under the age of 5 in licensed, informal, and parental care.

Data sources: See above.

CHI aggregated the calculated census tract-level estimates to the county and state levels.

For reporting purposes, model output values have been rounded to the nearest thousand except in

Table 24. Explaining Licensed Capacity and Estimated Operating Capacity

Term	Licensed Capacity	Estimated Operating Capacity
Source	OEC administrative data.	Modeled using OEC administrative data on licensed capacity and enrollment data available for a subset of licensed facilities.
Definition	The maximum number of children for whom care can be provided by a licensed facility at any point in time.	The estimated number of children for whom care is available at a facility after licensed capacity has been adjusted for age for every facility and for enrollment where available.
Age Ranges	For center-based providers, capacity is reported for the following age ranges: • Infants (1.5 months to 18 months) • Toddlers (12 months to 36 months) • Preschoolers (30 months and above) For home-based providers, no age ranges are assigned.	For both center-based and home-based providers, capacity is reported for the following age ranges: • Infants: Age 0 (0 months to 11.99 months) • Toddlers: Ages 1 and 2 (12 months to 35.99 months) • Preschoolers: Ages 3 and 4 (36 months to 59.99 months)

tables where rounding occurs to the nearest hundred.

Current State Assumptions

Below is a complete list of the assumptions embedded in the step descriptions above. This list is meant to document the assumptions made as part of the modeling exercise.

- **Assumption #1:** All children under age 5 (0 to 59.99 months) are assumed to be eligible to use licensed child care. Children age 5 (60 to 71.99 months) are likely enrolled in kindergarten and therefore not included in the model. As not all children age 5 are enrolled in kindergarten, the model may underestimate the number of children in need of child care.
- **Assumption #2:** The geographic concentration of children under age 5 is relatively static and has not meaningfully changed from 2017 to 2019.
- **Assumption #3:** Families use child care arrangements near their primary residence, rather than another point of reference such as a place of employment or another caregiver.
- **Assumption #4:** If the drive time radius of a facility touches any part of a census tract, all children living in that census tract are considered as potentially receiving care at that facility, even if they do not technically live within the 20-minute drive time radius.
- **Assumption #5:** A facility's reported enrollment can provide an accurate distribution of estimated effective capacity by individual ages.
- **Assumption #6:** Estimated operating capacity is evenly allocated to all census tracts within the drive time radius of each licensed facility, irrespective of the relevant population size of those census tracts.
- **Assumption #7:** In the current state, all licensed facilities are operating at estimated operating capacity unless the estimated operating capacity for a particular age range in a census tract exceeds the number of children in that age range and census tract.
- **Assumption #8:** Care arrangements that involve multiple provider types are not modeled. Although individual children are often cared for by a variety of providers during the week, in the current state every child is allocated to care from one of three provider types (licensed care providers, parents, informal providers).
- **Assumption #9:** Parental preferences for child care arrangements are similar across geographic regions and demographic groups. (Note: Individual counties were underpowered in the Parent Survey to confidently apply the same modeling approach at a county level.)
- **Assumption #10:** Neither parental nor informal care is being used and/or is needed in regions where estimated operating capacity for any age group (i.e. either infants, toddlers, or preschoolers) is sufficient to serve the total estimated population.
- **Assumption #11:** In census tracts where estimated operating capacity for any age group exceeds the total estimated population of children for any age group, the net amount of estimated operating capacity is assumed to be unused.
- **Assumption #12:** In census tracts where estimated operating capacity is lower than the estimated population for any age group but the combination of estimated operating capacity and estimated informal care exceeds the total estimated population for any age group, informal care use is assumed to be zero and the net of total estimated population and estimated operating capacity is assigned to parental care.

Current State Data Limitations

- Survey data from the American Community Survey provide some of the most comprehensive information available on children and families across Colorado. But certain populations, particularly young children living in complex households or with unstable access to housing may be undercounted.[287]
- The model assumes that families prefer to use child care within a reasonable drive of their primary residence. Some families may have

other preferences, such as child care near their employer or near another caregiver, but quality census tract level data on those alternate reference points are not available.

- Not every facility was able to be geolocated for the purposes of finding a drive time radius. These facilities account for about 860 (0.7%) licensed capacity slots which were excluded from the model.

Desired State Estimates

Data sources: Annual Social and Economic Supplement to the Current Population Survey, U.S. Census Bureau, 2017

Data sources: Parent Survey, August 2019

Desired State Overview

The desired state model estimates where Colorado's children would be receiving care in an ideal state based on parental preference and free of barriers such as cost and availability.

The Child Care Model desired state finds a net decline in the number of children being cared for by parents and informal providers compared to the current state. Conversely, these adjustments result in an increase in the estimated number of children using licensed child care. The desired state model estimates current provision of care using the following steps (see Table 25). Associated assumptions are detailed for each step.

Desired State Approach

Step 1: Estimate how many parents not working due to child care demands in the current state would opt to work in the desired state where either licensed care or informal care is accessible to them.

Data sources: Annual Social and Economic Supplement to the Current Population Survey

CHI used the 2017 Current Population Survey to quantify how many parents say their reason for not working is care for a child under 6. Statewide, 10% of parents reported this barrier to work, a barrier that could potentially be alleviated if they could access informal care or licensed care for their children.

This value was applied to the number of children receiving care from parents from the current state estimate in each census tract to yield an increase in the number of children using both licensed and informal care under the desired state estimate.

Assumption #1: More parents of young children in Colorado would work if they had access to affordable, convenient, and quality child care (either informal or licensed care).

Assumption #2: The proportion of parents not working to care for a child under age 6 is similar to the proportion of parents not working to care for a child under age 5.

Assumption #3: Parental preferences for child care arrangements are similar across geographic regions and demographic groups.

Step 2: Estimate how many parents from Step 1 would prefer to use licensed care and how many would prefer informal care in the desired state.

Data sources: Parent Survey

CHI used responses from the Parent Survey to allocate children whose parents would prefer to work (calculated in Step 1) into licensed and informal care. Responding to a question about the most preferred type of child care in the absence of barriers, 69% of parents preferred licensed care and 31% preferred informal care.

See Assumption #3 above.

Step 3: Estimate how many parents using informal providers in the current state would prefer to use licensed care in the desired state.

Data sources: Parent Survey

In order to calculate this proportion, CHI used the Parent Survey, which asks parents who are using informal care if they would prefer to switch to licensed care. The survey finds that more than half of all parents using informal providers for children under 5 would prefer to switch to licensed care (see Table 26).

In this step, the percentages are applied to the relevant age ranges to estimate a decrease in informal care use and an increase in licensed care use in the desired state.

See Assumption #3 above.

Assumption #4: Some parents of children currently cared for by informal providers would switch their

Table 25. Estimating the Desired State in the Child Care Model

Step	Description
1	Estimate how many parents not working due to child care demands in the current state would opt to work in a desired state where either licensed care or informal care is accessible to them.
2	Estimate how many parents from Step 1 would prefer to use licensed care and how many would prefer informal care in the desired state.
3	Estimate how many parents using informal providers in the current state would prefer to use licensed care in the desired state.
4	Allocate the number of children in the desired state into home- and center-based care.
5	Aggregate census tract-level estimates to the county and state levels.

child to licensed child care facilities if they had access to affordable, convenient, and quality licensed child care.

Step 4: Allocate the number of children in the desired state into home- and center-based care.

Data sources: Parent Survey

Preference for licensed care in the desired state was allocated to either home- or center-based care using data from the Parent Survey. The survey finds that most parents prefer center-based care. Of parents who indicated they prefer licensed care, the percentage who reported preferring center-based care is available by age range (see Table 27).

In this step, the percentages are applied to the relevant age ranges to estimate the number of children in licensed care in the desired state using home- and center-based care.

See Assumption #3 above.

Step 5: Aggregate census tract-level estimates to the county and state levels.

Data sources: See above.

Lastly, CHI aggregated the above calculated census tract-level estimates to the county and state levels.

For reporting purposes, model output values have been rounded to the nearest thousand except in tables where rounding occurs to the nearest hundred.

Desired State Assumptions

Below is a complete list of the assumptions embedded in the step descriptions above. This list is meant to document the assumptions made as part of the modeling exercise.

- **Assumption #1:** More parents of young children in Colorado would work if they had access to affordable, convenient, and quality child care (either informal or licensed care).
- **Assumption #2:** The proportion of parents not working to care for a child under age 6 is similar to the proportion of parents not working to care for a child under age 5.
- **Assumption #3:** Parental preferences for child care arrangements are similar across geographic regions and demographic groups.
- **Assumption #4:** Some parents of children currently cared for by informal providers would switch their child to licensed child care facilities if they had access to affordable, convenient, and quality licensed child care.

Desired State Data Limitations

- Data from the Annual Social and Economic Supplement to the Current Population Survey are statewide, not adjustable by various demographic factors such as geography, race and ethnicity, and income that may affect desire to work in absence of child care barriers.

- Responses to the Parent Survey have been weighted to the population of Colorado's parents based on the variables of age, ethnicity, and geographic region. However, sample size limits the feasibility of some geographic and demographic analyses. Finally, general findings are not applicable to the unique circumstances of individual families.

Additional Modeling

In addition to child care, analysis of the following licensed care-based programs was informed through further analysis:

- Colorado Shines (page 55)
- Head Start (page 60)
- CCCAP (page 64)

For each program, modeling was used to estimate the gap between the current and desired states. The specific approach depended on the type of program, availability of data, funding mechanism, and program-specific eligibility criteria, if applicable. More detail on each analysis can be found in the corresponding section.

Table 26. Parents Using Informal Care Who Would Prefer to Switch to Licensed Care, August 2019

	Age Group	Months	Using Informal Care in the Current State	Would Prefer Licensed Care
Infant	Age 0	0 to 11.99	22%	51%
Toddler	Age 1 and 2	12 to 35.99	17%	54%
Preschool	Age 3 and 4	36 to 59.99	10%	65%

Table 27. Parental Preference for Home- and Center-Based Care, August 2019

	Age Group	Months	Prefer Home-Based Care	Prefer Center-Based Care
Infant	Age 0	0 to 11.99	10%	90%
Toddler	Age 1 and 2	12 to 35.99	17%	83%
Preschool	Age 3 and 4	36 to 59.99	9%	91%

CONCLUSION

Making Colorado Shine Brighter

Taking steps to make sure Colorado's early childhood system supports equity, quality, and access is essential to ensuring young children and their families are healthy, valued, and thriving.

Colorado parents, caregivers, early childhood professionals, program administrators, policymakers, and advocates have been building the current early childhood system for more than 30 years. The work has led to innovative approaches to programs, services, and funding, making Colorado a national leader. This Needs Assessment builds on this tradition, identifying meaningful opportunities to strengthen the state's early childhood system.

Nearly 6,000 Coloradans lent their voices to inform Colorado Shines Brighter, including over 5,000 parents and caregivers of children under 5, to better understand their awareness of, participation in, and desire for programs, services, and financial assistance necessary to give their children a strong start.[288]

This effort revealed:

- Many parents prefer formal child care settings; however, the current supply cannot meet this preference. Gaps vary widely by region and the age of child, and the most significant gaps exist for infant and toddler care. Parents of children with special needs or who are seeking culturally relevant care have even fewer choices in the current system.
- Affordability of child care continues to be a major challenge for all families.
- Parents want to make informed decisions to support their children's optimal learning and development. However, information is not always accessible in the format or language families require. Additionally, their trusted networks may not be aware of the programs, services, and financial assistance available to families in their communities.
- Parents may not have access to important family and community supports, like Early Childhood Mental Health Consultation or Family Resource Centers, especially in rural communities.

This report analyzed 18 programs, services, and funding sources to identify solutions to address the needs above. Despite the extent of the analysis, there's more work to do to understand the depth and complexity of these issues and the state's early childhood system. Future needs assessments should examine:

- **Parent choice.** While the Parent Survey and focus groups conducted for the purpose of this assessment reached thousands of parents, they only scratched the surface of parent preferences and drivers of the choices they make. Future iterations should test levels of knowledge and understanding, and include a broader demographic reach, to allow for greater refinement of parent preferences by income, geography, race, and ethnicity.
- **Availability of formal child care.** Colorado needs a better understanding of seemingly simple issues like how many child care slots are available in licensed child care facilities at any point in time, in which communities, and for which ages.
- **Availability of infant and toddler child care.** Colorado should continue to explore the policy levers and investments that are necessary to increase the availability of these much-needed services.
- **Capturing long-term outcomes.** Current data systems cannot easily or systematically assess the benefits derived from engagement in multiple early childhood programs and services at the child- or family-level, nor can they connect or assess long-term outcomes for children and families. Future work is needed to understand the interconnectedness of the state's early childhood system and to better demonstrate its benefits.

As state leaders continue to focus on Colorado's early childhood system, the rewards will be substantial if equity, quality, and access remain at the forefront. It is our hope that this Needs Assessment guides new investments that will pay lifetime dividends for a new generation of Coloradans.

Appendix A

Program Profiles

PROGRAM PROFILE | FAMILY STRENGTHENING:

Colorado Community Response

Overview

Colorado Community Response (CCR) works to prevent child abuse and neglect by providing services to families who have been referred to the child welfare system but ultimately do not meet the statutory requirements for Child Protective Services' (CPS) involvement. CCR targets families who have been reported to CPS for maltreatment, but are screened out because the allegations do not constitute an imminent safety or risk requiring CPS involvement.

CCR provides primary caregivers with 12 to 20 weeks of comprehensive services, including case management, family goal setting, financial coaching, one-time financial assistance, and resource referral to state and community agencies. Services are voluntary and provided free of charge.

- **Administration.** CCR is administered by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. CCR is implemented by county human services departments or Family Resource Centers.
- **Funding.** CCR receives approximately $3 million annually from the state General Fund. Additional funding has been provided by some county human services and other child maltreatment prevention programs.
- **Target Population.** CCR serves families with children under 18 who have been reported to and screened out of the child welfare system. Priority populations include families with children under age 5, expecting parents, single caregivers, and families facing multiple challenges that increase the risk for child neglect.

Innovating for the Future

- **Increasing resources to expand services across the state.** CCR has 24 sites that serve 36 counties across the state. A rigorous evaluation of the program found that CCR has measurable positive impacts on families who complete the program, suggesting a need to expand CCR into counties that are not being served.[289] Some larger counties also have started accruing waitlists of families in need of services. To expand CCR, the program will need additional funding and investment in a state intermediary organization to better support program sites. In some cases, counties may be able to provide matching dollars for the program, as Denver, Boulder, and Garfield counties did.[290]

- **Assessing reasons for noncompletion.** More than a third of families (36%) begin but do not successfully complete the CCR program. Some families disengage or opt-out of services, while others become ineligible, such as families who have a CPS case open after they begin CCR services.[291] The program has developed its data system to better understand why families leave before program completion — whether due to disengagement, opting out, moving around or outside of the state, or something else. These new data should help CCR better support families.

> ***"The support I received from this program has been huge and ranged from someone to talk to, to finding supports and resources in the community around me. The number one purpose of this program was also my number one concern, which was getting my kids the best possible care and support. I was reminded that I made the right choices, and while I may not be exactly where I want to be, there are options to help me move forward."***[308] — CCR client, 2019

What Parents Say

The Colorado Community Response Evaluation facilitated by the OEC from 2014 to 2017 found that an overwhelming majority of parents were satisfied with services they received through CCR. The majority of parents reported feeling "thankful," "hopeful," and "encouraged" after completing CCR services.[292] In speaking with evaluators, one CCR recipient reported, "Once you understand that the end goal is to help the child … then you feel like, 'Okay, she is on my team. Not the opposite.' It's another resource. It takes a village to raise a child, and this person … is there to give you more resources and help with whatever they can."[293]

Program Strengths

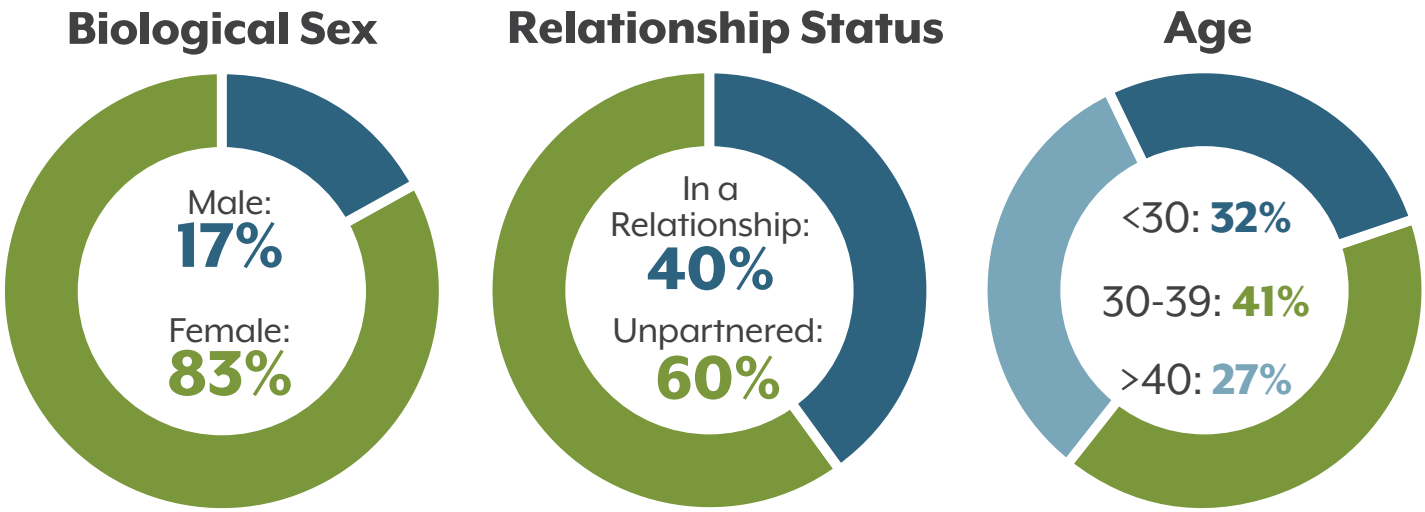
- **Filling a gap.** By providing services to families who were reported to CPS but determined not to require child welfare services, CCR ensures that families who are at risk for involvement with the child welfare system receive supports.
- **Holistic approach.** CCR provides families with coordinated case management, family engagement in a convenient location identified by the family, financial assistance and coaching, and resource referral. Families set between one and three goals across 14 domains of family functioning. In doing so, CCR targets a wide variety of factors that contribute to child and family well-being. As part of program participation, families set a minimum of one economic self-sufficiency goal.
- **Reduction of reinvolvement with child welfare.** The 2014-2017 evaluation found that families who complete CCR programming are less likely to become reinvolved in the child welfare system in the next year than families with similar characteristics who did not receive CCR services. The evaluation also revealed that families completing the program:
    - Experienced improvement in all 14 domains of family functioning;
    - Had fewer out of home placements; and
    - Demonstrated statistically significant improvement in all five protective factors with the most improvement observed in the areas of parental resilience, concrete supports, and social connections, which are core concepts associated with the model.[294]
- **Family strengthening.** Eighty-nine percent of caregivers reported being better off as a result of participating in CCR, and 91% reported they received all the help they needed. Evaluators also found that, on average, participants had greater concrete support, social support, nurturing family relationships, knowledge of parenting, and resiliency following the completion of the program. Families who completed CCR were also found to become more self-reliant over the course of the program.[295]

Table 28. CCR Participant Education, Employment, and Income, Nov. 2014-March 2017

Characteristic	CCR families [302]	Colorado residents
Annual Household Income Under $20,000	1,233 (64%)	12.8%[303]
Receiving Medicaid	1,406 (73%)	13.8%[304]
Receiving SNAP	1,136 (59%)	8.2%[305]
Highest Education: High School or Less	1,002 (52%)	31.9%[306]

The number of CCR families with each characteristic are estimated based on data collected from 1,752 caregivers who responded to a confidential pretest survey on family demographics and circumstances. Those rates are applied to the 1,926 families for which their referrals resulted in an intake.[307]

Figure 21. CCR Participants by Biological Sex, Relationship Status, Age, Nov. 2014-March 2017

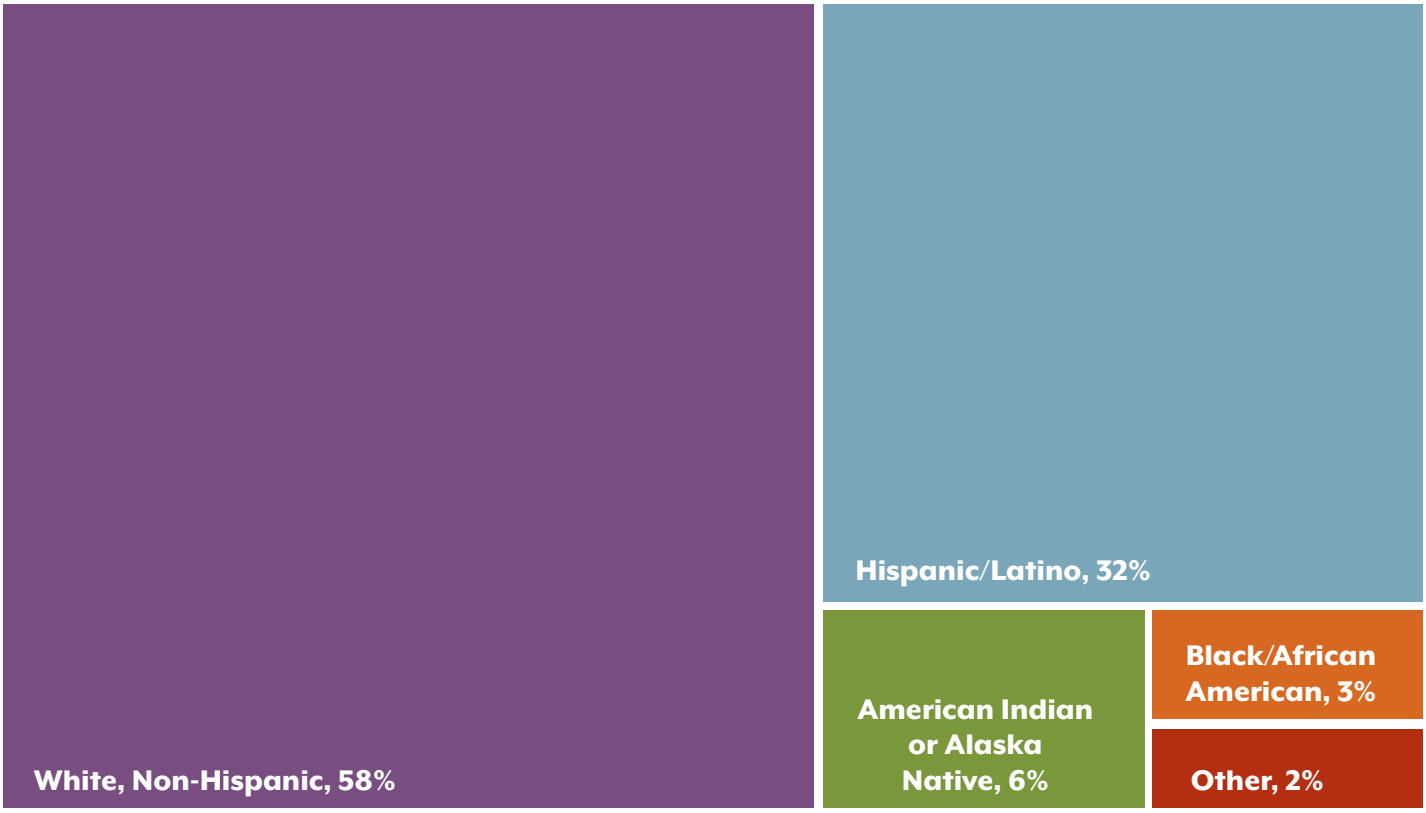


- **Reaching economically vulnerable families.** CCR participants have disproportionately low incomes and low educational attainment relative to the general population of Colorado (see Table 28). Nearly two-thirds of CCR participants report earning less than $20,000 in household income. Seventy-three percent of participants are insured through Medicaid; 59% receive benefits through the Supplemental Nutrition Assistance Program (SNAP); and 52% have not completed education beyond high school.[296]
- **Reaching female caregivers and single parents.** The majority of CCR participants are female (83%) and unpartnered (60%) (see Figure 21).[297]

Program Needs

- **Low program capacity to meet demand.** CCR does not have the capacity or funding to serve all families eligible for services. Between November 2014 and March 2017, 18,081 families were deemed eligible to receive CCR services. Of those, 47% were referred to CCR, and 23% of referrals (1,926 families) resulted in an intake. CCR workers averaged three outreach attempts per referral and were unable to reach half of referred families. By this measure, less than 11% of eligible families ultimately enroll in CCR. Most of the eligible families who did not enroll were contacted multiple times without success. The program is also voluntary, and families are not required to participate.[298]
- **Limited program reach.** Many families leave CCR because they are moving outside of the 36-county program catchment area. The program's reach is limited by funding, so program administrators cannot continue to support these families after their moves. For example, from 2014 to 2017, 64% of CCR cases closed following the successful completion of the program, with families having met the goals they established with their case worker. Meanwhile, 26% of families disengaged or opted out of services during the program. Another 10% became ineligible for services after intake, often due to an open CPS case.[299]

Figure 22. CCR Participants by Race/Ethnicity, Nov. 2014-March 2017



Does not sum to 100% due to rounding. CCR captures information on "Native American or Alaska Native" populations, but this graphic uses the term "American Indian or Alaska Native" for consistency in this report.

Data Strengths and Gaps

- **Recent program evaluation.** From November 2014 to March 2017, the OEC supervised an evaluation of CCR.[300] The evaluation was conducted by the Social Work Research Center, the School of Social Work at Colorado State University, and the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. The resulting report is a rich resource for information about the program and its impact on families.
- **Limited program capacity to track impact measures.** Much of the data represented in the evaluation is self-reported, which, while useful, is susceptible to response bias. CCR program administrators are addressing this limitation by using a validated, reliability-tested data collection tool. Additionally, the measures evaluating the impact of CCR are limited to families who successfully completed the program, which constitute just 64% of participating families. There is therefore limited data on families who do not complete the program, including the impact of CCR services.[301]
- **Outcomes-based data.** The CCR evaluation captured valuable data on the reinvolvement rates of families who completed CCR, relative to families with similar characteristics who were never referred to the program. At the time of publication, this data had been evaluated only for a period of one year following program completion. Continuing to collect data on reinvolvement rates for longer follow-up periods and across multiple cohorts could reveal longer-term program impacts and areas for improvement.
- **Continued investments.** In 2019, the OEC partnered with the Colorado Evaluation and Action Lab (CEAL) at the University of Denver to begin a randomized control trial study on CCR. Results are expected in late 2021.

PROGRAM PROFILE | FOSTERING WELL-BEING:

Early Childhood Mental Health

Overview

Early Childhood Mental Health Consultation (ECMHC) is a free program that helps adults create nurturing environments and relationships that support mental health and well-being among children and families.

ECMHC professionals are experts in early childhood development and mental health. ECMHC professionals work with parents, caregivers, and early childhood professionals, including early care and education (ECE) providers at the family's home, at ECE facilities, or at other convenient locations.

Benefits of the ECMHC include:

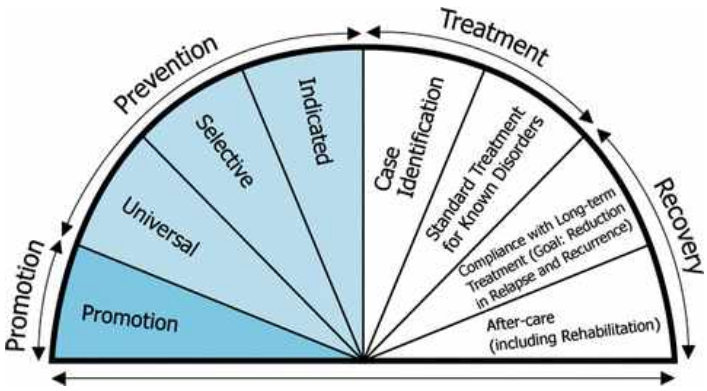
- Fewer incidents of challenging behaviors,
- Improved school readiness for children,
- Increased resiliency for children, and
- Stronger relationships between children and the adults who care for them.

ECMHC is designed to help adult caregivers more effectively support children who have difficulty in the following areas:

- Making friends and getting along with others,
- Participating in and enjoying daily activities,
- Managing "big" feelings that lead to behaviors like hitting, biting or withdrawal,
- Getting easily mad or frustrated or feeling sad much of the time, and
- Adjusting to changes at home or in child care and education programs.

ECMHC has a promotion and prevention focus that aims to build the knowledge and skills of adults to support all children's social-emotional development and early mental health (see Figure 23).[309]

Figure 23. Mental Health Continuum of Care



ECMHC professionals provide support when a child is at risk of expulsion or disenrollment from a child care program. Additionally, consultation seeks to identify children with mental health concerns early in life and connect them to the appropriate support and follow up. ECMHC professionals can make referrals for additional resources for adults and children, including mental health counseling if needed.

- **Administration.** The ECMHC Specialist program is administered by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. The program is implemented in partnership with community mental health agencies and Early Childhood Councils. ECMHC professionals receive logistical support from the OEC and contribute to the state data system.
- **Funding.** Approximately $3 million is available annually from state and federal funds to support the ECMHC Specialist program. Private foundations collectively fund between 20-30 additional ECMHC professionals annually.[310]
- **Target Population.** Children birth through 8, their families, and their early care and education providers.

Innovating for the Future

Demands for in-person supports to better manage challenging behaviors, support the implementation of social-emotional curriculum, and foster the well-being of children and their families continue to grow. Unfortunately, the current workforce is stretched. Many ECMHC professionals carry high caseloads and often need to decline new requests for services. ECMHC professionals in rural areas may spend up to 15 of their 40 working hours each week commuting to early care and education facilities or other locations to which they provide services.[311]

There is undoubtedly a pressing need to expand the ECMHC workforce. In the meantime, efforts should focus on leveraging the current workforce, existing service categories, and advancing technology to expand access and increase impact.

- **Incentivize Program-level ECMHC Services.** ECMHC professionals are supporting healthy behaviors at multiple levels by offering child-, classroom-, and program-focused services (see Table 29). One opportunity is to take a "top down" approach and focus on ECE program-level services that enhance the skills and knowledge of adults throughout the program, from lead teachers to directors and administrators. Efforts like these have the potential to shift culture and build capacity at the program level, resulting in larger mental health and well-being gains for children, families, and staff. Because the skills cultivated in ECE classroom- and program-focused services can be widely applied, these services stand to have the greatest impact on the most children. Currently, about 11% of services are delivered at the program level (see Table 30).[312] Efforts to increase these service categories have the potential to impart strategies for promoting positive social emotional development to more ECE providers. Importantly, services within this category would be delivered at a time when ECE providers are best prepared to receive this information — meaning in the absence of a current crisis or impending expulsion.

- **Explore a warm-line and telehealth options.** Online referral options paired with a dedicated warm-line have the potential to reduce wait times and connect parents and early care and education providers to ECMHC resources and referrals quickly and efficiently. In addition, telehealth options allow for more frequent contact and increased inclusivity. For example, ECMHC professionals in rural areas could alternate in-person and telehealth sessions, reducing time spent commuting and increasing service for all clients. Telehealth can also be utilized to reach clients in inclement weather or when a child is ill. In addition, telehealth options allow multiple parties to be present for a session. This could mean including via teleconference a caregiver or relative who could not be present, as well as a translator. Both of these approaches have the potential to increase reach and impact to vulnerable and underserved populations.

Table 29. ECMHC Service Categories and Example of Services Supported

Category	Example Services	Potential Impact
Child-focused	In-person consultation and resources for parents and providers on behavior management, positive guidance, and emotion regulation strategies	1-3 care providers 1 child
Classroom-focused	In-person consultation and resources for providers on classroom management, transitions, and activities and spaces that support social emotional development for all children	1 care provider 4-20 children
Program-focused	In-person consultation and resources for directors and providers on self-care, positive guidance curriculum and philosophies, and skill building	1 ECE director 4-15 care providers 25-250 children

What Parents Say

Parents statewide, including focus group participants and survey respondents, highlighted the need for additional ECMHC supports — especially for children and their parents or caregivers who have experienced early adversity and trauma.

Some parents expressed concern that their child had not received appropriate supports to offset experiences such as poor quality of care, isolation in care environments, or suspension and expulsion.[313]

One respondent to the Parent Survey emphasized a two-pronged approach, stating a need for more support for children as well as more training for early childhood professionals who work with or care for children with a history of trauma and adversity.[314]

Nearly a third of parents (32%) reported that ECMHC services addressing challenging behaviors or social and emotional development were "extremely important" for the care of their child. Notably, parents who made less than $40,000 a year were more likely to describe ECMHC services as important for the care of their child, relative to all parents.[315]

Program Strengths

ECMHC takes a comprehensive approach to support and address the needs of children, parents, and ECE providers. By addressing children's behavioral health needs early in life, they can help prevent a variety of negative outcomes — such as expulsion from an early care and education program.

- **Multilevel approach.** ECMHC professionals deliver services targeting multiple levels of an early care and education environment: child-focused, classroom-focused, and program-focused services (see Table 29).[316] ECMHC professionals work with parents and ECE staff to address the needs of an individual child or all children in the classroom by working with the adult to strategize and plan. They also provide child care staff training, parent education, and reflective practices to support the adults' well-being and as they implement the strategies to support children.

Table 30. ECMHC Services by Client Level, State Fiscal Year 2018-19.

	Opened Cases	Percentage
Child-Focused	1302	48%
Classroom-Focused	1114	41%
Program-Focused	290	11%
Total	**2706**	**100%**

- **Supporting children at risk of expulsion.** Child-focused cases typically start with an outcry for support around a child who is experiencing difficulties in the early care and education setting. The current landscape in Colorado shows that nearly one quarter of child-focused ECMHC professional cases (23%) are initiated because the child is at risk for suspension and expulsion.[317] By better equipping the ECE provider to manage challenging behaviors and support the child's needs, ECMHC professionals can reduce the need for removal from the classroom, which can be disruptive and potentially retraumatizing for the child and their family.

Program Needs

We know ECMHC has positive effects for children through the development of positive social emotional skills, which result in the young child's ability to self-regulate, make friends, and build empathy. We also know that by supporting the adults to address their own well-being, they bring a more positive, reciprocal, and engaging environment to the classroom and home settings. Results of ECMHC have shown that early care and education professionals feel more confident and competent, increasing retention, which, in turn, reduces the number of transitions that children experience. The most imminent need the ECMHC program faces is its limited workforce.

- **Workforce shortage.** Across both urban and rural parts of the state, availability of ECMHC professionals is limited. The OEC currently supports 34 full-time equivalent (FTE) ECMHC Specialists who are assigned to one of 18 designated

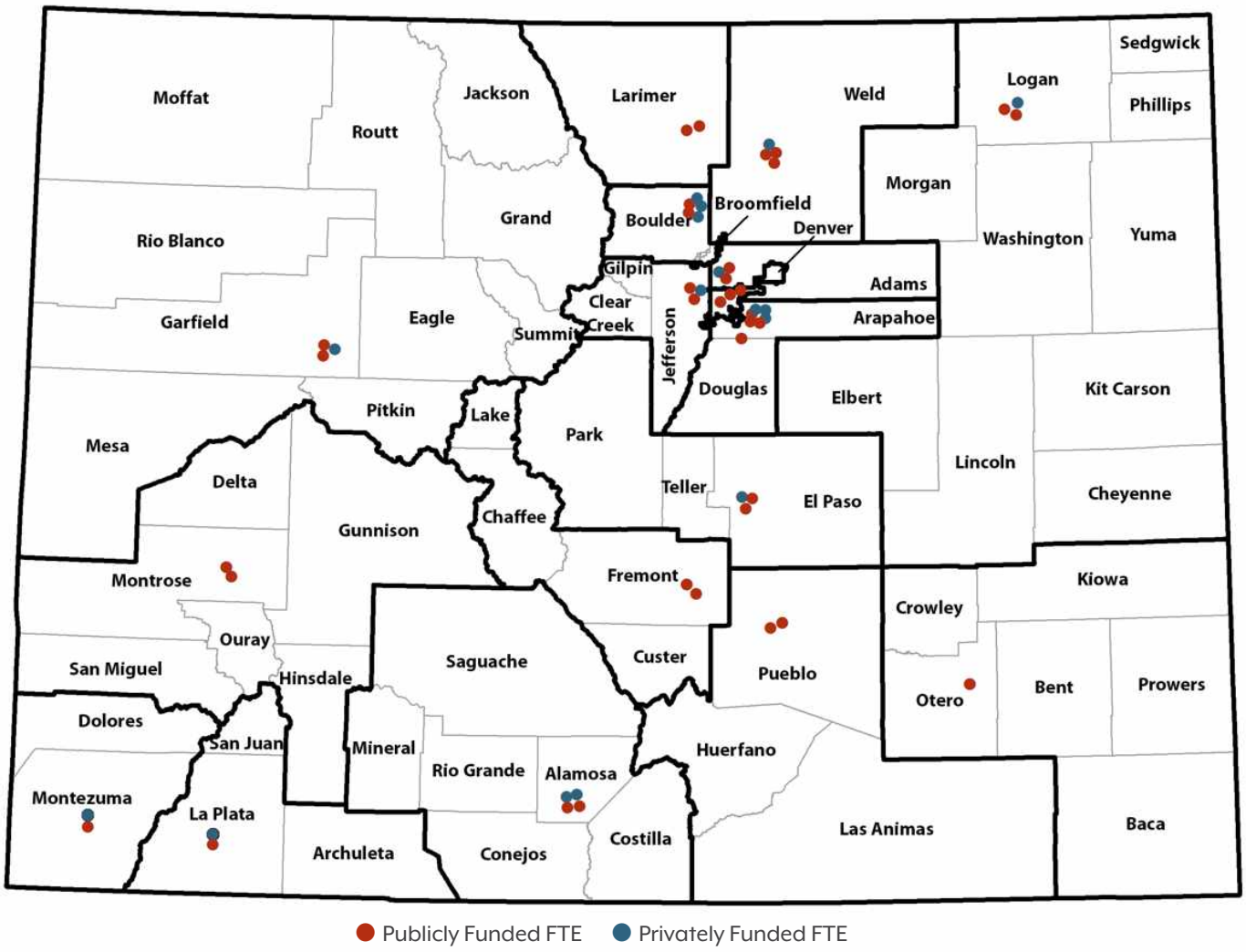
"ECMHC regions" across the state, including the Ute Mountain Ute tribe (Map 11).[318] According to the Colorado State Demography Office 2018 estimates, the counties of El Paso, Park, and Teller, have just two state-funded ECMHC specialists serving more than 58,000 children ages 0 through 5.[319] The northwest has two full-time, state-funded ECMH Specialists who are responsible for an area larger than the state of Massachusetts.[320]

- **Limited capacity.** In many regions, ECMHC is delivered in person in nearby locales or via phone if extensive travel is needed to reach a site. However, due to need, ECMHC professionals regularly maintain waitlists. A recent survey to assess waitlists for ECMHC found that approximately 5% of ECMHC professionals either maintain a waitlist or find the need to turn away requests for services due to demand.[321] Approximately 25% of ECMHC professionals reported having an average of four or more referrals waitlisted at a given time; one consultant reported having upwards of 20.[322] Several consultants reported that they knew of children for whom they could not provide services who were ultimately suspended, expelled, or otherwise removed from their program.[323]

An additional strain on capacity is high staff turnover in early care and education settings. ECMHC builds the capacity or ability of ECE providers to more easily identify and proactively engage a child who is experiencing difficulty in the classroom. As a result of high staff turnover, an ECMHC professional may be in the same classroom for an extended period to build similar skills in the next ECE provider — essentially starting over.

- **Identifying need.** There is not a single indicator of risk that helps identify children who might be most at risk for early childhood mental health issues. This makes it challenging to allocate the limited human resources to the populations that need the most support.

Map 11. Representation of ECMHC Professionals and Associated Service Areas, 2017



Additionally, families and child care staff may not reach out for ECMHC services until the difficulties a child is experiencing place them at risk of suspension or expulsion. The need to focus on one child at a time brings even greater limitation to ECMHC services. Supporting early care and education providers so that they can support the children they see and work with in their programs every day has the largest and most lasting impact.

However, it is important to note that ECMHC services span promotion and prevention and therefore are appropriate and recommended for all children, families, and early care and education providers.

Data Strengths and Gaps

- **Estimating waitlists.** Data from recent Parent Surveys and focus groups illustrate a high demand for ECMHC services, however data systems are not adequate to demonstrate how large those needs are. For example, some programs maintain waitlists, but there is no centralized record that shows the whole picture. This is currently being explored as a potential enhancement as part of an online referral system.
- **Data quality.** The current ECMHC data system needs further enhancement to ensure that ECMHC services are applied similarly statewide. Data on frequency of services, intensity of services, and duration of services require a model of ECMHC which is currently being developed, however data collection methods will need to be modified and appropriate technical assistance and training provided to ensure its success.

PROGRAM PROFILE | FAMILY STRENGTHENING:

Family Resource Centers

Overview

Family Resource Centers (FRCs) provide a single point of entry for families to receive comprehensive, integrated services in their community. FRCs provide families with a broad range of supports, which may include early child care and education, adult education, wellness programming, Medicaid enrollment, connections to local food banks and housing supports, utility assistance, and other services. Established in 1993, the FRC system is one of the longest-standing family supports in the state. [324]

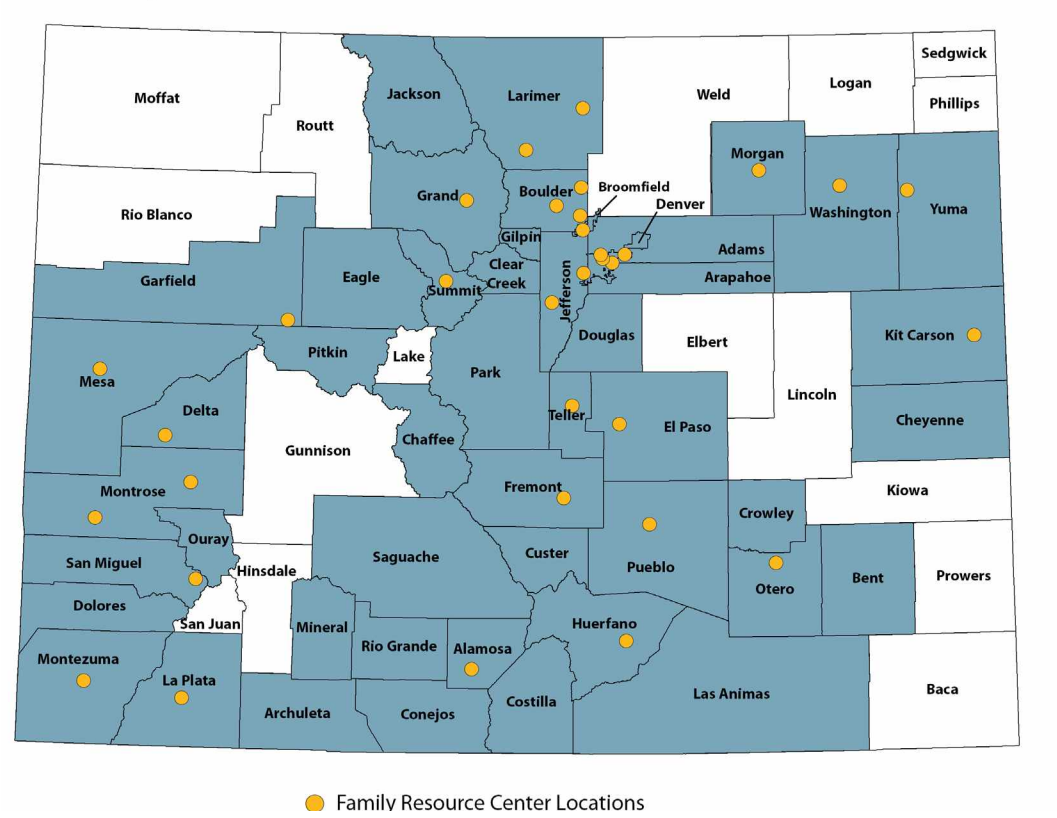
For many families, FRCs are the gateway to accessing the early childhood system, including home visitation programs, early intervention supports, and child care. In 2016, the Office of Early Childhood provided Family Support Services grants to 10 FRCs to expand their family case management capacity. [325] In 2019, the Colorado Joint Budget Committee increased funding to support an additional 10 centers for family case management, bringing the total to 20 supported centers.[326]

- **Administration.** Colorado's 31 FRCs are locally administered by community-based organizations or school districts. The Family Resource Center Association (FRCA) provides FRCs with support for program implementation, evaluation, and data.
- **Funding.** Funding varies widely from center to center. FRCs are supported by a mix of local, state, and federal funding; foundations; faith-based organizations; individual donations; special events; earned income; and program fees.[327]
- **Target Population.** FRCs serve vulnerable families, including parents and caregivers, children, and youth.

Innovating for the Future

Families receiving FRC services show significant improvements in multiple measured areas ranging from employment to child care to increased cash savings.[328] But parents participating in focus groups felt that middle-income families are not able to access resources they need through the current system. That's despite the fact that all families are eligible for a wide range of supports provided by FRCs, regardless of income. FRCs and partner programs could consider ways to further engage this demographic. For example, many parents use FRCs less during the daytime when they are working. This could provide an ideal time to engage with home-based early care and education providers who may need support themselves or who could connect their community of families with other services like home visitation and early intervention.[329]

Map 12. Family Resource Center Locations and Counties Served, FY 2018-19



There are more than 31 locations marked, as some FRCs have multiple locations.

What Parents Say

Family, stakeholder, and early care and education provider focus groups — along with written testimonials captured by FRCs — reveal a strong appreciation for these programs and the services they provide.

One parent wrote, "My children attend the Bayfield Family Center After School program, which allows me to work a full 40-hour week and have my children in a quality educational program and receive tutoring help and have their homework done before I pick them up to head home."[330]

Another parent shared, "Without the Family Center of Durango, I would have gone crazy! They were able to offer me developmental information and support through the playgroups for my 3-month-old." [331]

Parents highlighted the quality of services they received at their local FRC. One explained, "I was treated with respect and kindness and empathy, and it changed my life, and it changed how I view life."[332]

Program Strengths

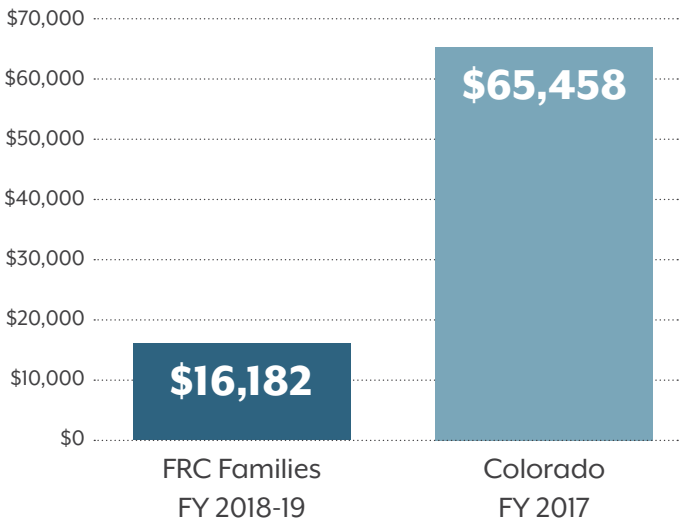
- **Extent and breadth of services provided.** Colorado's 31 FRCs serve people from 48 counties (see Map 12). In Fiscal Year 2018-19, FRCs served 28,876 individuals in 13,210 families.[333] Their programs focused on helping families meet basic needs, fostering high-quality parenting, supporting early care and education, furthering adult education, and cultivating healthy living (see Table 31).[334]

- **Reaching families with unmet needs.** FRCs primarily serve families experiencing economic insecurity. For example, the median income of all families served in FY 2018-19 was $16,182 — a quarter of the median income statewide (see Figure 24).[335] In just over half of families (51%), no adult had beyond a high school education. More than three quarters of families served (77%) had no cash savings, and two in five (39%) did not have access to safe, stable, or affordable housing (see Figure 25). [336]
- **Demonstrated improvements.** FRCA's 2018-19 annual evaluation revealed that families receiving FRC services made statistically significant gains in the areas of income, cash savings, debt management, housing, employment, health coverage, food security, child care, children's education, physical and mental health, and transportation. Families also reported an increase in their levels of understanding child development and parenting practices as a result of participating in FRC programming.[337]
- **Centralized data system.** FRCs use a shared-data system to track outcomes and store data. This approach simplifies data sharing and allows for statewide and cross-region analyses of service provision and outcomes.[338]
- **Shared, robust data collection methods.** All FRCs use the same instrument, the Colorado Family Support Assessment 2.0 (CFSA 2.0), to assess families' strengths and areas for growth. This pre- and post-assessment allows FRCs to track outcomes in economic self-sufficiency, health, and parenting skills. Focusing on outcomes rather than services delivered makes these data uniquely helpful for FRCs and other parts of the early childhood system.[339]

Table 31. FRC Services Provided by Program Type, FY 2018-19

Service Type	Number
Basic Needs	104,000
High-Quality Parenting	75,600
Early-Childhood Education	15,900
Adult Education	14,290
Healthy Living	23,360

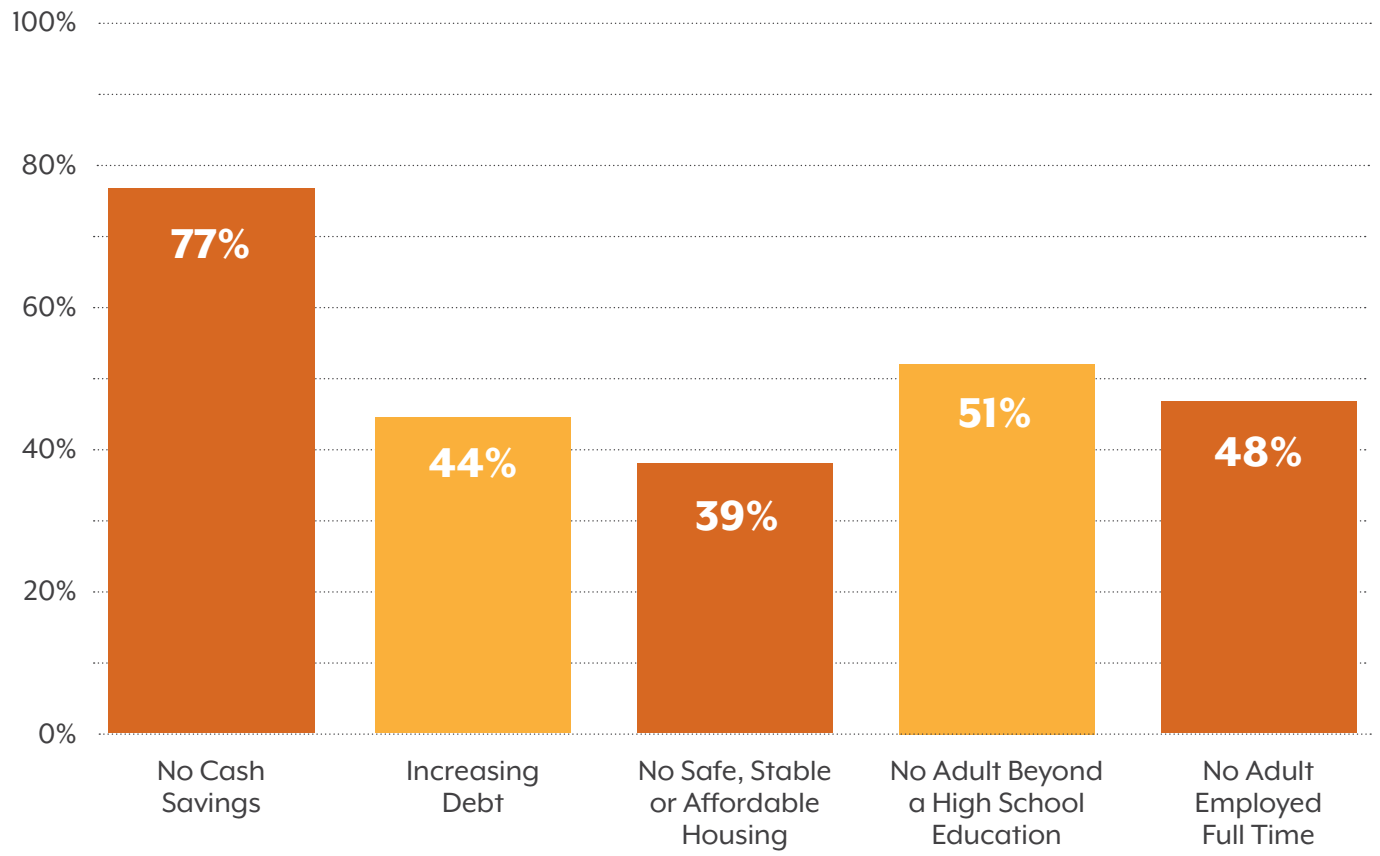
Figure 24. Median Annual Income of Families Served by FRCs, FY 2018-19 vs. All Colorado Households, FY 2017



Program Needs

- **Establishing centers in underserved regions.** Large swaths of Colorado — particularly rural communities — cannot easily access FRCs. In 2018-19, families in 16 counties could not access FRCs.[340] And even in counties where at least one family was served, families might need to drive more than an hour to reach the nearest FRC (see Map 12).[341]
- **Funding.** Program administrators report that many FRC facilities do not have adequate funding. As a result, some FRC facilities are understaffed, located in suboptimal buildings in need of renovation, or don't comply with Americans with Disabilities Act (ADA) standards.
- **Limited capacity.** Many FRCs have waitlists for family case management services. Service delays often lead families to forgo services altogether.[342] In the case of at least one center, there are so many applicants on the waitlist that the FRC is only adding families to the queue if they are expecting a child.[343]

Figure 25. Percentage of Families with Unmet Needs Upon FRC Intake, FY 2018-19



- **Addressing stigma.** Some families may not access formal supports because of stigma. Combatting stigma associated with seeking support, while also offering families discrete ways to access FRC-provided services, should lessen this barrier to access.

Data Strengths and Gaps

- **Data tracking across service providers.** FRCs can track which referral service agency each family reaches out to, allowing for effective tracking of referral follow-through and service utilization.[344]
- **Inconsistent data entry and reporting requirements.** According to program administrators, FRCs face multiple data entry and reporting guidelines required by their various funding streams. As a result, FRCs spend significant time and resources storing and analyzing data across multiple databases. The FRCA is currently working in partnership with other data owners to develop a more automated, centralized system for storing and retrieving data.
- **Limited child-level data**. Because FRC-provided services target families rather than individual children, FRCs do not collect child-level data. It is therefore difficult to pinpoint the effect of FRC services on specific children.
- **Forthcoming evaluation.** FRCA is currently conducting a randomized controlled trial with three FRCs in Colorado. The study, funded by the Robert Wood Johnson Foundation, will identify the impact of FRC services on family health and well-being. Results are expected in 2021 and will be an important resource for identifying program strengths and room for growth.[345]

PROGRAM PROFILE | FOSTERING WELL-BEING:

Growing Readers Together

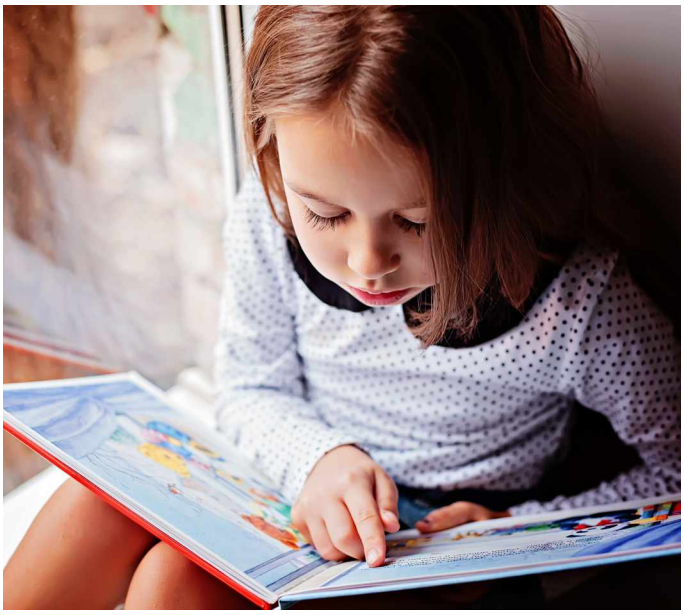
Overview

Growing Readers Together (GRT) engages informal care providers through early literacy programs at Colorado's public libraries. The goals of GRT are to:

- Empower informal care providers with the skills, confidence, and resources to engage the children in their care with early literacy materials and activities daily.
- Provide strategies to public library staff in Colorado to connect informal care providers with early literacy services.
- Develop state-level infrastructure for early literacy support to informal care providers and the children in their care.
- Expose children six and under throughout the state to language and literacy-rich experiences in informal child care settings and at the library.

Between September 2018 and August 2019, participating libraries hosted 258 GRT events attended by 2,516 children and 1,956 informal care providers. With additional 2019 funding from the Preschool Development Grant Birth through Five (PDG B-5), the program hired three early literacy specialists to support any library in the state, not just those already participating in GRT.[346]

- **Administration.** The program is supported through the Colorado State Library (CSL), which is a division of the Colorado Department of Education (CDE) that serves public, academic, and institutional libraries to foster lifelong learning.[347] The CSL provides grants to local library partners that carry out GRT activities and report data back to the state.
- **Funding.** The Buell Foundation funded the program's inception in 2016 with 15 participating library systems concentrated in the southeastern part of the state.[348] As of 2019, Buell supports activities at 22 library systems (see Map 13).[349] In 2019, GRT employed three part-time early literacy specialists through the PDG B-5 to augment program activities.



- **Target Population.** The program supports informal care providers with children age 6 and under. Buell Foundation-funded communities were chosen based on their willingness to participate, their library's current staffing, and areas with a high proportion of free and reduced lunch for children.

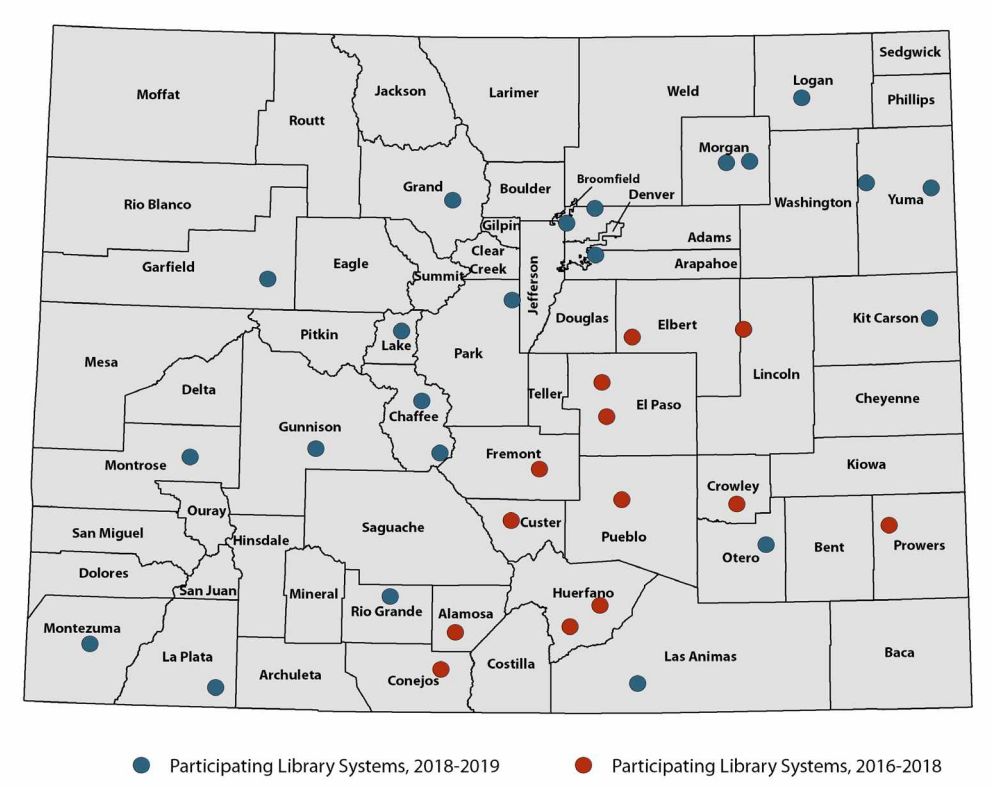
Innovating for the Future

GRT empowers informal care providers to help the children in their care build literacy skills at an early age. The following strategies should be considered to strengthen programming in urban and rural areas:

- **Focus on informal care — and beyond.** Initial funding was intended for informal care providers, but experience from the first three years of the program show that informal care providers are not the only audience this program can help. Parents, particularly those who may use the library but do not otherwise interact with formal care environments, need and want early literacy support. Early care and education providers also may benefit from additional early literacy training and support.
- **Leverage community relationships.** Creating and maintaining partnerships with other

programs — from home visitation programs to Head Start — can help extend GRT into new populations. Parents and informal care providers know how important early literacy is for child development, and leveraging a relationship with a trusted organization can connect more parents and providers with the program.

Map 13. Growing Readers Together Participating Library Systems



What Parents Say

Almost three quarters (71%) of Parent Survey respondents said they thought it extremely or very important to have access to community-based programs, such as early literacy programs through a library, or other community events or services that strengthen families and support networking among families.[350]

GRT is leveraging informal child care to enhance the early literacy of Colorado's children.

Some focus group participants highlighted GRT specifically as a critical resource for their community. For example, several parents and caregivers representing the Ute Mountain Ute Tribe commented that the GRT program has made a significant impact on the early literacy of the children in their community.

That said, many parents are not able to access these services because they are not aware of them. More than a quarter of Parent Survey respondents (28%) reported not knowing whether services such as early literacy programs were available in their community, indicating an opportunity to increase awareness.[351]

Program Strengths

As a result of GRT's funding from Buell and PDG, the program has grown in terms of services offered, community connectedness, and flexibility for the program statewide. Examples include:

- **Demonstrated outcomes.** GRT program sites are capturing initial outcomes that suggest increases in informal care provider knowledge and skills and an ability to reach children who would not otherwise experience early literacy services. For example, participating informal care providers learn about early literacy and strategies to promote these skills in the children they serve. They also get access to the programming and materials to deliver these services. A recent evaluation of the program revealed that children who would not otherwise engage with the library are now doing so: "A little boy...had never been to the library until his daycare provider who is a homeschooler [brought him]. He's four and our poster child — he says, 'I love the library'. He insisted that his mother sign him up so he could [check] things out."[352]
- **Increased support.** PDG funding in 2019 allowed for the hiring of additional early literacy specialists to do training and coaching at libraries across the state, augmenting existing foundation funding that sponsors events at partner libraries.
- **Community connection.** The community-based

setting is crucial for reaching populations outside of the normal touchpoints. It piggybacks on the existing infrastructure, community connections, and resources in local libraries. Libraries in rural communities reported more success with GRT because there are fewer competing programs in the area, and smaller communities allow for staff to identify informal care providers more easily.

- **Staff commitment.** As a result of delivering the GRT program, participating sites have noted beneficial developments in library staff and the libraries themselves. For example, Colorado State Library noted that staff are deeply committed to the project, and almost every library participating in GRT has made physical improvements to its children's area to encourage informal care providers and children to use the spaces.[353] Additionally, many libraries have relaxed their "silence" policies, which allows caregivers to feel comfortable letting their children enjoy the space.[354]
- **Meeting children where they are.** Program funding is flexible to foster partnerships that resonate on a local level. For example, a GRT-supported program in Cortez created a partnership with a local McDonald's. GRT programs also have the option to partner with other providers and stakeholders such as Early Childhood Councils and preschool programs to connect informal care providers and the children in their care with programming.

Program Needs

Participants in GRT noted that language and cultural barriers, staffing capacity, and transportation limited the program's reach statewide. Examples of needed changes to address these issues include:

- **Overcoming language barriers.** Staff with bilingual abilities who can provide support to non-English speakers are hard to find, especially in rural areas. Some Spanish-speaking providers noted that they prefer their children to learn to read in English.[355]
- **Addressing cultural differences.** Across Colorado, parents and informal care providers have diverging views on programs held in government buildings such as libraries. Program administrators believe that some populations — such as immigrants or people living without documentation — do not feel safe coming to the library.[356] Additionally, reaching key demographic groups like immigrants and refugees is a challenge because parents and providers from other countries may not recognize the library as a place where they can receive public support.
- **Staffing capacity.** Staffing and time dedicated to the program are challenges for libraries, especially those in rural areas. Low staff numbers, turnover, and the need to serve other library priorities and patrons can result in lack of promotion or even cancelling of GRT events.
- **Transportation.** Informal care providers with limited transportation access may find it challenging to consistently participate in the program. Little or no public transportation and hazardous weather in the winter months are noted barriers for caregivers.

Data Strengths and Gaps

GRT's data and evaluation systems face challenges because of the difficulty in engaging with informal care providers who are not licensed and tracked in the state's data systems.

- **Tracking process measures.** Each library participating in the program tracks data on partnerships formed, events hosted, consultations with informal care providers, and materials distributed as part of the program. These data tell a story of engagement with the community and with informal care providers. Consultations with informal care providers are tracked in both library and outside library settings. Informal care provider participation is also tracked at both GRT-planned events as well as other general library programming. Information is also tracked on the types of materials handed out, primarily promotional materials but also early literacy information and informal care provider "kits." [357]
- **Informal care is fluid.** Informal care providers take many forms, including an older sibling, a neighbor, a coworker, or others. Some informal care providers help out for only a limited amount of time — such as an adult who cares for their niece or nephew while temporarily not working. This transitional nature of the workforce complicates data tracking.[358]

PROGRAM PROFILE | FAMILY STRENGTHENING:

HealthySteps for Young Children

Overview

HealthySteps for Young Children (HealthySteps) is an evidence-based pediatric primary care program that promotes positive parenting and healthy development for infants and toddlers.[359] The program places a child development specialist into a primary care team to provide personalized support to parents to help raise healthy families.[360]

Specialists screen families during their child's visit to a primary care provider to determine what level of support the child or family may need, ranging from a brief consultation to ongoing, team-based well-child visits.[361]

- **Administration.** HealthySteps is administered at the state level by the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support. Technical assistance and implementation support come from the program intermediary, Assuring Better Child Health & Development (ABCD), a statewide nonprofit focused on improving the lives of Colorado children through early identification of developmental needs.[362]
- **Funding.** HealthySteps receives $577,665 in state General Fund money.[363] Additional resources include in-kind administrative support from the OEC and public and private funding utilized by ABCD and program sites to augment OEC contracts.
- **Target Population.** Children from birth to age 3 and their families.

Innovating for the Future

Though HealthySteps is part of Colorado's home visitation system, providing home visitation is only one optional part of the program's service delivery strategy. HealthySteps primarily delivers services in a location that families know and trust — their primary care provider's office.

The clinical environment provides a unique opportunity for program staff to serve parents as well as their children. These services might include

psychiatric prescribing for parents, substance use disorder counseling and treatment services, or other behavioral health therapies.

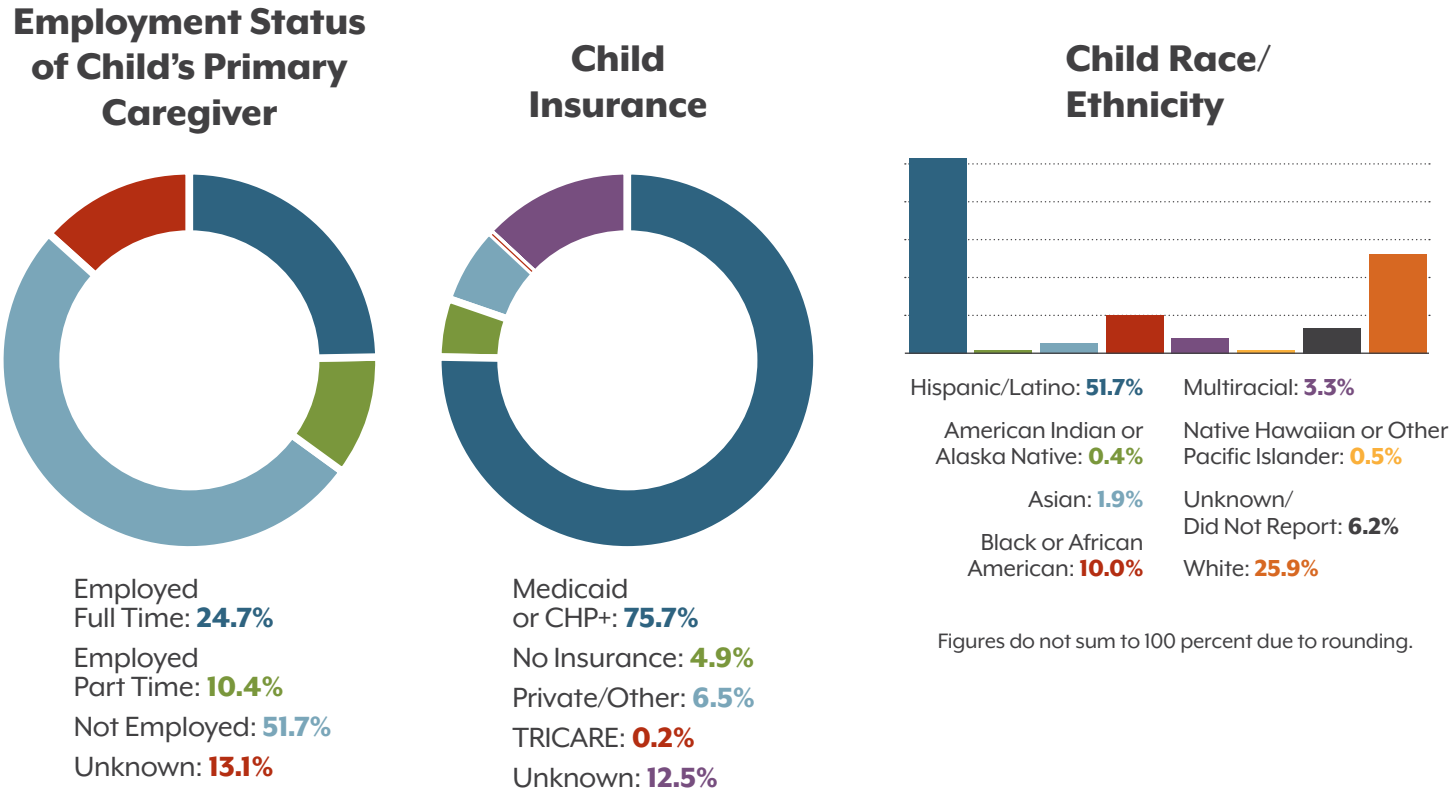
HealthySteps program administrators are considering whether to "go deep or go broad" — meaning investing in clinics and counties already served by existing programs or extending services to new parts of the state. When making those decisions, policymakers should consider the potential of connecting program data to electronic medical records and the feasibility of offering intensive adult behavioral health services for parents in need.

What Parents Say

According to multiple focus group participants, parents want to receive supports for their child's health, development, and their parenting skills from practitioners they trust, like primary care providers. HealthySteps is meeting this need by connecting families to services via their doctor's office.

That said, parents also highlighted that programs like HealthySteps could better serve families by making services available in multiple languages and by streamlining data transfers when parents use different HealthySteps facilities. For example, a Spanish-speaking focus group participant shared that there is limited information and services available in Spanish. Another focus group participant highlighted that electronic records are not always available to transfer screening records across counties, resulting in additional burden on parents.

Figure 26. Selected Demographics of Children and Families Receiving Services from HealthySteps Clinics, August 2019



Figures do not sum to 100 percent due to rounding.

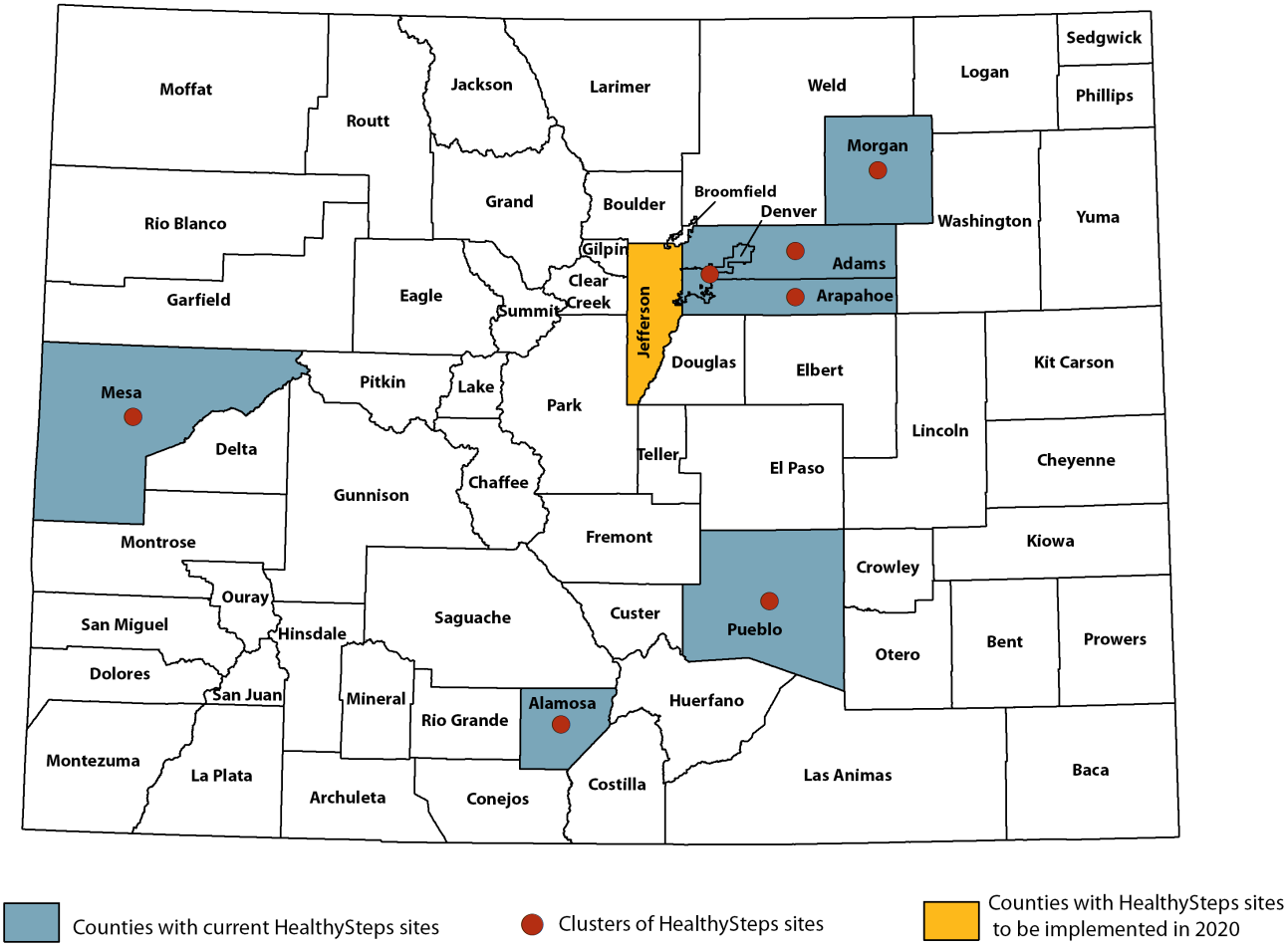
Employment status and insurance type reflect family circumstances at the time of enrollment. Data reflect demographics of families receiving most intensive level of services.

Program Strengths

Colorado's HealthySteps clinics deliver a tested and effective approach to parent engagement and healthy child development. Programs are reaching high-need families with a broad range of services, from universal screening to intensive, ongoing consultation.

- **Strong evidence base.** Rigorous analysis reveals that children who participate in HealthySteps are more likely to attend well-child visits and receive vaccines and recommended screenings on time. Participating parents are more likely to receive information on community supports, provide age-appropriate nutrition, use positive parenting strategies, and engage in early literacy practices.[364]
- **Tiered service approach.** HealthySteps clinics use a tiered approach to service delivery — meaning clinics with limited workforce or funding capacity can allocate resources based on family need. This allows children and families with more significant needs to get more intensive services, while other families in the clinic still benefit from the program. Individual practices have the flexibility to determine which families will benefit most from higher tier supports, depending on their community's health needs.
- **Universal screening.** HealthySteps uses a universal screening approach, ensuring that every family and child who receives services at a participating clinic is screened to determine if they could benefit from additional services.
- **Reaching high-need families.** As of August 2019, 1,889 children and their families are receiving ongoing, team-based well-child visit services

Map 14. Counties Served by HealthySteps Programs, November 2019



through the HealthySteps program. These families represent a diverse, high-need population of Coloradans. Most participating families are enrolled in Medicaid or CHP+ and most identify as Hispanic or Latino. More than half of participating primary caregivers are unemployed (see Figure 26).[365] Other characteristics include:

- One in 10 children (11%) served are from families who report previous involvement in the child welfare system.
- Almost 300 children (16%) have a family member misusing substances in the home.
- Nearly one in 10 (9%) children have someone in their family serving in the armed forces.[366]

These characteristics only capture families receiving intensive services. Families receiving screening and brief consultations are not reflected here.

Program Needs

Sustainably funding a program that reaches all parts of the state — and employs a highly trained behavioral health workforce — is a critical challenge that HealthySteps faces in Colorado.

- **Geographic reach.** HealthySteps clinics are serving children in 19 of 64 counties in Colorado.[367] Though families in most parts of the Front Range are accessing services, HealthySteps is not yet available on the Eastern Plains or the Western Slope (see Map 14). This limited reach is primarily due to limited funding. Additional funding could increase the program's impact.
- **Medicaid billing.** Many HealthySteps clinics are not leveraging Medicaid funding even though program services are billable. Program administrators are considering developing a billing manual for program sites to encourage more sustainable financing practices.

- **Limited behavioral health workforce.** Program administrators report major challenges hiring for local, trained behavioral health specialists — especially those with experience working in primary care or in early childhood development. As a result, some programs have used workers who are not trained specialists, which may affect the program's Medicaid billing and financial bottom line.
- **Sustainable funding.** Program funding is subject to fluctuating budgets and shifting donor priorities. Although state funding has increased, it only covers seven of the 15 clinics in the program, with the rest coming from philanthropic support. Lack of funding for ABCD, the program administrator, leads to limited professional support and trainings available for local HealthySteps program implementers.

Data Strengths and Gaps

In the next phase of HealthySteps' data system strengthening efforts, program administrators should consider expanding data collection to include all participating children and families and shifting beyond process measures to track Colorado-specific outcomes.

- **Focused recordkeeping.** HealthySteps specialists track family data in a shared database at each point of contact with the family. As a result, program administrators can ensure programs are serving the Coloradans with the highest needs. However, data are only recorded for children receiving intensive services, so a large portion of the program's reach goes uncaptured.
- **Process data focus.** Most data collected by the program documents processes rather than child and family outcomes. Given the strong existing evidence basis for the HealthySteps program at a national scale, there has been limited appetite for more rigorous evaluation at the state level. But tracking Colorado-specific outcome data — such as impact on breastfeeding and vaccination rates or primary care access — could reveal important insights for the health care system and other systems serving children and families.

PROGRAM PROFILE | FAMILY STRENGTHENING:

Home Instruction for Parents of Preschool Youngsters

Overview

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home visiting program that helps parents prepare their children for success in school and throughout life. The program uses curriculum, story books, and other materials to help parents strengthen their children's cognitive, literacy, social-emotional, and physical development. The HIPPY Program is delivered by home visitors who are members of the participating community and are also parents who have used the program. They visit participating parents of preschool-aged children starting at age 3 in their homes weekly to instruct them in using HIPPY educational materials.[368] Curriculum for 5-year-olds follows the child through kindergarten, reinforcing learning through a home-and-school connection. The program also provides monthly group meetings.

- **Administration.** With funding and support from the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support, HIPPY is administered by Parent Possible, a nonprofit organization that promotes multiple evidence-based programs focused on parents of young children. HIPPY is implemented in communities by different types of sites, including school districts, child care centers, Family Resource Centers, and other entities.
- **Funding.** Depending on the implementing agency, the program is funded by federal (Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV), state (Tony Grampsas Youth Services), AmeriCorps, local, or private sources.
- **Target Population.** Low-income families with children ages 3, 4, and 5.[369]

Innovating for the Future

Like other home visitation programs, the HIPPY program's greatest challenge is its limited funding and its limited reach as a result. Allocating resources to the areas that need them the most is critical for HIPPY to create the biggest impact in the families it serves.

However, current data systems do not fully meet this need. For example, program administrators do not have information on children or families who are waiting for services. As a result, there is no way to refer families in need to a different program site or a different home visitation program. Program administrators should consider innovative approaches to this question: Could a centralized data system for home visitation programs in Colorado better distribute resources and meet demand?

What Parents Say

According to the Parent Survey:

Eleven percent of Colorado parents indicate that services provided by programs such as HIPPY (support and advice on health, child development, and parenting — either in the home or at another location) is unavailable to them.

Thirty percent of Colorado parents do not know if such services exist.[370]

Program Strengths

The HIPPY program served almost 1,000 children and almost 900 families during the 2018-19 school year.[371] HIPPY reaches families with diverse demographic profiles, including age, education, and employment status of parents as well as family language, ethnicity, and income. The majority (56%) of families served by HIPPY are living below 100% of the federal poverty line (FPL).[372]

Parents participating in the HIPPY program report significant increases in the frequency of performing behaviors that promote literacy and school readiness in their children. Participating children

demonstrate significant growth in all areas of school readiness, increasing from 83% pre-program to 93% post-program. Parents who complete the HIPPY program also report higher levels of confidence in their parenting practices, their ability to support their child's development, and their comfort with asking their social networks for parenting help, advice, and support.[373]

Program Needs

With additional funding, Colorado's HIPPY program could impact significantly more families in more rural parts of the state. That said, it's a challenge to retain the home visitor workforce.

- **Increased capacity.** There is significant unmet demand for HIPPY services in many Colorado communities, as many counties are currently without access to a HIPPY program site (see Map 8).
- **Funding.** The principal need for meeting the demand for HIPPY services across the state is funding for both outreach to family service agencies and hiring more home visitors. There is significant lack of awareness of the HIPPY program in Colorado communities, and more money could help get the word out.
- **Instructor retention.** HIPPY suffers a high attrition rate among home visitors, much like many other early childhood programs.

Data Strengths and Gaps

Parent Possible collects very detailed demographic data annually about the children and families enrolled in the program, including information on age, race, ethnicity, and family income. Annual evaluation efforts are also rigorous, including a parent survey, an assessment of parent-child interactions, and a child assessment of school readiness.

That said, there are opportunities to strengthen HIPPY data systems to better serve families. One example for policymakers is to track waitlist information to better distribute resources and meet demand across the state. Adopting the statewide Salesforce-based data system is one way to address this gap. However, parents may be more comfortable sharing their information with local implementing organizations, as they are today, rather than a statewide data system. But keeping those data local means program administrators are not equipped to realign resources for the highest need areas.

PROGRAM PROFILE | FOSTERING WELL-BEING:

The Incredible Years

Overview

The Incredible Years (IY) is a suite of evidence-based programs that includes three prevention components for parents and teachers of young children. The Office of Early Childhood (OEC), in partnership with its implementation partner, Invest in Kids (IIK), supports implementation of the three IY components in Colorado. These are Teacher Classroom Management (TCM), Dinosaur School, and the Preschool BASIC Parent Program (Parent Program). Each works to reduce risk factors and increase protective factors by promoting positive parent-child and teacher-child relationships to promote social-emotional skills in early childhood (ages 3 through 8), which prepare young children for success in school and in life.[374]

Teacher Classroom Management (TCM) is a framework through which early childhood educators learn positive classroom management strategies, how to build positive relationships with children demonstrating challenging behaviors, and how to help those children control their behaviors.[375]

Dinosaur School is a social-emotional curriculum that includes 60 lessons delivered two to three times per week in early childhood classrooms (preschool through first grade). Trained teachers co-lead the lessons using engaging activities, role-play, and video vignettes. The lessons focus on how to solve problems, control one's anger and emotions, succeed in school, and form friendships.[376]

The Preschool BASIC Parenting Program (Parent Program) is delivered by IIK-trained cofacilitators over 14 weeks through weekly two-hour sessions. During these sessions, parents learn to promote children's social competence and reduce behavior problems through strategies and skills such as effective praise and use of incentives, establishing predictable routines, effective limit-setting, strategies to manage misbehavior, and teaching children to problem solve.[377]

- **Administration.** IY is administered by the OEC Division of Community and Family Support and IIK. They contract with individual agencies to operate IY sites. TCM and Dinosaur School are delivered in early childhood settings (both public and private centers), and the Parent Program is delivered in schools and community settings, including mental health agencies and Family Resource Centers.
- **Funding.** Funding is provided by state marijuana tax dollars, state General Fund, local sources, and philanthropies.[378]
- **Target Population.** Depending on the IY program, services support parents, early childhood educators, and children age 3 through 8.[379]

Innovating for the Future

Expanding the reach of IY in Colorado will require new funding streams and an expanded program workforce. IIK is currently exploring innovative approaches to addressing these needs, including using outcomes-based funding approaches and expanding its peer coaching model to strengthen and expand program delivery across the state.

- **Outcomes-based funding.** IIK recently launched an outcomes-based funding project with Aurora Public Schools and Sheridan School District. The goal of the project is to demonstrate that implementing IY in schools can lead to sustainable outcomes in the children they serve — enough so to warrant continued funding from school districts across Colorado. If the target outcomes are achieved after the first four years of this project (as measured by an independent evaluator), Aurora Public Schools and Sheridan School District will continue to implement and fund IY for an additional five-year term. Policymakers should consider piloting this financing model in other parts of the state that do not yet have access to IY.
- **Peer coaching model.** IIK uses peer coaching to build state and local capacity through collaborative partnerships. This effort aims to increase the number of families served, and at the same time, maintain high-quality programming and ensure meaningful outcomes. The Director of the IIK Peer Coach Initiative started training a third cohort of peer coaches in 2019. Those coaches collectively will extend IIK's capacity to support IY in counties across the state. In cases where the local implementing agency and/or community have the staff and capacity, local implementers are trained to become peer coaches.

What Parents Say

Parent focus group participants reiterated the importance of promoting social-emotional learning, parenting supports, and training for early childhood professionals. IY offers all three of these services.

Parents agreed that these types of programs are especially important to help children make the move from preschool into the school system. In addition, they recommended all adults working with young children should get training on how to support their children who display challenging behaviors, saying "instead of responding punitively and reacting, adults need to explore what message that behavior is trying to communicate."

Program Strengths

In addition to its longstanding evidence base, IY's strengths include a strong infrastructure for training and implementation and a broad and measurable program reach:

- **Support infrastructure.** All IY sites receive implementation supports from the OEC and IIK to ensure high program fidelity. Key supports include:
    - Community readiness and entity selection,
    - Training, coaching, and fidelity monitoring,
    - Local Implementation Team (LIT) development,
    - Entity-specific and statewide process and outcomes evaluation, and
    - Ongoing quality improvements to ensure high-quality scale and sustainability.
- **Program reach.** IY's data systems are robust and provide an accurate measurement of the program's reach in Colorado. During the 2018-19 program year:
    - IY was offered across 21 counties in Colorado.
    - 464 teachers and education staff delivered Dinosaur School to 6,599 students.

- 30 teachers and 428 students participated in Teacher Classroom Management training.
- Preschool BASIC Parent Program saw 73 Parent Program Facilitators deliver the Parent Program to 595 parents across 51 unique parent groups in Colorado.[380]

Program Needs

There is significant demand for this program in many Colorado communities. IY program sites prioritize serving low-income families. During the 2018-19 program year, the average school where IY was implemented had 75% of children enrolled in a free and reduced lunch program. In addition, 67% of Parent Program participants reported an annual family income at or below $60,000. IIK needs funding to expand its reach to additional counties and serve more families earning lower incomes.[381]

Data Strengths and Gaps

IIK collects detailed process and statewide outcomes data annually about the children, providers, and parents who benefit from IY. These data not only provide IIK with crucial strategic insight into growing and sustaining the program with a high level of fidelity, but also demonstrate the outcomes for parents, providers, and children in communities across Colorado.

The program's strong data systems make it possible to rigorously track outcomes in all program types. In the 2018-19 state report, there was a significant increase from pre-test to post-test for student's Prosocial Communication, Emotion Regulation, Academic Skills, and overall Social Competence, as reported by teachers delivering Dinosaur School. For Teacher Classroom Management, there was a significant increase from pre-test to post-test for teachers' use of Positive Management Strategies and Planning and Support. For participants of the Parent Program, there was a significant increase from pre-test to post-test for parents' Appropriate Discipline, Clear Expectations, and Positive Parenting, and a significant decrease from pre-test to post-test for parents' Harsh Discipline and Inconsistent Discipline. There was also a significant increase in preschool-aged children's Prosocial Communication, Emotion Regulation, and overall Social Competence, as reported by parents.[382]

However, IY's data systems are not yet interoperable with other state data systems. Addressing this gap would allow additional programs in the early childhood system to leverage IY family data and outcomes and make referrals based on family needs.

PROGRAM PROFILE | FAMILY STRENGTHENING:

Nurse-Family Partnership

Overview

Nurse-Family Partnership (NFP) is a voluntary community health nursing program where nurses visit first-time mothers and their babies in their homes for over two years. Colorado has a long tradition with NFP. The program was developed at the University of Colorado, and the state was one of the earliest implementers of the program beginning in 2000.[383] The national program is still headquartered in Denver.

NFP is one of the few programs in the country with more than 40 years of clinical trials demonstrating long-term outcomes such as reduced childhood injuries.[384] Trained, registered nurses deliver consultation and mentoring to new moms using a relationship-based approach. The model emphasizes the client's strengths to help families develop a positive vision and plan for their lives and the lives of their children.

- **Administration.** Individual agencies operate NFP sites. These agencies include public health departments, community health centers, federally qualified health centers, community nursing agencies, a school of nursing, and hospital systems. NFP is administered by a four-organization team that includes the Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support; the University of Colorado, Denver; the NFP National Service Office; and Invest in Kids (IIK).
- **Funding.** Funding is provided by state Tobacco Master Settlement funds, Medicaid reimbursement, and federal home visiting funds (Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV).
- **Target Population.** Low-income, first-time mothers and their babies from pregnancy until age 2.

Innovating for the Future

NFP's greatest needs are recruiting qualified, trained, registered nurses, and addressing the growing challenge of substance use disorders in clients. As the intermediary implementing organization, IIK is uniquely positioned to address these challenges using innovative approaches — a process it continues today.

- **Workforce.** To address recruitment and retention of nurses, IIK continues to partner with the University of Colorado on the NFP Nurse Residency Program to support new graduate nurses in implementing NFP. This intensive online learning community is in its third cohort and costs approximately $30,000 per year to maintain. The funding for this program is only secured for one more year.[385]
- **Behavioral health.** To address mental health needs and substance use issues with clients, IIK partners with the NFP National Service Office and the University of Colorado to provide extra support and education for nurses. One of these educational offerings is in partnership with ECHO (Extension for Community Health Outcomes) Colorado as a currently funded pilot specifically focused on working with NFP clients who use substances. IIK will need to find funding in the future to continue this project. Resources for mental health care and substance use recovery are lacking in many Colorado communities. While NFP nurses are expert at screening for mental health and substance use issues, there are not always affordable, accessible, appropriate referral sources for clients in their communities.
- **Quality improvement.** NFP sites work on improving client recruitment and retention with numerous continuous quality improvement projects. IIK has recently hired an outreach and referral nurse to help ensure that all clients, especially in the densely populated Denver metro area, have the opportunity to participate in NFP. A small expansion in Denver is underway, and the work of this outreach nurse may yield data to guide further expansion.

What Parents Say

NFP Colorado is meeting parent demand for parenting support and advice. But some groups of parents require additional support.

For example, one mother participating in a Denver area focus group with the Strengthening Working Families Initiative, a partnership that helps parents access jobs while addressing child care needs, shared that NFP was a critical resource for her and her baby. But she wished services were available for her after her child turned 2, and for her second child.

Members of a focus group with the Ute Mountain Ute tribe in southwestern Colorado also pointed to NFP as a vital support for tribal families, saying that the program had been successfully in place in Cortez for 20 years. Members of the group highlighted how important the program is to the community, especially because social isolation of new mothers is a significant issue, and cultural standards compel new mothers to keep their babies indoors for the first year of life.

4,586
first-time moms
participated in the Nurse-Family Partnership program in 2018.

Program Strengths

NFP is a wide-reaching program serving high-need populations in Colorado. It comes with strong infrastructure for technical assistance and a rigorous evidence basis.

- **Supported implementation.** All NFP implementing sites receive implementation supports from IIK through a variety of activities in the following areas:
    - Community readiness and entity selection,
    - Training, coaching, and fidelity monitoring,

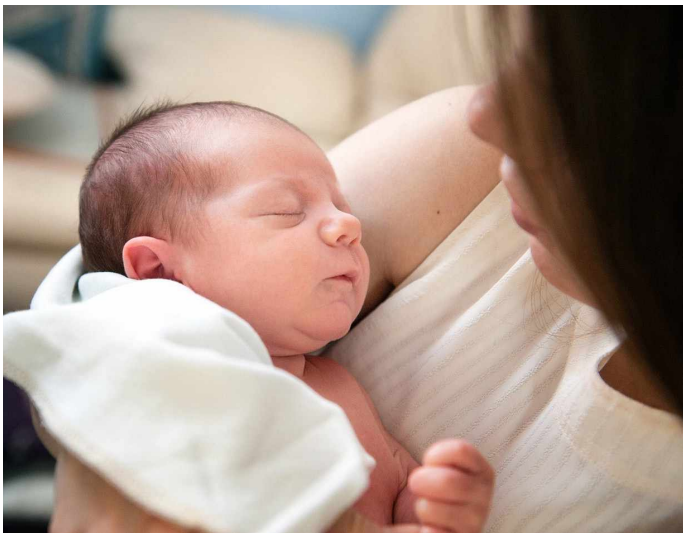
  - Entity-specific and statewide process and outcomes evaluation, and
  - Ongoing quality improvements to ensure high-quality scale and sustainability.

- **Program reach.** The NFP program provides services in all 64 Colorado counties through its 22 sites across the state. In calendar year 2018, 4,586 first-time mothers participated in the program, receiving a total of 50,066 visits.[386] NFP is funded to serve 3,524 families at any one time. The number of potential new clients every year is just enough to replace clients who have graduated or have left the program early.[387]
- **Evidence basis.** Research has shown that NFP home visits can significantly improve maternal and child outcomes. For example, compared with a similar reference group of low-income women nationally, NFP participants had 18% fewer preterm births, 21% more mothers were breastfeeding, and 19% more infants were immunized at six months.[388]
- **Diverse demographics.** NFP sites across the state reach mothers with diverse demographic profiles. The median age of mothers in the program is 20 years, and their median annual household income is about $7,500. In 2018, 46% of clients served identified their ethnicity as Hispanic.[389]

Program Needs

The greatest challenge for NFP is the recruitment and retention of a competent nursing workforce. The therapeutic relationship with the nurse is the key to success for clients in the NFP program. Program administrators find that when a nurse leaves the program, only about 50% of their clients remain in the program, and it is difficult to achieve outcomes when clients leave early. Community health nurses typically earn less than acute care nurses, and this discrepancy further challenges Colorado NFP's ability to recruit and retain nurses.

But funding remains a need. Just to maintain current caseload capacity, program administrators project that NFP in Colorado will experience a gap in funding of over $3 million starting in fiscal year 2025.[390] In anticipation of funding gaps related to decreasing Master Tobacco Settlement funds, the OEC, Invest



in Kids, and the Colorado State Legislature created the Nurse Home Visitor Fund. The Fund currently holds $16 million from previous year cost savings. It is anticipated these funds will be accessed for the first time during state fiscal year 2019-2020.[391]

Data Strengths and Gaps

NFP collects abundant program fidelity and outcome data. For example, Colorado's 2018 NFP program data reveal that for clients enrolled in NFP during pregnancy:

- 93% of mothers initiated breastfeeding.
- 93% of babies received required immunizations by 24 months.
- 67% of clients age 18 and over were employed at 24 months in the program.[392]

NFP nurses provide care coordination and referrals to other community services, which includes referring and ensuring coordination to other home visiting programs as families graduate from NFP. Each NFP site owns its own data, and it is entered into the national NFP data system. If a client moves around the state or to another state with NFP, the client can be transferred to another NFP site and the NFP National Service office manages this transfer.

NFP data is not integrated with other early childhood or state data systems. If programs outside of NFP are interested in NFP data, this data can be accessed on a state level by consulting and connecting with IIK or can be accessed by connecting with individual local NFP agencies.

PROGRAM PROFILE | FAMILY STRENGTHENING:

Parents as Teachers

Overview

Parents as Teachers (PAT) is a parent education and support program designed to empower parents as their child's first teacher. PAT provides home visitation to families from pregnancy to kindergarten entry to improve parenting practices by increasing parents' knowledge of early childhood development. Through home visits and ongoing assessment, parent educators can provide early detection of developmental delays and health issues, help in the prevention of child abuse and neglect, and increase children's school readiness and success. Parent educators also conduct group meetings, help set goals for children, and refer families to other community resources.

- **Administration.** With funding and support from the Colorado Department of Human Services, Office of Early Childhood (OEC), Division of Community and Family Support, PAT is administered by Parent Possible, a nonprofit organization that promotes multiple evidence-based programs focused on parents of young children. Different types of organizations implement the program locally, including nonprofits, family resource centers, child care centers, and Early Childhood Councils.
- **Funding.** Depending on the implementing agency, the program is funded by federal (Maternal, Infant, and Early Childhood Home Visiting program, or MIECHV), state, local, and private sources.
- **Target Population.** Families from pregnancy until the child enters kindergarten.[393]

Innovating for the Future

Colorado policymakers have opportunities to leverage the state's home visitation infrastructure to extend supports to families who need them, including through parents and informal caregivers.

For example, communities can benefit from systems to help blend and braid funding to promote a comprehensive home visitation system locally. State-level technical assistance could promote workforce development and quality improvement, as well as overall coordination and evaluation efforts across home visitation programs and other parts of the early childhood system. Currently, these efforts are siloed by program.

What Parents Say

Focus groups and survey results reveal the same thing when it comes to home visitation programs like PAT: parents want support at home for their child. Family focus group participants across the state shared that home visits help their families in multiple ways — from easing transitions to kindergarten to promoting healthy social-emotional development.

According to the Parent Survey, more than half (58%) of Colorado parents indicated that services provided in their home or another location that help them track their child's health, development, and parenting — the type of information and services that PAT provides — are very or extremely important for the care of their child.[394]

58% of parents say services provided in their homes or another location are very important

Program Strengths

The PAT program provides services through 27 sites for 36 counties across the state.[395] PAT programs are found in counties along the Front Range, in the San Luis Valley, and southwestern Colorado (see Map 8 on page 88).[396] The program served more than 2,400 children and 1,900 families in the 2018-19 school year.[397]

PAT sites across the state reach families with diverse demographic profiles, including age, education, and employment status of parents, family language, ethnicity, and income. The majority (51%) of families participating in PAT are living below the federal poverty line (FPL).[398]

Families participating in the PAT program show

significant improvement post-enrollment versus pre-program in both parent-child interactions as well as school readiness. The annual PAT evaluation for 2017-18 found that 95% of parents surveyed post-program exhibited average or above-average developmentally appropriate behavior with their children overall. Children assessed also showed significant improvement in school readiness, with 29% of children demonstrating advanced readiness pre-program and 39% post-program.[399]

Program Needs

Colorado's PAT program — like other home visitation programs — needs additional funding to reach unmet demand in underserved parts of the state. But parents report that home visitation programs like PAT need to be flexible to meet the needs of families who are increasingly burdened by multiple jobs and other barriers to participation.

- **Unmet demand.** There is significant unmet demand for PAT services in many Colorado communities. Thousands of children live in one of the 28 counties without a PAT program.[400] Approximately 190 families were on waitlists for 17 of the 27 PAT sites in the past year.[401]
- **Funding.** Funding is the principal need to meet this demand for PAT services — both for outreach to family servicing agencies and for hiring more home visitors. There is significant lack of awareness of the PAT program in Colorado communities, and more money could help get the word out. In addition, PAT suffers a high attrition rate among parent educators, much like many other early childhood programs in the state; more funding could ameliorate the high turnover rate.
- **Parental barriers.** Parents and home visitors participating in statewide focus groups revealed that parents are increasingly "too busy" to participate in home visitation programs like PAT. Some families also pointed to stigma as a barrier, saying that many families do not want to depend on people coming to visit them in their homes. These are important trends for program administrators, since families who may be most in need of home visiting services — due to multiple jobs, family obligations, or other barriers — may also be least able to access them.

Data Strengths and Gaps

Parent Possible collects very detailed demographic data annually about the children and families enrolled in the PAT program, including information on age, race, ethnicity, and family income. In addition, Parent Possible conducts a yearly evaluation of the program by administering a parent survey, an assessment of parent-child interactions, and a child assessment of school readiness.

But like most other home visitation programs in Colorado, PAT data systems are not currently structured to capture long-term academic and/or employment outcomes to measure how children served by the program thrive later in life. PAT and other home visiting programs should integrate with existing statewide data systems — such as the OEC's Salesforce-based state system — to track long-term measures for children and families and to better connect families across the early childhood system.

PROGRAM PROFILE | FAMILY STRENGTHENING:

Promoting Safe and Stable Families

Overview

Promoting Safe and Stable Families (PSSF) is a federal funding stream that supports services for preventing unnecessary separation of children from their families. In Colorado, PSSF provides funding for many county agencies responsible for helping families with children.

PSSF funding supports programs that provide services for adoptive families and services to reunite a family in the months immediately following a child's removal from the home.[402] The program aims to provide family support, preservation, reunification, and adoption promotion and support.[403]

PSSF-supported services are organized into four categories, and Colorado is required to devote at least 20% of its funding to each of the areas listed in Table 32. [404]

PSSF dollars are awarded to counties and eligible American Indian tribes to provide identified services that are needed in their community. PSSF sites sometimes partner with a community-based organization to develop PSSF program plans based on local population needs ranging from post-adoption permanency supports to case management services for families. These coordinating bodies participate in existing community committees (or develop new ones) to enhance collaboration and ensure PSSF-supported service delivery is streamlined for families. Community meetings include stakeholders such as the Early Childhood Councils, parents, and service providers, such as respite care providers.

- **Administration.** With oversight from the Colorado Department of Human Services, Office of Early Childhood (OEC), Division of Community and Family Support, counties and American Indian tribes administer PSSF funding by subcontracting with community-based nonprofit agencies or Family Resource Centers and by delivering services directly through the county's department of human or social services.[405]

- **Funding.** The annual budget of $3.2 million is mainly from federal funding, with a small portion

Table 32. PSSF Service Categories and Example Services Supported

Category	Definition	Example Services
Family Support	Services to prevent child maltreatment among families at risk.	Activities to increase parents' confidence in their parenting abilities Child mentoring services
Family Preservation	Services to assure children's safety in the home and to preserve intact families in which children have been maltreated in the past.	Intensive family preservation programs to help children remain safely with their families Respite care
Time-Limited Family Reunification	Services to ensure safe and stable reunification of families with children who have been placed in foster care or have been returned to the home from out-of-home placement.	Mental health services Substance use treatment services Assistance to address domestic violence
Adoption Promotion and Support	Services to support parents who adopt from the foster care system.	Pre- and post-adoptive activities to support families and expedite the adoption process

of the state General Fund.[406] Local match funding is provided by counties.[407]

- **Target Population.** Children birth to 18, their families, and their communities.

Innovating for the Future

PSSF's funding and areas of focus will expand as a result of the federal Family First Prevention Services Act (FFPSA), which was signed into law in February 2018. The act will provide expanded data and referral infrastructure and additional services for families.

For example, FFPSA requires states to develop electronic interstate case-processing systems that will reduce the time children remain in the foster system, improve administrative processes, and reduce costs to the system. PSSF funding will also expand its definition of "Family Support Services" from focusing on a child's birth family to include community-based services for foster families.[408]

What Parents Say

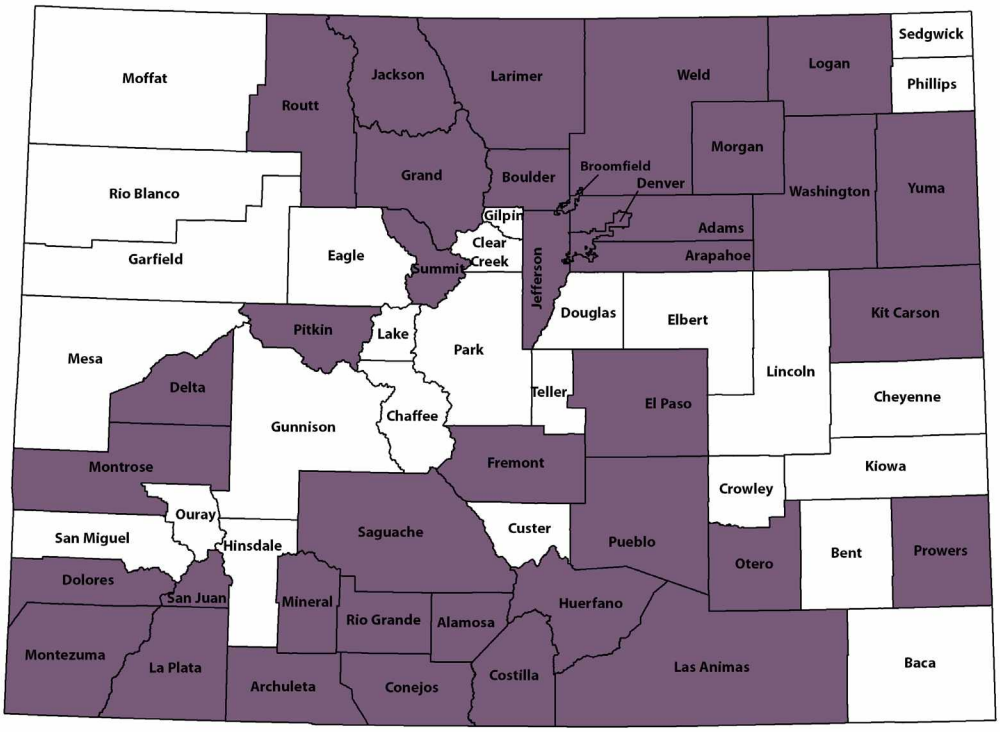
As a funding stream, PSSF is supporting families "behind the scenes" — so parents participating in the focus groups and Parent Survey did not discuss the program specifically.

Table 33. PSSF in Colorado is currently funding the following seven priorities:

Priority Area	Service Aim
1. Intensive Case Management	Support for families navigating the child welfare system.
2. Family Team Decision-Making	A meeting-based approach for families of children involved in the child welfare system to connect families, case workers, and service providers.[413]
3. The Incredible Years Parenting Program	An evidence-based program to help parents promote their children's social competence using strategies such as establishing predictable routines and teaching children to problem solve (see The Incredible Years profile on page 134).
4. Nurturing Fathers and Nurturing Parenting Programs	Parenting education programs for families who need support creating a nurturing environment for their children.[414]
5. Respite Care	Short-term child care services that offer temporary relief for primary caregivers of a child.[415]
6. Post-Adoption Permanency Supports	Services such as referrals, support groups, and parenting classes for families and youth who have exited the child welfare system into a permanent placement.
7. County Design	If counties demonstrate they need something other than the six previously listed priorities, they can request funding for other evidence-based programs.

That said, parents did reveal their desire for supports related to strengthening their families and learning about child development and parenting. For example, one focus group participant said, "In a perfect world, I would advocate for care that helps the child in all aspects from behavioral health to social needs. I would like more services that provide parenting support on top of child care."

Map 15. Counties Served by Promoting Safe and Stable Families

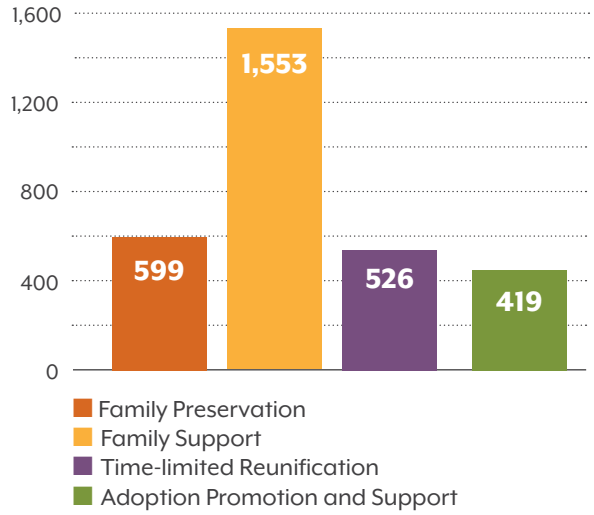


Program Strengths

Through multiple training avenues and an upcoming adoption support services evaluation to improve long-term outcomes of their services, PSSF sites implement programs based on community needs to reach approximately 3,000 individuals across Colorado each year.[409]

- **Comprehensive Training.** All PSSF sites get training through multiple vehicles, including site visits, webinars, workshops, and a biennial prevention conference. Topics discussed include program model fidelity, motivational interviewing, financial coaching, and family engagement.
- **Implementation Flexibility.** Since PSSF does not have an implementation team at the state level, each site implements its program to best meet its community's needs. Sites can choose from six priority areas or select a "county design" option to provide services (see Table 33).[410]
- **Service Reach.** In FY 2018-19, PSSF served more than 3,000 individuals across 36 counties and one of Colorado's federally recognized tribes (see Map 15).[411] Funds support a variety of implementing organizations, from child welfare agencies to tribes. Most families served received family support services, which are community-based services designed to promote the safety and well-being of children and families, increase parents' confidence in their parenting abilities, and enhance child development (see Figure 27).[412]

Figure 27. Individuals Receiving PSSF-Supported Services by Service Type, FY 2018



- **Upcoming Evaluation.** To improve the long-term outcomes of adoptive families, PSSF sites will conduct an evaluation of their post-adoption support services in FY 2020. This evaluation can strengthen this focus area and open further evaluations for PSSF's other priority areas.

Program Needs

Colorado's PSSF-funded programs are not serving large parts of the state. And programs supported by this funding stream focus on local needs, which can differ community by community. As a result, comprehensively evaluating the program's impact is a challenge.

- **Program Implementation Evaluation.** Colorado's PSSF-supported sites are decentralized and flexible in their program implementation, so programs vary based on community needs. For example, counties may invest in programs ranging from adoption support services to The Incredible Years, which promotes positive parent, teacher, and child relationships. This range of program focus areas makes it a challenge to select and monitor common, measurable outcomes in a comprehensive way. To address this challenge, program administrators are adopting a new data system and implementing new evaluation techniques.
- **Geographic Spread.** Colorado does not have enough PSSF funding to support programs in all parts of the state. PSSF-supported sites cover most of the metro, southwestern, and northeastern parts of the state. However, many regions still do not have access to supported services — especially northwestern counties.

> ***"In a perfect world, I would advocate for care that helps the child in all aspects, from behavioral health to social needs. I would like more services that provide parenting support on top of child care."*** — Colorado parent, 2019

Data Strengths and Gaps

PSSF-funded programs collect data relevant to services that families use, and they track information in a newly enhanced Salesforce data system.

- **Cross-Program Connectivity.** PSSF adopted a new data system in 2019. As a result, PSSF will not only be collecting more data, it also will collect outcomes data, and data collected will be consistent across sites. PSSF is providing training for the system and building reports to allow for accessible information across sites and programs. Using the Salesforce data system that is consistent with other family support systems facilitates referrals for families and makes it easier for other programs to track services a family receives.
- **Parental Involvement.** Even though PSSF-funded services are provided directly to parents, sites collect data on the entire family. This allows PSSF to look at the needs of the families they serve — from access to healthy foods to health care. As a result, PSSF can refer families to a broader set of services in their community.

PROGRAM PROFILE | FAMILY STRENGTHENING:

SafeCare Colorado

Overview

SafeCare® Colorado has a strong record of promoting healthy families while saving money. Colorado is unique compared with many other states delivering SafeCare in that the program focuses on prevention by keeping services voluntary. Referrals come from multiple sources — from community-based organizations to families themselves, as well as child welfare — as long as it is not a court-ordered case.

SafeCare Colorado is a free, voluntary support program for parents and caregivers with children ages 5 and under who need extra support to keep their families safe and healthy. Home visitors work with parents on a weekly or biweekly basis in 50- to 90-minute visits to help parents build on existing skills in parent-child interactions, home safety, and child health. Their primary goals include:

- Reduce future incidents of child maltreatment.
- Increase positive parent-child interactions.
- Decrease safety hazards in the home.
- Enhance home safety and parent supervision.
- Improve how parents care for their children's health.

Funded since 2013, SafeCare Colorado is one of the state's newest home visiting programs. The program delivers services over the course of 18 to 20 weeks — one of the shortest home visitation programs available.

- **Administration.** SafeCare Colorado is administered by the Colorado Department of Human Services, Office of Early Childhood (OEC) Division of Community and Family Support through the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Fourteen county public health agencies, Family Resource Centers, and community-based organizations implement the program locally.
- **Funding.** $5.4 million annually from the state General Fund.[416]
- **Target Population.** Parents and caregivers of children birth through 5. Eligibility criteria include having a childhood history of child abuse or neglect, earning a low income, having multiple children under age 5, housing instability, or demonstrating a history of substance use disorder and/or domestic violence.

Innovating for the Future

SafeCare Colorado has some of the strongest data and training infrastructure available to the state's family and community support programs. Policymakers should consider how to leverage existing data systems, trainings, and outreach efforts to strengthen home visitation models statewide.

What Parents Say

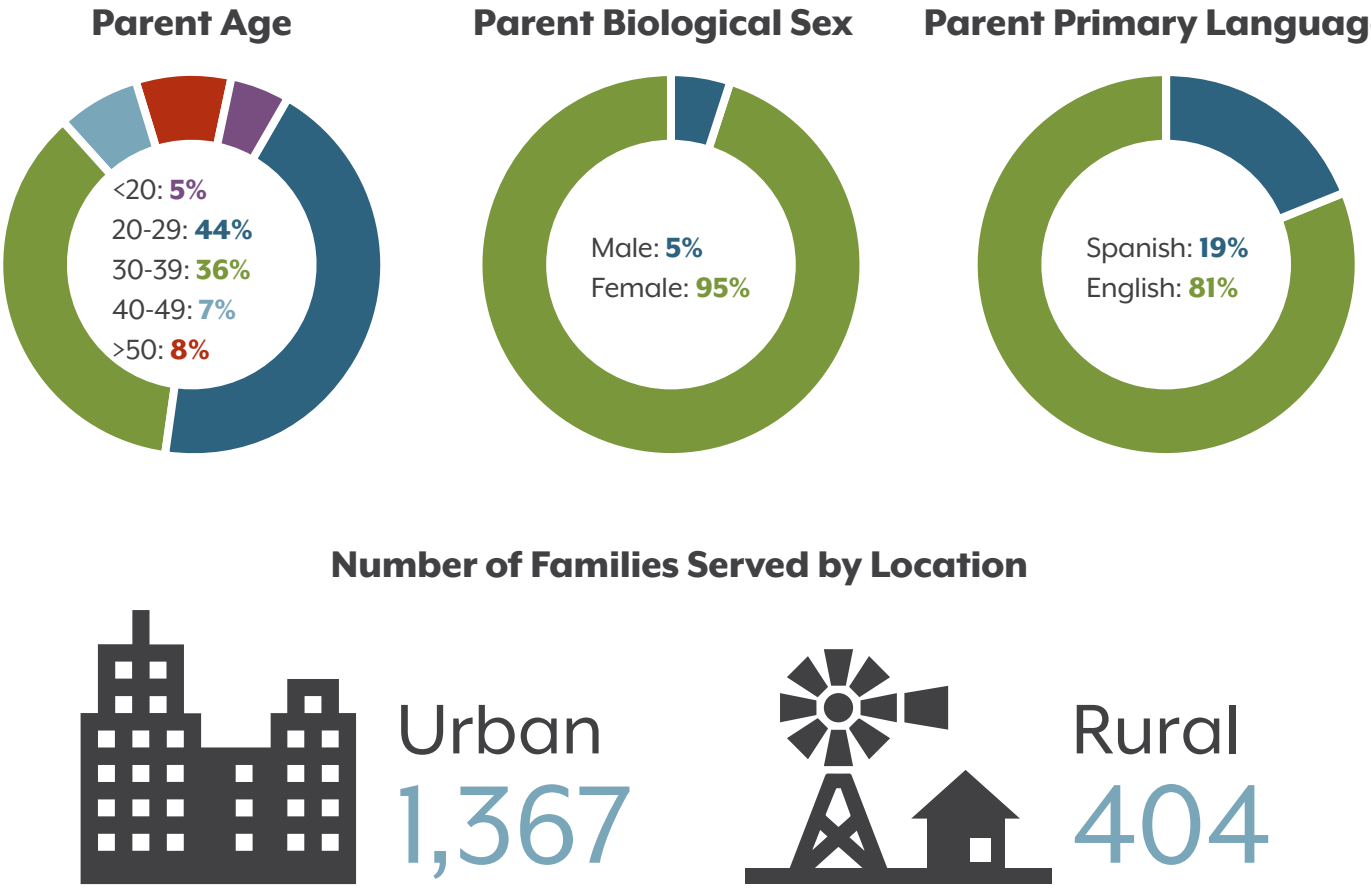
Parents and caregivers report that SafeCare Colorado helps them create informal support networks without judgement. This is important for parents who need support keeping their children safe. For example, results from a parent survey informing the Colorado Child Maltreatment Prevention Framework for Action revealed that:

- Parents want more opportunities to help build informal support networks, but they are reluctant to ask for help and are concerned about judgment — as well as legal implications related to documentation or child welfare involvement.[417]
- Parents and caregivers participating in SafeCare Colorado described their experience with the services as "encouraging, caring, friendly, calm, welcoming, open, knowledgeable, supportive, emotionally invested, nonjudgmental, responsive, thorough, helpful, well-trained, informative, and accommodating."[418]

Program Strengths

- **Strong evidence base.** Rigorous research —

Figure 28. Demographics of Parents or Families Served by SafeCare Colorado, FY 2017-18



including several randomized control trials — reveals that the SafeCare model works to increase parenting skill, reduce the likelihood of child maltreatment reports, and reduce parental depression, among other outcomes.[419] The program also has a comprehensive evaluation partner in Colorado State University. Every SafeCare Colorado site also completes a basic needs assessment to demonstrate community need for the program.

- **Cost saving.** Evaluation efforts have revealed significant cost savings associated with SafeCare service delivery. Families completing some level of the program cost the state between $1,600 to $5,000 less than families who were involved in the child welfare system, such as through an out-of-home placement of their child.[420]
- **Prevention oriented.** Compared with other states implementing SafeCare, Colorado is using this home visitation program as a preventive service rather than a court-ordered, mandatory requirement. State administrators market the program to community partners serving the early childhood system to encourage referrals from other sources beyond child welfare and to make the program less stigmatizing, more accessible, and likely to help more families in need.
- **No wrong door.** Referrals to SafeCare Colorado services can come from multiple sources — including non-court-ordered child welfare workers for court-involved families, community-based organizations such as medical clinics and TANF providers, and families themselves.
- **Whole-family focus.** SafeCare Colorado home

visitors focus on building skills in parents — but like in other home visitation programs, all members of the family benefit.

- **Vulnerable population focus.** SafeCare Colorado served 1,805 families between July 1, 2017 and June 30, 2018.[421] These parents and caregivers are some of the most vulnerable in the state. For example, most participating families earn incomes below $20,000 per year.[422] Almost one of five (19%) of participants speak Spanish as their primary language.[423] Almost a quarter (404 families, or 22%) of families are from rural parts of the state (see Figure 28).[424]

Program Needs

Despite a strong evidence base, funding and workforce capacity issues limit the program's reach.

- **Geographic reach.** SafeCare Colorado is currently available at 14 program sites serving at least 38 counties and two tribes (see Map 8).[425] Nevertheless, many parts of the state go without access, including many counties up and down the Continental Divide and other mountainous western counties.[426] Funding is a critical need to be addressed before expanding the program.
- **Workforce training.** Participating SafeCare Colorado parents and caregivers have often experienced high levels of adverse childhood events and other trauma.[427] To address these needs, SafeCare Colorado's state administrators are connecting the local program workforce with ongoing training on secondary trauma and building resilience.

Data Strengths and Gaps

SafeCare Colorado's data and evaluation systems capture high-quality, outcomes-oriented data. The next step is to leverage and connect these program data to other parts of the early childhood system.

- **Strong evaluation systems.** SafeCare Colorado's strong data and evaluation structures make it possible to track participating families during program participation and in follow-up. As a result, evaluation findings demonstrate impacts that go beyond process measures. For example, a matched comparison analysis of parents and caregivers who participated in SafeCare Colorado and those who did not revealed that participating families had no open child welfare cases during a six-month follow-up, compared with a statistically significant 6% of the comparison group experiencing an open case during follow-up. The next step will be tracking other children in the family and extending the follow-up period.[428]
- **Aligned data system.** SafeCare Colorado adopted the statewide Salesforce data system in 2016. This alignment presents opportunities to connect participating parent and caregiver program data with other service data from programs such as Colorado Community Response and Promoting Safe and Stable Families.[429]

Appendix B

Data Collection Tools

Table 34.

Child Care Model Estimates by County, October 2019
I nf ants and Toddlers

		Infants (Age 0)			Toddlers (Ages 1-2)		
County	County Designation	Current State	Desired State	Percentage of Desired State Met by Current State	Current State	Desired State	Percentage of Desired State Met by Current State
Colorado		4,650	15,450	30%	27,350	45,000	61%
Urban		4,100	13,750	30%	24,300	39,950	61%
Rural		550	1,700	32%	3,000	5,050	59%
Adams	Urban	500	1,550	32%	2,800	4,550	62%
Alamosa	Rural	-	50	0%	100	150	67%
Arapahoe	Urban	500	1,400	36%	2,850	4,550	63%
Archuleta	Rural	-	-	-	-	50	0%
Baca	Rural	-	-	-	-	-	
Bent	Rural	-	-	-	50	50	100%
Boulder	Urban	200	750	27%	1,300	2,050	63%
Broomfield	Urban	200	700	29%	1,200	1,950	62%
Chaffee	Rural	-	-	-	-	50	0%
Cheyenne	Rural	-	-	-	-	-	
Clear Creek	Urban	-	100	0%	150	200	75%
Conejos	Rural	-	-	-	-	50	0%
Costilla	Rural	-	-	-	50	50	100%
Crowley	Rural	-	-	-	-	-	
Custer	Rural	-	-	-	-	-	
Delta	Rural	-	100	0%	100	200	50%
Denver	Urban	550	1,700	32%	3,350	5,400	62%
Dolores	Rural	-	-	-	-	-	
Douglas	Urban	400	1,150	35%	2,300	3,700	62%
Eagle	Rural	50	100	50%	350	450	78%
El Paso	Urban	450	1,700	26%	2,650	4,600	58%
Elbert	Urban	50	350	14%	400	850	47%
Fremont	Rural	50	150	33%	200	350	57%
Garfield	Rural	50	200	25%	300	500	60%
Gilpin	Urban	-	50	0%	50	50	100%
Grand	Rural	-	50	0%	100	150	67%
Gunnison	Rural	-	50	0%	100	150	67%
Hinsdale	Rural	-	-	-	-	-	
Huerfano	Rural	-	-	-	-	50	0%
Jackson	Rural	-	-	-	-	-	
Jefferson	Urban	450	1,350	33%	2,800	4,350	64%
Kiowa	Rural	-	-	-	-	-	
Kit Carson	Rural	-	-	-	-	50	0%
La Plata	Rural	50	150	33%	250	400	63%
Lake	Rural	-	-	-	-	50	0%
Larimer	Urban	200	850	24%	1,300	2,100	62%
Las Animas	Rural	-	50	0%	50	50	100%
Lincoln	Rural	-	-	-	-	-	
Logan	Rural	-	50	0%	100	150	67%
Mesa	Urban	100	350	29%	600	1,050	57%
Mineral	Rural	-	-	-	-	-	
Moffat	Rural	-	50	0%	-	50	0%
Montezuma	Rural	-	50	0%	100	150	67%
Montrose	Rural	-	100	0%	100	250	40%
Morgan	Rural	-	50	0%	50	100	50%
Otero	Rural	-	50	0%	50	100	50%
Ouray	Rural	-	-	-	-	50	0%
Park	Urban	-	50	0%	50	100	50%
Phillips	Rural	-	-	-	-	-	
Pitkin	Rural	-	50	0%	150	200	75%
Prowers	Rural	-	-	-	50	50	100%
Pueblo	Urban	50	400	13%	400	900	44%
Rio Blanco	Rural	-	-	-	-	50	0%
Rio Grande	Rural	-	50	0%	50	100	50%
Routt	Rural	50	100	50%	150	250	60%
Saguache	Rural	-	-	-	50	50	100%
San Juan	Rural	-	-	-	-	-	
San Miguel	Rural	-	-	-	50	100	50%
Sedgwick	Rural	-	-	-	-	-	
Summit	Rural	50	50	100%	150	200	75%
Teller	Urban	-	50	0%	100	200	50%
Washington	Rural	-	50	0%	100	100	100%
Weld	Urban	350	1,300	27%	2,050	3,350	61%
Yuma	Rural	-	50	0%	50	100	50%

Blank values indicate that the data element has been suppressed because the calculated output was below 25. All values in this table have been rounded to the nearest 50.

Totals will not sum due to data suppression and rounding. Sum totals for Colorado, Rural, and Urban were calculated using raw model outputs and rounded to the nearest 50 once calculated.

Numbers represent the number of children by county in the specified age range.

Child Care Model Estimates by County, October 2019
Preschoolers and Totals

		Preschoolers (Ages 3-4)			Total (Ages 0-4)		
County	**County Designation**	**Current State**	**Desired State**	**Percentage of Desired State Met by Current State**	**Current State**	**Desired State**	**Percentage of Desired State Met by Current State**
Colorado		81,300	91,150	89%	113,250	151,600	75%
Urban		71,400	80,250	89%	99,850	134,000	75%
Rural		9,900	10,900	91%	13,450	17,600	76%
Adams	Urban	8,350	9,100	92%	11,600	15,250	76%
Alamosa	Rural	300	300	100%	400	500	80%
Arapahoe	Urban	8,250	8,950	92%	11,550	14,900	78%
Archuleta	Rural	150	150	100%	150	250	60%
Baca	Rural	100	100	100%	100	100	100%
Bent	Rural	150	200	75%	200	250	80%
Boulder	Urban	3,700	4,200	88%	5,200	7,000	74%
Broomfield	Urban	3,400	3,800	89%	4,800	6,400	75%
Chaffee	Rural	150	150	100%	150	200	75%
Cheyenne	Rural	50	50	100%	50	50	100%
Clear Creek	Urban	400	450	89%	550	700	79%
Conejos	Rural	100	150	67%	150	200	75%
Costilla	Rural	100	100	100%	100	150	67%
Crowley	Rural	50	50	100%	50	100	50%
Custer	Rural	50	50	100%	50	50	100%
Delta	Rural	350	450	78%	450	750	60%
Denver	Urban	9,600	10,400	92%	13,500	17,500	77%
Dolores	Rural	-	50	0%	50	50	100%
Douglas	Urban	6,450	7,150	90%	9,150	12,000	76%
Eagle	Rural	650	700	93%	1,050	1,300	81%
El Paso	Urban	7,700	9,150	84%	10,800	15,500	70%
Elbert	Urban	1,450	1,750	83%	1,900	2,900	66%
Fremont	Rural	750	850	88%	1,000	1,350	74%
Garfield	Rural	900	950	95%	1,200	1,650	73%
Gilpin	Urban	150	150	100%	200	200	100%
Grand	Rural	200	250	80%	300	450	67%
Gunnison	Rural	200	250	80%	300	400	75%
Hinsdale	Rural	-	-		-	-	
Huerfano	Rural	100	100	100%	100	150	67%
Jackson	Rural	50	50	100%	50	50	100%
Jefferson	Urban	7,650	8,200	93%	10,950	13,900	79%
Kiowa	Rural	50	50	100%	100	100	100%
Kit Carson	Rural	100	150	67%	150	200	75%
La Plata	Rural	650	800	81%	1,000	1,300	77%
Lake	Rural	50	100	50%	100	150	67%
Larimer	Urban	3,950	4,650	85%	5,450	7,600	72%
Las Animas	Rural	250	300	83%	300	400	75%
Lincoln	Rural	100	100	100%	100	150	67%
Logan	Rural	350	400	88%	450	600	75%
Mesa	Urban	1,700	2,000	85%	2,400	3,450	70%
Mineral	Rural	-	-		50	50	100%
Moffat	Rural	100	100	100%	100	150	67%
Montezuma	Rural	350	400	88%	450	600	75%
Montrose	Rural	550	550	100%	650	900	72%
Morgan	Rural	250	250	100%	300	400	75%
Otero	Rural	350	350	100%	400	500	80%
Ouray	Rural	50	50	100%	100	100	100%
Park	Urban	200	250	80%	250	350	71%
Phillips	Rural	50	100	50%	100	100	100%
Pitkin	Rural	350	350	100%	500	600	83%
Prowers	Rural	100	150	67%	150	200	75%
Pueblo	Urban	2,000	2,400	83%	2,450	3,650	67%
Rio Blanco	Rural	50	100	50%	100	150	67%
Rio Grande	Rural	250	250	100%	300	400	75%
Routt	Rural	350	400	88%	550	750	73%
Saguache	Rural	150	150	100%	200	250	80%
San Juan	Rural	-	-		-	-	
San Miguel	Rural	150	100	150%	200	250	80%
Sedgwick	Rural	50	50	100%	50	50	100%
Summit	Rural	300	350	86%	500	600	83%
Teller	Urban	300	400	75%	450	700	64%
Washington	Rural	200	200	100%	300	350	86%
Weld	Urban	6,200	7,250	86%	8,600	11,950	72%
Yuma	Rural	250	250	100%	300	350	86%

Blank values indicate that the data element has been suppressed because the calculated output was below 25. All values in this table have been rounded to the nearest 50.

Totals will not sum due to data suppression and rounding. Sum totals for Colorado, Rural, and Urban were calculated using raw model outputs and rounded to the nearest 50 once calculated.

Numbers represent the number of children by county in the specified age range.

HealthCare Research

2019 PDG Parent Survey

SURVEY MODALITY:

Phone (Cell)	1
Phone (Landline)	2
Online Panel	3
In-Person Mall Intercept	4
Shared Link (Bright By Text)	5
Shared Link (Client Name)	6
Shared Link (Client Name)	7
Shared Link (Client Name)	8
Shared Link (Client Name)	9

PREFERRED SURVEY LANGUAGE:

English	1
Spanish	2

PHONE SURVEY INTRODUCTION: Hello, this is _____ calling from Colorado Health Institute, conducting a 10-minute survey on the needs of young children and families on behalf of the State of Colorado.

1. Are you the parent or a caregiver of a child who is under the age of six?

Yes	1 → Skip to Q2
No (ASK FOR APPROPRIATE PERSON)	2 → Continue
No child under the age of six	3 → Thank & End
Refused	9 → Tally & End

I'd like to speak with the person who usually takes care of any children who are under the age of six in your household. Is he or she available now? (IF NOT, SCHEDULE CALLBACK)

Appropriate person: This survey will help us better understand how to improve programs and services to support Colorado's children. Because your phone number was selected at random, it is very important that we include your opinions so the results are representative. Your responses will be confidential and will be combined with everyone else we talk to.

Other parents have found this survey to be interesting and even informative and it would be great if we could do it now. (RE-SCHEDULE AS NEEDED. IF RELUCTANT ADD: If you'd rather do it online I can send you an email with a link to the questionnaire).

REFUSAL DISPOSITION CODES

No Children Under Six	1
Refusal Before Intro was Read/Hang Up	2
Refusal After Intro was Read (not interested)	3
Request to Remove from Call List	4
Asked for Call Back	5

ONLINE SURVEY INTRODUCTION: *(NOTE: Email invitation script will contain much of the above language).* Thank you for your willingness to participate in this survey among Colorado parents. The

results of this research will help ensure that parents have access to the best programs and services they want or need for their children.

(IF CELL PHONE SAMPLE OR CALL APPEARS TO BE ON A CELL PHONE, ASK):

2. Am I talking with you on your mobile phone?

Yes ..... 1 → Continue
No ..... 2 → Skip to Q5

3. And are you driving at this time?

Yes ..... 1 → Continue
No ..... 2 → Skip to Q5

4. We appreciate your willingness to participate in this survey, but we are concerned about everyone's safety and would prefer if we could complete this survey with you when you are no longer operating a motor vehicle. Can I call you back at that time? (INTERVIEWER: IF RESPONDENT INDICATES THEY ARE USING A HANDS-FREE DEVICE AND WISHES TO CONTINUE, YOU MAY PROCEED WITH THE INTERVIEW)

Yes (Schedule Callback time) ..... 1 → Continue
No ..... 2 → Thank & End

RESPONDENT SCREENING

5. Are you a resident of Colorado?

Yes ..... 1 → Continue
No ..... 2 → Thank & End
Prefer Not to Answer ..... 9 → Thank & End

6. Including yourself, how many people live in your household?

One/Just Me ..... 1 → Thank & End
Two 2
Three 3
Four 4
Five 5
Six or more 6
Prefer Not to Answer ..... 9 → Thank & End

7. And how many children under the age of six are living at your home?

None ..... 0 → Thank & End
One 1
Two 2
Three 3
Four 4
Five 5
Six or more 6
Prefer Not to Answer ..... 9 → Thank & End

8. What are the ages of your children who are younger than six (IF MORE THAN ONE CHILD IN Q7, ADD: from youngest to oldest?)

	Child 1 (Youngest)	Child 2	Child 3	Child 4	Child 5 (Oldest)
Enter Age in Years →					

CHILD CARE QUESTIONS

9. For the rest of these questions, I'd like you think about your child or children who are under six years of age. Which of the following do you use to provide care for your child/children under the age of six? (INTERVIEWER: IF RESPONDENT IS HAVING DIFFICULTY WITH THE SCALE, DEFINE RARELY AS A FEW TIMES A YEAR, OCCASIONALLY AS A FEW TIMES A MONTH, FREQUENTLY AS A FEW TIMES A WEEK)

	Never	Rarely	Occasionally	Frequently
A family member, friend or neighbor, not including yourself or another parent (either at your or their house)	❍	❍	❍	❍
A babysitter, nanny or nanny share (either at your or their house)	❍	❍	❍	❍
A licensed child care business that is operated in someone else's home (family childcare center)	❍	❍	❍	❍
A licensed child care business that is NOT in someone's home (a childcare center)	❍	❍	❍	❍
A Preschool or Pre-Kindergarten	❍	❍	❍	❍
Other (PLEASE WRITE IN)	❍	❍	❍	❍

10. How satisfied are you having your child being watched by … (SHOW ONLY THE CHILD CARE OPTIONS USED AT LEAST "OCCASIONALLY" IN Q9)

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Very Satisfied	Not At All Satisfied
A family member, friend or neighbor, not including yourself or another parent (either at your or their house)	❍	❍	❍	❍	❍
A babysitter, nanny or nanny share (either at your or their house)	❍	❍	❍	❍	❍
A licensed child care business that is operated in someone else's home (family childcare center)	❍	❍	❍	❍	❍
A licensed child care business that is NOT in someone's home (a childcare center)	❍	❍	❍	❍	❍
A Preschool or Pre-Kindergarten	❍	❍	❍	❍	❍
Other (PLEASE WRITE IN)	❍	❍	❍	❍	❍

11. Of all of your child's care needs, approximately what percentage is provided either by YOU, another parent or a primary caregiver, such as a legal guardian.

Less than 10% 1
10-24% 2
25-49% 3
50-74% 4
75-89% 5
90-100% 6
Don't Know 9

(IF A CHILD CARE CENTER OR FAMILY CHILD CARE HOME IS USED AT LEAST OCCASIONALLY IN Q9, ASK):

12. Is the child care center that you take your child to one of the following? (Check all that apply)

An Early Head Start Program 1
A Head Start Program 2
Preschool (half-day program) 3
Preschool (full-day program) 4
Pre-Kindergarten 5
Part of the Colorado Preschool Program 6
Part of the Colorado Child Care Assistance Program (CCCAP) ... 7
Colorado Shines Rating Levels 3-5 8
Other (PLEASE WRITE IN) 9

13. Are eligible for CCCAP, the Colorado Child Care Assistance Program?

Yes ..... 1 → Continue
No ..... 2 → Skip to Q16
I don't know what CCCAP is ..... 3 → Skip to Q16

14. Do you participate in CCCAP, the Colorado Child Care Assistance Program?

Yes ..... 1 → Skip to Q16
No ..... 2 → Continue
Not Sure ..... 9 → Skip to Q16

15. Why not? (Check all that apply)

We are not eligible 1
I am not sure how to apply 2
It is too much paperwork 3
It's too burdensome to maintain eligibility 4
My preferred provider does not accept it 5
There are not enough providers in my community who accept it 6
The providers who do accept it do not meet my needs 7
Other reason (please explain) 8

16. If the following child care options were all equally convenient and affordable to you, which would you MOST want to use for the care of your child?

Which ONE would you MOST Want to Use (CHECK ONLY ONE)	
❍	A family member, friend or neighbor
❍	A babysitter, nanny or nanny share
❍	A licensed child care business that is operated in someone else's home (family childcare center)
❍	A licensed child care business that is NOT in someone's home (a childcare center)
❍	A Preschool or Pre-Kindergarten

17. And which of the following would you LEAST want to use, still assuming they were all equally affordable and convenient? (LIST ALL OPTIONS EXCEPT THE ONE SELECTED AS "MOST WANT TO USE")

Which ONE would you LEAST Want to Use (CHECK ONLY ONE)	
❍	A family member, friend or neighbor
❍	A babysitter, nanny or nanny share
❍	A licensed child care business that is operated in someone else's home (family childcare center)
❍	A licensed child care business that is NOT in someone's home (a childcare center)
❍	A Preschool or Pre-Kindergarten

18. When you chose (CHILD CARE OPTION IN Q9) as the one you would most prefer for your child, how important were the following for choosing this as your most preferred option?

	A Major Reason	A Minor Reason	Not a Reason At All
Ability to accommodate any special needs of your child	❍	❍	❍
Ability to accommodate your preferred language	❍	❍	❍
Having a Colorado Shines quality rating	❍	❍	❍
Ability to watch your child on a flexible schedule, whenever care is needed	❍	❍	❍
Ability to provide your child with culturally-relevant information and programs	❍	❍	❍
Ability to provide your child with opportunities to socialize with other children his or her age	❍	❍	❍
Ability to provide your child with an environment where he or she will be learning	❍	❍	❍
Ability to provide your child with an environment that he or she will feel safe and supported	❍	❍	❍
Ability to provide your child with positive interactions with his or her caregiver	❍	❍	❍

19. To what extent do the following limit your ability to use (CHILD CARE OPTION IN Q9) as much as you would like for your child?

	A Major Reason	A Minor Reason	Not a Reason At All
Not being able to find this type of care in your community	❍	❍	❍
The cost of the care	❍	❍	❍
The location where the care is being provided	❍	❍	❍
The hours or days of the week when it is open	❍	❍	❍
Ability to accept child care subsidy/assistance	❍	❍	❍
The availability of space to enroll your child (e.g. having to be on a wait list to get in)	❍	❍	❍
Ability to accommodate your preferred language	❍	❍	❍
Ability to accommodate any special needs of your child	❍	❍	❍
Other (Please Specify)	❍	❍	❍

(ASK ONLY IF PRE-SCHOOL/PRE-KINDERGARTEN IS MENTIONED IN Q9 OR IS THE MOST PREFERRED OPTION IN Q16)

20. In what setting would you most like to see pre-school offered for your child?

Community-based program 1
Child care center 2
Head Start program 3
School-based program 4
I am not interested in pre-school for my child ..... 5 → Skip to Q23

21. Thinking about the preschool programs in your area, would the following would be helpful to you and your child?

	Yes	No
Full-day preschool	❍	❍
Half-day preschool	❍	❍
Year-round preschool	❍	❍
Partial year preschool	❍	❍

22. How important is to you that the pre-school program you use for your child …

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important
Has a Colorado-Shines quality rating	❍	❍	❍	❍	❍
Has other accreditation or quality ratings	❍	❍	❍	❍	❍

PARENTAL NEEDS QUESTIONS

The results of this survey will be used to help ensure that all of Colorado's families have the child care options they need. Some families have greater difficulty obtaining the care they need, which is why we would like to know if any of the following describe you and/or your family today. And please remember that this information is anonymous and confidential – it will never be attached to you, your name, or any personal information about you.

23. Do any of the following apply to you and your child or children who are under the age of six?

	Yes	No
Do you share caregiving responsibilities for your child(ren) with another adult on a regular basis?	❍	❍
Have you ever had to go without childcare when you needed it?	❍	❍
In the past year, have you turned down a work opportunity because you could not find or afford childcare?	❍	❍

24. Can one or more of your child's parents or guardians be described by any of the following (Please select all that apply):

One or more of my child's main guardians is:

	YES
Active in the military	❍
17 years of age or younger	❍
A single parent or caregiver	❍
Receiving SNAP, WIC, or TANF benefits	❍
Employed with inconsistent or irregular work hours (not Monday-Friday 8-5)	❍
Employed as a migrant worker	❍
Living without stable, reliable access to food	❍
Experiencing homelessness or at risk of becoming homeless	❍
None of the above apply	❍

25. Please select any of the following that describe your child/children under the age of six. Please select all that apply.

My child under the age of six:

	YES
Lives in a home where English is not the main language spoken	❍
Has a special health care need (such as food allergies, asthma, diabetes, on prescribed medication, etc.)	❍
Has a disability, identified developmental concern, or behavioral health issue	❍
Has been involved in the child welfare system, including foster care placement	❍
Is an enrolled tribal member or resides on tribal lands	❍
None of the above apply	❍

(IF CHILD WITH A DISABILITY IS NOT MENTIONED ABOVE, SKIP TO Q29)

26. What kinds of disabilities or special needs does your child have? (check all that apply)

Physical 1
Cognitive 2
Social 3
Emotional 4
Developmental 5
Other (PLEASE WRITE IN) 9

27. Are all the services your child needs locally available?

Yes ..... 1 → Skip to Q29
No ..... 2 → Continue
Don't Know/Not Sure ..... 9 → Skip to Q29

28. What services are not available?

_____

_____

_____

29. Which of the following types of services are important to you for the care of your child?

	Extremely Important	Very Important	Somewhat Important	Not Very Important	Not At All Important	Don't Know or Not Applicable
Early care and education, such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor)	❍	❍	❍	❍	❍	❍
Early intervention services and support for children who have a disability or developmental delay	❍	❍	❍	❍	❍	❍
Support and advice on health, child development, and parenting, either in your home or at another location	❍	❍	❍	❍	❍	❍
Child development resources such as information and guidance on developmental milestones and support	❍	❍	❍	❍	❍	❍
Child welfare (if you are currently a foster parent, kinship caregiver, or your child is receiving services from Child and Family Services)	❍	❍	❍	❍	❍	❍
Early childhood mental health services to address challenging behaviors or address social and emotional development	❍	❍	❍	❍	❍	❍
Community based programs such as early literacy programs through a library, or other community events or services that strengthen families and support networking among families	❍	❍	❍	❍	❍	❍

30. Which of the services are currently available to you when you need it?

	Available When I Need It	NOT Available When I Need It
Regular clinic or doctor (a regular clinic or doctor's office where you go when the young child you care for needs medical care)	❍	❍
Dental care (an oral or dental professional where you go when the young child you care for needs dental care, including cleanings, screenings, corrective care, oral repair, etc.)	❍	❍
Early care and education, such as Head Start or Early Head Start, child care, preschool, and in-home care (family, friend or neighbor)	❍	❍
Early intervention services and support for children who have a disability or developmental delay	❍	❍
Support and advice on health, child development, and parenting, either in your home or at another location	❍	❍
Child development resources such as information and guidance on developmental milestones and support	❍	❍
Child welfare (if you are currently a foster parent, kinship caregiver, or your child is receiving services from Child and Family Services)	❍	❍
Early childhood mental health services to address challenging behaviors or address social and emotional development	❍	❍
Community based programs such as early literacy programs through a library, or other community events or services that strengthen families and support networking among families	❍	❍

DEMOGRAPHIC INFORMATION

These last questions are purely for demographic purposes. No one will contact you based upon your answers to any of these questions. This information just helps us understand how different people think about the child care options they want to have available for their children.

31. Which of the following categories contains your age?

Under 18 1
18-24 2
25-34 3
35-44 4
45-54 5
55-64 6
65-74 7
75 to 84 8
85 and older 9
Prefer not to answer 10

32. Are you Latino, Hispanic or Spanish?

Yes ..... 1 → Skip to Q34
No ..... 2 → Continue
Prefer not to answer ..... 9 → Continue

33. What is your race or ethnic background? Are you… [MARK ALL THAT APPLY]

White 1
Black or African-American 2
Asian 3
Native Hawaiian or other Pacific Islander 4
American Indian or Alaska Native 5
Hispanic 6
Some other race or races (PLEASE SPECIFY) 7
Don't Know 8
Prefer not to answer 9

34. Are you …

Married 1
Single 2
Divorced/Separated 3
Widowed 4
Couple living together 5
Other 6
Prefer not to Answer 9

35. Are you employed outside of the home?

Yes 1
No 2
Prefer not to answer 9

(IF MARRIED OR COUPLE LIVING TOGETHER FROM Q34, ASK)

36. Does your spouse or partner work outside of the home?

Yes 1
No 2
Prefer not to answer 9

37. What is your gender:

Male 1
Female 2
Gender Neutral/Gender Fluid/Other 3
Prefer not to answer 9

38. Many programs have eligibility requirements based upon income and household size. We will not contact you about any of these programs but knowing your income will help us understand the types of programs you would potentially be eligible for. Is your annual household income over or under $65,000 a year?

Under $65,000 ..... 1 → Continue
$65,000 or over ..... 2 → Skip to Q40
Prefer not to answer ..... 9 → Skip to Q41

39. Does your income fall…

Under $15,000 a year 1
Between $15,000 and $19,999 2
Between $20,000 and 24,999 3
Between $25,000 and $29,999 4
Between $30,000 and $34,999 5
Between $35,000 and $39,999 6
Between $40,000 and $44,999 7
Between $45,000 and $49,999 8
Between $50,000 and $54,999 9
Between $55,000 and $64,999 5
Prefer not to answer 9
(ALL SKIP TO QUESTION 41)

40. Does your income fall…

Between $65,000 and $74,999 1
Between $75,000 and $99,999 2
Between $100,000 and $124,999 3
Between $125,000 and $149,000 4
Between $150,000 and $174,999 5
Between $175,000 and $199,999 6
$200,000 or more 7
Prefer not to answer 9

41. What county do you live in?

Adams 1	Garfield 24	Ouray 47
Alamosa 2	Gilpin 25	Park 48
Arapahoe 3	Grand 26	Phillips 49
Archuleta 4	Gunnison 27	Pitkin 50
Baca 5	Hinsdale 28	Prowers 51
Bent 6	Huerfano 29	Pueblo 52
Boulder 7	Jackson 30	Rio Blanco 53
Broomfield 8	Jefferson 31	Rio Grande 54
Chaffee 9	Kiowa 32	Routt 55
Cheyenne 10	Kit Carson 33	Saguache 56
Clear Creek 11	Lake 34	San Juan 57
Conejos 12	La Plata 35	San Miguel 58
Costilla 13	Larimer 36	Sedgwick 59
Crowley 14	Las Animas 37	Summit 60
Custer 15	Lincoln 38	Teller 61
Delta 16	Logan 39	Washington 62
Denver 17	Mesa 40	Weld 63
Dolores 18	Mineral 41	Yuma 64
Douglas 19	Moffat 42	Other 97
Eagle 20	Montezuma 43	Don't Know 99
Elbert 21	Montrose 44	
El Paso 22	Morgan 45	
Fremont 23	Otero 46	

Thank you very much for your time. The purpose of this survey is to understand the programs and services families and children need, including child care options. The State of Colorado will use this information to determine what kinds of things to focus on to support young children and their families in the future. Thank you very much for your assistance.

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

Master Discussion Guide

Shines Needs Assessment Focus Groups: Families with Children Age Zero to Five

Bold/italics are facilitator notes. Priority questions are noted in RED.

LEARNING OBJECTIVES:

- ***Characterize the current landscape of early care and learning services and supports, including what's working well and what's not, especially when it comes to vulnerable families and their children.***
- ***Define what parents/caregivers want when it comes to high-quality, highly available early care and learning services and supports.***
  - ***Define what parents want in a preschool program.***
- ***Characterize what's working well and what needs to change when it comes to how children are making the transition between services in the early childhood system, and into Kindergarten.***

CH Introductions

Thank you for making time for today's discussion. We are here to gather your input on how to strengthen Colorado's programs and supports for children birth through five and their families.

We are hosting community conversations with parents and caregivers across the state. Today, we will discuss what's working in your community's early childhood system — and what is missing, or what you think you and your community would benefit from more of.

These conversations are part of a statewide grant, the Colorado Shines Brighter Preschool Development Grant Birth Through Five. The goal of this grant is to ensure all children in Colorado are ready for school when entering kindergarten.

Our organization, the Colorado Health Institute, is supporting the Department of Human Services to conduct these conversations and help inform strategic planning for the next five years.

It is fine for your opinions to differ from the others who are present — we don't all have to agree. We are expecting and hoping for different thoughts. We have a lot of questions to ask you in a short amount of time today. With that in mind, I'd like to quickly go over some guidelines, and then we'll get started.

- There is no right or wrong answer. All thoughts and ideas are important to us.
- Please be respectful of others
- Please speak up, so everyone can hear
- Please speak one at a time

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

- This session is confidential. Please use first names only during the discussions. Also, please do not repeat anything that is shared in this room today.
- All comments are helpful and appreciated. Keep in mind that we are just as interested in negative comments as we are in positive ones.

Share restroom locations and other logistics.

Do you have any questions before we get started?

Let's start with some introductions around the room. Please share your name, town you live in, and children's names and ages.

We are going to be talking today about early childhood programs and supports. So that we are all talking about the same thing, I want to share some definitions:

- **Child care and preschool** (licensed care providers including licensed family child care homes, unlicensed care providers, license-exempt care providers, preschool programs, Head Start and Early Head Start, and other care environments — as well as child care assistance programs)
- **Child development supports** (health care, mental health and emotional development services, screening services, early intervention, and child development tools — e.g., Bright by Text, Early Learning Development Guidelines)
- **Family support programs** (home visitation programs, parenting supports, family resource centers, child abuse prevention services, financial assistance, and other supports)

Focus Group Questions/Exercises

1. **TOP PRIORITY**
   Let's start with an exercise. Let's see a show of hands: Please raise your hand if you are currently using services in these categories (***list the three above, plus "other"***). I'm going to put a hash mark next to these types so we can all see.
   - Probe: Anyone used them in the past but aren't currently?
   - Probe: Anyone use this service for their infant (less than 12 months) *Star on the flip chart.
   - Probe: Anyone using services not on this list? ***(Capture under "other.")***

2. Let's look at what we have — (***summarize where we see more/less***). What is missing from this list? Any other types of care or educational services you all are currently using to support your child(ren) or family more broadly?

3. For those of you using ***(Child care and preschool / Child development supports / Family support programs)*** — ask for each type:
   - How did you learn about the programs and services you are currently using?

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

4. Putting this on a scale of "Easy, somewhat challenging, extremely difficult" (***use a flip chart for this scale***): how many of you would say it was easy/somewhat challenging/extremely difficult to find and access these services? (***ask for each***)
    - For those who said it was easy — why? What helped you?
    - For those who said it was somewhat challenging or extremely difficult — why?
    - Were you able to find the services that you needed? That you wanted? If not, what did you do instead?
    - Can you share with us how this experience impacted you, your child, and/or your family? ***(e.g., Financially? Emotionally? Limited opportunities, such as not working, not taking a better job, missed family time?)***

5. **TOP PRIORITY**
   Let's look back at these lists of services. We would like to hear your opinions about your satisfaction with these services. Using a scale of satisfied, neutral, or dissatisfied (***use a flip chart for this scale***):
    - How many of you are satisfied with current (***Child care and preschool / Child development supports / Family support programs***) options in the community? Why?
        i. Probe: choices, cost, accommodating/convenience, quality
            1. Probe/Services: what services and supports work best for you?
            2. Probe/Availability: how is this satisfying?
            3. Probe/Cost: what resources are available, how is this affordable?
            4. Probe/Convenience: what makes these services convenient today?
            5. Probe/Quality: share how the options feel high quality.
    - How many of you are dissatisfied with current (***Child care and preschool / Child development supports / Family support programs***) options in the community? Why?
        i. Probe: lack of choices, cost, accommodating/convenience, quality.
            1. Probe/Services — what services and supports are missing?
            2. Probe/Cost — what does affordable mean to you?
            3. Probe/Accommodating/convenience — what does convenient look like? Hours and days open? Setting?
            4. Probe/Quality — what does high quality mean to you?
    - Those who are neutral – say more.

6. Those of you who are neutral and dissatisfied — what would it take to get you to satisfied?
    - Probe on the topics that people raised (cost, quality, convenience, choice)

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

7. Who has a child or children who has entered or is soon entering kindergarten? ***(Raise hands).*** Putting this on a scale of "Easy, somewhat challenging, extremely difficult" (***use a flip chart for this scale***): How did this transition go for you and your child?
    - For those who said it was easy — why? What services and supports helped you?
    - For those who said it was somewhat challenging or extremely difficult — why? What would have helped you?
    - Probe: What about outside your family? Is there anyone in your community that's not represented in this room who is having a hard time with the transition to kindergarten? What services do they need? **(*language, rural/transportation, others?)***

8. **TOP PRIORITY**
   Let's pivot from what we have today to what you want. Help us imagine the future. In a perfect world, what types of services would you like for your children to get a strong start in life? (***write down on a flip chart***)
    - Probe: What does your child(ren) need? How are those needs different from other children? How will those needs change as your child gets older?
    - Probe: What might your family need that another family might not need?
    - Probe: What do parents need? What might you need that another parent might not need?

9. I want to ask about your interest in preschool for your child. What does good quality preschool look like to you?
    - Probe: Where should your child's preschool happen? (e.g., school-based setting, community-based setting, such as a child care program or a Head Start program)
    - Probe: Would you prefer half-day or full-day preschool? What about full year enrollment?

10. Last question – I want you all to complete this sentence for me:
    - My community's early childhood system needs (***what***) to better serve our children and families.

Thank you for your time today. The information you shared today will help shape how Colorado supports families.

Please be sure you have signed in with our intake form. That way we can:

1) Reimburse you with a gift card.
2) Stay in touch regarding further opportunities for input.
3) Better represent the information you shared today in our research.

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

Master Discussion Guide

Shines Needs Assessment Focus Groups: Stakeholders and Child Care or Service Providers for Families with Children Age Zero to Five

Bold/italics are facilitator notes. Priority questions are noted in RED.

LEARNING OBJECTIVES:

- ***Characterize the current landscape of early care and learning services and facilities like schools and child care centers, especially when it comes to vulnerable families and their children.***
- ***Characterize what's working well and what's not working for early care and learning providers, teachers, and other stakeholders.***
- ***Characterize what's working well and what needs to change when it comes to how children are making the transition between services in the early childhood system, and into Kindergarten.***

CHI Introductions

Thank you for making time for today's discussion. We are here to gather your input on how to strengthen Colorado's programs and supports for children birth through five and their families.

We are hosting focus groups across the state with people like you — child care providers, other service providers for families with children age 0-5, and other professionals who strengthen the early care and education system. At the same time, we're also talking with parents and families across the state about what they want for their children. Today, we will discuss what's working in your community and what the greatest needs are.

These conversations are part of a statewide grant, the Colorado Shines Brighter Preschool Development Grant Birth Through Five. The goal of this grant is to ensure all children in Colorado are ready for school when entering kindergarten.

Our organization, the Colorado Health Institute, is supporting the Department of Human Services to conduct these conversations and help inform strategic planning for the next five years.

It is fine for your opinions to differ from the others who are present — we're not after consensus. We have a lot of questions to ask you in a short amount of time today. With that in mind, I'd like to quickly go over some guidelines, and then we'll get started.

- There is no right or wrong answer. All thoughts and ideas are important to us.
- Please be respectful of others.

- Please speak up, so everyone can hear.
- Please speak one at a time.
- This session is confidential. Please use first names only during the discussions. Also, please do not repeat anything that is shared in this room today.
- All comments are helpful and appreciated. Keep in mind that we are just as interested in negative comments as we are in positive ones.

(Share restroom locations and other logistics as needed.)

Do you have any questions before we get started?

Let's start with some introductions around the room. Please share your name, organization or entity you're coming from, and a favorite summer activity.

Before I start asking questions, I want to share some definitions:

- **Early care and learning** (licensed care providers including licensed family child care homes, unlicensed care providers, license-exempt care providers, preschool programs, Head Start and Early Head Start, and other care environments — as well as child care assistance programs)
- **Child development supports** (health care, mental health and emotional development services, screening services, early intervention, and child development tools — e.g., Bright by Text, Early Learning Development Guidelines)
- **Family support programs** (home visitation programs, parenting supports, family resource centers, child abuse prevention services, financial assistance, and other supports)

Focus Group Questions/Exercise

1. Let's start with an exercise. Let's see a show of hands: Please raise your hand if you feel you represent [***bulleted terms from above***]. (***Add bulleted terms to flip chart)*** I'm going to put a hash mark next to these types so we can all see.

2. **TOP PRIORITY**
   I'd like to learn about <u>what's working and not working</u> when it comes to your community's early childhood system. *(**Record comments under "Strengths" and "Needs" on flip chart)***
   - When it comes to your community's early childhood system for families with children age zero to five, what's working well? What's not working well? ***(Prompt for early care and learning, as well as parenting resources and family supports.)***
     i. What programs and supports are available for parents who face <u>special obstacles</u> such as poverty, lack of education, physical disabilities, or other challenges?

ii. *What* are the most concerning quality issues you most often see in your community? What are the most concerning availability issues you most often see?
iii. Probe. What's happening to address those issues? ***(Consider national, state, local.)***

3. **TOP PRIORITY**
Now let's talk about your community's early care and learning facilities — like schools, community-based organizations, and child care centers. What are the top three concerns with these facilities?
   - What innovative efforts are either planned or underway in your community to improve or increase the number of early care and learning facilities?

4. I'd like to learn about how children transition between early childhood programs and supports in your community. Putting this on a scale of "Seamless Transitions; Average Transitions; Fragmented Transitions" (***Use a flip chart pad for the scale***):
   - How effectively are children transitioning between care providers and into kindergarten in your community?
     (Between child care settings, either formal or informal, or between services. For example, Early Intervention to Preschool Special Education.)
     i. Probe. For "seamless" – what helped?
     ii. Probe. What about for vulnerable or underserved children? (***reference list generated from Q2i****).*
   - ***For Early Care and Learning (child care, preschool, informal) Providers****:*
     i. What transition processes do you have in place to support families in making care changes? Transitioning to Kindergarten?

5. Let's talk about the barriers that prevent the early childhood system from working as intended.
   - What barriers exist to adequately funding and delivering high-quality early childhood programs and supports? ***(Record barriers)***
     i. Probe. Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality services and supports?
     ii. Probe. Are there policies that operate as barriers? Are there regulatory barriers that could be eliminated without compromising quality?
     iii. Probe: What data or research would help you answer research questions or do your work better?
   - To what extent is collaboration across early childhood and family support agencies addressing some of these barriers in this community? Give a couple examples.

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

6. **TOP PRIORITY**
   Let's talk specifically about the barriers that some child care providers face (***SB63***).
   - What are the biggest barriers that child care providers face when it comes to obtaining a license? To staying open? To serving infants and toddlers?
     i. Probes: ***Local laws or regulations; licensing requirements; lack of resources or training***

7. Last question. What's the one thing from today's discussion that you want to highlight when it comes to strengthening your community's early childhood system?

Thank you for your time today.

Please be sure you have signed in with our intake form. That way we can:

1) Reimburse you with a gift card.
2) Stay in touch regarding further opportunities for input.
3) Better represent the information you shared today in our research.

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

Master Discussion Guide
Shines Needs Assessment Key Informant Interviews

High-level objectives:

- **Refine key issues in the early childhood system and facilities serving key populations and characterize why those issues persist.**
- **Define keyterms, including quality, availability, and vulnerable and underserved populations.**
- **Describe data or research gaps that — if addressed— could help Colorado support collaboration and maximize parental choice.**

Introductions.

Thank you for making time for today's discussion.

Our organization, the Colorado Health Institute, is supporting the Department of Human Services to conduct a needs assessment of Colorado's early childhood system. Our goal is to gather your input about how to strengthen Colorado's programs and supports for children birth through five and their families. We will use the results of this discussion to inform strategic planning for the next five years.

This work is part of a statewide grant, the Colorado Shines Brighter Preschool Development Grant Birth Through Five. The goal of this grant is to ensure all children in Colorado are ready for school when entering kindergarten.

In addition to this discussion, we are also synthesizing existing needs assessments, conducting statewide focus groups with families, child care providers, and other stakeholders, and analyzing quantitative data on early childhood programs, services, and supports.

We have a lot of questions to ask you in a short amount of time. With that in mind, I'd like to quickly go over a few guidelines, and then we'll get started.

- There is no right or wrong answer. All thoughts and ideas are important to us. We are just as interested in negative comments or neutral observations as we are in positive comments.
- This session is confidential. We will be synthesizing all responses for our needs assessment without mentioning specific names or other identifying details.

Do you have any questions before we get started?

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

Our needs assessment is analyzing the following parts of Colorado's early childhood system:

- **Early care and learning** (licensed care providers including licensed family child care homes, unlicensed care providers, license-exempt care providers, preschool programs, Head Start and Early Head Start, and other care environments — as well as child care assistance programs)
- **Child development supports** (health care, mental health and emotional development services, screening services, early intervention, and child development tools — e.g., Bright by Text, Early Learning Development Guidelines)
- **Family support programs** (home visitation programs, parenting supports, family resource centers, child abuse prevention services, financial assistance, and other supports)

1. **PRIORITY** I'd like to learn about what's working and not working when it comes to Colorado's early childhood system. Given your experience working with **[insert most applicable category depending on KII],**
    - What's working well in the early childhood system serving these families?
    - What's not working well? In your opinion, why do these issues persist?
        i. ***(Prompt for early care and learning, as well as parenting resources and family supports.)***
        ii. ***(For why, consider market conditions, business practices, challenges experienced by providers, parental choice, affordability and cost, availability of funding)***
        iii. Probe. For things that are not working well — what's happening to address those issues? ***(Consider national, state, local.)***
    - Do certain types of settings/services lend themselves to particular populations? If so, why?

2. **PRIORITY** I'd like to learn about underserved populations of young children and families. In your experience, who is typically able to access needed programs and supports? Who is left struggling and why? Please describe those populations.

3. **PRIORITY** Now let's talk about your community's early care and learning facilities — like schools, community-based organizations, and child care centers. What are the top three concerns with these facilities? In your opinion, why do these issues persist?

COLORADO HEALTH INSTITUTE
Informing Policy. Advancing Health.

- ***(For why, consider market conditions, business practices, challenges experienced by providers, parental choice, affordability and cost, availability of funding)***
- Are there any efforts planned or underway in your community to improve or increase the number of early care and learning facilities? Is there anything particularly innovative or worth noting?

4. Given your experience working with **[insert most applicable category depending on KII],** how effectively are children transitioning between care providers and into kindergarten in your community? Please give examples of what's working and what's not. ***(Between child care settings, either formal or informal, or between services. For example, Early Intervention to Preschool Special Education.)***

5. Let's talk about what a high-quality, highly available early childhood system could look like in Colorado — especially when we're thinking about the families you serve.
   - When you imagine the highest quality early childhood system, what does that mean to you and the families you serve?
   - When you imagine highly available early childhood services and supports, what do those look like to you and the families you serve?

6. **PRIORITY** In your experience, how are we currently measuring our success? Specifically — what measures do we have to assess if the system is high quality and highly available? What measures do we have to track progress over time? This could include data measures or other initiatives.
   - ***(If none, ask what would be useful.)***

7. Let's discuss information and data gaps in our early childhood system. To what questions are you still seeking answers when it comes to strengthening the early childhood system that serves the families you work with? What data or research would help you answer those questions or do your work better?

8. In your experience working with **[insert most applicable category depending on KII],** what barriers exist to adequately funding and delivering high-quality early childhood programs and supports?
   - Think policy barriers, regulatory barriers, governance structures, financing mechanisms, or other systems barriers
   - Are there opportunities for a more efficient allocation of resources across the system? (***e.g. meeting demand/needs in rural areas)***

9. Last question. What's the one thing from today's discussion that you want to highlight when it comes to strengthening the early childhood system?

Is there anything else that you would like to highlight or consider?

Thank you for your time today.

ENDNOTES

1 Center on the Developing Child at Harvard University. "Brain Architecture." Retrieved from https://developingchild.harvard.edu/science/key-concepts/brain-architecture/. November 2019.

2 Colorado Children's Campaign. (2016). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2016/03/2016-Kids-Count-final-low-res.pdf.

3 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

4 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months by Sex by Age." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_CP05&prodType=table.

5 The Heckman Equation. (2017). "Four Big Benefits of Investing in Early Childhood Development." https://heckmanequation.org/www/assets/2017/01/F_Heckman_FourBenefitsInvestingECDevelopment_022615.pdf.

6 Halfon, N., and M. Hochstein. (2002). "Life course health development: an integrated framework for developing health, policy, and research." Milbank Quarterly 80(3):433-79.

7 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

8 U.S. Census Bureau. (2017). "2017 Annual Social and Economic Supplement to the Current Population Survey." https://www.census.gov/data/datasets/2017/demo/income-poverty/2017-cps-asec-research-file.html.

9 Stedron, J., and G. Maloney. (2018). "Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families." http://earlymilestones.org/wp-content/uploads/2018/07/EarlyChildhood_FINAL.pdf.

10 The Annie E. Casey Foundation. (2019). "Children under 6 with all parents in the labor force in Colorado." https://datacenter.kidscount.org/data/tables/9485-children-under-6-with-all-parents-in-the-labor-force?loc=7&loct=2#detailed/2/any/false/1607,1572,1485,1376,1201,1074,880/any/18634,18635; Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

11 Early Childhood Colorado Framework. Retrieved from https://earlychildhoodframework.org. November 2019.

12 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

13 ZERO TO THREE. (2012). "Comprehensive Early Childhood Systems Equation." Retrieved from https://www.zerotothree.org/resources/1024-comprehensive-early-childhood-systems-equation. November 2019.

14 Build Initiative and State Early Childhood Policy Technical Assistance Network. (2004). "Building an Early Learning System: The ABCs of Planning and Governance Structures." https://www.buildinitiative.org/portals/0/uploads/documents/resource-center/build_earlylearningsystem_1.pdf.

15 Every Student Succeeds Act (ESSA), Pub. L. 114-95, Section 9212(b)(5).

16 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. (2017). "Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08." https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_213_b508.pdf.

17 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. (2017). "Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08." https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_213_b508.pdf.

18 Center for American Progress. (2017). "Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program." https://www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/.

19 National Scientific Council on the Developing Child. (2004). "Young Children Develop in an Environment of Relationships: Working Paper No. 1." Retrieved from www.developingchild.harvard.edu. November 2019.

20 Fred Rogers Center. (2018). "About Simple Interactions." Retrieved from https://www.fredrogerscenter.org/initiatives/simple-interactions/about-simple-interactions/. November 2019.

21 Colorado Department of Education. (2016). "Kindergarten School Readiness Guide to Implementation and Best Practices 2016-2017." https://www.cde.state.co.us/schoolreadiness/kindergartenhandbook2016_17.

22 U.S. Census Bureau. (2019). "Current Population Survey: Subject Definitions." Retrieved from https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#family. November 2019.

23 U.S. Department of Health and Human Services, Administration for Children and Families. (2018). "Parent Involvement and Family Engagement for Early Childhood Professionals." https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/parent-involvement-family-engagement-for-professionals.pdf.

24 U.S. Census Bureau. (2013). "Who's minding the kids? Childcare arrangements: spring 2011." https://www2.census.gov/library/publications/2013/demo/p70-135.pdf.

25 Center on the Developing Child at Harvard University (2007). "A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children." Retrieved from www.developingchild.harvard.edu. November 2019.

26 U.S. Department of Health and Human Services, Administration for Children and Families, Head Start. (2019). "Family Engagement." Retrieved from https://eclkc.ohs.acf.hhs.gov/family-engagement. November 2019.

27 First Five Alameda County and Center for the Study of Social Policy. (2016). "Ripples of Transformation: Families Leading Change in Early Childhood Systems." https://cssp.org/wp-content/uploads/2018/08/FirstFive-EngagementToolkit-5.pdf.

28 U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. "Protective Factors to Promote Well-Being." Retrieved from https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/. November 2019.

29 Susman-Stillman, A., and P. Banghart. (2008). "Demographics of Family, Friend, And Neighbor Care in The United States. Child Care & Early Education Research Connections." https://www.researchconnections.org/childcare/resources/14337.

30 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

31 Council for a Strong America. (2019). "Want to Grow the Economy? Fix the Child Care Crisis"; Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

32 Colorado Department of Human Services, Office of Early Childhood. (2019). "The Changing Nature of Child Care in Colorado. Shifts in Licensed Facilities and Licensed Capacity 2010 to 2018."

33 Colorado Department of Local Affairs, State Demography Office. (2018). "Characteristics of Colorado In-Migrants and Out-Migrants." Retrieved from https://drive.google.com/file/d/1UaUuhTWxQiX7Kdu-b3vJn8J9V10BtOFn/view. November 2019.

34 Colorado Department of Human Services, Office of Early Childhood. "CCCAP Licensed Providers." Special Data Request Received July 2019.

35 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

36 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

37 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

38 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

39 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

40 Colorado Department of Education, Office of Dropout Prevention and Student Re-Engagement. (2019). "McKinney-Vento Education for Homeless Children and Youth Program." https://www.cde.state.co.us/communications/mckinney-ventofactsheet.

41 Denver Agency for Human Rights & Community Partnerships, Denver Office of Community Support. (2014). "Denver Immigrant Community & Neighborhood Assessment." https://www.denvergov.org/content/dam/denvergov/Portals/643/documents/Offices/Office%20of%20Immigrant%20and%20Refugee%20Affairs/ImmRef_Assessment.pdf.

42 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

43 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

44 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

45 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

46 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

47 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

48 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received September 2019.

49 Improving Head Start for School Readiness Act of 2007, Public Law 110-134. (December 12, 2007). https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hs-act-pl-110-134.pdf.

50 Schaack, D.D., and V. Le. (2017). "The Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

51 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Coming and Going: Turnover and Job Instability in Colorado's Early Care and Education Centers." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf.

52 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Coming and Going: Turnover and Job Instability in Colorado's Early Care and Education Centers." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf.

53 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Coming and Going: Turnover and Job Instability in Colorado's Early Care and Education Centers." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_4_CO_EC_Workforce_Survey.pdf.

54 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017 — Retaining Early Childhood Teachers in Colorado: Factors that Predict Teacher Turnover, Retention, and Well-being." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_7_CO_EC_Workforce_Survey.pdf.

55 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

56 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

57 Schaack, D.D., and V. Le. (2017). "Colorado Early Childhood Workforce Survey 2017: Who is Colorado's Early Educator Workforce? Demographic and Educational Characteristics." https://earlymilestones.org/wp-content/uploads/2017/09/Brief_1_Co_EC_Workforce_Survey.pdf.

58 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

59 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

60 U.S. Department of Health and Human Services, Administration for Children and Families, National Center on Early Childhood Quality Assurances. (2015). "State Policies that Support Business Practices of Child Care Providers." https://childcareta.acf.hhs.gov/sites/default/files/public/supporting_business_practices_0.pdf.

61 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Senate Bill 19-063 Infant and Family Child Care Action Plan: A strategic action plan to address infant and family child care home shortages in Colorado."

62 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

63 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

64 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

65 ZERO TO THREE. (2019). "Colorado Advances Infant and Early Childhood Mental Health Assessment, Diagnosis and Treatment." Retrieved from https://www.zerotothree.org/resources/2758-colorado-advances-infant-and-early-childhood-mental-health-assessment-diagnosis-and-treatment. November 2019.

66 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

67 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

68 Colorado Department of Local Affairs, State Demography Office. "Population by Single Year of Age – County. 2018 Forecast." Retrieved from https://demography.dola.colorado.gov/population/data/sya-county/. October 2019.

69 Colorado Department of Human Services, Office of Early Childhood. (2019). "Internal Survey of ECMHC Professionals Waitlists." Special Data Request Received August 2019.

70 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

71 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

72 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

73 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

74 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

75 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

76 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019; U.S. Census Bureau, American Fact Finder. (2010). "Population, Housing Units, Area, and Density: 2010 - United States -- County by State; and for Puerto Rico." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. October 2019.

77 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

78 Colorado Department of Education. (2019). "2018-19 CPP and Preschool Special Ed Data for PDG." Special Data Request Received August 2019.

79 Invest in Kids. (2019). Special Data Request Received November 2019.

80 Chaudry, A., et al. (2017). Cradle to Kindergarten: A New Plan to Combat Inequality. New York: Russell Sage Foundation.

81 Colorado Department of Local Affairs, Colorado Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019.

82 Region designations were developed in consultation with stakeholders and use boundaries based on preexisting frameworks: the Health Statistics Regions developed by the Colorado Department of Public Health and Environment and regional designations used by the Colorado Department of Human Services Office of Behavioral Health. These region designations were also used to analyze the 2019 Preschool Development Grant Parent Survey; however, unless specified, the data described in the "Colorado's Children and Families" section are from public data sources, not the Parent Survey.
Colorado Department of Public Health and Environment. "Health Statistics Region Map Key." https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf; Office of Behavioral Health Prevention Services. (2019). "Statewide Training and Technical Assistance Substance Abuse Prevention Project." Retrieved from https://obhpreventionservices.org/. September 2019.

83 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months by Sex by Age." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_CP05&prodType=table.

84 National Center for Children in Poverty. (2018). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019.

85 Evans, G., and P. Kim. (2012). "Childhood Poverty, Chronic Stress, Self-Regulation, and Coping." Child Development Perspectives 7(1):43-48. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdep.12013.

86 Brookings Institution, Isaacs, J. (2012). "Starting School at a Disadvantage: The School Readiness of Poor Children." https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf.

87 Jeon, H., et al. (2011). "Predicting School Readiness for Low-Income Children with Disability Risks Identified Early." Council for Exceptional Children 77(4):435-452. https://pdfs.semanticscholar.org/fbdc/f1951948928ff8f7545e767f979db6abff19.pdf.

88 National Center for Children in Poverty. (2016). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019.

89 National Center for Children in Poverty. (2016). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019.

90 Colorado Department of Education, Office of Dropout Prevention & Student Re-Engagement. (2019). "McKinney-Vento Education for Homeless Children & Youth Program." https://www.cde.state.co.us/communications/mckinney-ventofactsheet.

91 Perlman, S., and J. Fantuzzo. (2010). Children and Youth Services Review 32(6):874-883. https://psycnet.apa.org/record/2010-05937-001; Ziol-Guest, K., and C. McKenna. (2014). "Early Childhood Housing Instability and School Readiness." Child Development 85(1): 103-113. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/cdev.12105.

92 U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. (2018). Early Childhood Homelessness State Profiles 2018. https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles.pdf.

93 U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. (2018). Early Childhood Homelessness State Profiles 2018. https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles.pdf.

94 Colorado Department of Local Affairs, Colorado Demography Office. "Race by Age Estimates – 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin. October 2019.

95 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

96 Ahmad, F. Z., and K. Hamm. (2013). "The School-Readiness Gap and Preschool Benefits for Children of Color." Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2013/11/12/79252/the-school-readiness-gap-and-preschool-benefits-for-children-of-color/.

97 Colorado Department of Education. (2019). "Colorado's Achievement Plan for Kids (CAP4K): 2019 Annual Legislative Report." http://www.cde.state.co.us/cdedepcom/cap4klegislativeannualreport.

98 Colorado Department of Local Affairs, Colorado Demography Office. "Race by Age Estimates – 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin. October 2019.

99 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Language Spoken at Home." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table.

100 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Language Spoken at Home." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table.

101 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Language Spoken at Home." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table.

102 Denver Agency for Human Rights & Community Partnerships, Denver Office of Community Support. (2014). "Denver Immigrant Community & Neighborhood Assessment." https://www.denvergov.org/content/dam/denvergov/Portals/643/documents/Offices/Office%20of%20Immigrant%20and%20Refugee%20Affairs/ImmRef_Assessment.pdf.

103 Centers for Disease Control and Prevention. "Disability and Health Overview." Retrieved from https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html. October 2019.

104 Zablotsky, B., et al. (2017). "Estimated Prevalence of Children With Diagnosed Developmental Disabilities in the United States, 2014–2016." NCHS Data Brief, No. 291. https://www.cdc.gov/nchs/data/databriefs/db291.pdf.

105 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

106 Jeon, H., et al. (2011). "Predicting School Readiness for Low-Income Children with Disability Risks Identified Early." Council for Exceptional Children 77(4):435-452. https://journals-sagepub-com.ezproxy2.library.colostate.edu/doi/pdf/10.1177/001440291107700404.

107 Chen, X., et al. (2007). "Teenage Pregnancy and Adverse Birth Outcomes: A Large Population Based Retrospective Cohort Study." International Journal of Epidemiology 36(2):368–373. https://academic.oup.com/ije/article/36/2/368/718213; Dennis, J., and S. Mollborn. (2013). "Young Maternal Age and Low Birth Weight Risk: An Exploration of Racial/Ethnic Disparities in the Birth Outcomes of Mothers in The United States." The Social Science Journal 50(4):625-634. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199306/; East, P., et al. (2007). "Association Between Adolescent Pregnancy and a Family History of Teenage Births." Perspectives on Sexual and Reproductive Health 39(2):108-115. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3766634/.

108 Colorado Department of Public Health and Environment. "Vital Statistics Program." Retrieved from https://www.colorado.gov/pacific/cdphe/vital-statistics-program. October 2019.

109 Clever, M., and D. Segal. (2013). "The Demographics of Military Children and Families." Future of Children 23(2): 13–39. https://www.ncbi.nlm.nih.gov/pubmed/25518690.

110 Department of Defense, Defense Manpower Data Center. "Military and Civilian Personnel by Service/Agency by State/Country – June 2019." https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp.

111 Ruff, S.B., and M. Keim. (2014). "Revolving Doors: The Impact of Multiple School Transitions on Military Children." The Professional Counselor 4(2):103-113. http://tpcjournal.nbcc.org/revolving-doors-the-impact-of-multiple-school-transitions-on-military-children/.

112 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years by Age of Related Children." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B17010&prodType=table.

113 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates." Retrieved from County Health Rankings, "Colorado: Children in Single-Parent Households," https://www.countyhealthrankings.org/app/colorado/2019/measure/factors/82/map. October 2019.

114 Xue, Y., et al. (2005). "Neighborhood Residence and Mental Health Problems of 5- to 11-Year-Olds." Archives of General Psychiatry 62(5): 554-563. https://www.ncbi.nlm.nih.gov/pubmed/15867109.

115 Colorado Children's Campaign. (2019). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2019/08/2019-KidsCount-9-4-19-Low-Res.pdf.

116 Han, W., et al. (2012). "School Readiness among Children of Immigrants in the US: Evidence from a Large National Birth Cohort Study." Child Youth Services Review 34(4):771-782. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3375850/; Johnson, A., et al. (2017). "Predictors of Public Early Care and Education Use among Children of Low-Income Immigrants." Child Youth Services Review 73:24-36. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5614493/; Crosnoe, R. (2007). "Early Child Care and the School Readiness of Children from Mexican Immigrant Families." International Migration Review 41(1): 152-181. https://www.fcd-us.org/assets/2016/04/CrosnoeECCAndSchoolReadiness.pdf.

117 U.S. Census Bureau. (2017). "2017 American Community Survey 1-Year Estimates." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/data/state-profiles/state/demographics/CO. October 2019.

118 U.S. Census Bureau. (2017). "2017 American Community Survey 1-Year Estimates." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/programs/data-hub/us-immigration-trends. October 2019.

119 U.S. Census Bureau. (2017). "2017 American Community Survey 1-Year Estimates." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/data/state-profiles/state/demographics/CO. November 2019.

120 U.S. Census Bureau. (2016). "American Community Survey." Retrieved from Migration Policy Institute, https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CO. October 2019.

121 Colorado Department of Human Services. "About Refugees." Retrieved from https://www.colorado.gov/pacific/cdhs/about-refugees. November 2019.

122 Colorado Department of Human Services. (2018). Economic and Fiscal Impact of Refugees in Colorado. Retrieved from https://drive.google.com/file/d/1F2Wt0NvSei2nlwH-PC7nTr6MPRbqcxm9/view. November 2019.

123 Colorado Department of Human Services. "About Refugees." Retrieved from https://www.colorado.gov/pacific/cdhs/about-refugees. November 2019.

124 Betancourt, T., et al. (2012). "Trauma History and Psychopathology in War-Affected Refugee Children Referred for Trauma-Related Mental Health Services in the United States." Journal of Traumatic Stress 25(6):682-690. https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.21749; Van Os, E.C.C., et al. (2018). "Recently Arrived Refugee Children: The Quality and Outcomes of Best Interest of the Child Assessments." International Journal of Law and Psychiatry 59:20-30. https://www.sciencedirect.com/science/article/abs/pii/S0160252717302820?via%3Dihub.

125 Fazel, M., and A. Stein. (2002). "The Mental Health of Refugee Children." Archives of Disease in Childhood. 87: 366-370. https://adc.bmj.com/content/87/5/366; The National Child Traumatic Stress Network. "Refugee Trauma." Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma/about-refugees. October 2019.

126 Colorado Department of Local Affairs, Colorado Demography Office. "Race by Age Estimates." Retrieved from https://demography.dola.colorado.gov/population/race-hispanic-origin/#race-and-hispanic-origin. October 2019.

127 Denver Indian Family Resource Center. "History and Statistics." Retrieved from http://difrc.org/about-us/history-and-statistics/. October 2019.

128 Center for the Study of Social Policy. (2011). "Disparities and Disproportionality in Child Welfare: Analysis of the Research." https://casala.org/development/wp-content/uploads/2015/12/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011-1.pdf.

129 Martinez, D. (2014). "School Culture and American Indian Educational Outcomes." Procedia Social and Behavioral Sciences 116(21):199-205. https://www.sciencedirect.com/science/article/pii/S1877042814001955.

130 Colorado Department of Education. (2019). "State's Graduation Rate Continues to Improve." Retrieved from https://www.cde.state.co.us/communications/newsrelease-jan162019graduationdropout. November 2019.

131 Centers for Disease Control and Prevention. (2019). "About Adverse Childhood Experiences." Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html. November 2019.

132 Centers for Disease Control and Prevention. (2019). "About Adverse Childhood Experiences." Retrieved from https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html. November 2019.

133 Colorado Children's Campaign. (2019). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2019/08/2019-KidsCount-9-4-19-Low-Res.pdf.

134 Metzler, M., et al. "Adverse childhood experiences and life opportunities: Shifting the narrative." Child and Youth Services Review 72:141-149. https://www.sciencedirect.com/science/article/pii/S0190740916303449; Reynolds, A., et al. (2004). "Paths of Effects of Early Childhood Intervention on Educational Attainment and Delinquency: A Confirmatory Analysis of the Chicago Child-Parent Centers." Child Development 75(5):1299-1328. https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/j.1467-8624.2004.00742.x; Romano, E., et al. (2014). "Childhood Maltreatment and Educational Outcomes." Trauma, Violence, & Abuse 16(4):418-437. https://journals.sagepub.com/doi/abs/10.1177/1524838014537908.

135 Brookings Institution, Isaacs, J. (2012). "Starting School at a Disadvantage: The School Readiness of Poor Children." https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf.

136 Region designations were developed in consultation with stakeholders and use boundaries based on preexisting frameworks: the Health Statistics Regions developed by the Colorado Department of Public Health and Environment, and regional designations used by the Colorado Department of Human Services Office of Behavioral Health.
Colorado Department of Public Health and Environment. "Health Statistics Region Map Key." https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf; Office of Behavioral Health Prevention Services. (2019). "Statewide Training and Technical Assistance Substance Abuse Prevention Project." Retrieved from https://obhpreventionservices.org/. September 2019; U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

137National Center for Children in Poverty. (2016). "Colorado Demographics of Low-Income Children." Retrieved from http://www.nccp.org/profiles/CO_profile_8.html. October 2019; Ahmad, F. Z., and K. Hamm. (2013). "The School-Readiness Gap and Preschool Benefits for Children of Color." Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2013/11/12/79252/the-school-readiness-gap-and-preschool-benefits-for-children-of-color/.

138 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

139 Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019; Colorado Department of Local Affairs, State Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019; Colorado Department of Local Affairs, State Demography Office. "Population Totals for Colorado Municipalities." Retrieved from https://demography.dola.colorado.gov/population/population-totals-municipalities/. October 2019.

140 Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019.

141 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table; Department of Agriculture, Economic Research Institute. (2010). "Children Living in a Census Tract Considered a 'Food Desert' in Colorado." Retrieved from Annie E. Casey Foundation Data Center, https://datacenter.kidscount.org/data/tables/6386-children-living-in-a-census-tract-considered-a-food-desert#detailed/2/any/false/133/any/13259. October 2019.

142 Miller, P., and E. Votruba-Drzal. (2013). "Early Academic Skills and Childhood Experiences Across the Urban-Rural Continuum." Early Childhood Research Quarterly 28(2):234-248. https://www.sciencedirect.com/science/article/pii/S0885200612001202.

143 Miller, P, and E. Votruba-Drzal. (2013). "Early Academic Skills and Childhood Experiences Across the Urban-Rural Continuum." Early Childhood Research Quarterly 28(2):234-248. http://mnprek-3.wdfiles.com/local--files/research-studies/Early%20Academic%20skills%20-%20rural%20and%20urban.pdf; Bailey, L.B. (2014). "A Review of the Research: Common Core State Standards for Improving Rural Children's School Readiness." Early Childhood Education Journal 42(6):389-396. https://link.springer.com/article/10.1007/s10643-013-0621-6.

144 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

145 Average median household income for rural and urban counties was calculated using county-level median household income data from the U.S. Census Bureau. For the purposes of this assessment, average median household income is the population-weighted mean of median household income for rural- and urban-designated counties.
U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table; Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019.

146 Hawk, W. (2013). "Expenditures of Urban and Rural Households in 2011." Bureau of Labor Statistics: Beyond the Numbers 2(5). https://www.bls.gov/opub/btn/volume-2/expenditures-of-urban-and-rural-households-in-2011.htm.

147 Department of Agriculture, Economic Research Institute. (2010). "Children Living in a Census Tract Considered a 'Food Desert' in Colorado." Retrieved from Annie E. Casey Foundation Data Center, https://datacenter.kidscount.org/data/tables/6386-children-living-in-a-census-tract-considered-a-food-desert#detailed/2/any/false/133/any/13259. October 2019.

148 Department of Agriculture, Economic Research Institute. (2010). "Children Living in a Census Tract Considered a 'Food Desert' in Colorado." Retrieved from Annie E. Casey Foundation Data Center, https://datacenter.kidscount.org/data/tables/6386-children-living-in-a-census-tract-considered-a-food-desert#detailed/2/any/false/133/any/13259. October 2019.

149 Center for American Progress. (2019). "5 Facts to Know About Child Care in Rural America."https://www.americanprogress.org/issues/early-childhood/news/2019/06/04/470581/5-facts-know-child-care-rural-america/.

150 Colorado Department of Local Affairs, Colorado Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019.

151 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B17001&prodType=table. October 2019.

152 Colorado Department of Local Affairs, Colorado Demography Office. "Race and Ethnicity by Age Estimates – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate/#county-race-by-age-estimates. October 2019.

153Colorado Department of Local Affairs, Colorado Demography Office. "Population by Single Year of Age – County. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/profile-county/. October 2019.

154 Welchons, L. W., and L. McIntyre. (2015). "The Transition to Kindergarten for Children With and Without Disabilities: An Investigation of Parent and Teacher Concerns and Involvement." Topics in Early Childhood Special Education, 35(1):52–62. https://doi.org/10.1177/0271121414523141.

155U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2019). "Poverty Guidelines". Retrieved from https://aspe.hhs.gov/poverty-guidelines. November 2019.

156 U.S. Department of Health and Human Services, Administration for Children and Families, Head Start. "Poverty Guidelines and Determining Eligibility for Participation in Head Start Programs." Retrieved from https://eclkc.ohs.acf.hhs.gov/eligibility-ersea/article/poverty-guidelines-determining-eligibility-participation-head-start. October 2019; Boulder County Nurse-Family Partnership. (2017). "Federal Poverty Guidelines." https://assets.bouldercounty.org/wp-content/uploads/2017/02/nfp-eligibility-guidelines.pdf.

157 Colorado Department of Human Services. (2019). "Child Care Assistance." Retrieved from https://www.colorado.gov/pacific/cdhs/child-care-assistance. October 2019.

158 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

159 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

160 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

161 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

162 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

163 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table.

164 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

165 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

166 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

167Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

168 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

169 Colorado Department of Local Affairs, State Demography Office. "Race by Age Estimates – Regions. 2018 Estimates." Retrieved from https://demography.dola.colorado.gov/population/data/race-estimate-regions/. October 2019.

170 Colorado Rural Health Center. (2018). "Colorado: County Designations, 2018." Retrieved from http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf. November 2019.

171 Early Childhood Colorado Framework. Retrieved from https://earlychildhoodframework.org. November 2019.

172Stedron, J., and G. Maloney. (2018). "Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families." http://earlymilestones.org/wp-content/uploads/2018/07/EarlyChildhood_FINAL.pdf.

173Colorado Department of Human Services, Office of Early Childhood. "About Us." Retrieved from "http://coloradooffice ofearlychildhood.force.com/oec/OEC_Resources?p=Resources&s=About-Us&lang=en. December 2019.

174Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

175 Colorado Department of Human Services. "Social Services Rules: Child Care Facility Licensing, C.R.S. 26-6-101, 12 CCR 2509-8." Retrieved from https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8097&fileName=12%20CCR%202509-8.

176Colorado Information Marketplace. "Colorado Licensed Child Care Facilities Report." Retrieved from https://data.colorado.gov/Early-childhood/Colorado-Licensed-Child-Care-Facilities-Report/a9rr-k8mu. October 2019.

177 Colorado Department of Human Services and Colorado Department of Education. "Colorado Shines Facilities by Rating." Retrieved from https://www.coloradoshines.com/search. October 2019.

178 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

179 Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

180 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

181 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

182 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

183 Chaudry, A. "Response to SB63 Analysis Request - Cradle to Kindergarten identify full level of infant child care and family child care

homes at scale – i.e. absent any constraints on supply and affordability." Memo to Colorado Department of Human Services, Office of Early Childhood, October 31, 2019.

184 Fred Rogers Center for Early Learning & Children's Media. (2018). "Simple Interactions." Retrieved from https://www.fredrogerscenter.org/what-we-do/simple-interactions/. October 2019.

185 Colorado Department of Human Services and Colorado Department of Education. (2019). "For Professionals." Retrieved from https://www.coloradoshines.com/professionals. October 2019.

186 Colorado Department of Human Services. (2016). "Colorado Shines quality rating and improvement system hits first anniversary with strong momentum." Retrieved from https://www.colorado.gov/pacific/cdhs/news/colorado-shines-quality-rating-and-improvement-system-hits-first-anniversary-strong-momentum. October 2019.

187 Colorado Department of Human Services and Colorado Department of Education. "Colorado Shines Facilities by Rating." Retrieved from https://www.coloradoshines.com/search. October 2019.

188 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

189 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

190 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

191 Colorado Department of Human Services, Office of Early Childhood, Head Start Collaboration Office. (2018). Special Data Request Received August 2019.

192 U.S. Department of Human Services, Administration of Children and Families, Head Start Early Childhood Learning & Knowledge Center. "Head Start Collaboration Offices." Retrieved from https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-collaboration-offices. October 2019.

193 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received July 2019.

194 U.S. Department of Health & Human Services, Administration for Children and Families, Office of Head Start. (2019). "Policy & Regulations." Retrieved from https://www.acf.hhs.gov/ohs/policy. November 2019.

195 Colorado Department of Human Services and Colorado Department of Education. "Program Frequently Asked Questions." Retrieved from https://www.coloradoshines.com/programs?p=Frequently-Asked-Questions-Program. October 2019.

196 U.S. Department of Human Services, Administration of Children and Families, Head Start Early Childhood Learning & Knowledge Center. "Head Start Programs." Retrieved from https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-programs. October 2019.

197 Colorado Department of Human Services, Office of Early Childhood, Head Start Collaboration Office. (2018). Special Data Request Received August 2019.

198 Colorado Department of Human Services, Office of Early Childhood. (2017). "Colorado Head Start Center Types and Total Slots by County." Retrieved from https://dcfs.my.salesforce.com/sfc/p/#410000012srR/a/41000000CfvQ/yWj4ULcG_vqk7OnQGe2Rk2RV1IwQ7a1V31C2.IGcC6g. August 2018.

199 U.S. Department of Human Services, Administration of Children and Families, Head Start Early Childhood Learning & Knowledge Center. "Head Start Policy & Regulations. 1302.15 Enrollment." Retrieved from
https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-15-enrollment. October 2019.

200 The National Institute for Early Education Research. (2016). "State(s) of Head Start." http://nieer.org/wp-content/uploads/2016/12/HS_Full_Reduced.pdf.

201 Colorado State Legislature. (2019). "Senate Bill 19-207: FY 2019-20 Long Bill — Human Services." Retrieved from https://leg.colorado.gov/sites/default/files/documents/2019A/bills/2019a_hum_act.pdf.

202 Colorado Department of Human Services, Office of Early Childhood. (2018). "CCCAP Family Income Guidelines." Retrieved from https://docs.google.com/spreadsheets/d/1WzobLnLoxGbN_JfTuw3jUCZV5N7IA_0uvwEkloMt3Wk/edit?usp=sharing. October 2019.

203 Colorado Department of Human Services, Office of Early Childhood. "CCCAP Child Authorization Data." Special Data Request Received July 2019.

204 Colorado Department of Human Services, Office of Early Childhood. "CCCAP Licensed Providers." Special Data Request Received July 2019.

205 Butler Institute for Families. (2019). Special Data Request Received September 2019.

206 Colorado Department of Human Services, Office of Early Childhood. "Preschool Development Grant Qualified Exempt Report." Special Data Request Received July 2019.

207 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

208 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

209 Butler Institute for Families. (2019). Special Data Request Received September 2019.

210 Butler Institute for Families. (2019). Special Data Request Received September 2019.

211 Denver Preschool Program. (2019). "Denver Preschool Program." Retrieved from www.dpp.org. December 2019.

212Early Childhood Options. "Summit Pre-K Program." Retrieved from https://www.earlychildhoodoptions.org/copy-of-summit-pre-k-program. October 2019.

213 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

214 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

215 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

216 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

217 Schimke, A. (2019). "As lawmakers consider major preschool expansion, Colorado providers want more than just extra seats." Chalkbeat. Retrieved from https://www.chalkbeat.org/posts/co/2019/02/14/as-lawmakers-consider-major-preschool-expansion-colorado-providers-want-more-than-just-extra-seats/. October 2019.

218 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

219 Colorado Department of Education. (2020). "Colorado Preschool Program Legislative Report 2020." Special Data Request Received November 2019.

220 Colorado Department of Education. (2020). "Colorado Preschool Program Legislative Report 2020." Special Data Request Received November 2019.

221 Colorado Department of Education. (2019). Special Data Request Received November 2019.

222 Colorado Department of Education. (2019). "Colorado Preschool Program Legislative Report 2019." https://www.cde.state.co.us/cpplegreport.

223 Colorado Department of Education. (2019-20). Special Data Request Received November 2019.

224 Colorado Department of Education. (2019). "CPP and ECARE at a Glance." Retrieved from https://www.cde.state.co.us/cpp/cppfacts. December 2019.

225 Colorado Department of Education. (2019). "Preschool Special Education Services." Retrieved from https://www.cde.state.co.us/early/preschoolspecialed. October 2019.

226 Colorado Department of Education. (2019). "Preschool Special Education Services." Retrieved from https://www.cde.state.co.us/early/preschoolspecialed. October 2019.

227 Colorado Department of Education. "IDEA, Early Intervention and Preschool Special Education Key Differences." Retrieved from https://www.cde.state.co.us/early/candbcomparison. October 2019.

228 U.S. Department of Health and Human Services. (2011). "State Issues and Innovations in Creating Integrated Early Learning and Development Systems." http://ascend.aspeninstitute.org/wp-content/uploads/2017/10/State20Issues202620Innovations20Report.pdf.

229 U.S. Department of Health and Human Services. (2011). "State Issues and Innovations in Creating Integrated Early Learning and Development Systems." http://ascend.aspeninstitute.org/wp-content/uploads/2017/10/State20Issues202620Innovations20Report.pdf.

230 Early Childhood Technical Assistance Center. (2017). "State Child Outcomes Data Profile: Colorado Part B 619." https://www.cde.state.co.us/resultsmatter/cochildoutcomes.

231 Colorado Department of Education. (2019). Special Data Request Received November 2019.

232 Program data provided by CDE in August 2019. "2018-19 CPP and Preschool Special Ed Data for PDG."

233 Program data provided by CDE in August 2019. "2018-19 CPP and Preschool Special Ed Data for PDG."

234 Colorado Department of Education. (2019). Special Data Request Received December 2019.

235 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing positive outcomes for children and families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

236 ZERO to THREE. (2019). "Better outcomes for babies: Key practices of cross-system collaboration." https://www.zerotothree.org/resources/2595-better-outcomes-for-babies-key-practices-of-cross-system-collaboration.

237 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing positive outcomes for children and families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

238 Center for the Study of Social Policy. (2015). "Core Meanings of the Strengthening Families Protective Factors." https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf.

239 Council for a Strong America. (2018). "Parenting Works: The Public Safety and Economic Benefits of Home Visiting." https://strongnation.s3.amazonaws.com/documents/268/02681bb6-8111-4dfd-862e-d0821f9ef830.pdf?1517331383&inline;%20filename=%22The%20Public%20Safety%20and%20Economic%20Benefits%20of%20Home%20Visiting.pdf.

240 Council for a Strong America. (2018). "Parenting Works: The Public Safety and Economic Benefits of Home Visiting." https://strongnation.s3.amazonaws.com/documents/268/02681bb6-8111-4dfd-862e-d0821f9ef830.pdf?1517331383&inline;%20filename=%22The%20Public%20Safety%20and%20Economic%20Benefits%20of%20Home%20Visiting.pdf.

241 Colorado State Demography Office, Department of Local Affairs. (2017). "Population by Single Year of Age – County." https://demography.dola.colorado.gov/population/data/sya-county/. Based on population forecast for 2019.

242 Family Resource Center Association. "Member Center Contact Information." Retrieved from http://www.cofamilycenters.org/centers/member-family-resource-centers/. October 2019.

243 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

244 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

245 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

246 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

247 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

248 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

249 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

250 Robert Wood Johnson Foundation. (2018). "Social-Emotional Development in the First Three Years." https://www.rwjf.org/en/library/research/2018/04/social-emotional-development-in-the-first-three-years.html.

251 The Center for High Impact Philanthropy. (2019). "Invest in a Strong Start for Children." https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/strategies-for-donors/weave-a-web-of-support-for-kids-and-their-families/incredible-yearsinvest-in-kids/.

252 The Center for High Impact Philanthropy. (2019). "Invest in a Strong Start for Children." https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/early-childhood-toolkit/strategies-for-donors/weave-a-web-of-support-for-kids-and-their-families/incredible-yearsinvest-in-kids/.

253 Colorado Department of Public Health and Environment, Center for Health and Environmental Data. (2017). "Colorado Child Health Survey." https://www.colorado.gov/pacific/cdphe/behaviorsurvey.

254 Schaack, D.D., and V. Le. (2017). "The Colorado Early Childhood Workforce Survey 2017: Key Findings." https://earlymilestones.org/wp-content/uploads/2017/09/Key_Findings_CO_EC_Workforce_Survey.pdf.

255 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

256 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received September 2019.

257 Colorado Department of Education. (2019). Special Data Request Received August 2019.

258 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing positive outcomes for children and families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

259 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing Positive Outcomes for Children and Families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

260 Center for the Study of Social Policy. (2019). "Strengthening Families: Increasing Positive Outcomes for Children and Families." Retrieved from https://cssp.org/our-work/project/strengthening-families/. November 2019.

261 Harvard University, Center on the Developing Child. "Resilience." Retrieved from https://developingchild.harvard.edu/science/key-concepts/resilience/. November 2019.

262 Browne, C.H. (2014). "The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper." https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf.

263 Merrick, M.T., et al. (2019). "Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015-2017." MMWR Morb Mortal Wkly Rep 68:999-1005. https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w.

264 Johnson, K. (2018). "Home Visiting Program, Policy, and Finance Overview." Presentation at the National Conference of State Legislatures, Early Childhood Policy Fellows Meeting. June 7, 2018. Retrieved from http://www.ncsl.org/documents/cyf/HomeVisiting_32019.pdf. November 2019.

265 Child Trends. (2017). "State-level data for understanding child welfare in the United States." Retrieved from https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states. November 2019.

266 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

267 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

268 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019.

269 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

270 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

271 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

272 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

273 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

274 Colorado Department of Human Services, Office of Early Childhood. "A Brief Overview of Early Intervention Colorado." Retrieved from http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_QuickLinks?p=home&s=Who-We-Are&lang=en. November 2019.

275 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

276 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

277 Cole, B., et al. (2019). "Report on the Use of Telehealth in Early Intervention in Colorado: Strengths and Challenges with Telehealth as a Service Delivery Method." International Journal of Telerehabilitation 11(1):33-40. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6597149/; Cole, B., et al. (2016). "The Development of Statewide Policies and Procedures to Implement Telehealth for Part C Service Delivery." International Journal of Telerehabilitation 8(2):77-82. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536732/; ZERO TO THREE. (2017). "Colorado Enables Use of Telehealth in Part C Early Intervention." https://www.zerotothree.org/resources/1737-colorado-enables-use-of-telehealth-in-part-c-early-intervention; Colorado Office of Early Childhood. (2016). "The Adoption & Implementation of Telehealth by a Statewide Part C Early Intervention Program." Presentation at the EHDI Conference, San Diego, California. March 15, 2016. Retrieved from https://ehdimeeting.org/Archive/2016/System/Uploads/pdfs/Tuesday_Pacific%20Salon%2067_345_BethCole_2071.pdf. October 2019.

278 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

279 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

280 Early Intervention Colorado. "Training." Retrieved from http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_Professionals?p=Professionals&s=Training-EI&lang=en. October 2019.

281 Early Intervention Colorado. (2017). "Using Telehealth to Serve Children in Early Intervention." JFK Partners and HCP Webinar. February 16, 2017. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschool/programs/JFKPartners/educationtraining/Documents/2%20-%20Cole.pdf. October 2019; Colorado Office of Early Childhood. (2016). "The Adoption & Implementation of Telehealth by a Statewide Part C Early Intervention Program." Presentation at the EHDI Conference, San Diego, California. March 15, 2016. Retrieved from https://ehdimeeting.org/Archive/2016/System/Uploads/pdfs/Tuesday_Pacific%20Salon%2067_345_BethCole_2071.pdf. October 2019.

282 Colorado Department of Human Services, Office of Early Childhood. "Find Your Local Community Centered Board." Retrieved from http://coloradoofficeofearlychildhood.force.com/eicolorado/EI_CCB?lang=en. November 2019.

283 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

284 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

285 Colorado Department of Education. (2019). "Preschool Special Education Services." https://www.cde.state.co.us/early/preschoolspecialed.

286 Colorado Department of Public Health and Environment. "Health Statistics Region Map Key." Retrieved from https://www.colorado.gov/pacific/sites/default/files/CHED_VS_Map_Key_Health-Statistics-Region-Map-Key_0917.pdf. November 2019; Office of Behavioral Health Prevention Services. (2019). "Statewide Training and Technical Assistance Substance Abuse Prevention Project." Retrieved from https://obhpreventionservices.org/. September 2019.

287 U.S. Census Bureau. (2019). "2020 Census - Investigating the Undercount of Young Children. Summary of Recent Research."https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2020-report-2010-undercount-children-summary-recent-research.pdf

288 Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en. November 2019.

289 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

290 Colorado Department of Human Services. (2017). "Colorado Community Response program expands to Denver County." https://www.denvergov.org/content/dam/denvergov/Portals/692/documents/2017-02-28%20Colorado%20Community%20Response%20expansion.pdf; Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

291 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

292 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

293 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

294 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

295 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

296 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

297 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

298 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

299 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

300 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

301 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

302 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

303 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Household Income in the Past 12 Months (In 2017 Inflation-Adjusted Dollars)." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1601&prodType=table. November 2019.

304 Colorado Health Institute. (2019). "2019 Colorado Health Access Survey." Retrieved from https://www.coloradohealthinstitute.org/research/CHAS. November 2019.

305 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Selected Economic Characteristics." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_DP03&prodType=table. November 2019.

306 U.S. Census Bureau. (2017). "2013-2017 American Community Survey 5-Year Estimates, Educational Attainment." Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1501&prodType=table. November 2019.

307 Colorado Department of Human Services, Office of Early Childhood. (2019). "Colorado Community Response Evaluation Findings 2014-2018." Special Data Request Received November 2019.

308 Morgan Family Center. (2019). "Colorado Community Response." Retrieved from https://morganfamilycenter.org/how-we-serve/family-support-programs/colorado-community-response/. November 2019.

309 National Research Council and Institute of Medicine. (2009). "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities." https://www.integration.samhsa.gov/integrated-care-models/IOM_Report_on_Prevention.pdf.

310 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

311 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

312 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

313 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

314 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

315 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

316 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

317 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

318 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

319 Colorado State Demography Office, Department of Local Affairs. (2018). "Population by Single Year of Age – County." https://demography.dola.colorado.gov/population/data/sya-county/. Based on population forecast for 2018.

320 U.S. Census Bureau, American Fact Finder. (2010). "Population, Housing Units, Area, and Density: 2010 - United States -- County by State; and for Puerto Rico." https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk.

321 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

322 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

323 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

324 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf; Colorado Department of Human Services. (2016). "New Family Support Services Grants Expand Capacity in Family Resource Centers." https://www.colorado.gov/pacific/cdhs/news/new-family-support-services-grants-expand-capacity-family-resource-centers.

325 Colorado Department of Human Services. (2016). "New Family Support Services Grants Expand Capacity in Family Resource Centers." https://www.colorado.gov/pacific/cdhs/news/new-family-support-services-grants-expand-capacity-family-resource-centers.

326 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

327 Family Resource Center Association. "Members." Member Snapshot PDFs. Retrieved from http://www.cofamilycenters.org/centers/member-family-resource-centers/. October 2019.; Kling, M. (2018). "Family Resource Center Program." https://leg.colorado.gov/sites/default/files/images/ecsrlc_powerpoint_for_family_resource_center_association.pdf.

328 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

329 Department of Health & Human Services Administration for Children and Families. (2009). "Strengthening Families and Communities — 2009 Resource Guide." https://www.childwelfare.gov/pubPDFs/2009guide.pdf.

330 La Plata Family Center. "Family Center Quotes & Success Stories." Retrieved from http://www.lpfcc.org/testimonials.html. October 2019.

331 La Plata Family Center. "Family Center Quotes & Success Stories." Retrieved from http://www.lpfcc.org/testimonials.html. October 2019.

332 Catholic Charities of Central Colorado. "Stories of Hope." Retrieved from https://www.ccharitiescc.org/stories-of-hope/#. October 2019.

333 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

334 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

335 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

336 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

337 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

338 Colorado Family Resource Center Association. (2018). "Family Pathways & CFSA 2.0 Evaluation Report: Office of Early Childhood Family Support Services Grantees." https://earlychildhoodframework.org/wp-content/uploads/2018/12/CO-Family-Resource-Center-Association-Family-Pathways-CFSA-EValuation-11.8.18.pdf.

339 Kling, M. (2018). "Family Resource Center Program." https://leg.colorado.gov/sites/default/files/images/ecsrlc_powerpoint_for_family_resource_center_association.pdf.

340 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

341 Family Resource Center Association. "Member Center Contact Information." Retrieved from http://www.cofamilycenters.org/centers/member-family-resource-centers/. October 2019; Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

342 Kling, M. (2018). "Family Resource Center Program." https://leg.colorado.gov/sites/default/files/images/ecsrlc_powerpoint_for_family_resource_center_association.pdf.

343 The Family Center / La Familia. "Join the Wait List." Retrieved from https://thefamilycenterfc.org/wait-list/. October 2019.

344 Colorado Family Resource Center Association. (2018). "Family Pathways & CFSA 2.0 Evaluation Report: Office of Early Childhood Family Support Services Grantees." https://earlychildhoodframework.org/wpcontent/uploads/2018/12/CO-Family-Resource-Center-Association-Family-Pathways-CFSA-EValuation-11.8.18.pdf.

345 Colorado Family Resource Center Association. (2019). "2018-2019 Evaluation Report Executive Summary." http://www.cofamilycenters.org/wp-content/uploads/2019/08/2019-FRCA-Aggregate-Evaluation-Report-Executive-Summary.pdf.

346 Colorado Department of Education. (2019). Special Data Request Received August 2019.

347 Colorado Department of Education. (2019). "About Us: Colorado State Library." Retrieved from https://www.cde.state.co.us/cdelib/aboutus. November 2019.

348 Colorado Department of Education. (2019). "Growing Readers Together." Retrieved from https://www.cde.state.co.us/cdelib/growingreaderstogether. November 2019.

349 Colorado Department of Education. (2019). Special Data Request Received August 2019.

350 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

351 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

352 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

353 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

354 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

355 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

356 Colorado Department of Education. (2019). Special Data Request Received August 2019.

357 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

358 Colorado Department of Education, Colorado State Library. (2018). "Growing Readers Together Evaluation Findings, Year Two." https://www.cde.state.co.us/cdelib/growingreaderstogetherevaluation2018.

359 Colorado Department of Human Services Office of Early Childhood. "Family Support Programs - HealthySteps." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Families?p=family&s=Family-Support-Programs&lang=en. October 2019.

360 Assuring Better Child Health & Development. (2018). "HealthySteps." Retrieved from https://www.coloradoabcd.org/healthysteps. November 2019.

361 ZERO TO THREE, HealthySteps. (2018). "HealthySteps Logic Model." https://ztt-healthysteps.s3.amazonaws.com/documents/6/attachments/!HS_LogicModel_05.14.18.pdf?1528481023.

362 Assuring Better Child Health & Development. (2018). "HealthySteps." Retrieved from https://www.coloradoabcd.org/healthysteps. November 2019.

363 Colorado State Legislature. (2019). "Senate Bill 19-207: FY 2019-20 Long Bill — Human Services." Retrieved from https://leg.colorado.gov/sites/default/files/documents/2019A/bills/2019a_hum_act.pdf. November 2019.

364 ZERO TO THREE, HealthySteps. (2017). "The Evidence." Retrieved from https://www.healthysteps.org/the-evidence. November 2019.

365 Assuring Better Child Health and Development. (2019). Special Data Request Received September 2019.

366 Assuring Better Child Health and Development. (2019). Special Data Request Received September 2019.

367 Assuring Better Child Health and Development. (2019). Special Data Request Received September 2019.

368 Parent Possible. (2019). "Home Instruction for Parents of Preschool Youngsters." Retrieved from http://www.parentpossible.org/hippy/. November 2019.

369 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

370 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

371 Parent Possible. (2019). "Home Instruction for Parents of Preschool Youngsters (HIPPY) Statewide Snapshot Report 2018-2019." http://www.parentpossible.org/wp-content/uploads/2019/11/HIPPY-State-Snapshot_2018-2019_9.27.19.pdf.

372 Parent Possible. (2019). "Home Instruction for Parents of Preschool Youngsters (HIPPY) Statewide Snapshot Report 2018-2019." http://www.parentpossible.org/wp-content/uploads/2019/11/HIPPY-State-Snapshot_2018-2019_9.27.19.pdf.

373 Parent Possible. (2018). "2018 HIPPY Evaluation." http://earlychildhoodframework.org/wp-content/uploads/2019/01/2018-HIPPY-Evaluation-Parent-Possible-12.21.18.pdf.

374 The Incredible Years. (2013). "The Incredible Years® Programs." Retrieved from http://www.incredibleyears.com/programs/. November 2019.

375 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

376 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

377 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

378 Invest in Kids. (2019). Special Data Request Received November 2019.

379 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

380 Invest in Kids. (2019). Special Data Request Received October 2019.

381 Invest in Kids. (2019). Special Data Request Received October 2019.

382 Invest in Kids. (2017). "The Incredible Years 2016-2017 Colorado Statewide Annual Report." http://www.incredibleyears.com/download/administrators/implementations/Colorado-Statewide-Annual-Report_IY-16-17_Final.pdf.

383 Nurse-Family Partnership. (2019). "Colorado." Retrieved from https://www.nursefamilypartnership.org/locations/colorado/. November 2019.

384 Nurse-Family Partnership. (2014). "Nurse-Family Partnership: Overview." https://www.nursefamilypartnership.org/wp-content/uploads/2017/07/NFP_Overview.pdf.

385 Invest in Kids. (2019). Special Data Request Received September 2019.

386 Invest in Kids. (2019). Special Data Request Received November 2019.

387 Invest in Kids. (2019). Special Data Request Received September 2019.

388 Nurse-Family Partnership. (2019). "Better Pregnancy Outcomes". Retrieved from https://www.nursefamilypartnership.org/about/proven-results/1386-2/. November 2019; Thorland, W., and D. Currie. (2017). "Status of Birth Outcomes in Clients of the Nurse-Family Partnership." *Maternal and Child Health Journal* 21(5), 995-1001; Thorland, W., et al. (2017). "Status of Breastfeeding and Child Immunization Outcomes in Clients of the Nurse-Family Partnership." ***Maternal and Child Health Journal,*** 21(3), 439.

389 Nurse-Family Partnership. (2019). "Colorado." https://www.nursefamilypartnership.org/wp-content/uploads/2019/07/CO_2019-State-Profile.pdf.

390 Invest in Kids. (2019). Special Data Request Received September 2019.

391 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received December 2019.

392 Nurse-Family Partnership. (2019). "Colorado." https://www.nursefamilypartnership.org/wp-content/uploads/2019/07/CO_2019-State-Profile.pdf.

393 Parent Possible. (2019). "Parents as Teachers." Retrieved from http://www.parentpossible.org/pat/. November 2019.

394 Colorado Department of Human Services, Office of Early Childhood. (2019). 2019 Preschool Development Grant Parent Survey.

395 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

396 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

397 Parent Possible. (2019). Special Data Request Received September 2019.

398 Parent Possible. (2019). Special Data Request Received September 2019.

399 Parent Possible. (2018). "Parents as Teachers (PAT): Statewide Snapshot Report 2017-2018." http://www.parentpossible.org/wp-content/uploads/2018/09/PAT-State-Snapshot_2017-18.pdf.

400 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

401 Parent Possible. (2019). Special Data Request Received September 2019.

402 Colorado Department of Human Services, Office of Early Childhood. "Promoting Safe and Stable Families." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Families?p=Family&s=Other-Assistance-Programs&lang=en. October 2019.

403 Colorado Department of Human Services, Office of Early Childhood. (2017). "CDHS Awards Grants to Counties to Help Keep Families Together." https://www.colorado.gov/pacific/cdhs/news/cdhs-awards-grants-counties-help-keep-families-together.

404 Capacity Building Center for States. "Promoting Safe and Stable Families." Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/105742.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D105742%27%29&m=1. October 2019.

405 Capacity Building Center for States. "Promoting Safe and Stable Families." Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/105742.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D105742%27%29&m=1. October 2019.

406 Office of Early Childhood, Department of Human Services (2019). Special Data Request Received November 2019.

407 Office of Early Childhood, Department of Human Services (2019). Special Data Request Received September 2019.

408 Children's Defense Fund. (2018). "The Family First Prevention Services Act." https://www.childrensdefense.org/wp-content/uploads/2018/08/family-first-detailed-summary.pdf.

409 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019.

410 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received October 2019.

411 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019; Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

412 Capacity Building Center for States. "Promoting Safe and Stable Families." Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/105742.pdf?r=1&rpp=10&upp=0&w=+NATIVE%28%27recno%3D105742%27%29&m=1. October 2019.

413 Office of Children and Families in the Courts. (2009). "Family Group Decision Making."Retrieved from http://www.ocfcpacourts.us/parents-and-families/family-group-decision-making. October 2019.

414 Family Nurturing Center. "Nurturing Fathers' Programs." Retrieved from https://www.familynurturing.org/programs/nurturing-fathers-programs. October 2019.

415 Child Welfare Information Gateway. "Respite Care Programs." Retrieved from https://www.childwelfare.gov/topics/preventing/prevention-programs/respite/. October 2019.

416 Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received August 2019.

417 CO4Kids. (2019). "Colorado Maltreatment Prevention Framework for Action." Retrieved from http://co4kids.org/framework. November 2019.

418 Colorado State University Social Work Research Center School of Social Work. (2017). "SafeCare Colorado Pilot Project Evaluation Report." http://media.wix.com/ugd/97dde5_76ce9182827446e7820435b31669fc53.pdf.

419 Georgia State University School of Public Health. (2015). "SafeCare: Stronger Families | Brighter Futures." https://safecare.publichealth.gsu.edu/files/2015/04/Overview-of-SafeCare-brochure-3-16-15.pdf.

420 Colorado State University College of Health and Human Sciences and Colorado Department of Human Services Office of Early Childhood. (2019). "Evaluation Brief: SafeCare Colorado Cost Comparison Findings." Special Data Request Received November 2019.

421 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

422 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

423 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

424 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

425 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019; Colorado Department of Human Services, Office of Early Childhood. (2019). Special Data Request Received November 2019.

426 Colorado Home Visiting Coalition. (2019). "Home Visiting Models Offered in Each County." Tableau Public. Retrieved from https://public.tableau.com/profile/aaron.leavy7136#!/vizhome/ProgramDensity11-7-19/ProgramDistributionDash. November 2019.

427 Colorado State University School of Social Work. (2018). "SafeCare Colorado Program Evaluation Report. Fiscal Year 2018." Special Data Request Received November 2019.

428 Colorado Department of Human Services, Office of Children, Youth & Families, Division of Child Welfare. (2018). "Colorado 2019 Annual Progress and Services Report." retrieved from https://drive.google.com/drive/folders/0B32vshZrERKsd0JRZTdSQ0k0QzQ. November 2019.

429 Colorado Department of Human Services, Office of Children, Youth & Families, Division of Child Welfare. (2018). "Colorado 2019 Annual Progress and Services Report." retrieved from https://drive.google.com/drive/folders/0B32vshZrERKsd0JRZTdSQ0k0QzQ. November 2019.

ACKNOWLEDGMENTS

The Colorado Health Institute (CHI) appreciates the individuals and organizations who contributed to *Colorado Shines Brighter: Opportunities for Colorado's Early Childhood System*. This Needs Assessment fulfills part of the commitment of the Colorado Shines Brighter Preschool Development Grant Birth Through Five (PDG B-5).

CHI thanks the team at the Office of Early Childhood, Department of Human Services at the State of Colorado. They provided us with data, documents, histories, access to program leaders and other information. As importantly, they were patient and generous with providing us details about the language and nuances of the early childhood system. We give a special thanks to Lindsey Dorneman, Director of Preschool Development Grant B-5, for her strategic guidance, patience, and good humor.

We would also like to thank our trusted advisors: Phil Perrin, Principal at Phil Perrin Consulting; Heather Matthews, Early Childhood Systems Consultant; and Gretchen Hammer, Founder of the Public Leadership Group. They shared their expertise, analytic prowess, and first-hand knowledge of state and federal government. Finally, we thank Karl Weiss and team at Market Perceptions for conducting the 2019 PDG Parent Survey. We are grateful for you all.

Also, special thanks to Clayton Early Learning Center, The Incredible Years, HealthySteps, and Parent Possible for the wonderful photos used throughout this publication.

And finally, to more than 6,000 parents, caregivers, providers and early childhood professionals, and stakeholders who shared their insights, experiences and stories, we thank you. You brought purpose to our work.

COLORADO
Office of Early Childhood
Department of Human Services

COLORADO Shines BRIGHTER

Birth Through Five
Strategic Plan 2020-2025

COLORADO

Acknowledgements

The strategic planning process and resultant report would not be possible with out the contributions and collaboration of numerous individuals.

- Early Childhood Leadership Commission and Executive Committee (ECLC) – who provided state level leadership for the vision, implementation and sustainability of this plan moving forward.
- The Program Quality and Alignment Sub-Committee of the ECLC, who provided feedback throughout the phases of data collection, synthesis, and reporting.
- Staff at the Office of Early Childhood in the Colorado Department of Human Services and the Birth to Five Preschool Development Grant leadership team and steering committee.

For more information visit: www.ColoradoOfficeOfEarlyChildhood.com

This project is supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0009-01-00, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Table of Contents

Background

Positive and nurturing experiences in the earliest years of life set the foundation for children's cognitive development, social-emotional development and even their life-long physical health. That's because during the first few years, children's brains are developing fast. In fact, more than one million new brain connections form every second.[1] Because of this, the experiences and relationships that young children have in the early years can impact them for life.[2]

To maximize young children's school readiness and life-long success, parents and caregivers often need access to programs, services and financial assistance within their community. These resources promote children's health and well-being, learning and development, and support parents and caregivers in their role as their child's first teacher.

In Colorado, the need for a coordinated system of programs and services is essential for all children, but it is especially critical for addressing the needs of a substantial number of our state's youngest children. Colorado is home to approximately 399,800 children under 6, almost a fifth of whom (17.4%) are living in poverty,[3] while 12.5% live in rural areas or rural centers,[4] and 20.7% are living in households that speak a language other than English at home.[5] The 2019 birth through five needs assessment, Colorado Shines Brighter: Opportunities for Colorado's Early Childhood System, indicates many of these children and their families would benefit from more equitable access to high-quality early childhood programs.

Colorado has a long history of supporting children from birth through kindergarten entry and beyond. The architecture of the current early childhood system dates back at least three decades. Policy and structural decisions of the late 1980 and early 1990s linked and integrated the multiple systems serving families with young children.[6] Colorado's early childhood system of programs, services and funding are led at the state-level by the following entities:

Colorado Department of Human Services (CDHS)
In 2012, Colorado brought together 23 funding streams administered through five state agencies into the CDHS Office of Early Childhood (OEC) to more efficiently and effectively support young children ages birth through eight and their families.

Colorado Department of Education (CDE)
In 2018, CDE brought together early childhood programs into the Preschool through Third Grade (P-3) Office to partner with educators and leaders to create seamless high-quality early learning environments.

Colorado Department of Public Health and Environment (CDPHE)
CDPHE works towards keeping all children safe and healthy using evidence-based prevention strategies.

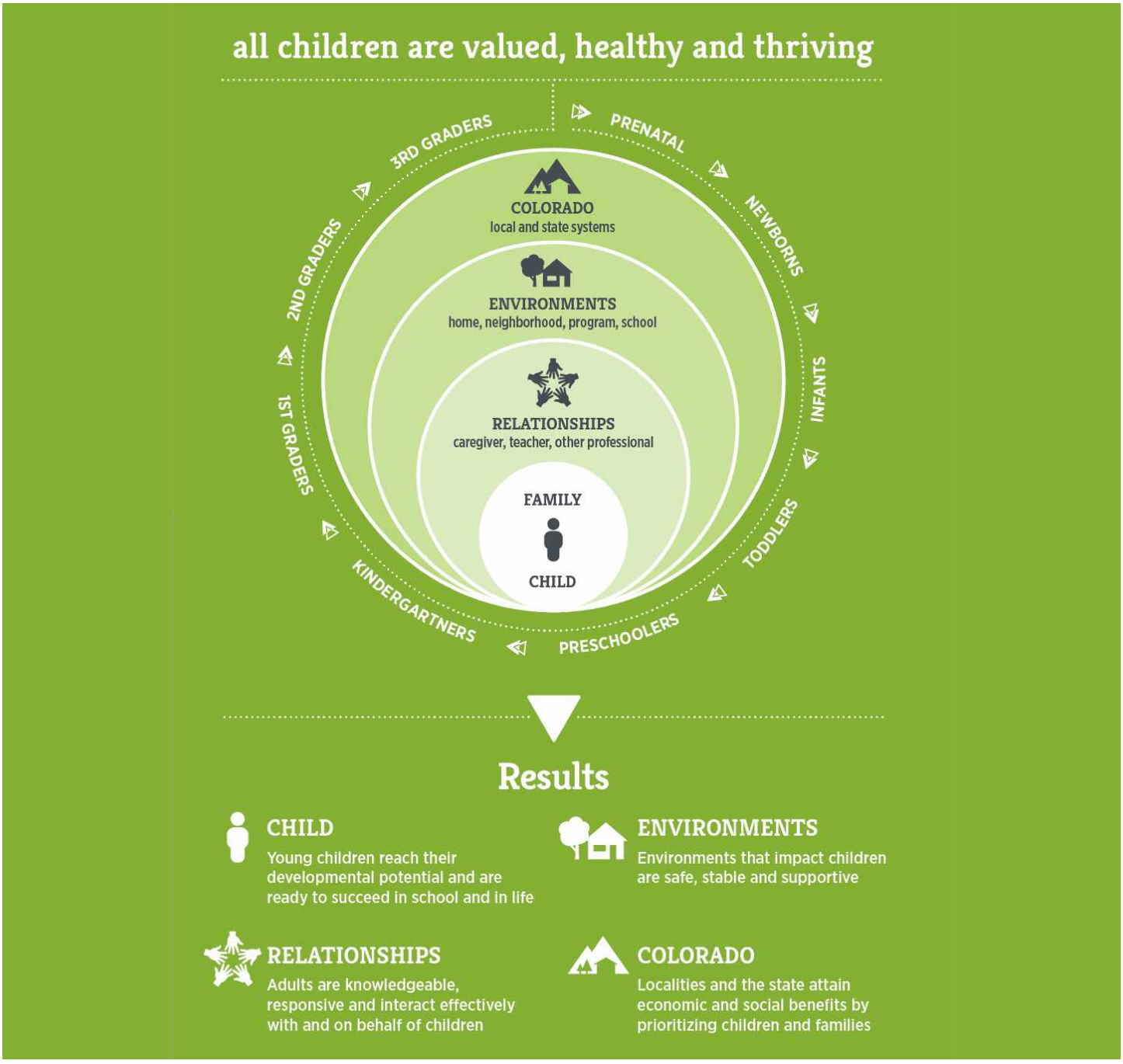
Colorado Department of Health Care Policy & Financing (HCPF)
HCPF administers Health First Colorado (Colorado's Medicaid Program), Child Health Plan Plus (CHP+) and other programs for Coloradans who qualify.

Early Childhood Leadership Commission (ECLC)
The ECLC is Colorado's federally authorized state advisory council for early childhood. The ECLC supports coordination and collaboration across the early childhood system to increase the access, quality and equity of services and supports on behalf of pregnant people and children birth through eight and their families.

Since 2008, Colorado's early childhood system has been guided by the Early Childhood Colorado Framework (Framework) (Figure 1), which promotes a shared vision that Colorado is a place where all children are valued, healthy and thriving. The Framework provides an opportunity for communities to better integrate and align efforts across learning and development, health and well-being, and family support and education. The Framework is used by state and local early childhood stakeholders as a resource to identify needs, guide planning and decision-making, and build partnerships that support access, quality and equity across the early childhood system.

The responsibility of caring for Colorado's youngest children is shared between parents, caregivers, early childhood professionals, program administrators, policymakers, advocates and other stakeholders across public and private organizations and agencies at the state and local levels. The Colorado Shines Brighter Strategic Plan was developed in partnership with these stakeholders and aligns with the Early Childhood Colorado Framework (Figure 1) to support aligned and coordinated efforts to ensure all children are valued, healthy and thriving. The strategic plan is endorsed by the ECLC as the statewide birth through five systems strategic plan. Implementation and ongoing support of this strategic plan is described in detail in Governance (see page 24).

Figure 1: Early Childhood Colorado Framework



Strategic Planning Process

In 2018, the Colorado Department of Human Services (CDHS), Office of Early Childhood (OEC) was awarded a Preschool Development Grant Birth through Five (PDG B-5) by the U.S. Department of Health and Human Services, Administration for Children and Families and the U.S. Department of Education. The initial grant was designed to support states to analyze the current landscape of their early childhood mixed-delivery system and implement changes to the system that maximize the availability of high-quality early care and education (ECE) options for low-income and disadvantaged families across providers and partners, improve the quality of care, streamline administrative infrastructure, and improve state-level early care and education funding efficiencies.

Colorado Shines Brighter, the state's PDG B-5 initiative, contributes to the state's shared vision that all children are ready for school when entering kindergarten. Colorado Shines Brighter adopted the following mission for the state's birth through five early childhood system:

1. Colorado families have meaningful and equitable access to quality formal early care and education settings of their choosing which best meet the needs of their child and family, especially those who are vulnerable and infants and toddlers.

2. Informal early care and education environments (parental, friend, family, and neighbor care) are enhanced to enrich and support children's physical, social, emotional and cognitive development.

3. Colorado's birth through five early childhood state system is coordinated and aligned to enhance the resources available to families and to improve the quality of relationships among families, caregivers, and children.

To achieve the statewide vision of ensuring all Colorado children are ready for school when entering kindergarten, Colorado Shines Brighter identified six goals:

GOAL 1: Align and Coordinate Systems

Colorado's birth through five early childhood system is coordinated and aligned to enhance resources available to families and to improve the quality of relationships between families and providers.

GOAL 2: Innovate Service Delivery

Early care and education providers practice trauma-informed care, use practices informed by early childhood mental health, and incorporate inclusive practices as part of their service delivery.

GOAL 3: Maximize Family Knowledge and Engagement

Children and families that enter the system through one program are offered meaningful and relevant services throughout the system.

GOAL 4: Increase Meaningful and Equitable Access

The amount of early care and education programs available matches the demand for programs in age, type, specialized supports, and place.

GOAL 5: Strengthen Business Practices

Colorado's mixed-delivery system is supported by strong and sustainable business models.

GOAL 6: Improve the Quality of Early Care and Education Environments and the Workforce

Formal early care and education providers are rated Colorado Shines Levels 3-5, using a quality rating system based on the most recent research to reflect outcomes. Colorado recruits and retains a qualified and diverse early childhood workforce. Informal early care and education providers and families have access to professional development, training, and other resources to provide appropriate, responsive care that supports optimal child development and social emotional growth.

In 2019, Colorado conducted a birth through five needs assessment to better understand the strengths and opportunities that exist within the state's early childhood system. The resultant report, Colorado Shines Brighter: Opportunities for Colorado's Early Childhood System, was used to identify key strategies the state can employ to build upon its history of successful investments and to achieve the goals of Colorado Shines Brighter.

The OEC contracted with Child Trends to develop the strategic plan. Child Trends, in turn, partnered with Early Milestones Colorado and Marzano Research (strategic planning team) to conduct stakeholder outreach and engagement, review and align existing state and local strategic plans, and coordinate with the needs assessment vendor, Colorado Health Institute (CHI).

Collectively, the needs assessment and strategic planning activities resulted in input from more than 6,000 Coloradans, including over 5,000 parents and caregivers of children birth through five, to identify impactful strategies to increase their engagement in the state's early childhood system.

Throughout 2019, the OEC and the strategic planning team engaged the 57-member Program Quality and Alignment (PQA) Subcommittee of the Early Childhood Leadership Commission (ECLC) to guide Colorado Shines Brighter planning, data collection, data synthesis, and reporting (see Appendix Table 1).

Strategic Plan Data Collection and Analysis Activities

The strategic planning team worked with the Colorado Health Institute to coordinate complementary data collection processes that engaged parents, caregivers, and key stakeholders across Colorado (see Appendix Table 2). This coordination was essential to ensuring geographic representation as well as participation by hard-to-reach populations such as immigrant and refugee families, families experiencing homelessness, Tribal families, and informal (friend, family and neighbor) child care providers.

Family Outreach

Colorado Shines Brighter prioritized parent engagement throughout the strategic planning process. Parents and caregivers of children ages birth through five participated in surveys and focus groups, providing information on how families enter into the birth through five state system, what parents know (or do not know) about the services available to them, the information parents need in order to maximize their knowledge and choices within the mixed-delivery system, and the most effective modalities to inform and engage parents.

The parent survey resulted in 1,276 responses. The survey was available in both English and Spanish languages, and was administered online using the SurveyGizmo tool. The survey was primarily deployed using the Colorado-based non-profit Bright by Three's (BB3) text subscriber database, boasting 12,000 Colorado parents and caregivers of children birth through five. The survey was also distributed to the Child Care Resource and Referral parent contact list and the PQA Subcommittee member list.

Twenty five focus groups were conducted across the state to gather in-depth information from families about accessing early childhood programs and services. More than 100 individuals participated in focus groups conducted in partnership with the OEC and other partner organizations. Focus groups were especially helpful for engaging underrepresented populations.

Table 1. Strategic Planning Focus Group Participants

Family Stakeholder Group	Participants
Immigrant/Refugee	10
Spanish speaking	11
Immigrant/Refugee	8
Teen Parents	15
Immigrant/Refugee	17
Spanish/Special Needs	12
Low-income/Low-resource	8
American Indian	6
Special Needs	3
American Indian	7
Working and Student	7
Military	16
Total	120

Table 2. Strategic Planning Survey and Focus Group Participant Race

Race	Survey	Focus Group
White	60%	31%
Hispanic/Latinx	20%	49%
Black/African American	4%	13%
Asian	2%	6%
Other	6%	1%
Preferred Not to Answer	9%	NA

Table 3. Strategic Planning Survey and Focus Group Participant Characteristics

Characteristics	Survey	Focus Group
Irregular Employment	28%	-
Receiving Aid	23%	-
Single Parent	17%	-
Special Needs Child - Development	14%	9%
English Not Primary Language	12%	48%
Special Needs Child - Health	12%	-
Foster Care/Welfare	4%	3%
Without Stable Housing	4%	5%
Seasonal or Temporary Employment	2%	3%
Without Stable Access to Food	2%	3%
Military	1%	13%
Teen Parent	1%	22%
Tribal Member	1%	11%
Refugee/Immigrant	-	25%
Family Trauma	-	13%
First Generation	-	13%
Child with Trauma	-	9%
LGBTQ	-	3%

Early Childhood Stakeholder Outreach

The strategic planning team engaged numerous early childhood stakeholders including formal licensed early care and education providers, informal (license-exempt) child care providers, program administrators, early childhood professionals, policy makers, and advocates (see Appendix Tables 2 and 3). Stakeholders participated in 13 focus groups, 18 stakeholder interviews, and a survey. Stakeholders shared:

- strategies or initiatives their entity or organization has in place that are aligned with the Colorado Shines Brighter vision, mission and goals;
- reflections on strengths and opportunities for improving Colorado's early childhood system;
- perspectives on priorities for the Colorado Shines Brighter strategic plan; and
- thoughts about how the entity or organization they represent may envision staying involved in the implementation of the strategic plan.

Information gathered from stakeholder interviews and focus groups shaped the draft objectives for the strategic plan. The same stakeholders were asked to complete a survey to validate the strategic plan goals and draft objectives. The survey was also distributed to the OEC's Colorado Shines Brighter newsletter list, resulting in 227 stakeholders responses. Their responses guided the final strategic plan objectives and supported refinements to the strategic plan priorities.

State, Regional and Local Strategic Plan Content and Alignment Analysis

Organizations across Colorado currently utilize a number of strategic plans to support Colorado's vision that all children are valued, healthy and thriving and ensure all children are ready for school when entering kindergarten. The strategic planning team conducted content and alignment analyses of 38 existing state, regional and local strategic plans to develop a landscape of current or planned efforts that may align to the strategic plan. These plans were reviewed and analyzed using the Early Childhood Colorado Framework and the six goals of Colorado Shines Brighter. Appendix Table 4 presents the full list of state level organizations and documents included in the analyses. Regional and local documents were submitted by early childhood councils, school districts, county agencies and local advocacy organizations. Regional and local level documents included in the analysis are listed in Appendix Table 5.

▶ Twelve Opportunities for Colorado's Birth through Five System

While Colorado has made investments to strengthen its mixed-delivery system, children and families have multi-faceted needs that require a collaborative, comprehensive approach spanning across programs and services at the state and local level. To improve the efficiency and effectiveness of programs and services, and to determine which services are needed for whom and how those services should be coordinated, program administrators and policymakers require current data on the extent to which current programs and services meet those needs.

Until recently, Colorado's exploration of sufficient supply of early childhood programs and services was largely limited to assessments of the eligible population compared to the numbers served statewide. The 2019 needs assessment, Colorado Shines Brighter: Opportunities for Colorado's Early Childhood System, incorporated the voices of parents and caregivers to capture the difference between what currently exists within Colorado's early childhood system, and what would be needed to meet families preferences, especially for vulnerable and underserved populations. This data helped to inform Colorado's strategies for action to sustain successful efforts across the state and bolster new and innovative approaches to meeting the needs of all children and their families.

More than 6,000 Colorado parents, caregivers, early childhood professionals, program administrators and policymakers shaped the efforts of Colorado Shines Brighter in 2019 by sharing their experiences through focus groups, interviews and surveys (see Appendix Table 3).[7] This outreach, paired with additional data collected for the needs assessment and strategic plan, led to the identification of 12 equally pressing needs Colorado must address in order to increase the quality of, and equitable access to, the state's early childhood system.

OPPORTUNITY 1: Increase Availability of Affordable, Convenient, and Quality Care, Especially for Infants and Toddlers

It is increasingly difficult for parents and caregivers to locate one or more child care arrangements that meet the needs of the family's composition, schedule and budget. As demand for licensed child care programs grows, it is becoming more challenging to locate a single child care provider who is accepting new enrollments, especially for families seeking infant and toddler care. Moreover, most licensed child care facilities keep hours that accommodate a traditional 9-to-5 work schedule, leaving parents who work nights and weekends with few

options. In addition, affordability is a significant issue, particularly for families experiencing homelessness and/or families who do not have the resources to meet their basic needs.

OPPORTUNITY 2: Provide More Equitable and Culturally Relevant Care

Parents and caregivers identified inequitable access to licensed child care for typically underserved populations in Colorado who include recent immigrants, dual language learners, children from a diversity of racial and ethnic backgrounds, and children from refugee or tribal families. While more can be learned about the needs of these populations, Colorado should foster more inclusive and culturally relevant care settings.

OPPORTUNITY 3: Increase Inclusivity and Access for Children with Special Needs

Challenges locating, securing and paying for child cares are compounded for parents and caregivers of children with special needs. It is difficult for families to identify appropriately prepared care environments, making child care even harder to locate for these families. Investments in training, facilities and programs that promote inclusivity are required to continue to create an early care and education (ECE) system that is inclusive for all children, especially children with developmental delays or disabilities.

OPPORTUNITY 4: Continue Investing in Quality-Enhancing Professional Development Opportunities and Workforce Recruitment and Retention Across the Early Care and Education Landscape

Colorado's ECE system would benefit from consistent training requirements that support child care quality, as well as efforts to recruit and retain a qualified workforce. ECE professionals often leave the sector to secure better pay and more stable, less demanding positions. High turnover of ECE professionals negatively impacts Colorado's children and families, as well as child care programs that cannot provide services due to staff shortages or vacancies. Difficulty in retaining qualified early childhood providers also limits the number of available high-quality ECE programs in Colorado.

OPPORTUNITY 5: Continue to Develop a Diverse Early Childhood Workforce

Focus groups in Colorado indicated that early childhood professionals do not always represent the diverse children they serve. A more representative workforce would serve children and families more effectively. This is particularly relevant as the state's demographics continue to shift and change.

OPPORTUNITY 6: Increase Knowledge and Supports Around Child Care Licensing, and Offer Essential Business Supports to Child Care Providers

Efforts aimed at supporting both new and continuing licensed child care providers in navigating layered, and sometimes competing regulations is imperative to meeting the state's current child care demands. Reducing this burden may allow providers to more efficiently maintain their license and lower barriers to other providers becoming licensed. Child care facility owners, whether center- or home-based, would also benefit from strengthened business supports and technical assistance.

OPPORTUNITY 7: Centralize and Increase Parent and Caregiver Access to Early Childhood Information

Increasing parents' and caregivers' knowledge of the programs, services and financial assistance available to them — from knowing the quality and availability of local licensed child care programs to understanding funding available to pay for child care, especially for families with lower incomes — would empower families to make informed choices in Colorado's mixed-delivery system. Systematic investment in outreach efforts

should hold equity at the forefront when aligning initiatives with the needs of families from diverse backgrounds, cultures, races and ethnicities, which includes transcreating outreach tools in languages responsive to Colorado's populations.

OPPORTUNITY 8: Increase Transition Knowledge and Associated Supports

Colorado lacks a system-level approach to planning and providing support to parents, ECE providers, K-12 educators and other professionals to support children's successful transitions. This is especially true regarding children's transitions into kindergarten. Increased coordination between sending and receiving environments is necessary to facilitate systematic investment into the development and communication of transition plans, provider-to-provider data sharing, and activities that encourage families to share information about their child's strengths and challenges across ECE environments.

OPPORTUNITY 9: Expand Access to Early Childhood Mental Health Consultation

Early Childhood Mental Health Consultation (ECMHC) is a prevention and promotion approach that places mental health professionals in ECE settings to assist child care providers in creating environments and interactions that foster social-emotional competence for all children from birth through age eight. While consultation services are available at the child-, classroom-, and program-level, ECMHC services are largely embraced for child-level guidance to reduce challenging behaviors, suspensions and expulsions. With constraints on both funding and available ECMHC workforce, much of Colorado is not receiving this free, quality enhancing service. Demand is growing for ECMHC, but convenient and timely access to services continues to be a barrier to receiving care statewide.

OPPORTUNITY 10: Invest in Rural Outreach

Rural service delivery presents a perennial challenge. Offering early childhood programs and services that focus on specific subpopulations are especially difficult to implement in rural settings because of both reach and scale. The recruitment and retention of rural early childhood service providers, including licensed child care providers, ECHMC professionals and others will benefit from increased access to training and technical assistance through more effective outreach.

OPPORTUNITY 11: Integrate Disparate Data Sources

Current data systems cannot provide unduplicated counts of children or parents participating in early childhood programs or receiving services. Additionally, these systems cannot assess additive benefits derived from engagement in multiple services at the child- or family-level or assess long-term outcomes for children and families. With a unique identifier, systems could have more precise counts of children or parents that may be connecting to more than one service allowing local providers, program administrators and policymakers to better understand the degree to which children and families are — or are not — served.

OPPORTUNITY 12: Enhance Cross-sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long Term Outcomes

Currently, it is not possible to determine whether a family has had one or multiple connections to ECE programs and family and community support programs or services, nor whether their engagement in programs and services improved school readiness or long-term family well-being. Longitudinal data that follows children through age 5 — and potentially beyond (e.g., prenatal through third grade) — would allow program administrators and policymakers to assess and invest in the programs and services that improve child and family outcomes across the entire system. Additionally, supports to children and families could be better coordinated and leveraged across programs during important transitions.

Alignment Between Colorado Shines Brighter Goals and Needs Assessment Findings

Addressing the 12 opportunities for Colorado's birth through five system will increase the quality of, and equitable access to, early childhood programs, services and funding to ensure all children are ready for school when entering kindergarten. To ensure the 12 opportunities are prioritized and addressed within the strategic plan, the needs assessment findings have been aligned with each of the Colorado Shines Brighter goals (Table 4).

Table 4. Colorado Shines Brighter Goals

12 Opportunities for Colorado's Birth through Five System	1. Align and Coordinate Systems	2. Innovate Service Delivery	3. Maximize Family Knowledge/ Engagement	4. Increase Meaningful and Equitable Access	5. Strengthen Business Practices	6. Improve the Quality of ECE Environments and the Workforce
1. Increase Availability of Affordable, Convenient, and Quality Care, Especially for Infants and Toddlers	X					X
2. Engage Stakeholders to Provide More Equitable and Culturally Relevant Care		X		X		X
3. Increase Inclusivity and Access for Children with Special Needs				X		
4. Continue Investing in Quality Enhancing Professional Development Opportunities and Supports Across the Early Care and Education Landscape, including Workforce Recruitment and Retention						X
5. Continue to Engage Stakeholders in the Development of a Diverse Workforce					X	X
6. Increase Provider Supports and Knowledge Around Child Care Licensing, and Develop and Provide Essential Business Supports for Child Care Providers		X			x	
7. Centralize and Increase Parent Access to Early Childhood Information	X		X			
8. Increase Transition Knowledge and Associated Supports			X	X		
9. Expand Access to Early Childhood Mental Health Consultation Services		X	X	X		X
10. Invest in Rural Outreach		X		X	X	
11. Integrate Disparate Data Sources	X					
12. Enhance Cross-sector Collaboration to Build Data Systems that Support Coordinated Care and Capture Long Term Outcomes	X					

Colorado Shines Brighter Statewide Birth through Five Strategic Plan

The Colorado Shines Brighter Strategic Plan goals, objectives and strategies were informed by the 12 key findings of the needs assessment, Colorado Shines Brighter: Opportunities for Colorado's Early Childhood System, and data collected by the strategic planning team.

Colorado Shines Brighter Goals

To achieve the statewide vision of ensuring all Colorado children are ready for school when entering kindergarten, Colorado Shines Brighter identified six goals:

GOAL 1: Align and Coordinate Systems

Colorado's birth through five early childhood system is coordinated and aligned to enhance resources available to families and to improve the quality of relationships between families and providers.

GOAL 2: Innovate Service Delivery

Early care and education providers practice trauma-informed care, use practices informed by early childhood mental health, and incorporate inclusive practice as part of their service delivery.

GOAL 3: Maximize Family Knowledge and Engagement

Children and families that enter the system through one program are offered meaningful and relevant services throughout the system.

GOAL 4: Increase Meaningful and Equitable Access

The amount of early care and education programs available matches the demand for programs in age, type, specialized supports and place.

GOAL 5: Strengthen Business Practices

Colorado's mixed-delivery system is supported by strong and sustainable business models.

GOAL 6: Improve the Quality of Early Care and Education Environments and the Workforce

Formal early care and education providers are rated Colorado Shines Levels 3-5, using a quality rating system based on the most recent research to reflect outcomes. Colorado recruits and retains a qualified and diverse early childhood workforce. Informal early care and education providers and families have access to professional development, training and other resources to provide appropriate, responsive care that supports optimal child development and social emotional growth.

These goals provide the framework for the Colorado Shines Brighter Strategic Plan, clearly stating the intent of the work to be completed.

Evaluation and Progress Monitoring

The Preschool Development Grant Birth through Five (PDG B-5) provides resources to evaluate the state's progress towards each goal of the strategic plan. The PDG B-5 evaluation plan articulates how Colorado will measure its progress towards outcomes, specifically focusing on progress that can reasonably be tied to the Colorado Shines Brighter Strategic Plan during the PDG B-5 renewal grant period of 2020-2022. Key progress indicators and data sources to evaluate each goal are noted within each goal of the strategic plan.

ORGANIZATION OF THE STRATEGIC PLAN

The Colorado Shines Brighter Strategic Plan includes goals, objectives and strategies. For the purposes of this plan, goals are defined as concise statements that clearly state the intent of the work to be completed. Objectives lead to strategies that define measurable and achievable results and are aligned with the Early Childhood Colorado Framework (Framework). Strategies, or action steps, are specific, measurable conditions that must be attained in order to accomplish a particular project objective and ultimately the project goal.

The strategic plan includes strategies that will be implemented under the state's three-year Preschool Development Grant Birth through Five (PDG B-5) renewal grant. These strategies are indicated by the symbol.

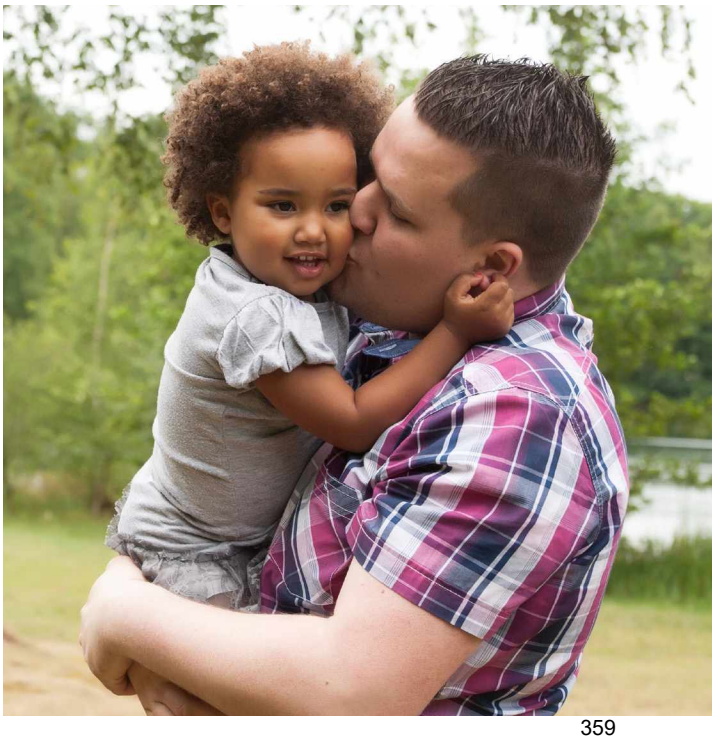
The strategic plan also includes strategies that were identified by the needs assessment and stakeholder outreach that are critical components of a robust early childhood system. These strategies are indicated by the symbol. These strategies will not be addressed by the PDG B-5 renewal grant, and will need to be implemented in partnership with the Early Childhood Leadership Commission and other state and local organizations.

As noted above, the objectives and goals of the strategic plan are aligned with the Framework. This alignment is indicated by the following Framework system icons:

State and Local Systems

Environment

Relationships



Goal 1:
ALIGN AND COORDINATE SYSTEMS

Colorado's birth through five early childhood system is coordinated and aligned to enhance resources available to families and to improve the quality of relationships between families and providers.

Framework:

OBJECTIVE 1.1: Make Data Informed Decisions

1.1.1 IT Solutions Roadmap. Implement the Office of Early Childhood's (OEC) Information Technology (IT) Solutions Roadmap through a multi-phase plan that: supports collaboration and communication; standardizes design for accessibility and usability; and provides transparency and security for publicly available data.

1.1.2 Data-Driven Decision Making. Build a public-facing dashboard to support community-level information on the state of the local early childhood system and data-driven decisions.

1.1.3 Workforce Data System Modernization. Embark on data system modernization planning to address OEC business needs including stakeholder input, identification of needed improvements, quality assurance analyses, and the development of specific requirements for enhancement.

1.1.4 ECE Workforce LINC Project. Use connected data from the Colorado Department of Human Services (CDHS), the Colorado Department of Higher Education (CDHE), and the Colorado Department of Labor and Employment (CDLE) through the Linked Information Network of Colorado (LINC) to gain a comprehensive picture of the early care and education (ECE) workforce. Develop a model to provide timely information on workforce demographics, turnover, wages, and educational pathways and disseminate to relevant local and state stakeholders.

1.1.5 Unique Child Identifier. Explore barriers and strategies to implementing a unique child identifier (per Colorado House Bill 08-1364) to enable data informed decisions concerning child outcomes. Utilize the upcoming school readiness data pilot program with local school districts to explore existing or needed technologies and data sharing agreements and unique child identifier implementation challenges.

1.1.6 Early Childhood Workforce Support. Identify current and new opportunities to better support the broader early childhood workforce including home visitors, coaches, child health consultants, and mental health consultants.

OBJECTIVE 1.2: Ensure Coordinated Services

1.2.1 Coordinated Application & Local Navigation. Research existing national and local models of coordinated enrollment/application and service navigation and identify recommendations for local implementation.

1.2.2 Medicaid Billing Manual. Develop a Medicaid billing process manual for Healthy Steps, Early Childhood Mental Health Consultation (ECMHC) and home visiting programs. Provide training and technical assistance to support utilization.

1.2.3 Health Promotion. Promote integrated and preventative maternal and child physical, behavioral, oral, and environmental health services. Explore current models including Head Start and the Colorado Department of Public Health and Environment's (CDPHE) maternal and child health priorities such as increasing prosocial connection and social emotional well-being.

1.2.4 Local Organizational Capacity. Review the 2019 Early Childhood Council (ECC) and Family Resource Center (FRC) organizational capacity study. Through stakeholder workgroups identify, prioritize, and implement recommendations to increase the capacity of ECCs and FRCs to enable the provision of ECE and wraparound services to more underserved children and families. Expand the ECC triennial evaluation to include a cost analysis of the resources needed to fully fund the local system.

1.2.5 Core Local Services. Determine the core early childhood and family and community support services to be made available in each county and create a plan to address local service gaps.

1.2.6 State Organizational Alignment. Enhance ongoing coordination and collaboration across state agencies including CDHS, CDPHE, Colorado Department of Education (CDE), and Colorado Department of Health Care Policy and Financing (HCPF). Identify opportunities to address systems and administrative barriers.

OBJECTIVE 1.3: Promote and Share Knowledge

1.3.1 Transitions Toolkit & Marketplace. Create a transition plan toolkit and online marketplace for early childhood professionals to communicate with families. Engage parents and caregivers to determine appropriate communication strategies for families.

1.3.2 Transitions Roadmap. The OEC and the CDE Preschool through Third Grade (P-3) Office will develop a birth through five (B-5) transitions roadmap and identify the needed local training and tools for implementation. The roadmap will encompass support for children, including those with special health or developmental needs, their families, and ECE and K-3 professionals, as well as home visitors, early intervention, child health, and ECMH professionals.

ALIGN AND COORDINATE SYSTEMS

To what extent do state and local systems partners align and coordinate their services?

Evaluation Questions	Progress Indicators	Data Source(s)
To what extent do local and state system partners understand how alignment and coordination will improve equitable access to services for families?	• % of partners who indicated an understanding of alignment and coordination practices • % of partners who indicated an understanding of access and system gaps	Survey and interviews of local and state system partners
To what extent are local and state system partners aware of viable opportunities for alignment and coordination?	% of partners who indicated an awareness of alignment and coordination opportunities	Survey and interviews of local and state system partners
To what extent do local and state system partners know where and how to access data for decision-making?	% of partners who indicated an wareness of data access opportunities and processes	Survey and interviews of local and state system partners
To what extent do local and state system partners implement strategies to align and coordinate services?	#, type, quality, and extent of service alignment/ coordination	• PARTNER© survey • Survey and interviews of local and state system partners • Administrative data to be tracked by funded partners
To what extent do local school districts coordinate with community-based programs to foster a mixed delivery system?	• % of school districts that coordinate with community-based programs • Type and level of coordination between local school districts and community-based programs • Facilitators and barriers to school district and community-based program coordination	• Administrative data to be tracked by CDE and school district partners • Survey of local system partners and ECE programs • Interviews of local system partners
To what extent do local and state system partners use data to make decisions?	• Extent of data use and types of decisions based on data	• Survey and interviews of local and state system partners • Administrative data to be tracked by funded partners
How do local and state system partners demonstrate improve system efficiency and efficacy?	• Nature of system efficiency and efficacy improvements • % of system partners rating improved efficiencies	• Interviews of local and state system partners • Survey of local and state system partners

Goal 2:
INNOVATE SERVICE DELIVERY

Early care and education (ECE) providers practice trauma-informed care, use practices informed by early childhood mental health, and incorporate inclusive practice as part of their service delivery.

Framework:

OBJECTIVE 2.1: Promote Mental Health and Well-Being Through Early Identification and Consultation

2.1.1 **Trauma-informed Care Training.** Offer Roots™, Branches and Seedlings trauma-informed training to Early Childhood Mental Health Consultation (ECMHC) professionals, community support providers, ECE providers, and families.

2.1.2 **Home Visiting for ECE Home Providers.** Continue the Home Visiting for Child Care Homes Pilot Program through 2020. Evaluate outcomes to inform practice and future expansion.

2.1.3 **ECMHC Practices.** Complete an ECMHC service delivery model evaluation to inform workforce standards, model-development and quality improvement.

OBJECTIVE 2.2: Promote Strong Relationships, Social and Emotional Development, Appropriate Nutrition and Physical Activity

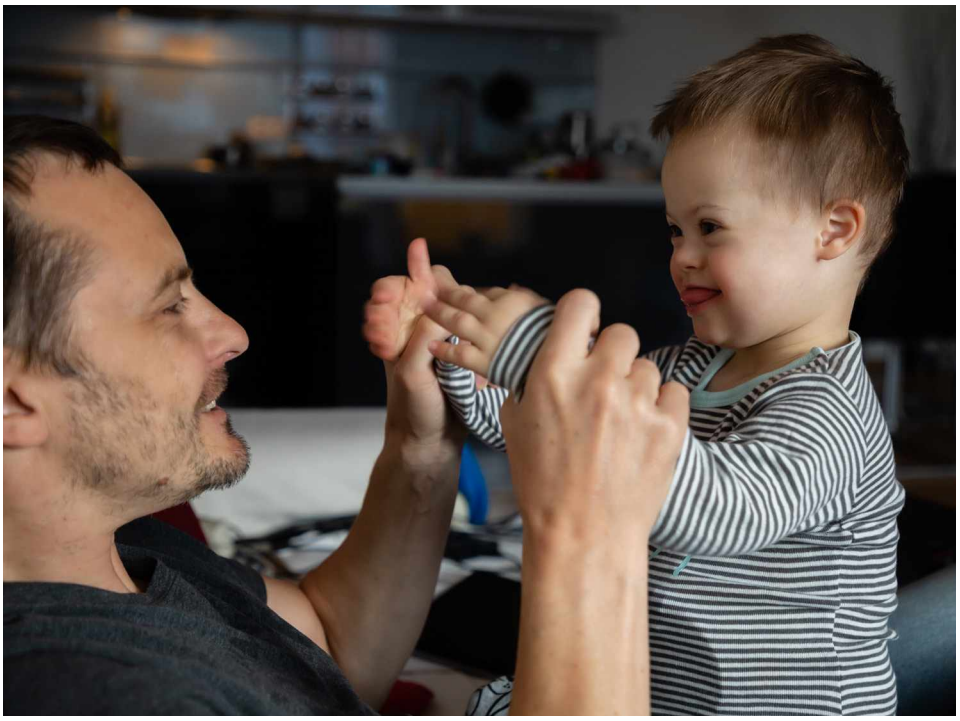
2.2.1 **Quality Nutrition in ECE Settings.** Coordinate with CDHS, CDPHE and CDE to increase ECE provider participation in the Child and Adult Care Food Program and the National School Lunch Program.

2.2.2 **ECMHC Warmline & Telehealth.** Create an ECMHC warm-line and explore telehealth options for both families and early childhood education providers in rural communities.

INNOVATE SERVICE DELIVERY

To what extent do service providers deliver innovative services that further best practices in the field?

Evaluation Questions	Progress Indicators	Data Source(s)
To what extent do service providers deliver their programs with fidelity and quality?	• Dosage, duration, and quality of service delivery • Number and type of service components that adhere to service model	• Administrative program implementation data to be tracked by funded service providers • Survey of implementation fidelity administered to innovative service practitioners
To what extent do service providers understand and use best practices around trauma informed care, social-emotional development, inclusivity, and developmentally appropriate learning?	• % of provider who have knowledge of best practices • Reported use of best practices	• Survey of innovative service practitioners • Training survey
How do early childhood professionals and families perceive the value and effectiveness of innovative services they receive?	• Rating of service value and effectiveness	• Surveys of innovative service recipients (early childhood professionals or families, depending on service)



Goal 3:
MAXIMIZE FAMILY KNOWLEDGE, ENGAGEMENT, AND SUPPORT

Children and families that enter the system through one program are offered meaningful and relevant services throughout the system.

Framework:

OBJECTIVE 3.1: Connect and Empower Families Using Culturally Responsive Practices

3.1.1 **School Readiness Handbook.** Develop a school readiness handbook for families and informal child care providers to share best practices and resources to support children's learning and development. Implement a plan for dissemination and use including online and print distribution in multiple languages.

3.1.2 **Growing Readers Together.** Expand Growing Readers Together to increase quality in informal care environments and support early literacy for children not in formal (licensed) ECE programs.

3.1.3 **Early Literacy Grants.** Expand the Comprehensive Early Literacy Grant Program to ensure the essential components of reading instruction are embedded into public preschool through third grade instruction including universal, targeted and intensive interventions. Increase focus on family knowledge and engagement.

3.1.4 **Information Hub.** Consolidate parent-facing websites into a single online resource that will connect parents to information about ECE, developmental milestones, early screenings, and other programs and services to support young children and their families.

3.1.5 **No Wrong Door Campaign.** Support the continued implementation of the no-wrong-door strategy which ensures families can access information quickly, make timely connections, and receive support regardless of their initial entry point into the early childhood system.

3.1.6 **Early Learning & Development Guidelines.** Distribute the updated Colorado Early Learning & Development Guidelines print and online materials, including new videos on transitions and parents' experiences, to parents, caregivers, ECE providers, and early childhood professionals.

3.1.7 Family Attitudes & Decision-Making. Explore family opinions and decision-making in the mixed-delivery system, including the influence of Colorado Shines ratings on provider selection and considerations of reputation, cost, and teacher qualifications.

OBJECTIVE 3.2: Provide Opportunities For Education, Employment, Housing, Financial and Legal Support to Contribute to Family Economic Security

3.2.1 ECLC Leadership Consideration. The Early Childhood Leadership Commission (ECLC) will consider a leadership role for specific strategies and incorporate input from families and early childhood professionals.

OBJECTIVE 3.3. Provide Inclusive Opportunities For Family Engagement and Leadership

3.3.1 Parent & Stakeholder Engagement. CDHS will continue to engage with the CDHS Family Voice Council, Head Start Collaboration Office, Colorado Head Start Association, and state and local family and caregiver networks to support ongoing family engagement and leadership.

3.3.2 Early Childhood Council Capacity. Build capacity of local ECCs to engage family leaders, including consultation and engagement with local FRCs and Head Start programs to ensure families are empowered to become community leaders.

MAXIMIZE FAMILY KNOWLEDGE AND ENGAGEMENT

To what extent are parents able to find, access, and engage in early care and education services, parenting supports, and transition supports?

Evaluation Questions	Progress Indicators	Data Source(s)
To what extent do families know where to find and use information on ECE services, parenting supports, transitions, and financial resources for accessing those services?	• % of families who have knowledge of where and how to access ECE, parenting, transition, and financial support information • # and type of unique requests for information • # and type of services, supports, and resources families access	• Family point-of-service surveys • Survey of families • Administrative data from information delivery sources/ platforms • eMoms survey data
To what extent do families understand how to identify and advocate for quality services?	• % of families who have knowledge of ECE service quality • % of families who have awareness of advocacy strategies	• Survey of families • eMoms survey data
To what extent do families select and advocate for high-quality programming for their children?	• # of families reporting use of quality services • Quality ratings of selected ECE services • # and type of advocacy strategies families report using	• Survey of families • QRIS data • Resource and Referral data
To what extent do families report increased quality interactions with their children?	• # of families reporting quality interactions with their children	• Survey of families

Goal 4:
INCREASE MEANINGFUL AND EQUITABLE ACCESS

The amount of early care and education (ECE) programs available matches the demand for programs in age, type, specialized supports, and place.

Framework:

OBJECTIVE 4.1: Build Community Capacity

4.1.1 **Developmental Screenings.** Increase the availability of developmental screenings and referral processes in appropriate settings where children are served.

4.1.2 **Inclusive ECE Environments.** Increase the ability of ECE professionals and programs to care for and educate children with developmental delays or disabilities and to connect families to supportive services. Provide ECE micro-grants to purchase adaptive materials or make facility changes to support greater inclusivity.

4.1.3 **Local Impact Study.** Study local Colorado Child Care Assistance Program (CCCAP) and Colorado Shines Quality Rating and Improvement System (QRIS) policies for the impact on ECE providers and families, including how new reimbursement rate policies have impacted family participation and access to high-quality ECE programs, and implement indicated changes.

4.1.4 **Mixed-Delivery Access.** Explore opportunities to increase access to a system of mixed-delivery ECE programs with an emphasis on serving infants and toddlers.

4.1.5 **Policy Analysis Tool.** Develop a tool to analyze how programs and policies affect the availability and funding of infant and toddler child care and the equitable access for priority populations such as dual language learners, families living in poverty, families living in rural areas, and families who have children with special needs. Explore processes to ensure relevant agencies and entities participate in a policy analysis review.

4.1.6 **Regulatory & Policy Cross-training.** Explore the potential for CDHS, ECCs, local regulatory entities, the Office of Economic Development, and professional associations to cross-train on ECE regulatory and policy changes.

4.1.7 Business Engagement. Engage and equip local and state business leaders and business support organizations with the resources and knowledge they need to support the availability of, and access to, ECE programs through public-private partnerships.

OBJECTIVE 4.2: Support Customer Affordability

4.2.1 Contracted Slots. Develop policies and processes to support county implementation of CCCAP Contract for Slots to support an increase in local access to high-quality ECE programs.

4.2.2 Pre-kindergarten. Expand and enhance affordable pre-kindergarten options for all Colorado 4-year-olds.

4.2.3 Access Thresholds. Analyze eligibility and family income thresholds across multiple early childhood and family support programs to provide more consistent, equitable access.

INCREASE MEANINGFUL AND EQUITABLE ACCESS

To what extent do state and local system partners increase meaningful and equitable access to early care and education (ECE) services, supports and resources?

Evaluation Questions	Progress Indicators	Data Source(s)
To what extent do local and state system partners understand families' needs for ECE services, supports, and resources?	• % of partners who have knowledge of family needs for ECE services, supports and resources	• Survey of local and state system partners
To what extent do local and state system partners know where the gaps exist in the system and understand how to address those gaps?	• % of partners who have knowledge of system and service gaps • % of partners who have understanding of approaches for addressing system and service gaps	• Survey of local and state system partners
To what extent do local and state system partners increase availability of ECE services, supports, and resources?	• #, type and location of ECE services, supports, and resources	• Administrative data from local and state system partners • Licensing database • ECMH database • QRIS
To what extent do local and state system partners support transitions between services?	• # and type of transition supports • # and characteristics/demographics of programs/families receiving transition supports • % of partners who report having access to and usefulness of transition supports	• Administrative data from local and state system partners • Survey of local and state system partners • Survey of programs receiving transition supports • Survey of families • Early Intervention data
How are families with infants and toddlers and those with special needs supported to access needed services?	• # and type of infant/toddler and special needs services • Reported access to and satisfaction with infant/toddler and special needs services	• Administrative data from local and state system partners • Survey of families

Goal 5:
STRENGTHEN BUSINESS PRACTICES

Colorado's mixed-delivery system is supported by strong and sustainable business models.

Framework:

OBJECTIVE 5.1: Advance Sustainable Business Practices

5.1.1 **Pre-Licensing & Start-Up.** Explore challenges to ECE program pre-licensing and start-up activities, and investigate how business consultants/navigators could support start-ups through technical assistance on launching and sustaining a financially sound ECE program with livable wages.

5.1.2 **Business Practices.** Provide the "Strengthening Business Practices for Child Care Programs" training series to ECE providers to strengthen foundational knowledge of sound fiscal management and business operations. Develop a business resource toolkit to accompany the training series.

5.1.3 **Financing Strategies.** Study and implement financing strategies to incentivize weekend and off-hours services and ECE for children with special health or developmental needs.

5.1.4 **Micro-grants.** Provide ECE micro-grants to support start-up costs, targeting providers in child care deserts and those serving infants, toddlers, or children with special health or developmental needs.

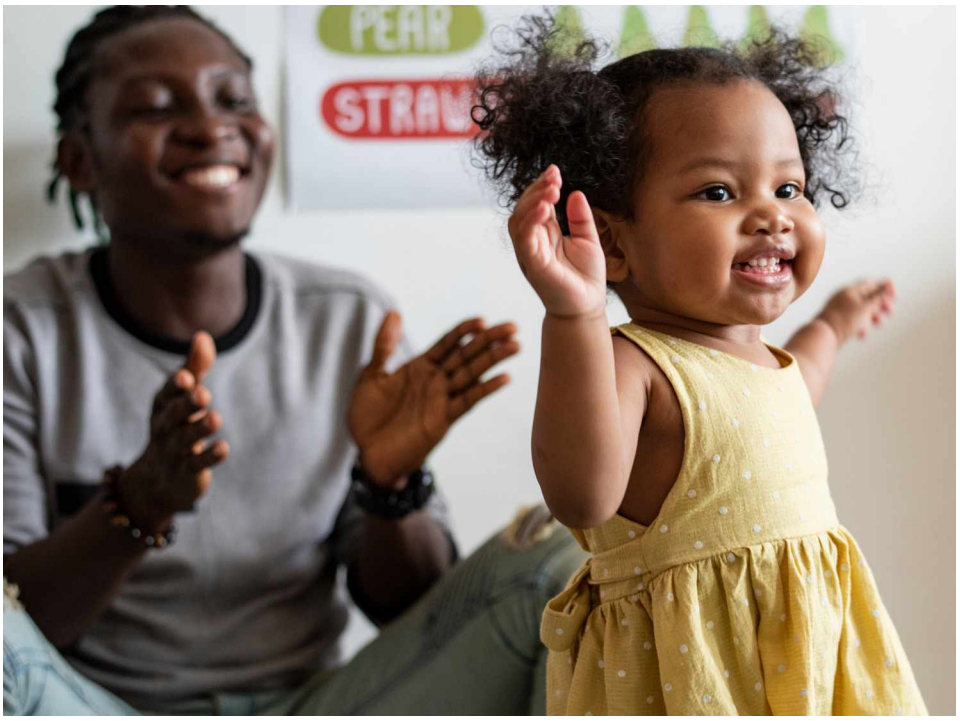
5.1.5 **Integrated Financing.** Develop tools to inform and support the integration of ECE funding streams including CCCAP, Colorado Preschool Program, Head Start, and local subsidies, and provide guidance on blending and braiding funds.

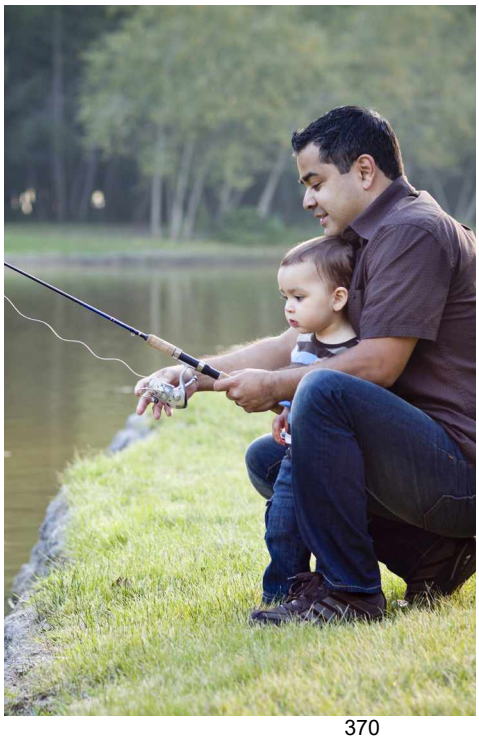
5.1.6 **Local Regulations.** Study the effect of local regulations on the availability of infant and toddler child care, and family child care homes, including minimum wage thresholds.

STRENGTHEN BUSINESS PRACTICES

To what extent do ECE programs use effective, sustainable business practices?

Evaluation Questions	Progress Indicators	Data Source(s)
To what extent do ECE programs, Family Resource Centers, Early Childhood Councils, and other system partners know what business practices are needed to ensure the viability of program operations and how to put those practices in place?	• % of system partners who have knowledge of best business practices for ECE operations • % of system partners who indicate an understanding of what supports and operational changes are needed to adopt sustainable business practices	Survey of local ECE systems partners
How do Family Resource Centers, Early Childhood Councils, and other system partners support ECE programs to increase the use of sustainable business practices?	• Type and level of business support activities provided to ECE programs use	Survey of local ECE systems partners
To what extent do ECE programs increase the use of sustainable business practices?	• # and type of business practices used or adopted • Reported satisfaction with/ effectiveness of support with business practices • Facilitators or barriers to adopting sustainable business practices	Survey of ECE programs that participated in or were exposed to efforts to strengthen business practices





Goal 6:
IMPROVE THE QUALITY OF EARLY CARE AND EDUCATION ENVIRONMENTS AND THE WORKFORCE

Formal early care and education (ECE) providers are rated Colorado Shines Levels 3-5, using a quality rating system based on the most recent research to reflect outcomes. Colorado recruits and retains a qualified and diverse early childhood workforce. Informal ECE providers and families have access to professional development, training, and other resources to provide appropriate, responsive care that supports optimal child development and social emotional growth.

Framework:

OBJECTIVE 6.1: Implement Quality Standards

6.1.1 **Colorado Shines Updates.** Continue to retool the Colorado Shines Quality Rating and Improvement System (QRIS) for the Environmental Rating Scale 3 (ERS 3) and implement other tools. Support more ratings, including alternative pathways, through an increase in rating assessors. Incorporate stakeholder workgroup findings into the QRIS Framework, including an increased emphasis on cultural and linguistic responsiveness. Complete a validation study in 2022.

6.1.2 **Consultative Roles Alignment.** Review key consultative roles, including Expanding Quality in Infant Toddler Care (EQIT) Specialist Network, ECMH Consultants, Colorado Shines QRIS Coaches, and Child Care Health Consultants, to ensure coordination and collaboration between roles. Identify qualifications and ongoing professional development supports to ensure individuals are equipped to support quality practices within licensed ECE programs.

6.1.3 **LENA Grow.** Build infrastructure through public-private partnerships to support and coordinate LENA Grow implementation across the state.

6.1.4 **FIND Coaching.** Build relationships and infrastructure to pilot Filming Interactions to Nurture Development (FIND) Coaching, and explore opportunities to expand FIND through public-private partnerships.

OBJECTIVE 6.2: Develop And Retain The Workforce

6.2.1 **Professional Development Information System.** Re-platform the Colorado Shines Professional Development Information System (PDIS) to improve user experience, enhance data collection, and enable transcreation of the site into Spanish. Add 24 eLearning course hours based on identified needs.

6.2.2 **CDA Credential.** Provide Child Development Associate (CDA) Scholarships to 250 ECE professionals, targeting areas with known workforce shortages. Add CDA professional development specialists to support implementation.

6.2.3 **Coaching.** Pilot a state ECE coaching model including Colorado Shines QRIS and EQIT. Increase staff to meet the needs of known coaching deserts and provide additional meetings and formal supports for coaches. Update courses, transcreate coaching materials, and explore a telehealth approach to coaching.

6.2.4 **Reciprocity.** Explore reciprocity in credentials and licensure across states (starting with Region VIII) and countries (starting with countries with the highest migration to Colorado), and provide supports for review of transcripts and other approval processes.

6.2.5 **ECE Competencies.** Enhance the training alignment process to increase the number of trainings aligned with Colorado Competencies for Early Childhood Educators and Administrators.

6.2.6 **Consultative Support.** Enhance and align the roles of consultative support professionals. Train consultative support professionals to help providers make referral determinations concerning IDEA Part C or Part B-Section 619, early childhood mental health services, and other supports.

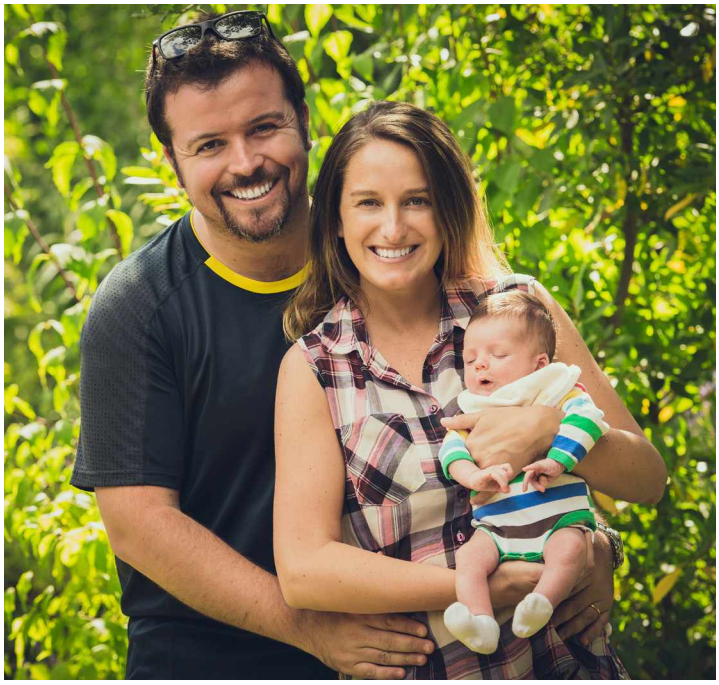
6.2.7 **Compensation.** Explore strategies to ensure worthy and livable compensation for ECE professionals. Work to enhance compensation, including benefits, and create compensation parity across settings, sectors, and age of children served.

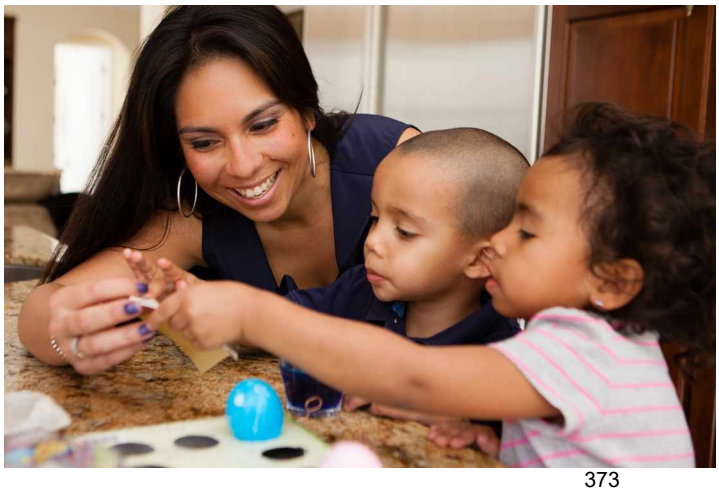
IMPROVE THE QUALITY OF ECE ENVIRONMENTS AND WORKFORCE

To what extent do strategies improve the quality of ECE environments and the ECE workforce?

Evaluation Questions	Progress Indicators	Data Source(s)
To what extent do early childhood professionals know what quality, inclusive care and learning looks like and how to implement it?	• % of providers who have knowledge of quality, inclusive early care and learning practices • % of providers who indicate an understanding of approaches for incorporating best ECE practices into early care and learning services	• Survey of early childhood professionals • Training surveys
To what extent do early childhood professionals understand what supports are available to improve their practice and well-being?	• % of providers who have awareness of quality and well-being supports that are available to early childhood professionals, such as early childhood mental health consultation and coaching	• Survey of early childhood professionals • Training survey

To what extent do early childhood professionals implement quality, developmentally appropriate, responsive, and inclusive care?	• #, type, and level/extent of quality ECE practices used by providers	• Survey of early childhood professionals • Extant CLASS ratings
To what extent do early childhood professionals increase their use of coaching, professional development, and formal education?	• # and type of coaching, professional development, and formal education opportunities early childhood professionals access and complete • Reported use of and satisfaction with coaching, professional development, and higher education opportunities	• PDIS data • ECC coaching records (Sugar) • Survey of early childhood professionals
To what extent do early childhood professionals stay in the field longer and report improved well-being?	• #, demographics, and job retention of providers • Reported intent to stay in job/field	• PDIS data • Survey of early childhood professionals





Governance

Implementation and oversight of the Colorado Shines Brighter Strategic Plan will be largely housed in the Colorado Department of Human Services (CDHS), Office of Early Childhood (OEC), in strong partnership with the Early Childhood Leadership Commission (ECLC) and state and local agencies. The plan will launch in January 2020, to align with the Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant. While the PDG B-5 renewal grant period is three years (2020-2022), the strategic plan will cover a five-year period (2020-2025). This allows the plan to include additional strategies identified by the needs assessment and stakeholder outreach that are critical components of a robust early childhood system and ensure sustainability of the PDG B-5 renewal grant activities. Collectively, strategies in the plan will result in a data-informed, comprehensive early childhood system that maximizes the availability of and access to high-quality early care and learning services for Colorado children and families, and that leverages all possible resources.

Strategies within the plan that are linked to the PDG B-5 renewal grant will be operationalized by the OEC in collaboration with state and local partners. These partnerships are interdisciplinary, involving multiple agencies, organizations, institutions and departments serving families and children to ensure planning, implementation and evaluation broadly engages stakeholders. The governance structure includes partnership with the ECLC and the Program and Quality Alignment Subcommittee, which allows the strategic plan to be used as a framework for improving the access, participation and engagement of children, families and providers within and across the mixed-delivery system, while also elevating the strategic plan so it can inform federal, state and local investments and statutory requirements.

The strategic plan will be reviewed and updated annually by the ECLC to reflect statewide legislative changes, changing trends identified through ongoing data collection and analysis of the needs assessment, and in response to project evaluation findings. The continuous quality improvement process will use indicator data to assess the progress and outcomes achieved through the plan. This data will be utilized by the ECLC, families, advocates, the Governor's office and other stakeholders to make decisions related to the most effective approaches, informing future allocation of resources and the refinement of strategies within the plan.

The Role of the Early Childhood Leadership Commission

The role of the ECLC is to be a statewide leader, subject matter expert and champion of best and promising practices throughout the state. The ECLC is statutorily charged to: (1) assist public and private agencies in coordinating efforts to enhance alignment, which includes collaboration among five state departments; (2) advise and make recommendations to the OEC; and (3) develop strategies and monitor efforts to increase the access, quality and equity of services and supports on behalf of pregnant people and children birth through age eight and their families. The ECLC ascribes to a theory of change through which data gathering, policy development and community engagement improves service delivery and interagency support for Colorado children and families.

The ECLC is supported by a subcommittee structure, which includes the Program Quality and Alignment (PQA) Subcommittee (see Appendix Table 1). The purpose of the PQA Subcommittee is to identify opportunities for and barriers to the alignment of standards, rules, policies and procedures across programs and agencies that support young children, and to enhance the alignment and provision of services and supports for young children. By utilizing the ECLC and the PQA Subcommittee, the state can leverage additional perspectives and resources to ensure the Colorado Shines Brighter vision is achieved.

The Need for Ongoing Coordination and Collaboration

The creation of the Colorado Shines Brighter Strategic Plan resulted in increased coordination and collaboration across early childhood system partners, and the formation of new partnerships. For example, the ECLC's PQA Subcommittee was expanded to 57 members representing families, early childhood professionals, program

administrators, funders, researchers, and the business community. This expansion contributed to the rich stakeholder outreach and engagement activities completed through the Colorado Shines Brighter initiative. The PQA Subcommittee will support the implementation of the strategic plan, ensuring these partnerships continue to develop. Additionally, the first goal of the Colorado Shines Brighter Strategic Plan is designed to ensure that the birth through five early childhood system is coordinated and aligned to enhance resources available to children and families.

Resources

In addition to the needs assessment and stakeholder feedback, the prioritization and adoption of strategies in the Colorado Shines Brighter Strategic Plan were informed by the availability of resources to implement each activity and the state's ability to sustain these investments.

Currently, Colorado is experiencing increased commitments by state and local partners, the Early Childhood Leadership Commission (ECLC), the early childhood funder community, state legislators, and the Governor's Office to invest in equitable access to high-quality early childhood programs and services. The strategic plan leverages existing federal, state, and local resources, and aligns with new or proposed initiatives. For example, Governor Jared Polis' 2019 policy agenda included the implementation of free, full-day kindergarten. In 2020, it is anticipated that the State will invest additional funds to support the recruitment and retention of a qualified early childhood education (ECE) workforce, increase available high-quality mixed-delivery options for Colorado families, and expand access to early childhood mental health consultation (ECMHC) services and home visiting programs.

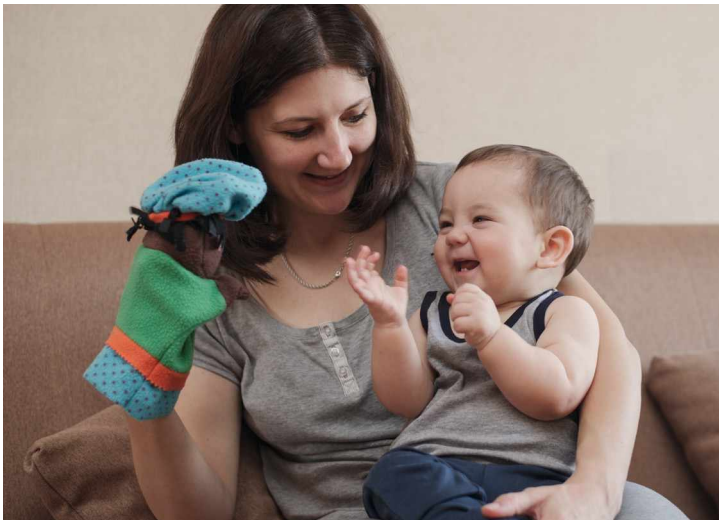
In December 2019, Colorado was awarded a three-year PDG B-5 Renewal Grant. The renewal grant is designed to strengthen state and local efforts to build, develop and expand high-quality early care and education programs so that more children from low- and moderate-income families enter kindergarten ready to succeed in school. The renewal grant will be leveraged to fund a number of the strategies identified in the plan to achieve this purpose.

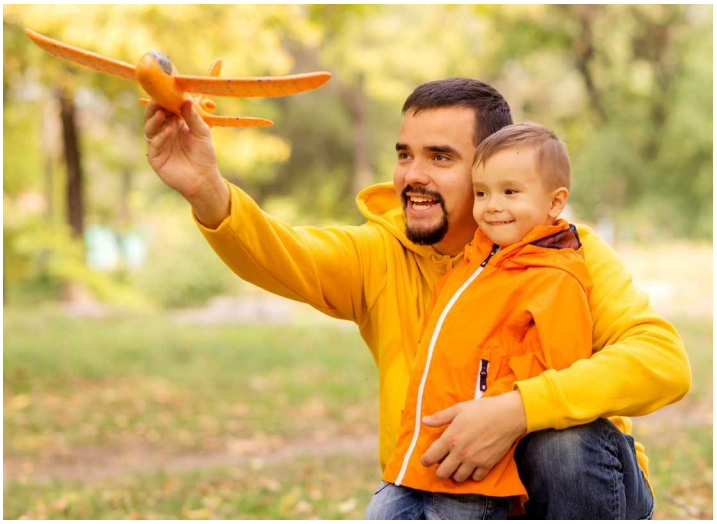
The Colorado Shines Brighter Strategic Plan includes strategies that extend beyond the PDG B-5 grant scope and timeline. This design establishes a foundation upon which efforts to blend funds, enhance system elements, and increase access to high-quality early childhood programs and services can continue to evolve beyond December 2022. For example, efforts will be made to integrate sustainability requirements into formal agreements with partners, to identify new opportunities for alignment and reduced duplication across funding streams, and to use the continuous quality improvement process to make data-informed decisions about the strategies that are most significantly contributing to Colorado's vision. Updating the strategic plan annually in response to new or refined needs assessment findings and evaluation outcomes provides opportunities to re-direct resources to the most effective strategies.

The Charge Ahead

Taking steps to make sure Colorado's early childhood system supports equity, quality and access is essential to ensuring young children and their families are healthy, valued, and thrive. The Colorado Shines Brighter Strategic Plan provides a statewide roadmap to do just that.

Over the next five years, implementation of the goals, objectives and strategies contained within this plan will contribute to the state's shared vision that all children are ready for school when entering kindergarten. By aligning this plan with other investments, state and local organizations, the Early Childhood Leadership Commission, early childhood funders, state legislators, and the Governor's Office will make Colorado the best place in the nation for young children and their families to thrive.





[1] Center on the Developing Child at Harvard University. "Brain Architecture." Retrieved from https://developingchild.harvard.edu/science/key-concepts/brain-architecture/. November 2019.
[2] Colorado Children's Campaign. (2016). "KIDS COUNT in Colorado!" https://www.coloradokids.org/wp-content/uploads/2016/03/2016-Kids-Count-final-low-res.pdf.
[3] U.S. Census Bureau, American Community Survey 2012-2016 5-Year Estimates Table B17024.
[4] American Community Survey, US Census Bureau. Table B17024.
[5] American Community Survey, US Census Bureau. Table B16007.
[6] Stedron, J., and G. Maloney. (2018). "Looking to the Past to Shape Colorado's Future: 30 Years of Progress for Young Children and Families." http://earlymilestones.org/wp-content/uploads/2018/07/EarlyChildhood_FINAL.pdf.
[7] Colorado Department of Human Services, Office of Early Childhood. "Colorado Shines Brighter (PDG B-5), 2019 Stakeholder Outreach and Engagement Activities." Retrieved from http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colordo-Shines-Brighter&lang=en. November 2019.

Appendix

Table 1. Program Quality and Alignment Subcommittee Membership, 2019	
Early Childhood Leadership Commission	Early Childhood Leadership Commission
Parents, Caregivers and/or Parent Council or Association Representatives	Colorado Interagency Coordinating Council
	Young Child Wellness Council
	Colorado Department of Human Services Family Voice Council
	Fatherhood Coalition
Early Childhood Councils	Early Childhood Council Leadership Alliance
Statewide Early Childhood Organizations	Parent Possible
	Early Childhood Colorado Partnership Steering Committee
	Colorado State Libraries, Growing Readers Together
Philanthropic Partners	Zoma Foundation
Health or Behavioral Health Subject Matter Experts	Colorado Association for Infant Mental Health
	Early Intervention Colorado
	Colorado Children's Hospital
	Clinica Family Health
Head Start	Head Start State Collaboration Office
	Colorado Head Start Association
State Agencies and Programs	Colorado Department of Education, Preschool - 3rd Grade Office
	Colorado Department of Education, Educator Talent
	Colorado Department of Public Health and Environment, Prevention Services
	Colorado Department of Public Health and Environment, Child and Adult Care Food Program
	Colorado Department of Health Care Policy and Financing, Maternal Child Health
	Colorado Department of Human Services, Child Welfare
	Colorado Department of Human Services, Child Care Licensing
	Colorado Department of Human Services, Child Care Quality Improvement
	Colorado Department of Human Services, Colorado Child Care Assistance Program
	Colorado Department of Human Services, Early Childhood Mental Health
	Colorado Department of Human Services, Home Visiting
	Colorado Department of Human Services, Expanding Quality in Infant & Toddler Care
	Colorado Department of Human Services, Child Maltreatment Prevention
	Colorado Department of Higher Education
Family and Community Engagement Organizations	State Advisory Council for Parent Involvement in Education
	Pueblo Catholic Charities
	Family Resource Center Association

Early Care and Education Organizations	Colorado Association for the Education of Young Children
	Family Child Care Homes
	Early Childhood Education Association of Colorado
	Providers Advancing School Outcomes
P-12 Education System	Jefferson County School District
	Salida School District
	Preschool Special Education Advisory Council
Research Organization/Think Tanks	Marzano Research
	Colorado State University
Business or Public-Private Partners	Good Business Colorado
	Small Business Majority
Indian Tribes, Tribal Organizations and Urban Indian Organizations	Denver Indian Health Family Services
	Denver Indian Family Resource Center
Policy Advocacy Organizations	Colorado Children's Campaign
	Clayton Early Learning / Raise Colorado
PQA Workgroups	Early Childhood Professional Development Advisory Council
	Young Child Wellness Council
Local Government	Eagle County Commissioner
Faith-Based Early Childhood Programs	Colorado Nonprofit Development Center
Homelessness Supports	McKinney Vento Liaison
Migrant Education	Colorado Department of Education, Migrant Education Program

Table 2. Tiered Approach to Stakeholder Input for the Strategic Plan

Survey and Ongoing Communication
CO Department of Education, Colorado State Library
CO Department of Education, Preschool through Third Grade Office
CO Department of Health Care Policy and Financing
CO Department of Higher Education
CO Department of Human Services, Office of Behavioral Health
CO Department of Human Services, Office of Early Childhood
CO Department of Human Services, Office of Economic Security
CO Department of Labor and Employment
CO Department of Human Services, Office of Children, Youth & Families
Colorado Academy of Pediatrics
Colorado Association of Family & Children's Agencies
Colorado Association of Local Public Health Officials
Colorado Child Maltreatment Prevention Framework for Action Planning Communities
Colorado Children's Hospital

Colorado Early Childhood Screening & Referral Policy Council
Colorado Evaluation and Action Lab, University of Denver
Colorado Interagency Coordinating Council
Colorado Workforce Development Council
County Title V Directors
Denver Metro Public Health Agencies
Early Childhood Colorado Partnership
Early Childhood Funders Networks
Early Childhood Partnership Regional Accountable Entities
Family Leadership Training Institute Providers
Foster/Adoption Association
Regional Health Connectors
Formal Focus Group & Interview Participants
Colorado Association of Infant Mental Health
Colorado Association for the Education of Young Children
Colorado Children's Campaign
Colorado Children's Trust Fund Board
Colorado Head Start Association
Colorado Home Visiting Coalition
Colorado Human Services Directors Association
Early Childhood Council Leadership Alliance
Early Childhood Leadership Commission & Program and Quality Alignment Subcommittee
Family Resource Center Association
Friend, Family and Neighbor Strategic Partnership Action Network
Governor's Office
Healthy Child Care Colorado
Invest In Kids
Licensed Early Care and Education Providers
Parent Possible
RAISE Colorado
Survey & Informal Focus Group/Interview Participants
CO Department of Human Services, Family Voice Council
Colorado Association of Family Child Care
Colorado Department of Public Health & Environment, Maternal and Child Health
Colorado Early Childhood Education Association
Denver Indian Family Resource Center

District Advisory Council Leads
Early Childhood Mental Health Consultants
Early Childhood Workforce Innovation Grantees
Governor's Office of Information Technology Informal
License-Exempt Early Care and Education Providers
Major Latinx Service Providers
Major Refugee Service Providers
Preschool Special Education Advisory Council
Special Education Directors
Ute Mountain Ute and Southern Ute Tribes

Table 3. Data Collection and Analysis Activities for the Needs Assessment and Strategic Plan

Methodology	Outcomes
Formal Focus Groups for the Needs Assessment	Nineteen formal focus groups representing participants from 29 Colorado counties: 137 child care providers and other early childhood stakeholders (53% from rural communities) and 102 families, parents and guardians (36% from rural communities).
Formal Focus Groups for the Strategic Plan	Twenty-five focus groups reaching 100 family members conducted across the state targeting hard to reach populations (Tribes, families experiencing homelessness, migrant/refugee families, fathers, rural families, caregivers of children with developmental delays or disabilities).
Key Informant Interviews and Informal Focus Groups for the Needs Assessment	Six key informant interviews and six informal focus groups targeting advocates and hard to reach populations (Tribes, families experiencing homelessness, migrant/refugee families, fathers, rural families, caregivers of children with developmental delays or disabilities, Spanish-speaking informal providers).
Key Informant Interviews and Informal Focus Groups for the Strategic Plan	Eighteen key informant interviews and 13 focus groups targeting key stakeholders identified in Appendix Table 2.
Family Survey for the Needs Assessment	Online and phone survey of 3,404 primary caregivers of children ages birth through five to collect information on child care needs and preferences.
Family Text Messaging Survey and Focus Groups for the Strategic Plan	Text message survey of 1,276 family members to collect information on how they enter into the birth through five state system, what parents know (or do not know) about the services available to them, and the information parents need in order to maximize their knowledge and choices.
Review of Existing Needs Assessments	Reviewed more than 24 national, state and local needs assessments to inform research questions, methodology, and provide data.
Review of Existing Strategic Plans	Content and alignment analysis of 38 existing state, regional and local strategic plans to develop a landscape of current or planned efforts that may align to the strategic plan.
Administrative Data Collection	Analysis of 19 program data sets to assess the supply and demand of services across Colorado's early childhood system.

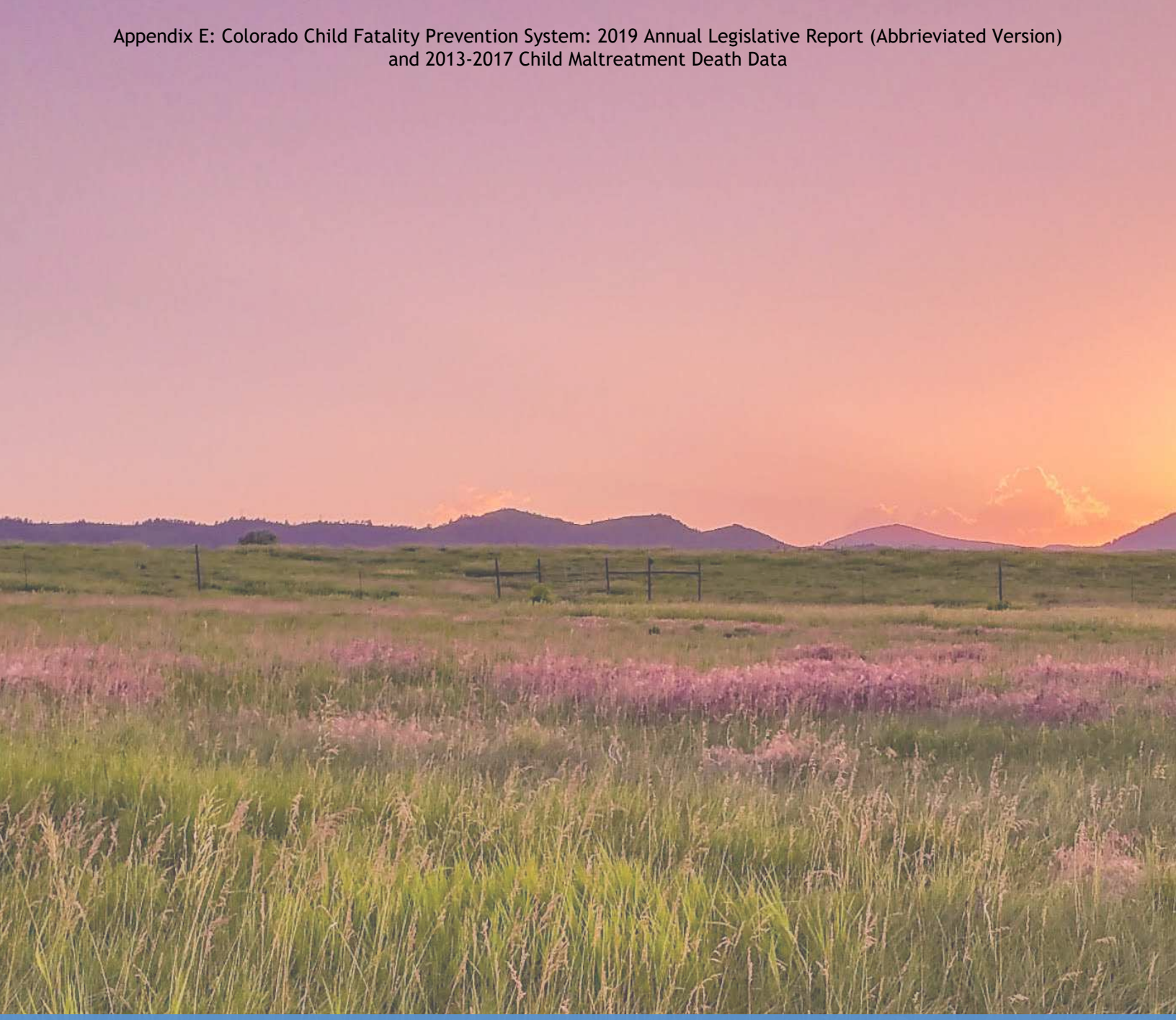
Table 4. State-level Organizations/Documents Included in the Strategic Plan Content Analysis and Alignment Review
CO Department of Human Services (2019-2021 Child Care and Development Fund State Plan)
CO Department of Human Services (2015 Early Childhood Mental Health Strategic Plan)
Bright by Three (2019-2021 Strategic Plan)
CO Association for the Education of young Children
CO Department of Education
CO Department of Public Health and Environment
CO Department of Public Health and Environment (Maternal and Child Health State Plan and Ancillary Initiatives)
CO Department of Public Health and Environment, Nutrition Services Branch
CO Home Visiting Coalition
CO Project LAUNCH (Final Report)
CO Department of Human Services, Colorado Shines Professional Development Information System
Colorado Human Services Directors Association
Early Childhood Colorado Partnership
Early Childhood Council Leadership Alliance
Early Childhood Leadership Commission (Annual Report)
Early Childhood Workforce 2020 Plan
Early Connections Learning Centers
Early Learning Ventures
Healthy Child Care Colorado
Needs Assessment of Early Childhood Mental Health Consultation in Friend, Family and Neighbor Care
Parent Possible
Project LAUNCH (Strategic Plan)
Race to the Top Early Learning Challenge (Strategic Plan)
The Colorado Association of Family Child Care (Purpose Statement)

Table 5. Regional- and Local-level Organizations Included in the Strategic Plan Content Analysis and Alignment Review
Boulder County Housing and Human Services
Chaffee County Early Childhood Council
Community Partnership Family Resource Center
Community Partnership for Child Development
Denver Preschool Program
Early Childhood Council of Larimer County
Early Childhood Council of Logan, Phillips, Sedgwick
Early Childhood Partnership of Adams County
Huerfano-Las Animas Counties Early Childhood Council
Jeffco Public Schools
Mountain Resource Center
Rocky Mountain Early Childhood Council

Colorado Shines Brighter

Birth through Five Strategic Plan 2020-2025

COLORADO



COLORADO

CHILD FATALITY PREVENTION SYSTEM

2019 Annual Legislative Report
Abbreviated Version

COLORADO
Department of Public Health & Environment

TITLE:	COLORADO CHILD FATALITY PREVENTION SYSTEM, 2019 ANNUAL LEGISLATIVE REPORT, ABBREVIATED VERSION
SUBMITTED BY:	THE MEMBERS OF THE COLORADO CHILD FATALITY PREVENTION SYSTEM STATE REVIEW TEAM
SUBJECT:	THIS REPORT IDENTIFIES SPECIFIC POLICY RECOMMENDATIONS TO PREVENT CHILD DEATHS IN COLORADO AND PROVIDES AN OVERVIEW OF PROGRAMMATIC ACCOMPLISHMENTS FOR STATE FISCAL YEAR 2018-19, AS REQUIRED IN STATUTE.
STATUTE:	CHILD FATALITY PREVENTION ACT; ARTICLE 20.5 SECTIONS 401-409 OF TITLE 25 OF THE COLORADO REVISED STATUTES
DATE:	JULY 1, 2019

TABLE OF CONTENTS

ACKNOWLEDGMENTS

This report is the culmination of countless hours of work across the state. Thank you to all members and partners of the Child Fatality Prevention System who volunteer their time and efforts to reviewing cases and entering data, developing and implementing prevention recommendations and reducing child deaths in Colorado. For more information on the Child Fatality Prevention System (CFPS), visit the CFPS website www.cochildfatalityprevention.com.

This report can be found online at www.cochildfatalityprevention.com/p/reports.html.

It is with deepest sympathy and respect that we dedicate this report to the memory of those children and families represented within these pages.

EXECUTIVE SUMMARY

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide, multidisciplinary, multi-agency effort to prevent child deaths. Although not codified in Colorado Revised Statutes (C.R.S.) until 2005, CFPS has been conducting retrospective reviews of child deaths in Colorado since 1989. CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths and recommending prevention strategies.

Leading causes of death:
- Suicide.
- Motor vehicle crashes.
- Sudden unexpected infant death.
- Child maltreatment.
- Firearm.

As mandated in statute, this report identifies specific policy recommendations to reduce child deaths in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2018-19. The data in this report come from comprehensive, statutorily-mandated reviews of deaths among those under 18 years of age occurring in Colorado between 2013 and 2017. Local child fatality prevention review teams conduct individual, case-specific reviews of child fatalities meeting the statutory criteria. Reviewable child deaths result from one or more of the following causes: undetermined causes, unintentional injury, violence, motor vehicle and other transportation-related, child maltreatment, sudden unexpected infant death (SUID) and suicide. During Fiscal Year 2018-19, local teams completed reviews of deaths that occurred in 2017.

CFPS 2013-2017 Data Highlights:*
- The total number of childhood deaths from all causes remained stable from 2013 to 2017.
- CFPS reviewed more deaths in 2017 (n=266), largely due to increases in the number of youth suicide (n=72) and motor vehicles deaths (n=59) compared to previous years.
- The youth suicide rate nearly doubled from 2013 to 2017 (6.9 compared to 12.1).
- Based on combined data for 2013-2017, statistically significant disparities exist for all of the leading causes of death that CFPS reviews:
  - Overall, male infants, children and youth are more likely to die than females (20.1 compared to 12.0).
  - Infants, children and youth residing in a frontier county are nearly twice as likely to die as those living in an urban county (29.8 compared to 15.5).
  - Youth suicides are more common among non-Hispanic white youth than Hispanic youth (10.8 compared to 6.4).
  - Hispanic infants, children and youth are more likely to die in passenger vehicle crashes than non-Hispanic whites (3.0 compared to 1.8).
  - Sudden unexpected infant death (SUID) are three times as common among black infants as white infants (188.9 compared to 59.7).
  - Black infants and children are more than four times as likely to experience child maltreatment (abuse and neglect) than white infants and children (10.7 compared to 2.6).
  - Black children and youth are nearly thirteen times more likely to die by firearm homicide than white children and youth (3.2 compared to 0.2).
- Social factors such as where families live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds contribute to these deaths.

*All rates expressed per 100,000 population or live births.

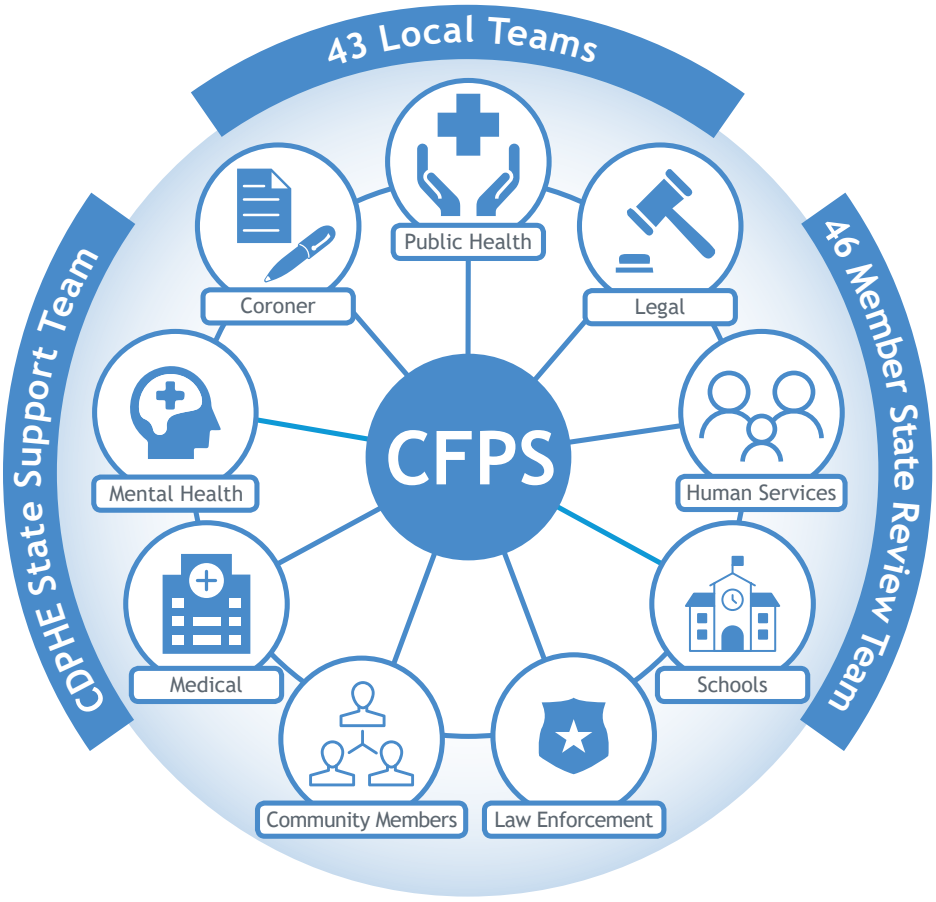
CFPS RECOMMENDATIONS TO PREVENT CHILD FATALITIES

Based on 2013-2017 child fatality data, CFPS system members recommend implementing the following evidence-based strategies to reduce child fatalities in Colorado. These recommendations reflect the expertise of CFPS system members based on their review of child fatality data. These are CFPS recommendations and do not reflect the official position of any CFPS member organization.

Behavioral Health Promotion	Support policies to improve behavioral health care in Colorado, such as: 1. Increasing telehealth services, especially in rural areas. 2. Increasing diversity of the behavioral health care workforce. 3. Integrating behavioral health into primary care.
Quality, Affordable Housing	Support policies that expand access to quality, affordable and stable housing across Colorado.
Quality, Affordable Child Care	Support policies that ensure access to quality, affordable child care, especially for infants and young children.
Evidence-Based Home Visitation	Support policies that expand access to community-based home visiting programs for all families with infants and young children.
Graduated Driver License Law	Strengthen Colorado's graduated driver licensing law to better align with best practice by: 1. Increasing the minimum age for a learner's permit from age 15 to 16 and the minimum age for an intermediate (restricted) license from age 16 to 17. 2. Expanding the restricted hours for intermediate drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.
Primary Seat Belt Law	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.
Paid Leave for Families	Support policies that ensure paid leave for families.
Fund Research on Firearm Deaths	Fund firearm research to understand contributing factors for firearm injury and violence, including risk and protective factors, social determinants of observed racial inequities and effective prevention strategies to prevent future firearm deaths.
Delayed School Start (after 8:30 a.m.)	Encourage Colorado's school districts to delay school start times (after 8:30am).

The goal of the Child Fatality Prevention System is to promote the health of infants, children and youth and their families by increasing economic stability, creating positive social norms and meaningful connections, and increasing access to behavioral health to prevent child deaths. Figure 1 shows the wide variety of partners from different disciplines and agencies and the structure of CFPS: 43 local child fatality prevention review teams (local teams), the 46-member State Review Team and the Colorado Department of Public Health and Environment (CDPHE) State Support Team. Child fatality review teams and their partners implement and evaluate the identified strategies at the state and local levels with the goal of preventing similar deaths.

Figure 1. CFPS Infographic of Structure and Partners



In addition to the prevention recommendations outlined in this report, CFPS made the following recommendations to strengthen child fatality data quality. This would improve how investigative agencies examine child deaths. It would also improve data tracking and analysis:

- Encourage and incentivize law enforcement agencies and coroner offices to use the Suicide Death Scene Investigation Form when investigating suicide deaths.
- Encourage and incentivize law enforcement agencies and coroner offices to use the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) during infant death scene investigations.
- Improve CFPS data quality by providing technical assistance to local teams on best practices for firearm fatality reviews.
- Improve quality of CFPS substance use data by supplementing CFPS data with other data sources.

SUMMARY OF 2013-2017 CFPS FINDINGS

CFPS uses death certificates provided by the Vital Statistics Program within the Center for Health and Environmental Data at CDPHE to identify deaths among those under age 18 in Colorado. The CFPS review process includes deaths of Colorado residents occurring in Colorado, as well as deaths of out-of-state residents who died in Colorado or were transported to a Colorado hospital and died. CFPS does not review deaths of Colorado residents that occur outside of Colorado. These criteria are different from other reports of child fatality data and many other Colorado government data sources. As a result, the data presented in this report may not match other statistics reported at both the state and national levels. This report provides an overview of state-level data and cause-specific data from CFPS. Additional CFPS data is available on an interactive data dashboard at: www.cochildfatalityprevention.com/p/reports.html.

Of the 3,020 deaths in Colorado from 2013 through 2017, 1,093 met the statutory criteria for CFPS child fatality review and received a thorough case review during the 2013 through 2018 calendar years. Figure 2 demonstrates the number of deaths in Colorado among those under age 18 from 2013 through 2017, as well as the number of deaths CFPS reviewed during this time period. Child deaths during this five-year period ranged from 586 in 2014 to 617 in 2013 and averaged 604 deaths per year. On average, 219 deaths per year met CFPS criteria and received a full review. In 2013, 198 deaths met the CFPS criteria for review, while 266 deaths met the criteria in 2017. The overall number of deaths among infants, children and youth remained stable throughout the five-year period; however, the proportion of those deaths reviewed by CFPS increased in 2016 and 2017. The overall crude rate of death for deaths reviewed by CFPS for the period was 16.1 per 100,000 Colorado residents, ranging from 14.9 per 100,000 in 2013 to 18.9 per 100,000 population in 2017. While the upward trend in the rate across the period was not statistically significant, CFPS is monitoring this trend closely.

Figure 2. Total number of child deaths and child deaths reviewed by CFPS occurring among those under age 18 in Colorado by year, 2013-2017

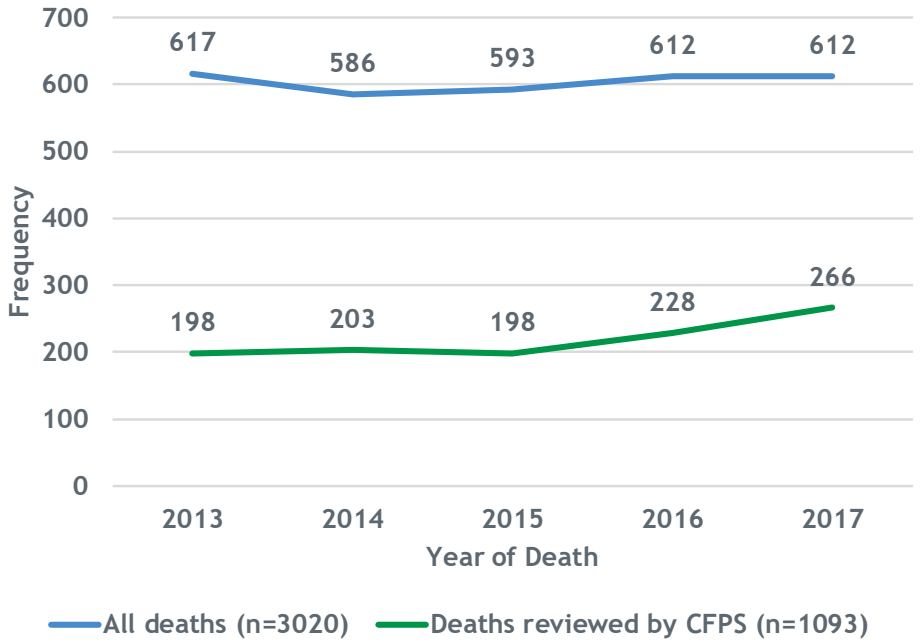


Table 1 shows the leading causes of death among children and youth under age 18 reviewed by CFPS for the years 2013-2017 by age group. Suicide was the most frequent cause of death over the five-year period (n=261), followed by motor vehicle and other transportation-related deaths (n=237), consisting primarily of passenger vehicle deaths (n=160) and pedestrian deaths (n=38). Youth suicide significantly increased across the period, while motor vehicle and other transportation-related deaths trended upwards in recent years. CFPS will monitor these trends in coming years. Other leading causes of death included sudden unexpected infant death (SUID) (n=228); child maltreatment deaths (n=223); firearm deaths (n=168); unintentional drowning deaths (n=61); homicide deaths not due to child maltreatment (n=43); and unintentional overdose or poisoning (n=33) deaths.

Table 1. Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by age group, 2013-2017*

	n	Percent
All (n = 1093)		
Suicide	261	23.9
Motor vehicle and other transportation-related	237	21.7
Sudden unexpected infant death	228	20.9
Child maltreatment	223	20.4
Firearm	168	15.4
Age < 1 (n = 299)		
Sudden unexpected infant death	228	76.2
Child maltreatment	90	30.1
Unintentional drowning	6	2.0
Motor vehicle and other transportation-related	6	2.0
Other	8	2.7
Ages 1 - 4 (n = 149)		
Child Maltreatment	62	41.6
Unintentional drowning	25	16.8
Motor vehicle and other transportation-related	24	16.1
Asphyxia	12	8.1
Fire	10	6.7
Ages 5 - 9 (n = 88)		
Motor vehicle and other transportation-related	43	48.9
Child maltreatment	30	34.1
Unintentional drowning	12	13.6
Firearm	7	8.0
Fall or Crush	5	5.7
Ages 10 - 14 (n = 173)		
Suicide	84	48.6
Motor vehicle and other transportation-related	48	27.8
Child maltreatment	21	12.1
Firearm	38	22.0
Homicide	7	4.0
Ages 15 - 17 (n = 384)		
Suicide	177	46.1
Motor vehicle and other transportation-related	116	30.2
Firearm	116	30.2
Homicide	32	8.3
Unintentional poisoning	26	6.8

Data source: Child Fatality Prevention System, Colorado Department of Public Health and Environment.

*Cause of death categories are not mutually exclusive. Totals may sum beyond 100%.

CONCLUSION

Over the past five years, the system has submitted 30 child fatality prevention recommendations and made significant progress towards successfully implementing those recommendations using and developing statewide partnerships and resources. This report reflects the culmination of the collective expertise of system partners across Colorado. The structure of the Colorado Child Fatality Prevention System ensures coordination at the state and local level and provides an opportunity to advance prevention strategies and systems improvements. Changes in policy and enforcement of laws are effective prevention strategies for many types of child deaths. Colorado policymakers can reduce child deaths by supporting and adopting the recommendations outlined in this report.

INTRODUCTION

A PUBLIC HEALTH APPROACH TO CHILD FATALITY PREVENTION

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide, multidisciplinary, multi-agency effort to prevent child deaths. The Colorado CFPS is housed at the Colorado Department of Public Health and Environment (CDPHE) in the Violence and Injury Prevention - Mental Health Promotion (VIP-MHP) Branch of the Prevention Services Division. The system is based on a public health approach to child fatality prevention (Figure 1). CFPS identifies areas for improvement through individual case-specific reviews of child deaths. These reviews highlight specific risk and protective factors that state and community partners can mitigate or enhance through best practices and evidence-based interventions to prevent child deaths. As mandated in statute, this report identifies specific policy recommendations to reduce child deaths in Colorado and provides an overview of programmatic accomplishments for state Fiscal Year 2018-19.

Figure 1. A public health approach to child fatality prevention

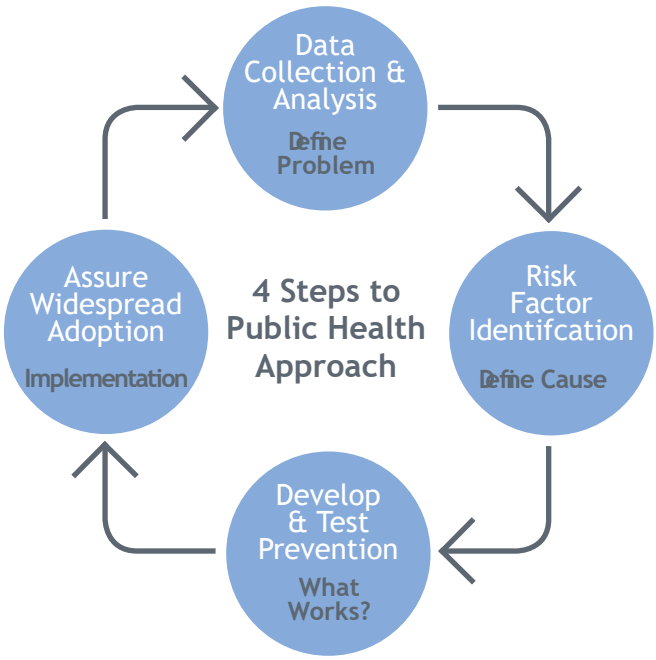


Figure 2. CFPS Infographic of Structure and Partners

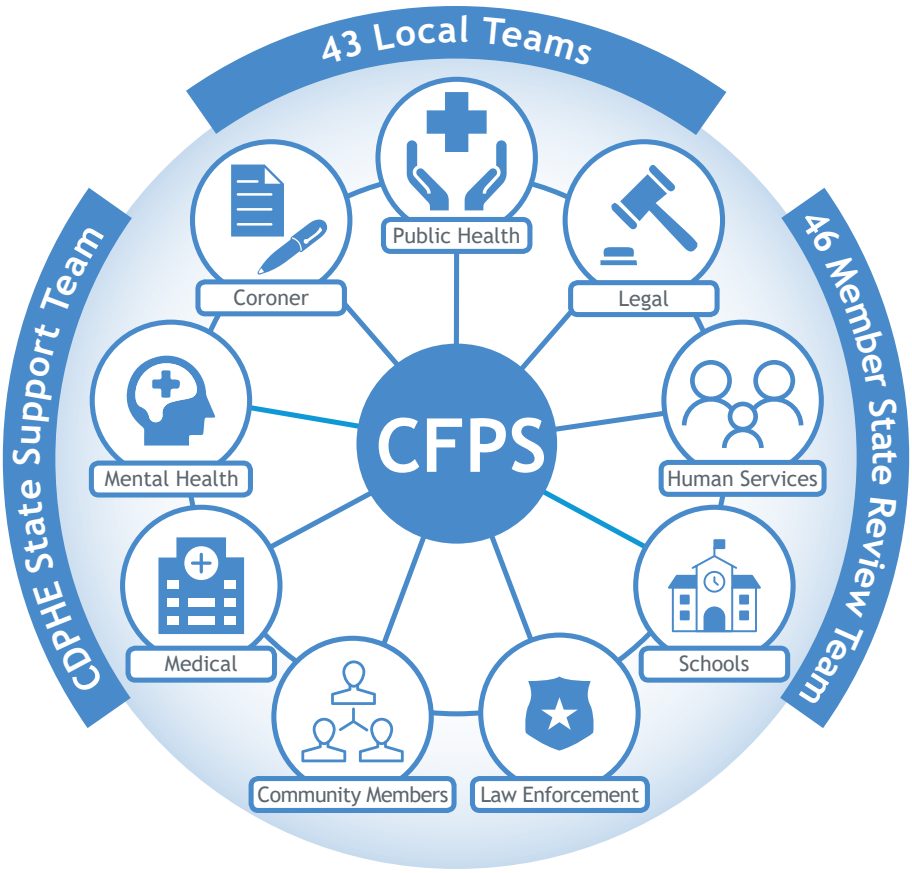


Figure 2 shows the wide variety of partners from different disciplines and agencies and the structure of CFPS. Local child fatality prevention review teams (local teams) are responsible for conducting individual, case-specific reviews of fatalities of children from 0-17 years of age occurring in the coroner jurisdiction of the local team. County or district public health agencies coordinate 43 multidisciplinary local teams, representing every county in Colorado. CFPS State Support Team assigns cases to local teams and provides training and technical assistance, including how to conduct case reviews and evidence-based child fatality prevention strategies.

The CFPS State Review Team reviews aggregated data and local team recommendations to identify state-level recommendations to prevent child deaths in Colorado, including policy recommendations. The variety of disciplines involved and the depth of expertise provided by the CFPS State Review Team and local teams results in a comprehensive review process, allowing for a broad analysis of both contributory and preventive factors of child deaths and the development and implementation of evidence-based prevention strategies.

CFPS DATA OVERVIEW

The data presented within this report come from comprehensive, statutorily-mandated reviews of deaths among those under age 18 occurring in Colorado between 2013 and 2017. Local teams are responsible for conducting individual, case-specific reviews of deaths of children meeting the statutory criteria. Reviewable child deaths result from one or more of the following causes: undetermined causes, unintentional injury, violence, motor vehicle and other transportation-related causes, child maltreatment, sudden unexpected infant death (SUID) and suicide. During the Fiscal Year 2018-19, local teams reviewed deaths that occurred in 2017.

Leading causes of death:

- Suicide.
- Motor vehicle crashes.
- Sudden unexpected infant death.
- Child maltreatment.
- Firearm.

The CFPS review process includes deaths of Colorado residents occurring in Colorado, as well as deaths of out-of-state residents who died in Colorado or were transported to a Colorado hospital and died. CFPS does not review deaths of Colorado residents that occur outside Colorado. These criteria are different from other reports of child fatality data and many other Colorado government data sources. As a result, the data presented in this report may not match other statistics reported at both the state and national levels. This report provides an overview of the state-level data from CFPS as well as topic-specific sections on the following causes of death: youth suicide, motor vehicle and other transport-related deaths, SUID, child maltreatment deaths, firearm deaths, drowning deaths and overdose deaths. Additional CFPS data is available on an interactive data dashboard at: www.cochildfatalityprevention.com/p/reports.html.

STRUCTURAL INEQUITY

CDPHE acknowledges that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans.[1]

Some families lose infants, children and youth to the types of deaths reviewed by CFPS not as the result of the actions or behaviors of those who died, or their parents or caregivers. Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds can also contribute to a child's death.[2] In the United States, most residents grew up and continue to live in racially and economically segregated neighborhoods, which can lead to marginalization.[3,4] This marginalization of groups into segregated neighborhoods further impacts access to high-quality education,[5] employment opportunities,[6] healthy foods[7] and health care.[8] Combined, the economic injustices associated with residential, educational and occupational segregation have lasting health impacts that include adverse birth outcomes, infant mortality,[9] high rates of homicide and gun violence[10] and increased motor vehicle deaths.[11]

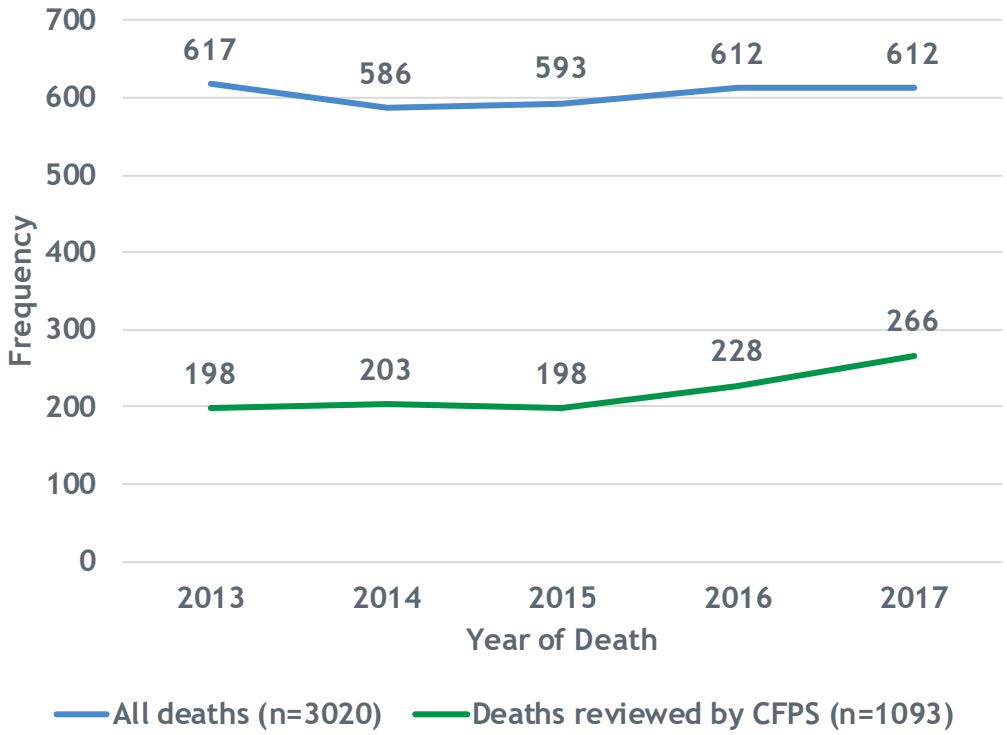
A note about terminology: While "Latinx" is becoming the preferred way to identify people of Latin descent, this report uses "Hispanic" throughout the data section to reflect how CFPS data is collected and to align with terminology used in cited literature and research.[12]

When interpreting the data, it is critical not to lose sight of these systemic, avoidable and unjust factors. These factors perpetuate the inequities that we observe in child deaths across populations in Colorado. Research is making progress in understanding how race and ethnicity, economic status, sexual orientation and gender identity correlate with health. It is critical that data systems like CFPS identify and understand the life-long inequities that persist across groups in order to eradicate them.

SUMMARY OF 2013-2017 CHILD FATALITY REVIEW FINDINGS

CFPS uses death certificates provided by the Vital Statistics Program in the Center for Health and Environmental Data at CDPHE to identify deaths among those under age 18 in Colorado. Of the 3,020 deaths from 2013 through 2017, 1,093 met the statutory criteria for CFPS child fatality review and received a thorough case review during the 2013 through 2018 calendar years. Figure 3 demonstrates the number of deaths in Colorado among those under age 18 from 2013 through 2017 and the number of deaths CFPS reviewed during this time period. Child deaths during this five-year period ranged from 586 in 2014 to 617 in 2013 and averaged 604 deaths per year. On average, 219 deaths per year met CFPS criteria and received a full review. In 2013, 198 deaths met the CFPS criteria for review, while 266 deaths met the criteria in 2017. The overall number of deaths among infants, children and youth remained stable throughout the five-year period; however, the proportion of those deaths reviewed by CFPS increased in 2016 and 2017. The overall crude rate of death for deaths reviewed by CFPS for the period was 16.1 per 100,000 Colorado residents, ranging from 14.9 per 100,000 in 2013 to 18.9 per 100,000 population in 2017. While the upward trend in the rate across the period was not statistically significant, CFPS is monitoring this trend closely.

Figure 3. Total number of child deaths and child deaths reviewed by CFPS occurring among those under age 18 in Colorado by year, 2013-2017



One major difference between deaths not reviewed by CFPS and those meeting the statutory criteria for CFPS review is the manner of death determined by coroners and medical examiners. The Colorado death certificate has five manners of death: natural, accident, suicide, homicide and undetermined. Manner of death is a classification made by a coroner, typically following a review of circumstances surrounding the death and a thorough investigation. CFPS reviews approximately one of every three deaths. Those that CFPS does not review are most often deaths of natural manner due to a natural disease process. These natural deaths get a cursory review by CFPS to determine if there is a need to initiate a full review.

Figure 4. All deaths and all deaths reviewed by CFPS occurring among those under age 18 in Colorado by manner of death, 2013-2017

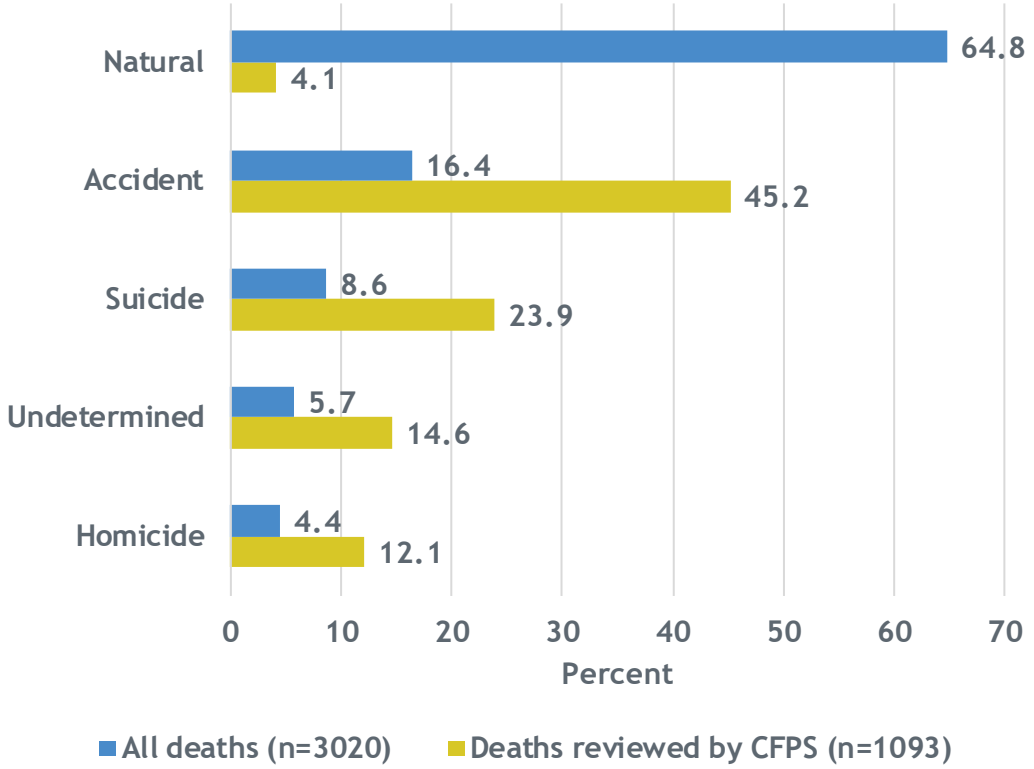


Figure 4 demonstrates that the majority of all deaths were determined to be natural (64.8 percent, n=1,958), accident (16.4 percent, n=494), suicide (8.6 percent, n=261), undetermined (5.7 percent, n=172) and homicide (4.4 percent, n=132). By contrast, for deaths reviewed by CFPS the most frequent manners of death were accident (45.2 percent, n=494), suicide (23.9, n=261), undetermined (14.6 percent, n=159), homicide (12.1 percent, n=132) and natural (4.1 percent, n=45).

Table 1. Leading causes of death occurring among those under age 18 in Colorado, 2013-2017 (n=3020)

	n	Percent
Perinatal conditions	846	28.0
Congenital malformations	506	16.8
Suicide	261	8.6
Motor vehicle	231	7.7
Sudden unexpected infant death	216	7.2
Malignant neoplasms	137	4.5
Nervous system diseases	103	3.4

Data source: Vital Statistics Program, Colorado Department of Public Health and Environment.
Prepared by the Child Fatality Prevention System.

Colorado coroners also determine cause of death, which is a specific injury or disease that resulted in the death (i.e., drowning, poisoning or a motor vehicle crash). Table 1 displays the leading causes of death occurring among those under age 18 in Colorado for the years 2013-2017. These leading causes of death included perinatal conditions (28.0 percent, n=846), congenital malformations (16.8 percent, n=506) and youth suicide (8.6 percent, n=261).

For CFPS data analysis purposes, coroners may assign a death to one or more of the major cause of death categories when child maltreatment is indicated. For example, in the case of a youth known to be experiencing a mental health crisis who subsequently dies by suicide, the death may be coded as a death by suicide, a firearm death (depending on the means). This death may also be counted as a child maltreatment death, if the professional opinion of the team identified child neglect where access to lethal means were not restricted.

Figure 5. Leading causes of death for deaths occurring among those under age 18 in Colorado and reviewed by CFPS, 2013-2017 (n=1093)

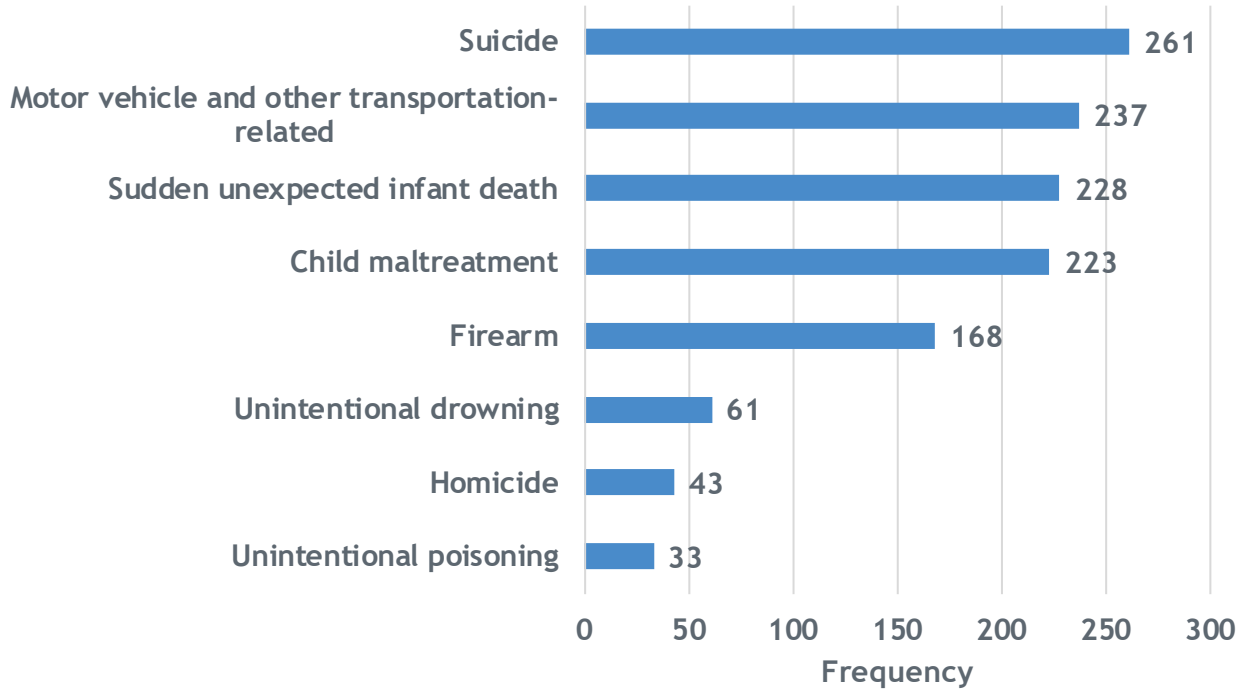
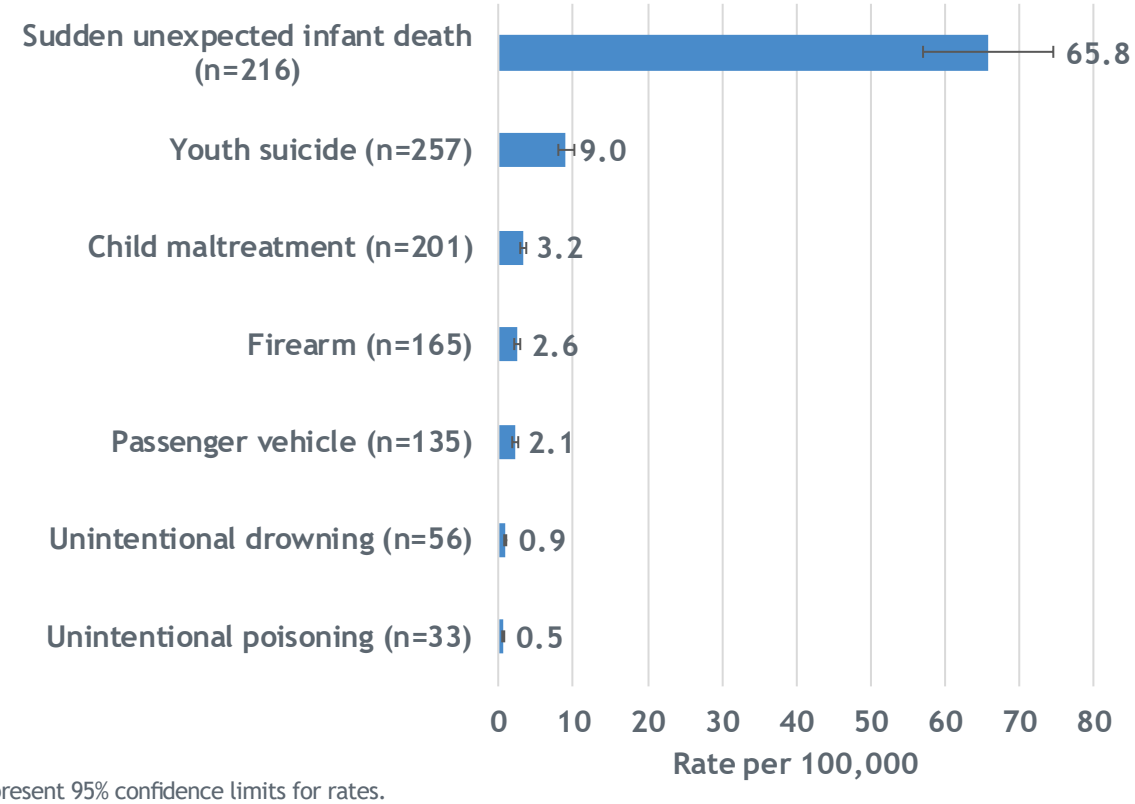


Figure 5 shows the leading causes of death among children and youth under age 18 reviewed by CFPS for the years 2013-2017. Among these, the most frequent cause of death over the five-year period was youth suicide (n=261), followed by motor vehicle and other transportation-related deaths (n=237), consisting primarily of passenger vehicle deaths (n=160) and pedestrian deaths (n=38). Other leading causes of death included sudden unexpected infant death (SUID) (n=228), child maltreatment (n=223), firearm (n=168), unintentional drowning (n=61), homicide not due to child maltreatment (n=43), and unintentional overdose or poisoning (n=33) deaths.

Figure 6. Crude rates of death for child fatalities occurring in Colorado among Colorado residents under age 18 and reviewed by CFPS, 2013-2017



*Error bars represent 95% confidence limits for rates.

Figure 6 demonstrates the crude rates of death among Colorado residents for the leading causes of death identified by CFPS from 2013-2017. The highest rate of death was SUID, at 65.8 deaths per 100,000 live births in Colorado. This rate was more than seven times the rate of any other cause of death reviewed by CFPS. Suicide among youth ages 10-17 was the second highest rate at 9.0 deaths per 100,000 population, followed by child maltreatment at 3.2 per 100,000 population. These rates varied by age group, where the rate of child maltreatment among infants under age 1 (25.3 per 100,000 population, n=84) exceeds the rate of suicide among those ages 15-17 (16.7 per 100,000 population, n=174). Both represent the age categories with the highest rates for these causes of death.

Figure 7. Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by year, 2013-2017 (n=1093)

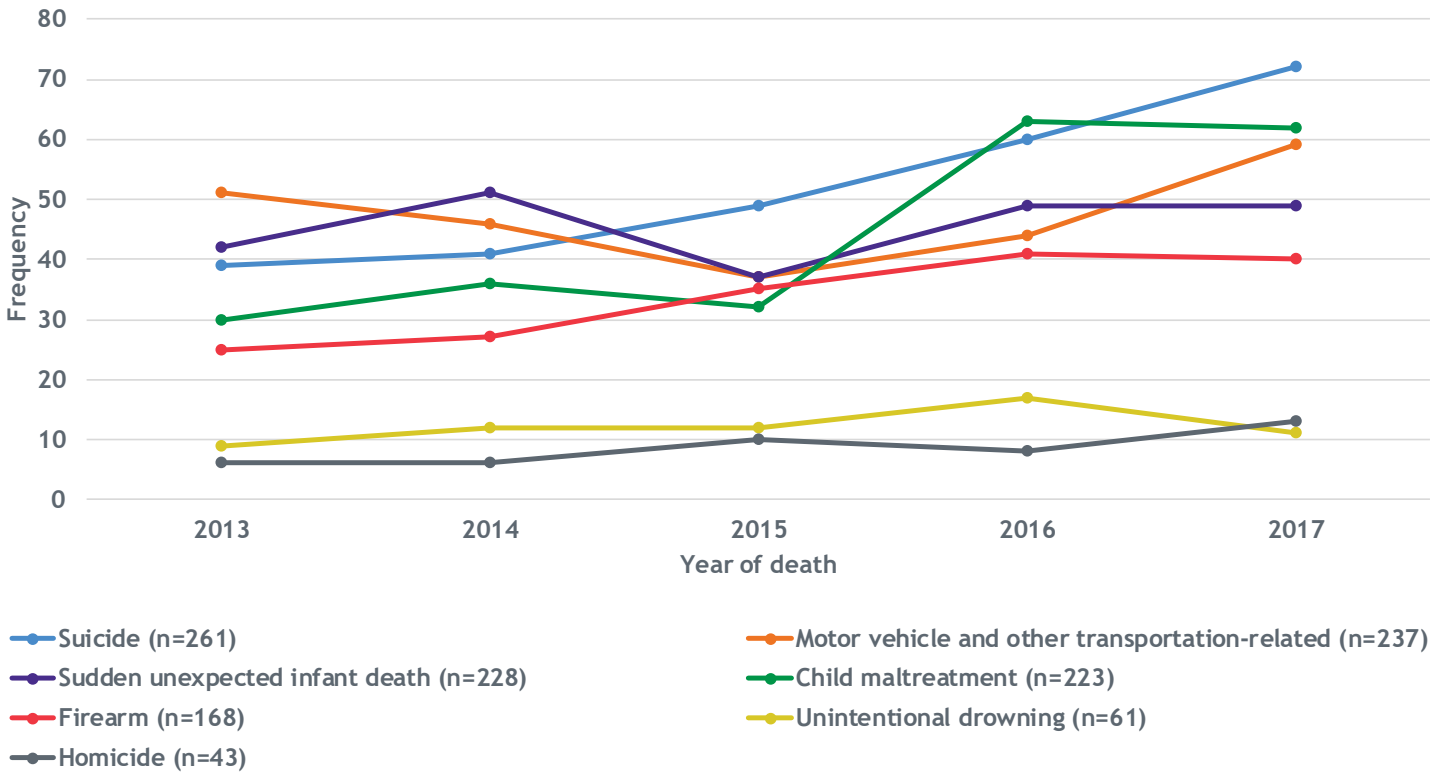


Figure 7 shows the leading causes of death by year of death. Youth suicide significantly increased across the period. Although the increase was not significant, motor vehicle and other transportation-related deaths trended upwards in recent years. CFPS will monitor these trends in coming years.

Table 2 displays the leading causes of death from 2013-2017 for deaths reviewed by CFPS occurring among those under age 18 in Colorado by age group. The leading causes for infants under age 1 (n=299) included SUID (76.2 percent, n=228), child maltreatment (30.1 percent, n=90) and unintentional drowning (2.0 percent, n=6). Among children ages 1-4 (n=149), the leading causes of death were child maltreatment (41.6 percent, n=62), unintentional drowning (16.8 percent, n=25) and motor vehicle or other transportation-related deaths (16.1 percent, n=24). Children ages 5-9 had the fewest deaths of any age category (n=88), with motor vehicle or other transportation-related deaths as the leading cause of death (48.9 percent, n=43), followed by child maltreatment (34.1 percent, n=30) and unintentional drowning (13.6 percent, n=12). For youth ages 10-14 (n=173), the leading causes of death included suicide (48.6 percent, n=84), motor vehicle or other transportation-related deaths (27.8 percent, n=48) and child maltreatment (12.1 percent, n=21). Finally, there were 384 deaths among youth ages 15-17. Leading causes for this age group included suicide (46.1 percent, n=177), motor vehicle or other transportation-related deaths (30.2 percent, n=116) and homicide (8.3 percent, n=32).

Table 2. Leading causes of death occurring among those under age 18 in Colorado and reviewed by CFPS by age group, 2013-2017*

	n	Percent
All (n = 1093)		
Suicide	261	23.9
Motor vehicle and other transportation-related	237	21.7
Sudden unexpected infant death	228	20.9
Child maltreatment	223	20.4
Firearm	168	15.4
Age < 1 (n = 299)		
Sudden unexpected infant death	228	76.2
Child maltreatment	90	30.1
Unintentional drowning	6	2.0
Motor vehicle and other transportation-related	6	2.0
Other	8	2.7
Ages 1 - 4 (n = 149)		
Child Maltreatment	62	41.6
Unintentional drowning	25	16.8
Motor vehicle and other transportation-related	24	16.1
Asphyxia	12	8.1
Fire	10	6.7
Ages 5 - 9 (n = 88)		
Motor vehicle and other transportation-related	43	48.9
Child maltreatment	30	34.1
Unintentional drowning	12	13.6
Firearm	7	8.0
Fall or Crush	5	5.7
Ages 10 - 14 (n = 173)		
Suicide	84	48.6
Motor vehicle and other transportation-related	48	27.8
Child maltreatment	21	12.1
Firearm	38	22.0
Homicide	7	4.0
Ages 15 - 17 (n = 384)		
Suicide	177	46.1
Motor vehicle and other transportation-related	116	30.2
Firearm	116	30.2
Homicide	32	8.3
Unintentional poisoning	26	6.8

Data source: Child Fatality Prevention System, Colorado Department of Public Health and Environment.

*Cause of death categories are not mutually exclusive. Totals may sum beyond 100%.

CFPS RECOMMENDATIONS TO PREVENT CHILD DEATHS

Each year, the CFPS Support Team aggregates local team prevention recommendations and facilitates a process for CFPS partners to: 1) generate child fatality prevention recommendations based on the annual statewide data, and 2) vote on final prevention strategies to recommend for the annual legislative report. The process includes participants from the CFPS State Review Team, local teams across the state, youth serving on the Youth Partnership for Health (www.colorado.gov/cdphe/yph) and other CFPS content experts.

To create the 2019 Legislative Report, the CFPS State Support Team shared data from 2013 to 2017 with system partners in a two-hour data meeting, which informed the development of prevention recommendations at two, two-hour prevention meetings. Partners then voted on a draft list of 18 potential prevention recommendations to prioritize the following recommendations for the CFPS 2019 Legislative Report. These recommendations are based on the collective expertise of the system and do not reflect the official position of CDPHE.

Each recommendation includes a one- to two-page description of the rationale supporting the recommendation. This rationale outlines relevant data from CFPS, state and national level data sources and the evidence base behind the recommendation. The rationale also includes equity considerations, which explain the potential effects and impacts of the recommendations on certain populations.

Behavioral Health Promotion	Support policies to improve behavioral health care in Colorado, such as: 1. Increasing telehealth services, especially in rural areas. 2. Increasing diversity of the behavioral health care workforce. 3. Integrating behavioral health into primary care.
Quality, Affordable Housing	Support policies that expand access to quality, affordable and stable housing across Colorado.
Quality, Affordable Child Care	Support policies that ensure access to quality, affordable child care, especially for infants and young children.
Evidence-Based Home Visitation	Support policies that expand access to community-based home visiting programs for all families with infants and young children.
Graduated Driver License Law	Strengthen Colorado's graduated driver licensing law to better align with best practice by: 1. Increasing the minimum age for a learner's permit from age 15 to 16 and the minimum age for an intermediate (restricted) license from age 16 to 17. 2. Expanding the restricted hours for intermediate drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.
Primary Seat Belt Law	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.

 Paid Leave for Families	Support policies that ensure paid leave for families.
 Fund Research on Firearm Deaths	Fund firearm research to understand contributing factors for firearm injury and violence, including risk and protective factors, social determinants of observed racial inequities and effective prevention strategies to prevent future firearm deaths.
 Delayed School Start (after 8:30 a.m.)	Encourage Colorado's school districts to delay school start times (after 8:30am).

In addition, CFPS made the following recommendations to strengthen child fatality data quality and improve how investigative agencies examine child deaths:

- Encourage and incentivize law enforcement agencies and coroner offices to use the Suicide Death Scene Investigation Form when investigating suicide deaths.
- Encourage and incentivize law enforcement agencies and coroner offices to use the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) during infant death scene investigations.
- Improve CFPS data quality by providing technical assistance to local teams on best practices for firearm fatality reviews.
- Improve quality of CFPS substance use data by supplementing CFPS data with other data sources.

COLORADO CHILD FATALITY PREVENTION SYSTEM

BEHAVIORAL HEALTH PROMOTION

Prevention Recommendation:

SUPPORT POLICIES TO IMPROVE BEHAVIORAL HEALTH CARE IN COLORADO, SUCH AS:

1. Increasing telehealth services, especially in rural areas.
2. Increasing diversity of the behavioral health care workforce.
3. Integrating behavioral health into primary care.

This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations.

Policies and associated funding that improve behavioral health (both mental health and substance misuse) for Coloradoans can improve overall health and well-being, promote protective factors and ultimately prevent child deaths. Over the last several years, CFPS have identified unmet behavioral needs of children and youth in Colorado:

- Among youth ages 10-17 who died by suicide in Colorado between 2013 and 2017 (n=261), 24.1 percent (n=63) indicated drug or alcohol use as a personal crisis that contributed to the death and 26.8 percent (n=70) had a history of substance use or abuse.
- Among infants, children and youth who died in passenger vehicle crashes in Colorado between 2013 and 2017 (n=160), 26.9 percent (n=43) indicated drug or alcohol use as a cause of the crash. When narrowed down to passenger vehicle deaths involving a young driver (n=76), 35.5 percent (n=27) indicated drug or alcohol use as a cause of the crash.
- Among children and youth who died by unintentional poisoning involving prescription drugs in Colorado between 2013 and 2017 (n=19), 57.9 percent (n=11) were indicated to have used or abused substances previously.

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Colorado's Governor, legislators, non-profits, hospitals and health systems, researchers and state and local agencies are working together to identify and meet the needs of all Coloradoans by improving the behavioral health system in the state. In April 2019, Governor Polis created the Colorado Behavioral Health Task Force at the Colorado Department of Human Services. The task force will assess the current landscape of Colorado's behavioral health system and supports and develop a roadmap called Colorado's "Behavioral Health Blueprint" to guide improvements by the end of Fiscal Year 2019-20.[13]

In addition to the robust work happening across the state, CFPS team members identified behavioral health promotion as an important child fatality prevention recommendation. Healthier adults, parents and caregivers raise healthier children and youth. When behavioral health care systems and providers address the behavioral health needs of children, youth and caregivers, family functioning improves and has the potential to prevent many types of child fatalities. CFPS identified three main areas for a comprehensive approach to promote family behavioral health: 1) increasing telehealth services, particularly in rural areas; 2) increasing behavioral health care workforce diversity; and 3) integrating behavioral health into primary care.

<u>Increasing telehealth services, especially in rural areas</u>
Telehealth is a tool or system of tools to increase

access, quality and efficiency of health care delivery for all types of health care, including behavioral health care. According to the Health Resources and Services Administration, telehealth is defined as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications."[14]

In Colorado, telehealth includes a spectrum of web-based and telecommunications health care services. These include telemedicine, or the direct care provided remotely to patients; eConsult, which allows providers across the state to consult with other specialists as needed; and ECHO (Extension for Community Health Outcomes) Colorado, an online community of practice for health care providers and other professionals to learn about emerging issues and connect as a cohort.

Research suggests that telehealth improves access to health care, improves quality of care and reduces health care costs.[15,16] In Colorado, House Bill 15-1029 signed by Former Governor Hickenlooper created telehealth parity, expanding access to telehealth by requiring reimbursement for telehealth services provided in all counties in Colorado.[17] Additionally, private and public insurers, including Medicaid, reimburse telehealth services for physical and behavioral health.

Privacy concerns and the stigma associated with seeking and receiving behavioral health care services may keep many people from seeking care, especially in rural areas of the state. Telehealth can be an opportunity to provide behavioral health care to those who want it, but may not seek care because of reasons listed above. However, not all communities in Colorado have access to broadband internet, which can facilitate telehealth delivery. Communities must build the internet infrastructure to support telehealth in the communities that need it most.

During the 2019 legislative session, Colorado legislators introduced and passed two bills to support broadband access across the state: Senate Bill 19-107 (Broadband Infrastructure Installation) and Senate Bill 19-078 (Open Internet Customer Protections in Colorado). Given the potential of telehealth to reduce health care costs and improve access to quality care, policymakers should continue to support telehealth as an option for behavioral health care in Colorado.

Diversity of the Behavioral Health Care Workforce

Colorado's behavioral health care workforce should represent the diversity of the communities and people who live, learn, work and play here. The positive impact of a diverse health care workforce is well known.[18,19] Increasing the diversity of the behavioral health providers in Colorado will better represent the diversity of the state and better meet the needs of patients. It will also improve behavioral health outcomes and decrease inequities among Colorado's communities.[20]

According to the National Conference of State Legislatures, state policymakers can promote health care workforce diversity by:[21]

- Creating clear career paths, or pipelines, to help underrepresented people get the training they need to enter the health care workforce.
- Providing loan repayment and financial incentives.
- Establishing workforce centers to monitor the supply and demand for specific health care providers and evaluate the effectiveness of educational and workforce strategies.
- Encouraging professional schools to prioritize diversity of students, staff and curricula.
- Engaging community health workers who represent the communities they serve.

Behavioral Health Integration into Primary Care

Integration of behavioral health into primary care is another way to improve the behavioral health of families in Colorado. Research indicates that integration of behavioral health care into primary care reduces patients'

self-reported depression and increases their satisfaction with health care services.[22] In Colorado, school-based health centers and federally-funded State Innovation Model (SIM) clinical practice transformation support behavioral health integration.

There are 62 operational school-based health centers (SBHCs) in Colorado and CDPHE funds 52 of them through the School-Based Health Center Program. School-based health centers are health care facilities located inside a school or on school grounds. These centers are staffed by multi-disciplinary teams of medical and behavioral health specialists. Some centers also have dental professionals, health educators or health insurance enrollment specialists.

CDPHE-funded SBHCs provide integrated primary, behavioral and oral health care to more than 30,000 children and youth in Colorado. Services include, but are not limited to, preventive care such as well-child exams, immunizations and health screenings. Services also include health education and promotion, and mental health and counseling services.

SBHCs increase access to health care for children and youth while maximizing students' in-school time by reducing time spent attending offsite appointments. House Bill 18-1003 passed during the 2018 legislative session and allocated additional funding to address opioid and substance use disorders in SBHCs. Despite this legislation, more funding is needed to enable SBHCs across the state to increase capacity of health care providers, expand services, and engage more youth and their families as patients. Additional funding would also help assist SBHCs collect better data on what patients need, how patients use SBHC, and what health care gaps may persist.

The State Innovation Model (SIM) is a federally funded initiative to integrate behavioral health care into physical health care in Colorado by transforming individual clinical practices. SIM coaches train and support health care professionals in how to navigate integration. This will ultimately expand access to behavioral health care. Federal funding for SIM ends in Fiscal Year 2018-19. Policymakers should allocate additional state funding to sustain and continue Colorado's efforts to integrate behavioral health care into primary care settings.

State and local policymakers can play a role in supporting behavioral health access is Colorado. Policymakers and partners involved in assessment of Colorado's behavioral health system can include these recommendations as part of the "Behavioral Health Blueprint."

Equity Considerations:

- *Supporting a wide variety of behavioral health care providers can increase access to community supports, such as faith-based communities.*
- *Increasing the diversity of the racial and cultural behavioral health care workforce will mean that providers better meet the needs of all people in Colorado.*
- *Give school-based health centers funding priority if they serve a disproportionate number of uninsured or underinsured children and youth from birth to age 21, a low-income population or both. The funding goal is to invest in SBHCs that provide high-quality, integrated health care for children and youth to improve health.*

COLORADO CHILD FATALITY PREVENTION SYSTEM

QUALITY, AFFORDABLE HOUSING

Prevention Recommendation:

SUPPORT POLICIES THAT EXPAND ACCESS TO QUALITY, AFFORDABLE AND STABLE HOUSING ACROSS COLORADO.

This recommendation is based on local team and CFPS State Review Team recommendations.

Quality, affordable and stable housing is essential for the health and well-being of everyone, but especially for children, youth and families. The impact of housing on child, youth and family health, economic, educational and social outcomes is well documented.[23,24,25,26,27] If children have stable house, it can protect them from injury and violence, including child abuse and neglect.[28]

While the impacts of housing on health outcomes have long been understood, many families still face challenges accessing and affording quality housing. Research shows that families with children are the most likely to be evicted and experience housing instability.[29,30] Due to a long standing history of discriminatory housing and lending practices, black and Latinx people have and continue to face even more challenges securing safe, affordable and stable housing than white people do.[31] People of color and low- and moderate-income renters are the most impacted by rising housing costs, and among renters in the US, women of color are the most rent-burdened population, meaning that 61 percent of women of color pay more than 30 percent of their income on rent.[32] Despite the burden of housing costs, research demonstrates that providing families with rental assistance can improve child health outcomes.[33] This suggests that while housing is a complex problem, there are solutions to make housing more secure, safe and affordable.

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Policymakers can promote family and child health by supporting policies that ensure access to affordable, quality housing. These policies can have a profound impact on low- and moderate-income families and families of color, as households and communities most impacted by the lack of affordable, quality housing. Below are several policy solutions that support safe, stable and affordable housing:

- Expand access to legal services[34] and other free and low-cost case management supports to protect families from evictions.
- Increase funding for rental assistance.[35]
- Preserve existing affordable rental units.[36]
- Protect renters from rising costs or pressure to move and help long-term residents who wish to stay in the neighborhood [such as rent control].[37]
- Ensure that a share of new development is affordable.[38]
- Harness growth to expand financial resources.[39]
- Create incentives to develop affordable housing.[40]
- Support efforts of the Colorado Department of Local Affairs, Division of Housing to ensure compliance with the federal Fair Housing Act and resolution of tenant and landlord disputes.

Housing is an important social factor to protect children from violence and injury and improve health. If policymakers make quality, affordable housing more accessible, Colorado families will see improvements in a variety of outcomes.

Equity considerations:

- *Policies to increase access to housing must consider affordability and the impacts of gentrification on communities of color and low-income communities in Colorado.*
- *While systemic supports like rental assistance can help families access safe, stable, and affordable housing, families must also interact with various systems to access public assistance. Policymakers and agencies providing these supports should ensure that families do not face undue barriers to accessing vital supports.*[41]

COLORADO CHILD FATALITY PREVENTION SYSTEM

QUALITY, AFFORDABLE CHILD CARE

Prevention Recommendation:

SUPPORT POLICIES THAT ENSURE ACCESS TO QUALITY, AFFORDABLE CHILD CARE, ESPECIALLY FOR INFANTS AND YOUNG CHILDREN.

Joint Colorado Department of Human Services (CDHS) Child Fatality Review Team and CFPS State Review Team recommendation. This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations.

Pursuant to C.R.S. 25-20.5-407 (1) (i), the Child Fatality Prevention System (CFPS) State Review Team collaborates with the Colorado Department of Human Services (CDHS) Child Fatality Review Team (CFRT) to make joint recommendations to prevent child fatalities. In an effort to collaboratively identify a recommendation for the 2019 Legislative Report to prevent child maltreatment deaths, CFRT and CFPS completed a methodical, joint review of the 79 fatal incidents from 2013 to 2017 that met the review criteria for both systems. Following this review CFRT and CFPS identified trends associated with the circumstances surrounding these deaths. The joint review revealed that lack of access to quality, affordable child care was a contributing factor in 19 percent of the 62 deaths among infants and children under 5 years old.

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injuries deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Child care is an important factor to protect against family stress and is an evidence-based strategy to support families and prevent child maltreatment.[42,43,44] Subsidized child care has been shown to decrease child maltreatment, including both abuse and neglect.[45] Child maltreatment is less likely to occur when children are in families where caregivers have less economic strain and stress.[46] Additionally, child care encourages family engagement and allows caregivers to work outside the home, which contributes to family economic stability. Quality child care often includes early learning and education, which can positively impact infant and child development for children under 5 years old.[47]

Despite the demonstrated positive impact of child care, the high cost of child care in Colorado is a major barrier for families. While cost can be a barrier for families of all incomes, it can be especially difficult for families with the lowest incomes. Child Care Aware of America estimates the annual cost of center-based child care in Colorado is $14,950 and $10,522 for home-based care. The annual cost of college tuition at a four-year college in Colorado is $10,797, which means that center-based child care costs exceed the costs of higher edcuation.[48] Married caregivers of two children living at the poverty line pay 110 percent of their household income for center-based child care in Colorado.[49]

During the 2019 legislative session, state policymakers passed several bills to address the lack of access to quality, affordable child care in Colorado:

- House Bill 19-1005, Early Childhood Educator Tax Credit, establishes a refundable, annual tax credit for credentialed early childhood educators working at qualified facilities.

- House Bill 19-1013, Child Care Expenses Tax Credit Low-income Families, extends existing tax credits for families earning less than $25,000 annually.
- House Bill 19-1193, Behavioral Health Supports for High-Risk Families, creates a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment.
- House Bill 19-1262, State Funding for Full-day Kindergarten, increases access to full-day kindergarten and ensures that caregivers are not charged kindergarten tuition.
- Senate Bill 19-063 requires the Colorado Department of Human Services and partners to develop a strategic action plan to address the shortage of infant child care and family-home child care.

State and local policymakers and organizations have an opportunity to further support strategies that ensure access to quality, affordable child care by:

- Increasing funding for child care assistance programs, specifically Colorado Child Care Assistance Program (CCCAP), to expand access to more families with infants and young children.
- Expanding enrollment in Colorado Works/Temporary Assistance to Needy Families (TANF) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). These programs support families in being able to afford child care.[50]
- Passing policies that provide training and education to family, friend and neighbor caregivers to increase the quality of care in licensed-exempt settings. This is important because many families choose this care option because of the high cost of child care in licensed child care centers.
- Supporting participation by more social service programs in Colorado PEAK, the centralized system where families can be screened and apply for a variety of economic supports, including assistance for medical care services, food and cash assistance and early childhood programs.[51]
- Dedicating additional resources to support child care workforce development to increase the number of child care slots in Colorado and the quality of care provided by well-trained professionals.

Equity Considerations:

- *Lack of affordable, quality child care, especially for infants and those under age 5, disproportionately impacts families with the lowest incomes.*
- *Many families are not able to afford child care, which may lead to increased financial and emotional stress and may force families to make decisions based on money, rather than what they think is best for their infants and young children.*

The CDHS CFRT reviews incidents of fatal, near fatal or egregious abuse or neglect determined to be a result of child maltreatment when the child or family had previous involvement with the child welfare system within the last three years. CFRT reviews the incident and identifies factors that may have led to the incident. CFRT also assess the sufficiency and quality of services state and local agencies provide to families and their prior involvement with the child welfare system. As a result of identified strengths, as well as systemic gaps and/or deficiencies, CFRT puts forth policy and practice recommendations that may help prevent future incidents of fatal, near fatal or egregious abuse or neglect. These recommendations could also strengthen the systems that deliver services to children and families.

COLORADO CHILD FATALITY PREVENTION SYSTEM

EVIDENCE-BASED HOME VISITATION

Prevention Recommendation:

SUPPORT POLICIES THAT EXPAND ACCESS TO COMMUNITY-BASED HOME VISITING PROGRAMS FOR ALL FAMILIES WITH INFANTS AND YOUNG CHILDREN.

This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations.

Children get off to a better, healthier start when caregivers and parents have the supports and the skills needed to raise them. Community-based home visiting programs are family support programs that take place in a location that is convenient and comfortable for the family, including the family home or a neutral location such as a park or library. Home visiting programs offer support from non-judgmental, trained professionals, such as nurses or trained parent support providers. These professionals meet regularly with expectant caregivers and families with young children. Home visitors evaluate a family's needs and provide tailored services. The exact services and topics vary based on the specific home visiting program and may include:

- Teaching parenting skills and modeling effective techniques.
- Promoting early learning in the home with an emphasis on positive interactions between parents and children. Creating a language-rich environment that stimulates early language development.
- Providing information and guidance on a wide range of topics including breastfeeding, infant safe sleep, injury prevention, home safety, child health and nutrition.
- Conducting screenings and providing referrals to address postpartum depression, substance use and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities.
- Linking families to available resources and services related to basic needs, housing, child care, food assistance, employment and insurance.

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Home visiting programs contribute to positive health outcomes. These programs improve child health and development, school readiness, parenting skills, caregiver health, and family income, employment and economic self-sufficiency. They also reduce family violence or crime and child maltreatment. Home visiting programs help families by connecting with services and referrals.[52] Between 2013 and 2017, CFPS identified 223 cases where child maltreatment either directly caused or contributed to the death of an infant, child or youth in Colorado. The rates of child maltreatment fatalities were significantly higher for infants and children ages 0-4 compared to older populations.

Community-based home visiting programs support the Strengthening Families' Protective Factors Framework.[53] Strengthening Families is an approach to increase family strengths, enhance child development and

reduce the likelihood of child abuse and neglect. The goal is to engage families, programs and communities in building five factors which can protect children and youth from child maltreatment: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence.

In 2017, home visiting programs in Colorado served more than 8,184 families. However, the National Home Visiting Resource Center estimates that an additional 315,200 pregnant caregivers and families with 394,900 infants and children in Colorado would benefit from participation in an evidence-based home visiting program.[54]

There is not a single county in Colorado that has home visiting programs to meet the overall needs of families in the county. The lack of variety of home visiting programs in communities, especially in rural counties, means some families who would benefit from home visiting do not receive these services. For example, while Nurse Family Partnership serves all 64 counties in Colorado, this program only serves first-time mothers who enroll in the program within a month of their child's birth. Many counties only have access to this home visiting model, which means many families in need of services are not eligible to receive them.

It is important for counties to have a variety of home visiting program options because families have different needs and each program has specific eligibility requirements. It is necessary for Colorado to scaling up community-based home visiting programs in Colorado so that all families with infants and young children can benefit.

Equity Considerations:

- *If a government agency operates a home visitation program, some families may negatively perceive home visitors as child welfare or human service staff sent to "check up on them" and not want to be involved.*
- *Not all types of home visiting programs are offered in every community in Colorado, meaning some families have limited access to home visitation options.*
- *If scaling up home visiting programs, Colorado should consider workforce implications to ensure there are enough trained home visitors to meet the needs of families in Colorado.*
- *Home visiting services should be culturally relevant and meaningful. Home visitors should reflect the communities they serve so they can provide the most effective services.*

COLORADO CHILD FATALITY PREVENTION SYSTEM

GRADUATED DRIVER LICENSE LAW

Prevention Recommendation:

STRENGTHEN COLORADO'S GRADUATED DRIVER LICENSING LAW TO BETTER ALIGN WITH BEST PRACTICE BY:

1. Increasing the minimum age for a learner's permit from age 15 to 16 and the minimum age for an intermediate (restricted) license from age 16 to 17.
2. Expanding the restricted hours for intermediate drivers from between 12 a.m. and 5 a.m. to between 10 p.m. and 5 a.m.

This recommendation is based on local team, CFPS State Review Team, and past CFPS recommendations. It is also a priority of the Colorado Young Drivers Alliance (CYDA), the Colorado Occupant Protection Task Force and the Colorado Task Force on Drunk and Impaired Driving.

CFPS data suggests that young drivers in Colorado are not getting the training they need to prevent motor vehicle crashes. From 2013-2017 there were 76 infants, children or youth ages 0-17 who died in passenger vehicle crashes involving 79 young drivers 18 years of age and under. Those who died in these crashes were most often the passenger of a young driver (50.0 percent, n=38) or the young driver themselves (50.0 percent, n=38). Seventy-two of the 79 young drivers (91.1 percent) in these 76 deadly crashes were responsible for causing the crash. Speeding over the limit (63.9 percent, n=46), recklessness (61.1 percent, n=44), and inexperience (59.7 percent, n=43) were the leading circumstances in passenger vehicle deaths in Colorado where a young driver was indicated to be responsible for causing the crash.

Recommendation Impacts:
Motor vehicle deaths.

Colorado's graduated driver licensing (GDL) law was first enacted in 1999 to increase the amount of behind-the-wheel training necessary for beginning drivers. In 2005, the Colorado General Assembly passed additional components to the GDL law restricting the number of passengers that a driver under 18 years old can transport and prohibiting any minor driver who has held a license for less than one year from driving between midnight and 5 a.m.

CFPS data suggests that this piece of legislation may have been successful in reducing child deaths due to motor vehicles. In 2004, before the law went into effect, 59 teenagers (ages 15-17), died in motor vehicle passenger crashes. In 2005, the year the GDL law was enhanced, and again in 2006, 25 youth ages 15-17 died in motor vehicle crashes. This represents a 57.6 percent reduction in motor vehicle passenger among youth aged 15-17 in just one year.

Despite reductions in motor vehicle deaths among youth likely due to the current GDL law, according to CFPS data motor vehicle crashes remain the second preventable leading cause of death for youth, and the number of deaths has been steadily increasing from 34 deaths in 2015, 49 deaths in 2016, to 56 deaths in 2017. To better align with best practice[55,56,57] and prevent child deaths, Colorado could strengthen its GDL law by: 1) increasing the minimum age for a learner's permit from age 15 to 16 and for an intermediate (restricted) license from age 16 to 17; and 2) expanding the restricted hours for intermediate drivers to between 10 p.m. to 5 a.m. Making these changes to the GDL law would more effectively support

inexperienced drivers, and the Insurance Institute for Highway Safety estimates that the combined effect of making these changes would further reduce teen driver fatalities in Colorado by twenty-eight percent.[58] Additionally, the current educational requirements to obtain a driver's permit are confusing since there are different requirements depending on the age that someone is when they begin driver's education courses. Streamlining these educational requirements could make it easier for families to understand the steps needed to obtain a driver's license.

Equity considerations:

- *There is not equitable access to driver's education in Colorado. Low income families may have difficulty paying for driver's education. Youth living in rural areas may have to travel long distances to access the nearest driving school and may not have broadband internet to access online options.*
- *Colorado's GDL law requirements are complex, so state agencies and motor vehicle safety partners must write educational materials in plain language and translate them into multiple languages.*

Colorado's current requirements to obtain a license in Colorado depends on the age of a young person when they begin the process. Colorado's current GDL law by the age of a young person when they begin the process is as follows:*

Age	Driver's Education	Driver's Permit	In-Vehicle Training	Driver's License
15 - 15 1/2 years of age	Complete a 30 hour driver's education course	Apply for permit	Log 50 hours of supervised driving and complete a **mandatory** 6 hour behind-the-wheel training	Apply for license after one year holding driver's permit
15 1/2 to 16 years of age	4 hour driver awareness program	Apply for permit	Log 50 hours of supervised driving and complete an **optional** 6 hour behind-the-wheel training	Apply for a license after one year holding driver's permit
	OR			
	Complete 30-hour driver's education course (includes 4 hour driver awareness)	Apply for permit	Log 50 hours of supervised driving and complete an **optional** 6 hour behind-the-wheel training	Apply for license after one year holding driver's permit
16 to 17 years of age	Complete 30-hour driver's education course (includes 4 hour driver awareness)	Apply for permit	Log 50 hours of supervised driving and complete an **optional** 6 hour behind-the-wheel training	Apply for license after one year holding driver's permit

*Adapted from the Rocky Mountain Insurance Information Association. (2015). Steps to obtaining a license. Retrieved on June 6, 2019 from: www.rmiia.org/auto/teens/Colorado_GDL.asp.

COLORADO CHILD FATALITY PREVENTION SYSTEM

PRIMARY SEAT BELT LAW

Prevention Recommendation:

ESTABLISH A STATUTORY REQUIREMENT THAT ALLOWS FOR PRIMARY ENFORCEMENT OF COLORADO'S ADULT SEAT BELT LAW, MAKING IT POSSIBLE TO STOP A DRIVER AND ISSUE A CITATION IF ANYONE (THE DRIVER AND ALL PASSENGERS, REGARDLESS OF SEATING POSITION) IN THE VEHICLE IS NOT PROPERLY RESTRAINED.

This recommendation is based on local team, CFPS State Review Team, and past CFPS recommendations. It is also a priority of the Colorado Young Drivers Alliance (CYDA), the Colorado Occupant Protection Task Force and the Colorado Task Force on Drunk and Impaired Driving.

Recommendation Impacts:
Motor vehicle deaths.

Increasing safety belt use is the single most effective way to save lives and reduce injuries due to crashes on Colorado roadways. Studies have affirmed that seat belts reduce serious injuries and deaths in crashes by about 50 percent.[59] According to a systematic review of 13 published studies on restraint laws, primary safety belt laws are incrementally more effective in decreasing fatal injuries and increasing safety belt use than secondary safety belt laws.[60] States with primary seat belt laws, which allow law enforcement officers to issue citations to drivers solely for not buckling up, have seat belt use rates that are 13 to 16 percent higher than states with secondary laws, which require officers to first stop a motorist for another violation before issuing a seat belt citation.[61] Colorado has fallen behind other states and is now one of only 15 states that have not passed a primary seat belt law.[62]

Colorado's seat belt use rate remains stagnant at 86 percent, over 3 percent less than the national average of 89.6 percent and over 4 percent less than states that have a primary law of 90.6 percent.[63,64] In 2017 alone, 410 motor vehicle occupants (drivers and passengers of all ages combined) died in passenger vehicle crashes in Colorado, and 54 percent (n=222) were unrestrained at the time of the crash.[65] According to CFPS data, of the 160 infants, children and youth who died in Colorado in passenger vehicle crashes from 2013- 2017, only 32.5 percent (n=52) of all infants, were properly restrained.

Among the Hispanic infants, children and youth who died in passenger vehicle crashes in Colorado from 2013 - 2017, 68.7 percent (n=46) were improperly restrained, compared to 50.6 percent (n=40) of non-Hispanic whites. Studies have shown that primary seat belt laws mitigate this disparity by increasing seat belt use rates, particularly among Hispanic and Latinx vehicle occupants, and decreasing fatalities at higher rates among these populations.[66,67,68]

Increasing adult seat belt use has a significant impact on child passenger safety because drivers who wear seat belts are more likely to restrain their child passengers. A national study of crashes with fatally injured children ages birth to 15 found that when adult drivers used a seat belt, children riding with them were also restrained an average of 74 percent of the time. If the adult driver was not using a seat belt, child restraint use decreased to 35 percent.[69]

Increasing seat belt use in Colorado will also decrease health care cost. The CDC estimates that primary enforcement of seat belt laws in Colorado could prevent 2,385 injuries, 25 deaths, and save over $94 million

per year from injuries prevented and lives saved.[70] In addition to pain and suffering to families, research from the CDC indicates motor vehicle crashes cost Colorado more than $623 million each year in medical expenses and work loss costs.[71] The National Highway Traffic Safety Administration estimates that three-fourths of vehicle crash related costs are paid by citizens not involved in the crashes through increased taxes, insurance premiums, and crash-delay costs such as excess fuel use and increased environmental impacts.[72]

Currently, Colorado has primary restraint laws for children ages 0-15 years as well as for young drivers under age 18 years, but the restraint law for adults remains secondary enforcement. In addition, the Colorado child passenger restraint laws only cover children through age 15 years and the safety belt components of the Graduated Drivers Licensing (GDL) law only apply when a vehicle is driven by an adolescent driver. Young people ages 16 and 17 years who ride in a vehicle driven by an adult driver are subject to secondary enforcement. The fact that there are different types of enforcement for different age groups makes it difficult for law enforcement to properly enforce the laws, particularly for adolescent drivers who may appear to be older than they are.

Due to the data and strong evidence base supporting implementation of a primary seat belt enforcement law, motor vehicle stakeholders throughout Colorado prioritized supporting policies and activities that promote seat belt use, such as primary seat belt laws, in the Colorado 2015-2019 Strategic Highway Safety Plan and the Colorado Task Force on Drunk and Impaired Driving 2018 Annual Report.[73,74] Making all safety restraint laws primary enforcement would close the gap in Colorado's law, improve Colorado's commitment to public safety, support law enforcement's work on the roadways and drastically reduce serious injuries and fatalities from passenger vehicle crashes.

Equity considerations:

- *Some partners are concerned that primary seat belt legislation could lead to profiling communities of color. Two National Highway Traffic Safety Administration studies discovered no difference in ticketing by race or a higher increase in tickets to white drivers following the passage of the primary seat belt law.[75,76] Colorado law prohibits profiling by law enforcement toward anyone based on race, national origin, language, religion, sexual orientation, gender identity, and/or disability (C.R.S 24-31-309 (2)). In order to prevent differential profiling in traffic safety, communities of color should be involved in policy discussions and policies should require systems to track and evaluate citations by demographic characteristics with data available to the public.[77,78]*

COLORADO CHILD FATALITY PREVENTION SYSTEM

PAID LEAVE FOR FAMILIES

Prevention Recommendation:

SUPPORT POLICIES THAT ENSURE PAID LEAVE FOR FAMILIES.

This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations.

The ability to take paid leave allows for closer bonding among family members and protects against infant mortality and child maltreatment.[79] Studies show that paid family leave has a significant association with reductions in hospitalizations for abusive head trauma and reductions in parental stress and maternal depression, both risk factors for child maltreatment.[80] Additionally, paid leave promotes family financial stability by helping families maintain employment and stay above the poverty level.[81,82]

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), sudden unexpected infant deaths (SUID), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Research also indicates paid leave is supportive of breastfeeding, which has significant health benefits for both mothers and babies. Breastfeeding protects against sudden unexpected infant deaths (SUID).[83] Both breastfeeding and the ability to take longer leave are associated with lower rates of child abuse and neglect.[84] Between 2013 and 2017, CFPS identified 228 SUID and 223 child maltreatment deaths. Paid caregiver leave policies are a protective factor which might have contributed to preventing these deaths.

Despite evidence to support the importance of paid leave to prevent abuse and neglect and promote family wellbeing, and the widespread support for paid leave in the U.S., the U.S. is one of only two countries that does not have a national paid leave policy (the other is Papua New Guinea). Federal law only allows some employees to take unpaid leave. An estimated 40 percent of the U.S. workforce is not eligible for the Family and Medical Leave Act of 1993 (FMLA).[85] Employees who are eligible may not be able to afford to take unpaid time off. [86]

An analysis of a 2012 U.S. Department of Labor survey data found that nearly one in four women who took leave to have a baby was back at work within two weeks, half of which only took one week or less.[87] In 2017, only 17 percent of U.S. civilian workers had access to paid family leave through their employers[88] and fewer than 39 percent had access to the partial pay benefits for pregnancy and childbirth offered by employer-provided short-term disability insurance.[89]

Workers in the lowest paid jobs are least likely to have paid caregiver leave and least likely to be able to afford to take unpaid leave. In 2017, only five percent of low-wage workers had paid parental leave, compared to 30 percent of high-wage workers.[90] Parents and caregivers who are financially able to take longer parental leave choose to do so and their children are healthier as a result.[91] Since many parents and caregivers are not able to afford to take unpaid leave, families with the least resources will continue to experience health inequities associated with the lack of paid leave.

Five states (New York, New Jersey, California, Hawaii and Rhode Island) and the District of Columbia currently offer, or will offer, paid leave. [92] In Colorado, Boulder and Pueblo Counties offer paid leave for county employees. Colorado legislators attempted to pass a bill to create the Family Medical Leave Insurance (FAMLI) program during the 2019 legislative session. This bill and similar bills proposed in 2015, 2016, 2017 and 2018, would have set up a state insurance program that establishes a pool of money so employees can take the time they need to care for themselves and to live up to their family responsibilities in caring for a sick child or parent and still be able to make ends meet. Although policymakers were not successful in creating the state insurance program to fund paid family leave, the legislature amended Senate Bill 19-188 to require the Colorado Department of Labor and Employment to analyze implementation of paid family and medical leave statewide. The bill also created a Task Force to oversee the result of the actuarial analysis.

Additionally, Senate Bill 19-188 charged CDPHE to produce a report identifying the health impact of paid family leave for the Task Force.

CFPS encourages local and state policymakers and employers to support policies that promote paid family leave. This will enable parents and caregivers to take adequate time to care for and bond with their children. This will also reduce stressors like accessing quality, affordable child care, which CFPS also recommends to reduce child abuse and neglect and achieve other positive outcomes.

Equity considerations:

- *Paid leave should be accessible to everyone, but is especially important for low-wage workers and caregivers of color, who are less likely to have access to paid leave and are disproportionately impacted by financial pressures associated with unpaid leave.*[93]

COLORADO CHILD FATALITY PREVENTION SYSTEM

FUND RESEARCH ON FIREARM DEATHS

Prevention Recommendation:

FUND FIREARM RESEARCH TO UNDERSTAND CONTRIBUTING FACTORS FOR FIREARM INJURY AND VIOLENCE, INCLUDING RISK AND PROTECTIVE FACTORS, SOCIAL DETERMINANTS OF OBSERVED RACIAL INEQUITIES AND EFFECTIVE PREVENTION STRATEGIES TO PREVENT FUTURE FIREARM DEATHS.

This recommendation is based on local team, CFPS State Review Team and past CFPS recommendations.

Firearm deaths among children and youth are a growing concern in Colorado. From 2013 to 2017, CFPS identified 168 deaths from firearms, a rate that has been increasing since 2013. Of the 168 firearm deaths occurring in Colorado from 2013-2017, 69.1 percent occurred among youth ages 15-17. During this same time, 22.6 percent occurred among those ages 10-14, representing 91.7 percent of all firearm deaths. Among these deaths, suicide was the leading manner of death (64.3 percent), followed by homicide (32.7 percent) and accidental (2.4 percent).

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

In addition, CFPS data on these deaths demonstrate that the burden of firearm injury and violence deaths is not equally distributed among Colorado's communities. The rate of firearm deaths was nearly two-times higher among non-Hispanic black infants, children and youth in Colorado (5.2 per 100,000 population) compared to the non-Hispanic white population (2.8 per 100,000 population).

When narrowed down specifically to homicide deaths by firearm (n=39), there is a significant difference across racial and ethnic groups in Colorado. Consistent with national trends,[94] the rate of homicide deaths by firearm among non-Hispanic black children and youth was 12.8 times higher than for the non-Hispanic white population.

Long-standing federal restrictions on firearm research under the Dickey Amendment passed by Congress in 1996 effectively banned the CDC from using its funding to "advocate or promote gun control." Federal funding for firearm research and prevention dropped 94 percent after the Dickey Amendment passed. As a result, CDC has had little federal funding to research solutions to reduce gun violence or for states to directly work on gun violence issues. This makes firearm research one of the least funded causes of death. Only accidental falls receives less funding.[95] In 2018, the federal spending bill included a compromise on violence research, clarifying that the "CDC has the authority to conduct research on the causes of gun violence." However, Congress has not appropriated any money to CDC for this purpose.[96] This lack of funding has limited research about how the risk and protective factors and the social determinants of health contribute to firearm violence, including suicide, homicide and unintentional firearm injuries and deaths.

The lack of research makes it difficult to truly understand what policy and practice changes may have the biggest impact on these types of injuries and fatalities. Effective prevention strategies start with research that

identifies risk and protective factors and opportunities for intervention and evaluates the effectiveness of each intervention.[97] According to the Safe States Alliance, increased funding for firearms research will allow researchers and practitioners to:[98]

- Use data reporting systems to better understand firearm-related injuries and deaths.
- Thoroughly evaluate the implementation of firearm-related policies proposed at state and local levels.
- Analyze and evaluate common but under-researched firearm-related issues and interventions.
- Thoroughly review and evaluate laws, practices, and approaches for firearm injury prevention.

One way to address this lack of research is to leverage state public and private funding to develop and fund a firearms research grant program. Policymakers have developed and funded similar types of research programs for other understudied public health issues. The Colorado General Assembly allocates funding to the Medical Marijuana Research Grant Program which funds a variety of research projects to understand the health impacts of medical marijuana and the public health impact of legal marijuana use in Colorado. Given the limitations on federal funding, it is imperative that state policymakers support state-level firearm research efforts by allocating funding to this important work.

COLORADO CHILD FATALITY PREVENTION SYSTEM

DELAYED SCHOOL START (AFTER 8:30AM)

Prevention Recommendation:

ENCOURAGE COLORADO'S SCHOOL DISTRICTS TO DELAY SCHOOL START TIMES (AFTER 8:30AM).

This recommendation is based on CFPS State Review Team recommendations.

Research suggests that adolescents in the United States do not get enough sleep.[99] Nationally, 73 percent of youth are sleep deprived, meaning that they get less than 8 hours of sleep on a school night.[100] According to the 2017 Healthy Kids Colorado Survey, only 30.8 percent of middle and high school youth surveyed in Colorado reported sleeping 8 or more hours per night on average school nights.[101]

Lack of sleep is associated with a wide range of poor health outcomes for young people, including being overweight, using substances (such as alcohol, tobacco and drugs), as well as poor academic performance.[102] Lack of sleep is also associated with poor mental health, including depression, hopelessness and thinking about suicide.[103,104,105] Additionally, research suggests that the risk of suicide attempts is nearly three times greater among young people who sleep less than eight hours per night.[106]

One of the reasons young people do not get enough sleep may be related to early school start times. The American Academy of Pediatrics recommends that middle and high schools start at 8:30 a.m. or later to give students the opportunity to get the amount of sleep they need.[107] Emerging research on the impact of sleep on mental health of young people suggests that delaying school start times may protect against poor mental health outcomes.[108]

Recommendation Impacts:
Child maltreatment deaths (abuse and neglect), violent deaths (homicides, suicides and firearm deaths), unintentional injury deaths (drowning, falls, fire, poisoning) and motor vehicle deaths.

Noting the research that supports delaying school start times to improve behavioral and physical student health, several Colorado school districts have already implemented or are considering implementing delayed start times for high schoolers. For example, Cherry Creek and Littleton School Districts start high school at 8:20 a.m. Jefferson and Boulder School Districts are considering delayed start times.[109] Cherry Creek School District and a research partner at National Jewish Health have published a journal article outlining lessons learned, the process used to engage parents, caregivers and students and their evaluation plans to assess the impact of the delayed start time in the district.[110]

State and local policymakers should encourage Colorado's school districts to delay school start times for high school youth. This will support youth access to sleep and promote youth physical and behavioral health and school outcomes.

Equity considerations:

- *Schools will need to modify bus schedules to accommodate changes in school start times, which may impact school resources.*
- *For youth who work after school, later start times may also make it challenging to get to an after-school job. Later start times may also create challenges for caregivers who must drop off and pick up students.*
- *School districts and policymakers need to meaningfully engage families to make sure they are onboard with the changes to the school schedule.*
- *Policymakers need to consider transportation budget to meet changing needs if school start times change.*

CHILD FATALITY PREVENTION SYSTEM RECOMMENDATIONS TO IMPROVE DATA QUALITY

Pursuant to Colorado Revised Statutes (C.R.S.) 25-20.5-407 (1)(g), CFPS is required to report on system strengths and weaknesses identified during the child fatality review process. For the purpose of the report, "system" is defined as state and local agencies or Colorado laws that potentially impact the health and well-being of children. "Systematic child-related issues" means any issues involving one or more agencies. System strengths are included in Appendix A: CFPS Prevention Activities: Analysis and Updates on Prevention Recommendations.

CFPS identified weaknesses primarily related to how data is collected, shared, analyzed and used by different systems. CFPS prioritized four recommendations to strengthen the quality and utility of child fatality data. These recommendations include ideas to improve how investigative agencies examine child deaths and ideas to improve systems to track and analyze data. Enhanced data quality has the potential to improve the use of the data to inform decisions about which prevention programs and policies to recommend and implement in Colorado.

ENCOURAGE AND INCENTIVIZE LAW ENFORCEMENT AGENCIES AND CORONER OFFICES TO USE THE SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATION REPORTING FORM (SUIDIRF) DURING INFANT DEATH SCENE INVESTIGATIONS.

CFPS State Review Team recommendation.

Infant death scene investigations are critical to a comprehensive understanding of the circumstances and factors contributing to unexplained infant deaths. A full infant death scene investigation includes a thorough examination of the death scene, a review of clinical history and an autopsy. CFPS has limited ability to determine the circumstances related to infant deaths when death scene investigators do not conduct a full infant death scene investigation or if they don't complete the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) (www.cdc.gov/sids/SUIDRF.htm). Having this information can help the system identify risk factors associated with infant deaths and improve future prevention recommendations.

The CDC designed the SUIDIRF to assist investigative agencies in understanding the circumstances and factors contributing to unexplained infant deaths and to establish a standardized death scene investigation protocol for the investigation of all sudden unexpected infant deaths (SUID).[111]

The SUIDIRF improves classification of infant deaths that occur in a sleep environment by standardizing data collection. It guides investigators through the steps involved in an investigation and produces information that researchers can use to recognize new threats and risk factors for SUID.

Although the SUIDIRF is a useful tool for death scene investigators, Colorado has historically had among the lowest rates of all states for filling out the SUIDIRF.[112] According to the most recent information collected by the National Conference of State Legislatures, 12 states require special SUID training for infant death scene investigators.[113] Due to CFPS promoting the use of the SUIDIRF over the past several years, Colorado data indicated an increase in the proportion of SUID investigations where the SUIDIRF was used (23.8 percent in 2013 to 51.0 percent in 2017). Encouraging and incentivizing law enforcement agencies and coroner offices to use of the SUIDIRF in Colorado has the potential to improve the information collected about unexplained infant deaths and enhance prevention recommendations for SUID across the state.

ENCOURAGE AND INCENTIVIZE LAW ENFORCEMENT AGENCIES AND CORONER OFFICES TO USE THE SUICIDE DEATH SCENE INVESTIGATION FORM WHEN INVESTIGATING SUICIDE DEATHS.

Data systems in Colorado, including the CFPS and the Colorado Violent Death Reporting System (CoVDRS), often have missing and unknown data related to suicide circumstances. For example, death scene investigators typically collect limited information about a decedent's mental health history and access to lethal means, especially regarding firearm storage and ownership.

To improve the case review process and conduct quality, case-specific reviews, CFPS recommends that law enforcement agencies and coroner offices develop protocols and implement standardized use of the Suicide Death Scene Investigation Form to ensure law enforcement officers and coroner investigators consistently collect circumstance data when investigating a suspected suicide death.

Joint Suicide Prevention Commission and CFPS State Review Team recommendation.

The CFPS Investigative and Data Quality Subcommittee, Office of Suicide Prevention and the Suicide Prevention Commission drafted the Suicide Death Scene Investigation Form in Fiscal Year 2016-17. Content experts from numerous organizations worked collaboratively to produce this comprehensive investigation tool that will improve Colorado's understanding of suicide deaths and help identify new prevention strategies.

During Fiscal Year 2016-17, 10 counties across Colorado piloted the form. The CFPS Investigative and Data Quality Subcommittee gathered feedback from death scene investigators who piloted the form and made improvements based on their suggestions.

In Fiscal Year 2017-18, CDPHE made the form and an accompanying guidance manual available online (www.colorado.gov/cdphe/suicide-investigation-form). CFPS and Colorado Violent Death Report System (CoVDRS) partners promoted the form to coroners and law enforcement through presentations at the Colorado Coroners Association in October 2017 and June 2018 and at the Colorado Sheriff's Association meeting in January 2018.

In Fiscal Year 2018-19, partners again promoted the form at the New Coroners Institute in October 2018. To begin measuring progress, CFPS added two questions to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. The survey asks questions for each youth suicide death: 1.) Was a suicide death scene investigation form (or jurisdictional equivalent) completed during the death scene investigation? and 2.) If so, was the form shared with the local child fatality prevention review team to aid in the child death review process?

Partners continue to raise awareness of the purpose and availability of the form with death scene investigators across Colorado. The Office of Suicide Prevention relies on data coroners, law enforcement, and other death investigators collect to guide current and future priorities and funding allocation. These data directly inform opportunities for prevention and intervention, and help to identify gaps in programming. Implementing policies and protocols within agencies investigating potential deaths by suicide will improve the quality of data received by CFPS, increase understanding of the circumstances of suicide deaths in Colorado, and help to identify common risks and points for intervention.

IMPROVE CFPS DATA QUALITY BY PROVIDING TECHNICAL ASSISTANCE TO LOCAL TEAMS ON BEST PRACTICES FOR FIREARM FATALITY REVIEWS.

Among the 168 firearm deaths that occurred among infants, children and youth in Colorado from 2013 through 2017, safe and secure weapon storage data was missing for a large proportion of the deaths reviewed. Information regarding whether the weapon was stored locked was missing for 39.3 percent (n=66) of the deaths. Information regarding whether the firearm was stored loaded was missing for 55.9 percent (n=94) of these cases. The cause for the missing information is not clear. It may be because CDPHE has not provided sufficient guidance about how important this information is. It also may be because death scene investigators and local teams are uncertain about how to ask about firearm storage or if families are using firearms around children and youth, among other factors.

One way the system plans to increase firearm data quality is by developing and disseminating firearm-specific guidance for local teams. In Fiscal Year 2018-19, CFPS developed firearm-specific guidance for local teams to support case reviews and increase firearm data quality in the system. The purpose of the guide is to assist teams in discussing aspects of firearm deaths that may not be readily clear from the case review or easy to discuss.

CFPS State Review Team recommendation.

As an example, the guidance will instruct local teams to ask whether the child or youth had formal training in firearm use and safety. The guide will purposefully align with the Suicide Death Scene Investigation Form (www.colorado.gov/cdphe/suicide-investigation-form). The CFPS Investigative and Data Quality Subcommittee and the Colorado Suicide Prevention Commission developed this form in response to the lack of circumstance data collected about cases of suicide deaths in Colorado, especially regarding firearm storage and ownership.

In Fiscal Year 2018-19, the CFPS also added two questions to the National Center for Fatality Review and Prevention (NCFRP) Case Reporting System to collect data around if the firearm was stored securely and if the youth: 1) knew where the firearm was stored, 2) knew how to access the firearm, 3) had fired firearms before, and 4) had formal firearm training.

In addition to supporting teams in discussing this challenging topic, the guide will increase the system's understanding of the circumstances of firearm deaths and help to identify common risks and points for intervention. To support enhanced data collection, the CFPS State Support Team commits to more intentional and timely quality assurance of firearm deaths in the system to ensure that the information on these deaths is as thorough and complete as possible. Finally, data about firearm deaths will guide data-informed decisions for recommendations and strategies to prevent firearm fatalities among children and youth in Colorado, whether due to unintentional injury, homicide or suicide.

IMPROVE QUALITY OF CFPS SUBSTANCE USE DATA BY SUPPLEMENTING CFPS DATA WITH OTHER DATA SOURCES.

CFPS regularly collects information on substance use, substance use disorders and mental health histories through law enforcement and coroners' reports. However, the data is often incomplete and may present an incomplete picture of the role of substance use in child fatalities across Colorado. Much of this information is subjective, as it originates from interviews with family members, friends or others on scene at the time of the investigation.

While CFPS provides guidance on how to enter mental health and substance use information into the NCFRP Case Reporting System, the data local teams enter does not reflect a strict adherence to the NCFRP data entry guidance. Much of the data is subjective, incomplete or missing. At the time of this report, information on substance use disorder history was missing or unknown in 26.8 percent (n=70) of suicide deaths, and mental health history was missing or unknown for approximately 23.4 (n=61) to 31.4 percent (n=82) of suicide deaths, depending on the question under consideration.

Based on local team and CFPS State Review Team recommendation.

CFPS is committed to understanding how substances, including alcohol, tobacco, marijuana and prescription drugs, may contribute to the fatal circumstances leading to death among children and youth under age 18. As an example, research indicates maternal smoking during pregnancy, smoke in the environment of an infant and third-hand smoke (residual contamination of the environment after a cigarette has been extinguished) may lead to preterm birth, but also affect how easily an infant will wake from sleeping.[114] These contribute to an increased risk of SUID and sudden infant death syndrome (SIDS).

Understanding and improving the quality of data regarding smoking during pregnancy and after birth, will help to identify specific actions to take to reduce the risk of SUID in Colorado. CFPS data on the mother's smoking behaviors prior to and during pregnancy comes from birth certificate information. Information on secondhand smoke exposure following birth relies heavily on reports received during the fatality review. Information on maternal smoking during pregnancy from 2013-2017 was missing or unknown for 10.5 percent (n=24) of all SUID reviewed. Information on secondhand smoke exposure was missing or unknown 29.9 percent (n=68) of the time. Improved scene investigation and continued use of the SUIDIRF when investigating these deaths will improve our understanding of how smoke exposure can contribute to SUID in Colorado.

Alcohol, marijuana and other legal and illicit substances can impact the causes of death that CFPS reviews. The CDC identifies history of mental disorders and alcohol and substance use as significant risk factors for suicide.[115] Similarly, substance use or a history of mental health concerns within a family may lead to child maltreatment.[116]

Substance use, specifically alcohol use and impaired driving, was responsible for approximately one in five child passenger fatalities from 2001–2010.[117] Among all poisoning or overdose deaths reviewed by CFPS, none of the information collected indicated a locked, secured storage location for substances. This includes for many addictive and potentially lethal substances and medications.

One way to improve mental health and substance use disorder history data is to link the CFPS data system with other state-level data systems. This can be done through formal data sharing agreements and by using additional data sources to supplement CFPS data. CFPS has used supplemental data sets, such as the Colorado Pregnancy Risk Assessment Monitoring System

(PRAMS). CFPS has also explored the opportunity to link with the Colorado Department of Human Services Office of Behavioral Health data system to improve the understanding of the impacts of mental health and substance use on child fatalities.

CFPS is also participating in Illuminate Colorado's Impact on Children of Caregiver Substance Use Project funded by the ZOMA Foundation (www.illuminatecolorado.org/iccsu). This work group is exploring how caregiver substance use impacts children's lives. The group is looking at a variety of statewide data systems to create a more comprehensive and contextualized understanding of the impact of substance use.

CFPS explored increasing data quality by adding a question to the NCFRP Case Reporting System on the impact of substance use in child deaths in Colorado to supplement existing questions in the tool. After a robust discussion, CFPS decided not to add this question to the tool. Instead, CFPS plans to produce a data brief using existing substance use data from the system to raise awareness about the what contextual factors contribute to substance use in Colorado.

In Fiscal Year 2019-20, CFPS will develop and widely distribute this data brief. CFPS will also continue efforts to improve the quality of data collected during investigations and entered into the case reporting system during case reviews by promoting the use of the comprehensive Suicide Death Scene Investigation Form (www.colorado.gov/cdphe/suicide-investigation-form). The form may help death scene investigators collect better information on if substance use impacts youth suicide deaths.

Next year, the CFPS Investigative and Data Quality Subcommittee, with the support of partner state agencies, will explore additional sources of mental health and substance use and misuse data to better understand the contribution of these risk factors to the deaths of infants, children and youth occurring in Colorado.

CONCLUSION

The goal of the Child Fatality Prevention System is to promote the health of infants, children and youth and their families by increasing economic stability, creating positive social norms and meaningful connections, and increasing access to behavioral health to prevent child deaths. This report reflects the culmination of the collective expertise of system partners across Colorado. The structure of the Colorado Child Fatality Prevention System ensures coordination at the state and local level and provides an opportunity to advance prevention strategies and systems improvements. Research shows that changes in policy and enforcement of laws are the most effective prevention strategies for many types of child deaths.[118] Colorado policymakers can reduce child deaths by supporting and adopting the recommendations outlined in this report.

APPENDIX A: ANALYSIS AND UPDATES ON CFPS PREVENTION RECOMMENDATIONS

Since 2006, the CFPS has made annual prevention recommendations to policymakers to prevent child fatalities in Colorado. State agencies and other partners made significant progress towards accomplishing the majority of the recommendations. An analysis and summary of the recommendations from the previous five years is described in the table below. Details of past CFPS recommendations are located in previous CFPS annual reports: www.cochildfatalityprevention.com/p/reports.html.

Analysis and Updates on Child Fatality Prevention System (CFPS) Prevention Recommendations

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
Completed Recommendations		
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services Child Welfare Training System for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the Child Welfare Training System on behalf of the Colorado Department of Human Service, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the Child Welfare Training System in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep related risks and how to ensure safe sleeping environments. As of June 2018, 1497 learners have successfully completed the training since it was launched in 2015.
2014	Modify child care licensing requirements and regulations regarding infant safe sleep to better align with American Academy of Pediatrics (AAP) safe sleep recommendations.	Effective April 1, 2015, Colorado Department of Human Services (CDHS) Office of Early Childhood amended rules that regulate licensed child care centers and homes to incorporate best practices for infant safe sleep environments. In spring 2017, Qualistar Colorado released a web-based, mandatory safe sleep training for licensed child care providers: Prevention of Sudden Infant Death Syndrome (SIDS) and Use of Safe Sleep Practices.
2014	Increase funding for the Colorado Department of Public Health and Environment to expand the Colorado Household Medication Take-Back Program at pharmacies across the state.	The Colorado Department of Public Health and Environment receives an annual appropriation of $300,000 in general funds to implement the Colorado Household Medication Take-Back Program for medication take-back activities.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2014	Incorporate safe sleep education and how to address safety concerns related to infant safe sleep practices as part of the Colorado Department of Human Services Child Welfare Training System for child welfare professionals.	In 2015, the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, which coordinates the Child Welfare Training System on behalf of the Colorado Department of Human Service, developed a training curriculum for child welfare professionals to improve their knowledge and skills regarding infant safe sleep. The training was incorporated into the Child Welfare Training System in September 2015 to improve the ability of child welfare professionals to provide information to parents and other caregivers about infant sleep related risks and how to ensure safe sleeping environments.
2015	Continue to provide dedicated resources for the implementation of Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0," to make prevention programs for families with young children available in every county in Colorado.	The Colorado Department of Human Services continues to dedicate resources and efforts to implement Colorado's Child Welfare Plan, "Keeping Kids Safe and Families Healthy 2.0." In early 2015, CDHS launched a statewide hotline to facilitate reporting of suspected cases of child abuse and neglect, which was one of the components of the Child Welfare Plan. The hotline (1-844-CO-4-KIDS) operates out of a centralized location and is Colorado's first child-abuse hotline of its kind. In 2017, CDHS unveiled the Colorado Child Maltreatment Prevention Framework for Action. The purpose of the framework is to help local communities and state agencies create a more focused and integrated approach to prevent child maltreatment and promote child well-being. Fifteen communities across Colorado began comprehensive planning processes to implement the plan starting in fall 2017. Community plans will be final and implementation will begin summer 2018.
2015	Modify Colorado Department of Human Services' rules regulating family foster care homes to better align with the American Academy of Pediatrics (AAP) infant safe sleep recommendations, including training for foster families regarding infant safe sleep.	*2015 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation:* In 2016, CFPS and CDHS partners reviewed the current rules regulating family foster care homes to assess alignment with the Academy of Pediatrics infant safe sleep recommendations. As a result, CDHS' Division of Child Welfare included a mandatory infant safe sleep webinar as part of foster care training through the Child Welfare Training System. Additionally, in Fiscal Year 2018-19, Division of Child Welfare issued an operation memo to counties and child placement agencies regarding safe sleep recommendations.
2016	Improve Colorado's Traffic Accident Report to include more specific information about motor vehicle crashes.	The Colorado Department of Transportation, Colorado Department of Revenue, Colorado State Patrol, local law enforcement and other members of the Statewide Traffic Records Advisory Committee (STRAC) created a committee to update the crash form. Members of the STRAC, law enforcement, public works and other crash data users met in Fiscal Year 2017-18 to identify necessary changes to the form. The new form will improve Colorado's data driven decision making with better initial data collection by officers in the field and may be deployed as soon as May 2019. For additional updates, visit the STRAC website: https://www.codot.gov/about/committees/strac.
2016	Support policies that ensure the long-term financial stability of free full-day preschool and free full-day kindergarten.	During the 2019 legislative session, Colorado legislators passed House Bill 19-1262 (State Funding For Full-day Kindergarten) successfully securing funding for free, all-day Kindergarten in Colorado.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
Ongoing Recommendations		
2014, 2015, 2016, 2017, 2018	Establish a statutory requirement that allows for primary enforcement of Colorado's adult seat belt law, making it possible to stop a driver and issue a citation if anyone (the driver and all passengers, regardless of seating position) in the vehicle is not properly restrained.	Based on the strong evidence-base for this type of legislation, the CFPS has recommended this policy in its annual legislative report for over 10 years. During the 2018 legislative session, a primary seat belt bill was introduced and received strong community support during the hearing. Despite compelling data, victim and community advocacy and survey results showing that the majority of Colorado citizens support the bill, it was defeated in committee with a 3-2 vote. A primary seat belt bill was not introduced during the 2019 legislative session. In Fiscal Year 2019-20, the Occupant Protection Task Force will address additional strategies to support local and statewide adoption of primary seat belt legislation in the future.
2014, 2015, 2017	Increase funding for the Office of Suicide Prevention to implement the following activities: 1) expand the statewide community grant program and increase funding levels for youth suicide prevention; 2) expand the implementation and evaluation of means restriction education training (Emergency Department- Counseling on Access to Lethal Means (ED-CALM)) at hospitals statewide; 3) expand implementation and evaluation of a full- spectrum of school-based suicide prevention programs that promote resilience, school connectedness and positive youth development as protective factors from suicide and the development and standardization of protocols for K-12 schools for prevention, intervention and postvention; and 4) expand means safety initiatives, including training clinicians to counsel on access to lethal means and safety planning and implement the Gun Shop Project in more counties; 5) expand implementation of the Zero Suicide framework within health systems.	In Fiscal Year 2016-17, the Office of Suicide Prevention (OSP) received an additional appropriation of $100,000. OSP dedicated the funding to expand the community grant program and implement the Zero Suicide framework for health systems. The Zero Suicide framework (http://zerosuicide.sprc.org/about) is a system-level approach that improves the quality of care in health systems to include suicide prevention as a core organizational mission. By spring 2017, all 17 of Colorado's community mental health centers were trained in the framework, as well as 11 other health care entities. Three OSP community grantees were awarded five years of funding for Zero Suicide starting July 1, 2017. OSP updated the Suicide Prevention Toolkit for Primary Care Practices to align with Zero Suicide and it is currently being disseminated statewide in hard copy and electronically. In fall 2018, Colorado received a five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help support implementation of the Zero Suicide model within Colorado health care systems ($725,000 in Year 1 and $700,000 for each subsequent year). This funding supports evidence-based clinical trainings, Zero Suicide Academies and learning collaboratives, as well as infrastructure to assist local health systems with implementation needs and electronic health system build outs within 5 counties. In 2016, a research team received a grant from the American Foundation for Suicide Prevention to expand the implementation and evaluation of ED-CALM to six additional hospitals throughout Colorado. The research project runs from October 2016 to September 2019. Results are expected to be positive and, if so, OSP intends to make the training and protocol available statewide. In 2016, CFPS partnered with OSP and the Interpersonal Violence Prevention Unit at CDPHE to fund training for certified Sources of Strength trainers and two years of implementation of Sources of Strength (an evidence-based suicide prevention program) at seven high schools in Colorado. In 2017, building on the initial pilot study, the Interpersonal Violence Prevention Unit received CDC funding for a four-year research grant to evaluate Sources of Strength in 24 schools across Colorado to measure the effectiveness of using a shared risk and protective factor approach on multiple violence outcomes, including youth sexual violence, bullying and suicide. Four current OSP community grantees were awarded five years of funding for Sources of Strength through June 2022. In 2018, the Colorado Attorney General's Office also contributed funding to expand implementation of the Sources of Strength program in up to 40 schools during the 2018 spring semester. That funding continued in 2019 to support 50 schools with Sources of Strength. Through a variety of funding streams, over 100 schools and organizations in Colorado are implementing the evidence-based program.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
		In 2017, OSP was awarded a five-year Garrett Lee Smith Youth Suicide Prevention grant through SAMHSA. This federally funded grant supports OSP's efforts to saturate youth (defined as ages 10-24) suicide prevention efforts in eight Colorado counties with high burdens of youth suicide. In Fiscal Year 2018-19, OSP expanded the Colorado Gun Shop Project (www.colorado.gov/pacific/cdphe/gun-safety-suicide) to over thirty counties in Colorado. This project provides educational information and suicide resources to gun shop owners to display within retail stores. During the 2018 legislative session, the legislature passed Senate Bill 18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through training for all staff. Seventeen schools/districts will receive funding support through this grant program through June 2021.
2014 2018	Require newly licensed K-12 educators and special service providers (nurses, school psychologists, school counselors and social workers) to complete suicide prevention trainings. Support training for mental health and substance use disorder providers on evidence-based treatment approaches for suicidal youth.	In 2016, the Suicide Prevention Commission conducted a statewide survey of mental health providers, including those within school settings, to help identify preferences and barriers to accessing clinical suicide prevention training. Survey results indicate a need for additional training and to address barriers to existing training. An overwhelming majority of respondents had either professional or personal experiences with suicide, although a quarter of respondents reported that they had not attended any suicide prevention training within the past five years. The Colorado Office of Suicide Prevention has prioritized the Collaborative Assessment and Management of Suicidality (CAMS) clinical trainings as they are evidence-based, client-centered, and the treatment can be provided in any modality or theoretical orientation. The Office of Suicide Prevention leverages federal grant funding to bring CAMS training opportunities to Colorado, hosting five training events each year across the state with a goal of training 500 providers each year. Additionally, during the 2018 and 2019 legislative sessions, Colorado legislators passed House Bill 18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through training for all staff; House Bill 19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act), which increases access to school social workers in elementary schools in high-need pilot sites; House Bill 19-1032 (Comprehensive Human Sexuality Education); House Bill 19-1120 (Youth Mental Health Education & Suicide Prevention), which reduces the age of consent to 12 years old to increase mental health access for youth and establishes new mental health and suicide prevention standards; House Bill 19-1203 (School Nurse Grant Program) creates a grant program to increase school nurses; House Bill 19-1129 (Prohibit Conversion Therapy for a Minor); House Bill 19-1177 (Extreme Risk Protection Orders); Senate Bill 19-195 (Child And Youth Behavioral Health System Enhancements); and Senate Bill 19-010 (Professional Behavioral Health Services for Schools), expanding the school-based behavioral health professionals grant program by $3 million, all to promote behavioral health of Colorado's children and youth.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2015	Support policies that impact the priorities of the Colorado Essentials for Childhood project: 1) increase family friendly business practices across Colorado; 2) increase access to child care and after school care; 3) increase access to preschool and full-day kindergarten; and 4) improve social and emotional health of mothers, fathers, caregivers and children.	Essentials for Childhood is Centers for Disease Control and Prevention (CDC)-funded child maltreatment prevention initiative that supports the creation of safe, stable and nurturing relationships and environments for children and families in Colorado. In Fiscal Year 2018-19, Colorado was awarded the second round of funding under the CDC's Essentials for Childhood grant. As part of this new project, five pilot communities (Denver, Morgan, Mesa, Montezuma, Kiowa/Prowers) were selected to work on improving family economic security through addressing systemic barriers to food systems and child care assistance, educating on family friendly policies that reduce stress for families, particularly low wage workers, and to increase social norms around help-seeking for caregivers and collective prosperity or the role the policy makers and decision makers have in preventing child abuse and neglect. The Essentials program and CFPS are jointly funding the five communities. In Fiscal Years 2016-17 and 2017-18, local child fatality prevention review teams (local teams) began working towards implementation of organizational and county level policies aligned with the Essentials for Childhood four priority areas. The goal of this work was to expand the focus of the project from state level policies and coalitions to the local level. During the same period, CFPS partnered with Essentials staff to develop and disseminate a State of the State Report, capturing local level polices from across the state of Colorado designed to create safe, stable and nurturing relationships, environments and communities for families, which is updated periodically to include new examples. During this time period, the Essentials for Childhood program and Executives Partnering to Invest in Children (EPIC) partnered to host business forums designed to educate business owners and employers about family-friendly employer practices and policies to implement at their places of employment. Colorado Essentials for Childhood staff and EPIC hosted six business forums since 2016. In addition, staff updated the Family Friendly Toolkit (https://sites.google.com/site/familyfriendlycolorado/toolkit) with case studies from Colorado businesses and others as well as best practices for worker health and well-being. Over 1800 hard copies of the toolkit have been disseminated to partners across the state, and the electronic toolkit has been shared with national partners as well as agencies from other states. Additionally, Essentials for Childhood staff partnered with Health Links to develop a family-friendly assessment (www.healthlinkscertified.org/certification/family-friendly) focused on identifying employers' needs and opportunities to create environments that are supportive of families. As in previous legislative sessions, during the 2019 legislative session, Colorado legislators introduced several state bills that supported Colorado's Essentials for Childhood priorities. The following bills passed: House Bill 19-1013 (Child Care Expenses Tax Credit Low-income Families), House Bill 19-1052 (Early Childhood Development Special Districts), House Bill 19-1280 (Child College Savings Accounts), House Bill 19-1194 (School Discipline For Preschool Through Second Grade), House Bill 19-1005 (Early Childhood Educator Tax Credit), House Bill 19-1262 (State Funding For Full-day Kindergarten), House Bill 19-1210 (Local Government Minimum Wage), House Bill 19-1193 (Behavioral Health Supports For High-risk Families), House Bill 19-1017 (Kindergarten Through Fifth Grade Social And Emotional Health Act), Senate Bill 19-085 (Equal Pay for Equal Work Act), Senate Bill 19-063 (Infant And Family Child Care Action Plan), Senate Bill 19-010 (Professional Behavioral Health Services for Schools) and Senate Bill 19-188 (FAMLI Family Medical Leave Insurance Program). The following bill did not pass: House Bill 19-1194 (Child Tax Credit).

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2015 2016	Mandate that hospitals develop and implement policies to provide education and information about infant safe sleep promotion and to require the practice and modeling of safe sleep behaviors in labor/ delivery and neonatal intensive care unit (NICU) hospital settings. Mandate that all health care settings develop and implement policies to provide education and information about infant safe sleep promotion.	In Fiscal Year 2017-18, the Infant Safe Sleep Partnership began work on a toolkit for providers to use when educating families and caregivers about safe sleep practices. In Fiscal Year 2018-19, the partnership continued this work to engage hospitals and health care settings to provide them with model safe sleep policies and provider training opportunities to improve skills and knowledge of infant safe sleep. A "Safe Sleep, Every Sleep" infographic for providers was created using CFPS data showing that more infants died from sudden unexpected infant death (SUID) than children and youth died in motor vehicle crashes during 2011-2015. The partnership also continued to partner with Colorado's birthing hospitals to implement the Cribs for Kids® National Infant Safe Sleep Hospital Certification program. The partnership expanded to include partners from the HealthOne system at Sky Ridge Medical Center, who currently have and implement a model safe sleep policy. Additionally, the partnership developed and disseminated a baby box statement for providers with information about what is known and not known about the efficacy and use of baby boxes across Colorado and nationally. In Fiscal Year 2019-20, the partnership will continue to engage health care providers and health systems in safe infant sleep practices and policies. Additionally, in Fiscal Year 2018-19 CFPS linked data sets with the Colorado Immunization Information System (CIIS) to explore the impact of immunization, a known protective factor against SUID, on infants who die in Colorado. The results indicated that 89.2% of infants who died by SUID between 2009 and 2017 had an immunization record in CIIS. Of those infants who had an immunization record in CIIS, 58.3% were not up to date with the American Academy of Pediatrics (AAP) immunization schedule at the time of death. When comparing infants who were up to date with immunizations and those who were not, there were very few significant differences. However, one significant finding was that 16.2% of infants not up to date lived in a rural or frontier county, compared to 8.8% of those up to date with vaccines, which may speak to access to vaccines in rural areas. While we did not see many differences between populations, CFPS will still encourage health care providers to increase access to immunizations.
2015	Provide funding for the Colorado Consortium for Prescription Drug Abuse Prevention to promote uptake of the Quad-Regulator Policy for Prescribing and Dispensing Opioids through increased training and education of prescribers.	After successfully securing approximately $4.7 million dollars in grant funding from the Centers for Disease Control and Prevention (CDC) to prevent prescription drug overdoses in Fiscal Year 2018-19, CDPHE provided $910,000 to local public health agencies in high-burden communities to implement evidence-based opioid prescriber education strategies and increase local provider uptake of opioid prescribing guidelines beginning in Fiscal Year 2018-19. CDPHE also continued to partner with the Colorado Consortium for Prescription Drug Abuse Prevention to promote provider uptake of opioid prescribing guidelines with several CDPHE staff co-chairing committees of the Consortium. Finally, during the 2019 legislative session, seven opioid related bills passed that will increase funding for local communities, expand medication assisted treatment in Colorado jails and prisons, require prescribers to undergo training related to opioids and opioid prescribing, expand the availability of naloxone in the state, and create a naloxone bulk purchase fund, among other activities.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2015	Increase funding to Child Fatality Prevention System (CFPS) to support the implementation and evaluation of youth programs that promote pro-social activities, resilience and positive youth development as protective factors against child fatalities statewide.	CFPS continues to partner with state agencies to implement and evaluate youth programs that promote protective factors against child fatalities statewide. In Fiscal Year 2015-16, the Maternal and Child Health (MCH) program at CDPHE selected the prevention of youth suicide and bullying as one of its state-level priorities. As part of this priority, state and local MCH programs will implement strategies which build and promote the protective factors of community connectedness, school connectedness, and economic stability. Additionally, MCH staff provide technical assistance for preventing bullying and youth suicide to local CFPS coordinators and their teams. In Fiscal Years 2016-17 and 2017-18, CFPS provided supplemental funding to local teams to enhance suicide prevention efforts. Local team prevention activities include suicide prevention messaging campaigns developed by youth engaged in Sources of Strength; hosting Youth Mental Health First Aid training courses for adults and youth; conducting focus groups with middle and high school aged youth to understand opportunities for youth suicide prevention and mental health promotion in partnership with community organizations; and safe reporting for local media and community groups.
2016	Mandate all schools in Colorado implement a full spectrum of suicide prevention programming, including programs that promote resilience and positive youth development as protective factors for suicide.	While there are no mandates for schools to have established policies and procedures for comprehensive suicide prevention on campus, many protocols and toolkits already exist and are made available to schools in Colorado upon request. Additionally, during the 2018 and 2019 legislative sessions, Colorado legislators passed House Bill 18-272 (Crisis and Suicide Prevention Training Grant Program), creating a grant program for schools and school districts to enhance suicide prevention and crisis response through training for all staff; House Bill 19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act), which increases access to school social workers in elementary schools in high-need pilot sites; House Bill 19-1032 (Comprehensive Human Sexuality Education); House Bill 19-1120 (Youth Mental Health Education & Suicide Prevention), which reduces the age of consent to 12 years old to increase mental health access for youth and establishes new mental health and suicide prevention standards; House Bill 19-1203 (School Nurse Grant Program) creates a grant program to increase school nurses; House Bill 19-1129 (Prohibit Conversion Therapy for a Minor); House Bill 19-1177 (Extreme Risk Protection Orders); Senate Bill 19-195 (Child And Youth Behavioral Health System Enhancements); and Senate Bill 19-010 (Professional Behavioral Health Services for Schools), expanding the school-based behavioral health professionals grant program by $3 million, all to promote behavioral health of Colorado's children and youth.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2015, 2016, 2017, 2018	Mandate the use of the Centers for Disease Control and Prevention's Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) for law enforcement agencies and coroner offices during infant death scene investigations.	The CFPS Investigative and Data Quality Subcommittee of the CFPS State Review Team prioritized the development and facilitation of training for law enforcement agencies and coroner offices to improve skills and knowledge of the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) to be used during infant death scene investigations. In December 2015, coroners were trained about the importance of infant death scene investigation, SUIDIRF and doll reenactments as part of a Sudden Unexpected Infant Death (SUID) Training. In Fiscal Year 2016-17, CFPS provided funds to the Jefferson/ Gilpin County Child Fatality Prevention Team to host an infant death scene investigation training for coroners and law enforcement officers. In addition, this activity is a priority of the Sudden Unexpected Infant Death (SUID) Case Registry Grant, a CDC-funded project to improve surveillance (incidence, risk factors and trends) of SUID that Colorado has participated in since 2009. In Fiscal Year 2017-18, CFPS partnered with an investigator at the Arapahoe County Coroner's Office to conduct infant death scene investigation trainings with law enforcement agencies across the state, at which investigators learned about the SUIDIRF, infant safe sleep and death scene investigations for infants and children. In Fiscal Year 2018-19, CFPS partnered with the Colorado Coroners Association to present on SUID and use of the SUIDIRF at the New Coroner Institute, a multi-day training for newly elected coroners. As a result, CFPS distributed over 22 SUID investigation kits (patrol bags with guidance on SUID investigation and two scene re-enactment dolls and a sleep sack) to newly elected coroners across the state. Due to CFPS promoting the use of the SUIDIRF over the past several years, Colorado data indicated an increase in the proportion of SUID investigations where the SUIDIRF was utilized from 23.8 percent in 2013 to 51.0 percent in 2017. The CFPS Investigative and Data Quality Subcommittee also plans to host additional SUIDIRF and infant death scene investigation trainings in Fiscal Year 2019-20.
2016, 2017, 2018	Mandate the use of a suicide investigation form for law enforcement and coroners when investigating suicide deaths.	The CFPS Investigative and Data Quality Subcommittee in partnership with the Office of Suicide Prevention and the Suicide Prevention Commission drafted the Suicide Death Scene Investigation Form in Fiscal Year 2016-17. Content experts from numerous organizations worked collaboratively to produce this comprehensive investigation tool that will improve Colorado's understanding of suicide deaths and aid in the identification of new prevention strategies. During Fiscal Year 2016-17, 10 counties across Colorado piloted the form. The CFPS Investigative and Data Quality Subcommittee gathered feedback from death scene investigators who piloted the form and made improvements based on their suggestions. In Fiscal Year 2017-18, the form and an accompanying guidance manual were made available online. CFPS and Colorado Violent Death Report System (CoVDRS) partners promoted the form to coroners and law enforcement through presentations at the Colorado Coroners Association in October 2017 and June 2018 and at the Colorado Sheriffs Association meeting in January 2018. In Fiscal Year 2018-19, partners again promoted the form at the New Coroners Institute in October 2018. In addition, to begin measuring progress made on this data quality recommendation, CFPS added two questions to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. The questions are asked for each youth suicide death and inquire 1) whether a suicide death scene investigation form (or jurisdictional equivalent) was completed during the death scene investigation, and 2) if so, if the form was shared with the local child fatality prevention review team to aid in the child death review process. Partners continue to raise awareness of the purpose and availability of the form with death scene investigators across Colorado.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2016, 2017	Strengthen practices related to sharing child maltreatment data across local agencies in Colorado.	*2016 and 2017 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation:* In Fiscal Year 2016-17, CFPS conducted a needs assessment of several Denver metro area local 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, focusing on access to municipal court records, began during the fall of 2017 with an in-person convening of interested agencies and partners, including Colorado Department of Human Services, Child Protection Ombudsman of Colorado, Colorado Department of Public Safety, court-appointed professionals, representatives from Colorado municipal courts, state and local law enforcement, state and local prosecutors, State Court Administrator's Office, Colorado Supreme Court and Colorado Department of Public Health and Environment. While the project gained support from legislators during the 2018 legislative session, a legislative request for an interim study committee, the Municipal Court Record Storage and Access Interim Committee proposal, was ultimately denied. In Fiscal Year 2018-19, the Child Protection Ombudsman of Colorado continued convening interested partners to increase access to municipal court records.
2016, 2017, 2018	Support policies that ensure paid parental leave for families.	Colorado legislators did not come to an agreement to pass a bill to create the Family Medical Leave Insurance (FAMLI) program during the 2019 legislative session. Similar to bills proposed in 2015, 2016, 2017, and 2018, the FAMLI program would have set up a state insurance program that establishes a pool of money, administered by the Colorado Department of Labor and Employment, so employees can take the time they need to care for themselves and to live up to their family responsibilities in caring for a sick child or parent and still be able to make ends meet. Policymakers passed an amended version of Senate Bill 19188 that requires the Colorado Department of Labor and Employment to analyze implementation of paid family and medical leave and includes a Task Force to oversee the result of the actuarial analysis. Additionally, CDPHE is tasked with producing a report identifying the health impact of paid family leave for the Task Force.
2016	Enhance the Graduated Drivers Licensing (GDL) law to increase the minimum age for a learner's permit to 16 years and expand restricted driving hours to 10:00pm-5:00am.	A statewide survey of law enforcement officials indicated that few officers knew all the GDL restrictions and penalties by age and licensing status so the Colorado Young Drivers Alliance (CYDA), formerly Colorado Teen Driving Alliance, developed a portable fact card to improve officers' understanding and enforcement abilities. Additionally, a CDPHE survey of almost 750 parents of youth in Colorado showed that only 6.4 percent of parents knew all the components of GDL laws, so the CYDA launched an online class to help parents teach and supervise their young drivers particularly around curfews, passenger restrictions, and seat belt requirements. The CYDA continues to provide support to local and statewide groups moving Colorado closer to GDL best practices.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2017, 2018	Improve substance use data quality by exploring additional data sources to supplement CFPS data.	CFPS is committed to understanding the contribution of substances, including alcohol, tobacco, marijuana and prescription drugs, to the fatal circumstances leading to death among children and youth under 18 years of age occurring in Colorado. The system regularly collects information on substance use, substance abuse disorders and mental health histories through law enforcement and coroners' reports; however, the data collected on these topics is often incomplete and may present an incomplete picture of the role of substance use in child fatalities across Colorado. In Fiscal Year 2017-18, CFPS met with partners at the Office of Behavioral Health at the Colorado Department of Human Services to explore a data sharing agreement between systems. While there was initial interest in this work, the data sharing agreement has yet to be finalized. In Fiscal Year 2018-19, CFPS continued to participate in Illuminate Colorado's Impact on Children of Caregiver Substance Use Project funded by the ZOMA Foundation (www.illuminatecolorado.org/iccsu). This work group is exploring the impact of caregiver substance use on children's lives by collecting indicators from a variety of statewide data systems to create a more comprehensive and contextualized understanding of the impact of substance use. Additionally, CFPS explored increasing data quality by adding a question to the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System on the impact of substance use in child deaths in Colorado to supplement existing questions in the tool. After a robust discussion, CFPS decided not to add this question to the tool. Instead, CFPS planned to produce a data brief using existing substance use data from the system to raise awareness about the contextual factors that contribute to substance use in Colorado. In Fiscal Year 2019-20, CFPS will develop and widely distribute this brief as well as continue efforts to improve the quality of data collected during investigations and entered into the case reporting system during case reviews. CFPS will also exploration of additional sources of mental health and substance use and abuse data to better understand the contribution of these risk factors to the deaths of infants, children and youth occurring in Colorado.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2017 2018	Support policies to improve behavioral health for children, youth and families in Colorado. Support policies to improve caregiver behavioral health, such as: • Screening and referral during the perinatal period • Health insurance coverage • Behavioral health integration into primary care	During the 2019 legislative session, Colorado legislators passed bills to promote the behavioral health of Colorado's children, youth and families. Many of these bills were designed to improve access to treatment and behavioral health care providers and services, including: House Bill 19-1193 (Behavioral Health Supports For High-risk Families) creates a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment; House Bill 19-1017 (Kindergarten Through Fifth Grade Social and Emotional Health Act); House Bill 19-1269 (Mental Health Parity Insurance Medicaid); House Bill 19-1044 (Advance Behavioral Health Orders Treatment); Senate Bill 19-195 (Child And Youth Behavioral Health System Enhancements); and Senate Bill 19-010 (Professional Behavioral Health Services for Schools). Additionally, many bills were passed to address and treat opioid misuse disorders among Coloradoans: House Bill 19-1287 (Treatment For Opioids And Substance Use Disorders), House Bill 19-1044 (Advance Behavioral Health Orders Treatment), House Bill 19-1009 (Substance Use Disorders Recovery), Senate Bill 19-008 (Substance Abuse Treatment in Criminal Justice), Senate Bill 19-227 (Harm Reduction Substance Use Disorders), Senate Bill 19-228 (Substance Use Disorders Prevention Measures), Senate Bill 19-079 (Electronic Prescribing Controlled Substances), and Senate Bill 19-001 (Expand Medication-assisted Treatment Pilot Program). Additionally, a variety of bills were introduced to improve caregiver and family behavioral health by reducing family stressors, such as House Bill 19-1013 (Child Care Expenses Tax Credit Low-income Families), House Bill 19-1052 (Early Childhood Development Special Districts), House Bill 19-1280 (Child College Savings Accounts), House Bill 19-1194 (School Discipline For Preschool Through Second Grade), House Bill 19-1005 (Early Childhood Educator Tax Credit), House Bill 19-1262 (State Funding For Full-day Kindergarten), House Bill 19-1210 (Local Government Minimum Wage), Senate Bill 19-085 (Equal Pay for Equal Work Act), Senate Bill 19-063 (Infant And Family Child Care Action Plan), House Bill 19-1032 (Comprehensive Human Sexuality Education) and Senate Bill 19-188 (FAMLI Family Medical Leave Insurance Program). The following bill did not pass: House Bill 19-1194 (Child Tax Credit).
2017, 2018	Support policies that ensure access to quality, affordable child care for families.	As in previous legislative sessions, during the 2019 legislative session, state policymakers committed to understanding and addressing lack of access to child care in Colorado by passing several bills. House Bill 19-1005 Early Childhood Educator Tax Credit establishes a refundable, annual tax credit for credentialed early childhood educators working at qualified facilities, and Senate Bill 19-063 requires the development of a strategic action plan to address the shortage of infant child care and family-home child care. House Bill 19-1262 State Funding For Full-day Kindergarten increases access to full-day kindergarten and ensures that caregivers are not charged kindergarten tuition. House Bill 19-1013 Child Care Expenses Tax Credit Low-income Families, which extends existing tax credits for families earning less than $25,000 annually. Lastly, House Bill 19-1193 Behavioral Health Supports for High-Risk Families creates a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment. House Bill 1194 (Child Tax Credit) did not pass.

Recommendation Year	Legislative Recommendation	Progress Toward Recommendation
2017, 2018	Support policies that expand access to community-based home visiting programs for all families with new infants.	According to the National Home Visiting Resource Center, Colorado currently offers at least six nationally known home visiting programs and many smaller, local programs. Statewide, over 80 local agencies operate at least one of the home visiting models. While home visiting programs serve many families in Colorado, there are still many families who could benefit from participation in an evidence-based home visiting program. Currently, there is not a single county in Colorado that has home visiting programs to meet the overall needs of families in the county. Scaling up community-based home visiting programs in Colorado has the potential to enable all families with new infants to benefit from participation in the programs.
2018	Improve CFPS data quality by providing technical assistance to local teams on best practices for firearm fatality reviews.	In Fiscal Year 2018-19, CFPS developed firearm-specific guidance for local child fatality prevention review teams (local teams) to support case reviews and increase firearm data quality in the system. The purpose of the guide is to assist teams in discussing aspects of firearm deaths that may not be readily clear from the case review or easy to discuss. This guidance includes a set of questions to supplement the firearms questions in the National Center for Fatality Review and Prevention's (NCFRP) Case Reporting System. As an example, the guidance prompts local teams to ask whether the child or youth had formal training in firearm use and safety. Additionally, CFPS added two new questions to the NCFRP's Case Reporting System to collect data around if the firearm was stored securely and if the youth 1) knew where the firearm was stored; 2) knew how to access the firearm; 3) had fired firearms before and 4) had formal firearm training. In Fiscal Year 2019-20, CFPS will continue to support local teams in reviewing firearm fatalities.
2018	Raise awareness and provide education to child welfare providers and community agencies on safe firearm storage to prevent child deaths involving firearms.	*2018 Joint CFPS and Colorado Department of Human Services' Child Fatality Review Team recommendation:* CFPS and CFRT presented to several stakeholders including Child Abuse and Neglect Public Awareness Campaign and provided testimony to the Early Childhood School Readiness Legislative Committee. CFRT and CFPS also partnered with Illuminate Colorado who secured funding to produce several safe storage briefs based on the joint recommendation outlining safe firearm storage to be shared with in-home service providers and families. Additionally, CDHS' Division of Child Welfare is working with the Child Welfare Training System to conduct a continuous quality improvement process to assess if and how firearm safety is currently covered by trainings offered in the system and where it could be incorporated. The results of the assessment are expected to be complete by the end of Fiscal Year 2018-19.

REFERENCES

1. Office of Health Equity, Colorado Department of Public Health and Environment, Statement on structural inequity. Retrieved from www.colorado.gov/pacific/cdphe/statement-on-structural-inequity.
2. Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet, 389*(10077), 1453-1463.
3. Pager, D., & Shepherd, H. (2008). The Sociology of Discrimination: Racial Discrimination in Employment, Housing, Credit, and Consumer Markets. *Annual Review of Sociolgy, 34*, 181-209.
4. Williams, D. R., & Collins, C. (2016). Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Reports, 116*(5), 404-16.
5. Williams, D. R., & Collins, C. (2016). Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Reports, 116*(5), 404-16.
6. Collins, C. A., & Williams, D. R. (1999). Segregation and mortality: the deadly effects of racism?. In *Sociological Forum*, 14(3), 495-523. Kluwer Academic Publishers-Plenum Publishers.
7. Larson, N. I., Story, M. T., & Nelson, M. C. (2009). Neighborhood environments: disparities in access to healthy foods in the US. A*merican journal of preventive medicine, 36*(1), 74-81.
8. White, K., Haas, J. S., & Williams, D. R. (2012). Elucidating the role of place in health care disparities: the example of racial/ethnic residential segregation. *Health Services Research, 47*(3pt2), 1278-1299.
9. Acevedo-Garcia, D., Lochner, K. A., Osypuk, T. L., & Subramanian, S. V. (2003). Future directions in residential segregation and health research: a multilevel approach. *American journal of public health, 93*(2), 215-221.
10. Collins, C. A., & Williams, D. R. (1999, September). Segregation and mortality: the deadly effects of racism?. In *Sociological Forum* (Vol. 14, No. 3, pp. 495-523). Kluwer Academic Publishers-Plenum Publishers.
11. King, M. (2017). Under The Hood: Revealing Patterns Of Motor Vehicle Fatalities In The United States. *Publicly Accessible Penn Dissertations. 2396*. Retrieved on June 19, 2019 from: repository.upenn.edu/edissertations/2396.
12. Office of Health Equity, Colorado Department of Public Health and Environment, Health Inequities Fact Sheet 2019: Latinx Coloradans Fact Sheet. Retrieved from: drive.google.com/file/d/1z1b15A9hGaRxvx4XTTa9BiPnz5lwjvfr/view.
13. Colorado Department of Human Services. (2019). Colorado Behavioral Health Task Force. Retrieved from: www.colorado.gov/pacific/cdhs/colorado-behavioral-health-task-force.
14. HealthIT.gov. (2017). *Telemedicine and Telehealth*. Retrieved from: www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth.
15. Casey W. Neville, C.W. (2018). Telehealth: A balanced look at incorporating this technology into practice. *SAGE Open Nursing, 4*, 1–5.
16. Mace, S., Boccanelli, A., & Dormond, M. (2018). *The Use of Telehealth within Behavioral Health Settings: Utilization, Opportunities, and Challenges*. University of Michigan, School of Public Health, Behavioral Health Workforce Research Center.
17. Sealover, E. (2015, May 20). Colorado's telehealth expansion signed into law. *Denver Business Journal*.
18. Cohen, J.J., Gabriel, B.A., & Terrell, C. (2002). The Case for Diversity in the Health Care Workforce. *Health Affairs, 21*(5), 90-102.
19. Buche, J., Beck, A.J., & Singer, P.M. (2017). *Factors Impacting the Development of a Diverse Behavioral Health Workforce*. University of Michigan, School of Public Health, Behavioral Health Workforce Re-

search Center.
20. Shimasaki, S., & Freeland Walker, S. (2013). *Health Equity and Racial and Ethnic Workforce Diversity: How to address the Shortage of Racially and Ethnically Diverse Health Professionals*. Prepared for The Colorado Trust. Retrieved from: www.coloradotrust.org/sites/default/files/CT_Workforce_Diversity_Brief_FINAL.pdf.
21. Hansen, M.K. (2014). *Diversity in the Healthcare Workforce*. National Conference of State Legislatures. Retrieved from: www.ncsl.org/documents/health/workforcediversity814.pdf.
22. Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., Dickinson, L. M., Davis, M., Gunn, R., Gowen, K., Miller, B.F., & Green, L.A. (2017). Outcomes of integrated behavioral health with primary care. *The Journal of the American Board of Family Medicine, 30*(2), 130-9.
23. MacArthur Foundation. (2017). *Housing: Why Educators, Health Professionals and Those Focused on Economic Mobility Should Care About It. Lessons Learned from the MacArthur Foundation's Investment in Housing Research*. Retrieved from: www.macfound.org/press/article/lessons-learned-housing-research/.
24. Maqbool N, Viveiros J, & Ault M. (2015). *The Impacts of Affordable Housing on Health: A Research Summary*. Insights from Housing Policy Research. Retrieved from: www.rupco.org/wp-content/uploads/pdfs/The-Impacts-of-Affordable-Housing-on-Health-CenterforHousingPolicy-Maqbool.etal.pdf.
25. Cutts, D., Coleman, S., Black, M.M., Chilton, M.M., Cook, J.T., de Cuba, S.E., Heeren, T.C., Meyers, A., Sandel, M., Casey, P.H., & Frank, D.A. (2015). Homelessness during pregnancy: a unique, time-dependent risk factor of birth outcomes. *Maternal Child Health Journal, 19*(6), 1276-83.
26. Krieger, J., & Higgins, D. L. (2002). Housing and health: time again for public health action. *American journal of public health, 92*(5), 758–768.
27. Kottke, T., Abariotes, A., & Spoonheim, J. B. (2018). Access to Affordable Housing Promotes Health and Well-Being and Reduces Hospital Visits. *The Permanente Journal, 22*, 17–79.
28. Association of State and Territorial Health Officials (ASTHO). (n.d.). *Essentials for childhood: Policy guide*. Retrieved from www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
29. Desmond, M., An, W., Winkler, R., & Ferriss, T. (2013). *Evicting Children. Social Forces, 92*(1), 303–327.
30. First Focus Campaign for Children. (2017). *Children and Families Facing Eviction: Policy Recommendations to Support Stability*. Retrieved from: campaignforchildren.org/wp-content/uploads/sites/2/2017/07/Housing-Policy-Recommendations-Report-FINAL-07-18-Recommendations.pdf.
31. Fulwood, S. (2016). *The United States' History of Segregated Housing Continues to Limit Affordable Housing. Center for American Progress*. Retrieved from: www.americanprogress.org/issues/race/reports/2016/12/15/294374/the-united-states-history-of-segregated-housing-continues-to-limit-affordable-housing/.
32. Chew, A. & Treuhaft, S. (2019). *Our Homes, Our Future: How Rent Control Can Build Stable, Healthy Communities*. PolicyLink, the Center for Popular Democracy, and the Right To The City Alliance. Retrieved from: drive.google.com/file/d/1-z2yo_nmUuse8_k0b2jilYOyV9WcxDN/view.
33. Fulwood, S. (2016). *The United States' History of Segregated Housing Continues to Limit Affordable Housing*. Center for American Progress. Retrieved from: www.americanprogress.org/issues/race/reports/2016/12/15/294374/the-united-states-history-of-segregated-housing-continues-to-limit-affordable-housing/.
34. First Focus Campaign for Children. (2017). *Children and Families Facing Eviction: Policy Recommendations to Support Stability.* Retrieved from: campaignforchildren.org/wp-content/uploads/sites/2/2017/07/Housing-Policy-Recommendations-Report-FINAL-07-18-Recommendations.pdf.
35. Sandel, M., Cook, J., Poblacion, A., Sheward, R., Coleman, S., Viveiros, J., & Sturtevant, L. (2016).

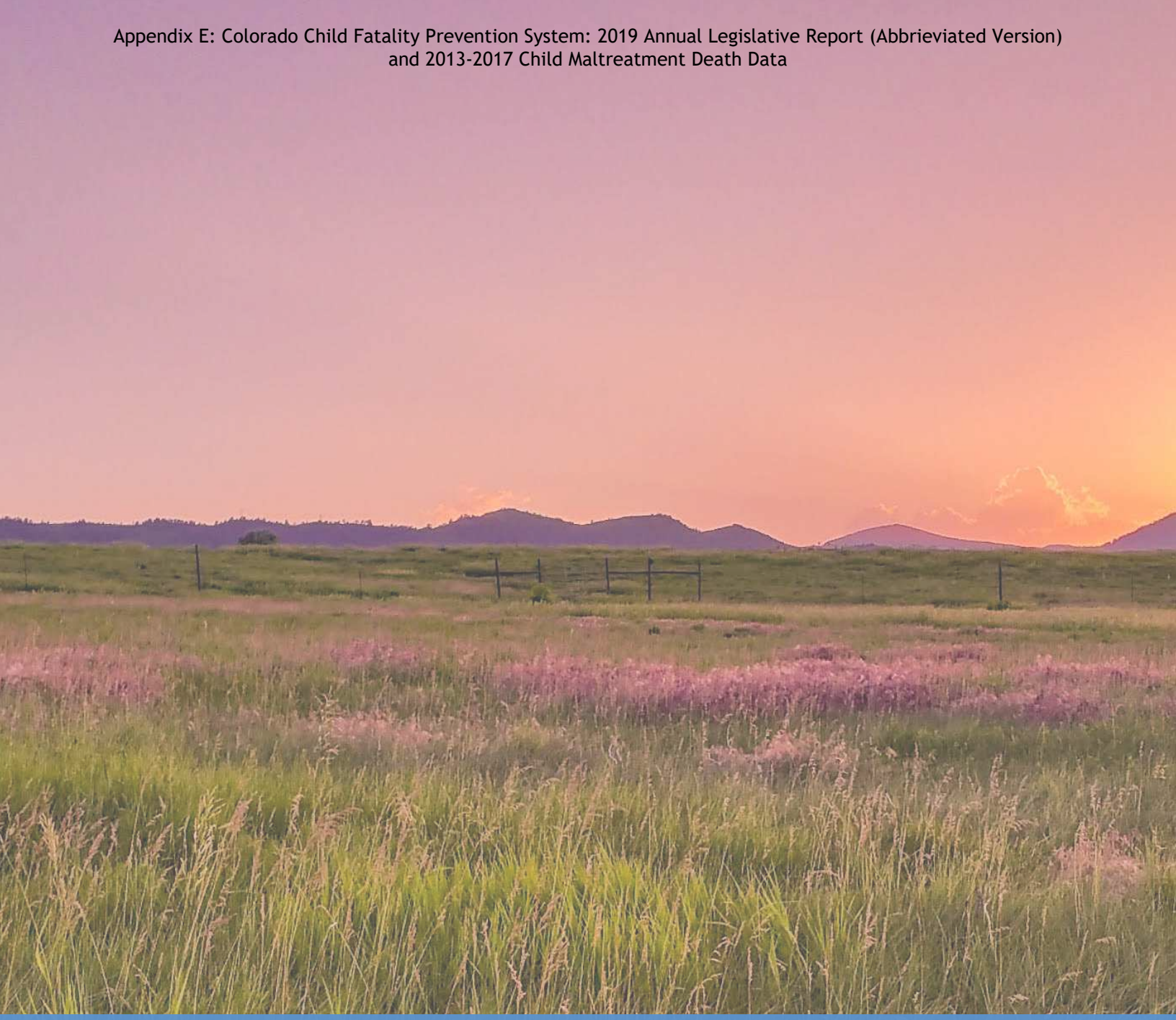
Housing as a Health Care Investment: Affordable Housing Supports Children's Health. Insights from Housing Policy Research. Children's HealthWatch and National Housing Conference. Retrieved from: www.nhc.org/wp-content/uploads/2016/03/Housing-as-a-Health-Care-Investment-Affordable-Housing-Supports-Childrens-Health.pdf.
36. ChangeLab Solutions. (2015). *Preserving, Protecting, and Expanding Affordable Housing: A Policy Toolkit for Public Health*. Retrieved from: www.changelabsolutions.org/sites/default/files/Preserving_Affordable_Housing-POLICY-TOOLKIT_FINAL_20150401.pdf.
37. ChangeLab Solutions. (2015). *Preserving, Protecting, and Expanding Affordable Housing: A Policy Toolkit for Public Health*. Retrieved from: www.changelabsolutions.org/sites/default/files/Preserving_Affordable_Housing-POLICY-TOOLKIT_FINAL_20150401.pdf.
38. ChangeLab Solutions. (2015). *Preserving, Protecting, and Expanding Affordable Housing: A Policy Toolkit for Public Health*. Retrieved from: www.changelabsolutions.org/sites/default/files/Preserving_Affordable_Housing-POLICY-TOOLKIT_FINAL_20150401.pdf.
39. ChangeLab Solutions. (2015). *Preserving, Protecting, and Expanding Affordable Housing: A Policy Toolkit for Public Health*. Retrieved from: www.changelabsolutions.org/sites/default/files/Preserving_Affordable_Housing-POLICY-TOOLKIT_FINAL_20150401.pdf.
40. ChangeLab Solutions. (2015). *Preserving, Protecting, and Expanding Affordable Housing: A Policy Toolkit for Public Health*. Retrieved from: www.changelabsolutions.org/sites/default/files/Preserving_Affordable_Housing-POLICY-TOOLKIT_FINAL_20150401.pdf.
41. Taylor J, Novoa C, Hamm K, & Phadke S. (2019). *Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint*. Center for American Progress.
42. Association of State and Territorial Health Officials (ASTHO). (n.d.). *Essentials for childhood: Policy guide*. Retrieved from www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
43. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
44. Executive Office of the President Council of Economic Advisers. (2016). *Inequality in early childhood and effective public policy and effective public policy interventions*. In Economic report of the president (Chapter 4). Retrieved from www.gpo.gov/fdsys/pkg/ERP-2016/pdf/ERP-2016-chapter4.pdf.
45. Association of State and Territorial Health Officials (ASTHO). (n.d.). *Essentials for childhood: Policy guide*. Retrieved from www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
46. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
47. Executive Office of the President Council of Economic Advisers. (2016). *Inequality in early childhood and effective public policy and effective public policy interventions*. In Economic report of the president (Chapter 4). Retrieved from www.gpo.gov/fdsys/pkg/ERP-2016/pdf/ERP-2016-chapter4.pdf.
48. Child Care Aware of America. (2018). *Colorado, Cost of Child Care*. Retrieved from usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/.
49. Child Care Aware of America. (2018). *Colorado, Cost of Child Care*. Retrieved from usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/.
50. Association of State and Territorial Health Officials (ASTHO). (n.d.). *Essentials for childhood: Policy guide*. Retrieved from www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
51. Association of State and Territorial Health Officials (ASTHO). (n.d.). *Essentials for childhood: Policy*

guide. Retrieved from www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
52. U.S. Department of Health & Human Services. (2017). *Home visiting evidence of effectiveness*. Retrieved from homvee.acf.hhs.gov/Models.aspx.
53. Center for the Study of Social Policy. (2017). *Strengthening families: A protective factors framework*. Retrieved from www.cssp.org/reform/strengtheningfamilies/about.
54. National Home Visiting Resource Center. (2018). *2018 Home Visiting Yearbook*. Arlington, VA: James Bell Associates and the Urban Institute. Retrieved from www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2018_FINAL.pdf.
55. The Insurance Institute for Highway Safety and Highway Loss Data Institute. (2019). *Teenagers*. Retrieved from www.iihs.org/topics/teenagers.
56. The Insurance Institute for Highway Safety and Highway Loss Data Institute (2019). *Graduated Licensing Calculator*. Retrieved from www.iihs.org/topics/teenagers/gdl-calculator#background.
57. The Centers for Disease Control and Prevention. (2016, August 19). *Graduated Driver Licensing*. Retrieved from: www.cdc.gov/phlp/publications/topic/gdl.html.
58. The Governors Highway Safety Association. (2019). *Teen Driver Safety*. Retrieved from www.ghsa.org/index.php/issues/teen-drivers.
59. Centers for Disease Control and Prevention National Center for Injury Prevention and Control. (2011, January). CDC vital signs: *Adult seat belt use*. Retrieved from www.cdc.gov/vitalsigns/SeatBeltUse.
60. Dihn-Zarr, T. B., Sleet, D. A., Shults, R. A., Zaza, S., Elder, R. W., Nichols, J. L.,...Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to increase the use of safety belts. *American Journal of Preventive Medicine, 21*(4S), 48-65.
61. Nichols, J. L. & Ledingham, K. A. (2008). *The impact of legislation, enforcement, and sanctions on safety belt use*. Washington, DC: Transportation Research Board.
62. Enriquez, J., & Pickrell, T. M. (2019, January). *Seat belt use in 2018 – Overall results*. Traffic Safety Facts Research Note. Report No. DOT HS 812 662. Washington, DC: National Highway Traffic Safety Administration.
63. Enriquez, J., & Pickrell, T. M. (2019, January). *Seat belt use in 2018 – Overall results*. Traffic Safety Facts Research Note. Report No. DOT HS 812 662. Washington, DC: National Highway Traffic Safety Administration.
64. Colorado Department of Transportation. (2018). *2018 State of Colorado Statewide Seat Belt Survey*. Retrieved from www.codot.gov/library/surveys/2018-statewide-seat-belt-survey.
65. Colorado Department of Transportation. (2019). *Colorado motor vehicle problem identification dashboard*. Retrieved from www.codot.gov/safety/safety-data-sources-information/colorado-problem-identification-id-reports.
66. Preusser, D.F. & Preusser, C.W. Evaluation of Louisiana's safety belt law change to primary enforcement. Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration, 1997. DOT HS 808 620.
67. Ulmer, R.G., Preusser, C.W., Preusser, D.F., & Cosgrove, L.A. Evaluation of California's safety belt law change from secondary to primary enforcement. J Safety Res 1995; 26:213–20.
68. Tison, J., Williams, A. F., Chaudhary, N. K., & Nichols, J. L. (2011, September). *Determining the Relationship of Primary Seat Belt Laws to Minority Ticketing*. (Final Report. Report No. DOT HS 811 535). Washington, DC: National Highway Traffic Safety Administration.
69. Dunn, L., Holliday, A., & Vegega, M. (2016, March). *Motor vehicle occupant protection facts - Children, youth, young adults* (Fact book. Report No. DOT HS 812 251). Washington, DC: National Highway

Traffic Safety Administration.
70. Centers for Disease Control and Prevention. (2019). *Motor Vehicle Prioritizing Interventions and Cost Calculator for States*. Retrieved from www.cdc.gov/motorvehiclesafety/calculator/index.html.
71. Centers for Disease Control and Prevention. (2014). Injury prevention and control: Data and statistics (WISQARS): *Cost of injury reports*. Retrieved from www.cdc.gov/injury/wisqars/Index.html.
72. Blincoe, L. J., Miller, T. R., Zaloshnja, E., & Lawrence, B. A. (2015, May). *The economic and societal impact of motor vehicle crashes, 2010 (Revised)* (Report No. DOT HS 812 013). Washington, DC: National Highway Traffic Safety Administration.
73. Colorado Department of Transportation. (2014, October). *Colorado strategic highway safety plan*. Retrieved from www.codot.gov/safety/safety-data-sources-information/safety-plans/colorado-strategic-highway-safety-plan/view.
74. Colorado Task Force on Drunk and Impaired Driving. (2019). *2018 Annual Report*. Retrieved from www.codot.gov/library/AnnualReports/colorado-task-force-on-drunk-and-impaired-driving-annual-reports/2018-ctfdid-annual-report.pdf.
75. Preusser, D.F. & Preusser, C.W. (1997). *Evaluation of Louisiana's safety belt law change to primary enforcement*. Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration. DOT HS 808 620.
76. Tison, J., Williams, A. F., Chaudhary, N. K., & Nichols, J. L. (2011, September). *Determining the Relationship of Primary Seat Belt Laws to Minority Ticketing*. (Final Report. Report No. DOT HS 811 535). Washington, DC: National Highway Traffic Safety Administration.
77. Dihn-Zarr, T. B., Sleet, D. A., Shults, R. A., Zaza, S., Elder, R. W., Nichols, J. L.,...Task Force on Community Preventive Services. (2001). Reviews of evidence regarding interventions to increase the use of safety belts. *American Journal of Preventive Medicine, 21*(4S), 48-65.
78. Tison, J., Williams, A. F., Chaudhary, N. K., & Nichols, J. L. (2011, September). *Determining the Relationship of Primary Seat Belt Laws to Minority Ticketing*. (Final Report. Report No. DOT HS 811 535). Washington, DC: National Highway Traffic Safety Administration.
79. Association of State and Territorial Health Officials (ASTHO). (n.d.). *Essentials for childhood: Policy guide*. Retrieved from www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
80. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
81. Klerman, J., Daley, K., & Pozniak, A. (2014). *Family and medical leave in 2012: Technical report*. Cambridge, MA: Abt Associates.
82. Houser, L., & Vartanian, T. (2012, January). P*ay matters: The positive economic impact of paid family leave for families, businesses and the public*. New Brunswick, NJ: Center for Women and Work at Rutgers, the State University of New Jersey Publication.
83. Task Force on Sudden Infant Death Syndrome. (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics, 138*(5), 1-12.
84. Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
85. AEI-Brookings Working Group on Paid Family Leave. (2017). *Paid Family and Medical Leave: An Issue Whose Time Has Come*. Retrieved from www.brookings.edu/research/paid-family-and-medical-leave-an-issue-whose-time-has-come/.

86. AEI-Brookings Working Group on Paid Family Leave. (2017). *Paid Family and Medical Leave: An Issue Whose Time Has Come*. Retrieved from www.brookings.edu/research/paid-family-and-medical-leave-an-issue-whose-time-has-come/.
87. Lerner, S. (August 18, 2015). The real war on families: Why the U.S. needs paid leave now. *In These Times*. Retrieved from inthesetimes.com/article/18151/therealwaronfamilies.
88. U.S. Department of Labor, Bureau of Labor Statistics. (2018). *National compensation survey: Employee benefits in the United States, March 2018*. Retrieved from www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf.
89. U.S. Department of Labor, Bureau of Labor Statistics. (2018). *National compensation survey: Employee benefits in the United States, March 2018*. Retrieved from www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf.
90. U.S. Department of Labor, Bureau of Labor Statistics. (2018). *National compensation survey: Employee benefits in the United States, March 2018*. Retrieved from www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf.
91. Minnesota Department of Health, Center for Health Equity. (2015). *White paper on paid leave and health*. Retrieved from www.health.state.mn.us/news/2015paidleave.pdf.
92. AEI-Brookings Working Group on Paid Family Leave. (2017). *Paid Family and Medical Leave: An Issue Whose Time Has Come*. Retrieved from www.brookings.edu/research/paid-family-and-medical-leave-an-issue-whose-time-has-come/.
93. Taylor J, Novoa C, Hamm K, & Phadke S. (2019, May 2). *Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint*. Center for American Progress.
94. Cooper, A., & Smith, E. L. (2011). *Homicide trends in the United States, 1980-2008*. Bureau of Justice Statistics, 536-543.
95. Everytown for Gun Safety. (2019, April 18). *Why Funding Gun Violence Research Matters*. Retrieved from everytownresearch.org/funding-gun-violence-research-matters/#foot_note_18.
96. Rostron, A. (2018). The Dickey Amendment on federal funding for research on gun violence: A legal dissection. *American Journal of Public Health. 108*(7), 865–867.
97. Dzau, V. J., & Leshner, A. I. (2018). Public health research on gun violence: long overdue. *Annals of Internal Medicine, 168*(12), 876-877.
98. Safe States Alliance. (2019, March). *Firearm Policy Statement: Policy Recommendations to Prevent Firearm Related Injuries & Violence*. Retrieved from cdn.ymaws.com/www.safestates.org/resource/resmgr/policy/SSA_Firearm_Policy_Statement.pdf.
99. Twenge, J.M., Krizan, Z., & Hisler, G. (2017). Decreases in self-reported sleep duration among U.S. adolescents 2009-2015 and association with new media screen time. *Sleep Medicine, 39*, 47-53.
100. Basch, C. E., Basch, C. H., Ruggles, K. V., & Rajan, S. (2014). Prevalence of sleep duration on an average school night among 4 nationally representative successive samples of American high school students, 2007-2013. *Preventing chronic disease, 11*, E216.
101. Healthy Kids Colorado Survey Data. (2017). Percentage of students who sleep 8 or more hours per night on average school nights. Retrieved from: www.colorado.gov/cdphe/healthy-kids-colorado-survey-data.
102. Centers for Disease Control and Prevention (2018). *School Starts Too Early*. Retrieved from: www.cdc.gov/features/school-start-times/index.html.
103. Wahlstrom, K., Dretzke, B., Gordon, M., Peterson, K., Edwards, K., & Gdula, J. (2014). *Examining the impact of later school start times on the health and academic performance of high school students: a*

multi-site study. University of Minnesota Libraries Digital Conservancy website.
104. Winsler, A., Deutsch, A., Vorona, R.D., Payne, P.A., Szklo-Coxe, M. (2015). Sleepless in Fairfax: the difference one more hour of sleep can make for teen hopelessness, suicidal ideation, and substance use. *Journal of Youth Adolescence, 44*(2), 362–378.
105. Wong, M.M. & Brower, K.J. (2012). The prospective relationship between sleep problems and suicidal behavior in the National Longitudinal Study of Adolescent Health. *Journal of Psychiatric Research, 46*(7), 953-959.
106. Xianchen Liu. (2004). Sleep and Adolescent Suicidal Behavior. *Sleep, 27*(7), 1351–1358.
107. Watson, N.F., Martin, J.L., Wise, M.S., Carden, K.A., Kirsch, D.B., Kristo, D.A., Malhotra, R.K., Olson, E.J., Ramar, K., Rosen, I.M., Rowley, J.A., Weaver, T.E., Chervin, R.D., & the American Academy of Sleep Medicine Board of Directors. (2017). Delaying Middle School and High School Start Times Promotes Student Health and Performance: An American Academy of Sleep Medicine Position Statement. *Journal of Clinical Sleep Medicine, 13*(4), 623–625.
108. Peltz, J.S., Rogge, R.D., Connolly, H., & O'Connor, T.G. (2017). A process-oriented model linking adolescents' sleep hygiene and psychological functioning: the moderating role of school start times. *Sleep Health: Journal of the National Sleep Foundation, 3*(6), 465 - 471.
109. Whaley, M. (2018, August 19). "Cherry Creek students get boost from later start times: Littleton Public Schools switches to new, later schedule this week." *The Denver Post*. Accessed on June 2, 2019 from www.denverpost.com/2018/08/19/cherry-creek-schools-late-start/?clearUserState=true.
110. Meltzer, L.J., McNally, J., Plog, A.E., & Siegfried, S.A. (2017). Engaging the community in the process of changing school start times: experience of the Cherry Creek School District. *Sleep Health: Journal of the National Sleep Foundation, 3*(6), 472 - 478.
111. Centers for Disease Control and Prevention. (2012). *Sudden unexpected infant death and sudden infant death syndrome: Infant death scene investigation*. Retrieved from www.cdc.gov/sids/SceneInvestigation.htm.
112. Erck Lambert, A. B., Parks, S. E., Camperlengo, L., Cottengim, C., Anderson, R. L., Covington, T. M., & Shapiro-Mendoza, C. K. (2016). Death scene investigation and autopsy practices in sudden unexpected infant deaths. *Journal of Pediatrics, 174*, 84-90.
113. National Conference of State Legislatures. (2015, March). *Sudden unexpected infant death legislation*. Retrieved from www.ncsl.org/research/health/sudden-infant-death-syndrome-laws.aspx.
114. Moon, R., Y., and AAP Task Force on Sudden Infant Death Syndrome. (2016). SIDS and other sleep-related infant deaths: Evidence base for 2016 updated recommendations for a safe infant sleeping environment. *Pediatrics, 138*(5).
115. Centers for Disease Control and Prevention. (n.d.). *Suicide: Risk and protective factors*. Retrieved from www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html.
116. Child Welfare Information Gateway. (2014). *Parental substance use and the child welfare system*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
117. Quinlan K., Shults R. A., & Rudd R. A. (2014). Child passenger deaths involving alcohol-impaired drivers. *Pediatrics, 133*(6).
118. Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health, 100*: 590-595.



COLORADO CHILD FATALITY PREVENTION SYSTEM

Child Maltreatment Death Data, 2013 - 2017

COLORADO
Department of Public Health & Environment

COLORADO CHILD FATALITY PREVENTION SYSTEM

CHILD MALTREATMENT DEATH DATA, 2013 - 2017

INTRODUCTION

The Child Fatality Prevention Act (Article 20.5 of Title 25, Colorado Revised Statutes) established the Child Fatality Prevention System (CFPS), a statewide, multidisciplinary, multi-agency effort to prevent child deaths. Although not codified in Colorado Revised Statutes (C.R.S.) until 2005, CFPS has been conducting retrospective reviews of child deaths in Colorado since 1989. CFPS applies a public health approach to prevent child deaths by aggregating data from individual child deaths, describing trends and patterns of the deaths and recommending prevention strategies. Child fatality prevention review teams and their partners implement and evaluate the identified strategies at the state and local levels with the goal of preventing similar deaths in the future.

The data presented within this data summary come from comprehensive, statutorily-mandated reviews of deaths among those under 18 years of age occurring in Colorado between 2013 and 2017. Local child fatality prevention review teams are responsible for conducting individual, case-specific reviews of deaths of children meeting the statutory criteria. Reviewable child deaths result from one or more of the following causes: undetermined causes, unintentional injury, violence, motor vehicle and other transportation-related, child maltreatment, sudden unexpected infant death (SUID) and suicide. During the 2018 fiscal year, local teams reviewed deaths that occurred in 2017.

The CFPS review process includes deaths of Colorado residents occurring in Colorado, as well as deaths of out-of-state residents who died in Colorado or were transported to a Colorado hospital and died. CFPS does not review deaths of Colorado residents that occur outside Colorado. These criteria are different from other reports of child fatality data and many other Colorado government data sources. As a result, the data presented in this topic-specific data brief may not match other statistics reported at both the state and national levels. This data brief provides an overview of child maltreatment death data from CFPS. Additional CFPS data is available in a state-level overview, cause-specific data briefs and an interactive data dashboard at: www.cochildfatalityprevention.com/p/reports.html.

STRUCTURAL INEQUITY

CDPHE acknowledges that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans.[1]

Some families lose infants, children and youth to the types of deaths reviewed by CFPS not as the result of the actions or behaviors of those who died, or their parents or caregivers. Social factors such as where they live, how much money or education they have and how they are treated because of their racial or ethnic backgrounds can also contribute to a child's death.[2] In the United States, most residents grew up and continue to live in racially and economically segregated neighborhoods, which can lead to marginalization.[3,4] This marginalization of groups into segregated neighborhoods further impacts access to high-quality education,[5] employment opportunities,[6] healthy foods[7] and health care.[8] Combined, the economic injustices associated with residential, educational and occupational segregation have lasting health impacts that include adverse birth outcomes,

infant mortality,[9] high rates of homicide and gun violence[10] and increased motor vehicle deaths.[11]

When interpreting the data, it is critical not to lose sight of these systemic, avoidable and unjust factors. These factors perpetuate the inequities that we observe in child deaths across populations in Colorado. Research is making progress in understanding how race and ethnicity, economic status, sexual orientation and gender identity correlate with health. It is critical that data systems like CFPS identify and understand the life-long inequities that persist across groups in order to eradicate them.

A note about terminology: While "Latinx" is becoming the preferred way to identify people of Latin descent, this report uses "Hispanic" throughout the data section to reflect how CFPS data is collected and to align with terminology used in cited literature and research.[12]

OVERVIEW OF CHILD MALTREATMENT DEATHS

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 system, local teams make determinations of child maltreatment (abuse or neglect) based on available information from the case reviews and professional judgments. These multidisciplinary review teams include representatives from departments of human services. The determination is the subjective opinion of the local teams and does not trigger any prosecution or have any legal ramifications. As such, deaths classified as child maltreatment by local teams will not be the same as official counts of child abuse or child neglect deaths reported by the Colorado Department of Human Services (CDHS). Some of these deaths do not meet the criteria for review by the CDHS Child Fatality Review Team (CFRT). CFRT only reviews deaths of children with previous involvement with county departments of human services within the last three years.

What is the CDHS CFRT?

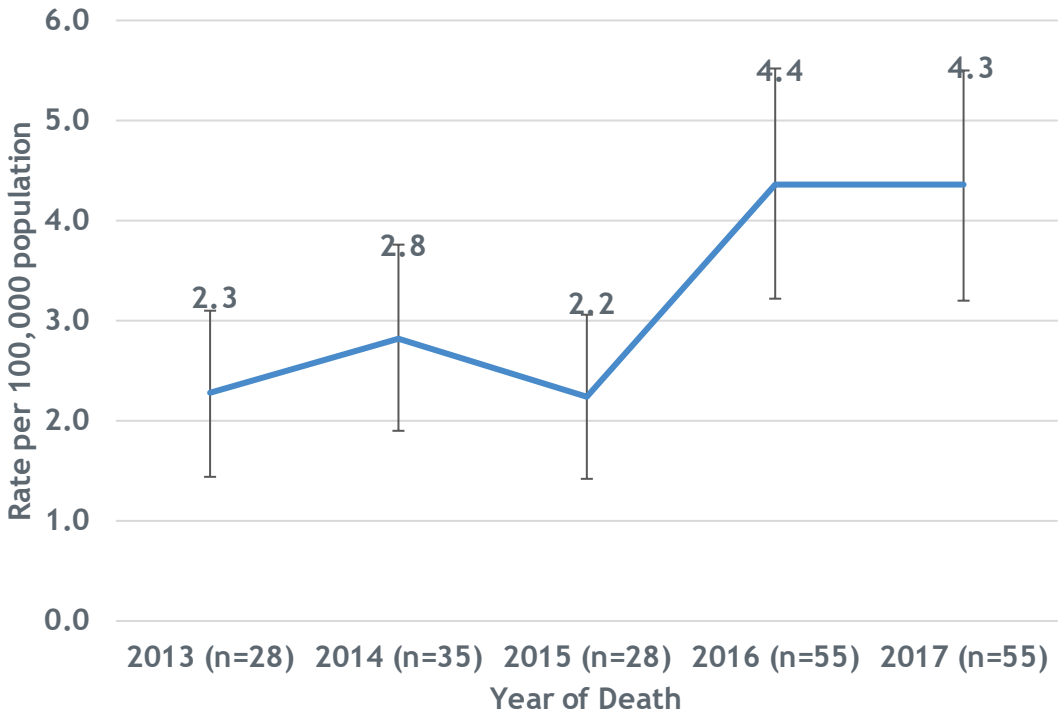
- The CDHS CFRT reviews incidents of fatal, near fatal or egregious abuse or neglect determined to be a result of child maltreatment when the child or family had previous involvement with the child welfare system within the last three years. CFRT reviews the incident and identifies factors that may have led to it. CFRT also assess the sufficiency and quality of services state and local agencies provide to families and their prior involvement with the child welfare system. As a result of identified strengths, as well as systemic gaps and/or deficiencies, CFRT puts forth policy and practice recommendations that may help prevent future incidents of fatal, near fatal or egregious abuse or neglect. These recommendations could also strengthen the systems that deliver services to children and families.

For the purpose of a public health-focused child fatality review process, child maltreatment is defined as an act or failure to act on the part of a parent or caregiver regardless of intent. From 2013-2017, there were 223 deaths where child maltreatment caused and/or contributed to the circumstances of death among children and youth ages 0-17 in Colorado.

Figure 1 displays the rates of child maltreatment deaths, as defined by CFPS, among Colorado residents under 18 by year. The crude rate of child maltreatment deaths from 2013-2017 was 3.2 per 100,000 population. The rate of 4.3 per 100,000 population in 2017 was statistically significantly different from the rate of 2.3 per 100,000 population observed in 2013.

Child maltreatment and its identification according to the previously provided definition allows CFPS review teams great latitude when determining whether child maltreatment contributed to the events leading to death. Some of the increase in the rate of child maltreatment deaths over the last several years may be attributed to improved technical assistance and guidance provided to local teams around identifying child abuse and neglect.

Figure 1. Crude rate of child maltreatment deaths occurring in Colorado among Colorado residents under age 18, 2013-2017 (n=201)

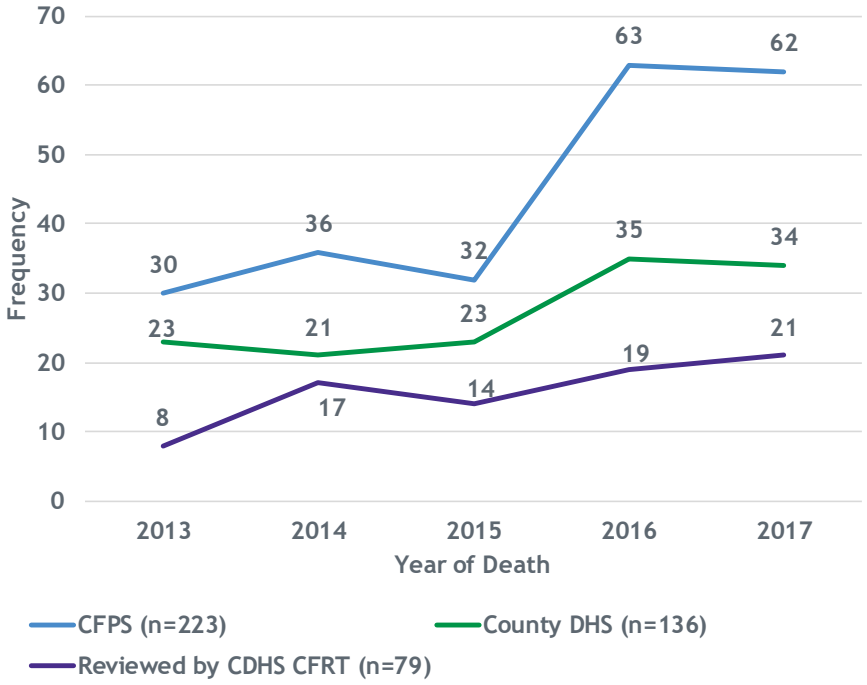


*Error bars represent 95% confidence limits for rates.

Prior to 2014, the CFPS State Review Team identified all child maltreatment deaths substantiated by county departments of human or social services as child maltreatment deaths. Local teams began reviewing child deaths in 2014; however, they did not always identify cases that were substantiated by county departments of human services as child maltreatment. These observations suggested that CDPHE should provide more technical assistance and training to local teams about CFPS's role in identifying when child maltreatment contributed to the deaths. The data presented here include all deaths substantiated by county departments of human services. The data also include additional deaths not substantiated by county departments of human services but ruled as child maltreatment by CFPS review teams.

Although CFPS review teams and county departments of human services define child abuse and neglect differently, county departments of human services substantiated 61.0 percent (n=136) of the 223 deaths CFPS identified as due to child maltreatment from 2013-2017. Additionally, 35.4 percent (n=79) of these deaths met the statutory criteria for CDHS CFRT review (Figure 2). CFPS review teams alone identified the remaining 39.0 percent (n=87) as child maltreatment deaths. These 87 deaths were either not reported to county departments of human services or the incident did not meet the statutory definition of child maltreatment that guides the work of CDHS.

Figure 2. Deaths occuring among those under age 18 in Colorado ruled child maltreatment by CFPS, substantiated by county departments, or reviewed by CDHS CFRT by year, 2013-2017



DEMOGRAPHICS OF CHILD MALTREATMENT DEATHS

Of the 223 child maltreatment deaths CFPS identified from 2013-2017, 68.2 percent (n=152) occurred among children under age 5, and 56.1 percent (n=125) were male. Table 1 displays the rates of child maltreatment deaths CFPS identified by age group. The highest rates of child maltreatment deaths were among children under age 5. The age-specific rate of child maltreatment deaths for children under age 1 was 25.3 per 100,000 population, almost eight times the rate for all ages and nearly 20 times the rate for those ages 5-9. For children ages 1-4, the rate of child maltreatment deaths was 4.1 per 100,000 population, 1.3 times the rate for all ages and more than three times the rate for children ages 5-9. The incidence of child maltreatment deaths among males was 3.5 per 100,000 population, a rate 1.2 times greater than that observed among females (2.9 per 100,000 population).

Table 1. Age-specific rate of child maltreatment deaths occurring in Colorado among Colorado residents under age 18 by age group, 2013-2017*

				95% Confidence Interval	
Age Group	n**	Population	Rate***	Lower Limit	Upper Limit
All Ages	201	6,262,004	3.2	2.8	3.7
< 1 year	84	332,027	25.3	19.9	30.7
1 through 4	55	1,329,681	4.1	3.0	5.2
5 through 9	23	1,753,976	1.3	0.8	1.8
10 through 14	20	1,802,674	1.1	0.6	1.6
15 through 17	19	1,043,645	1.8	1.0	2.6

*As defined by the Colorado Child Fatality Prevention System.
**Rates with fewer than 20 observations may be unstable.
***Per 100,000 Colorado residents.
Data source: Colorado Child Fatality Prevention System, Colorado State Demography Office

RACIAL AND ETHNIC INEQUITIES

There is a significant inequity in the rate of child maltreatment deaths by race and ethnicity in Colorado. The rate of child maltreatment deaths among non-Hispanic black infants, children and youth was 4.1 times higher (10.7 per 100,000 population) than for non-Hispanic whites (2.6 per 100,000 population). The rate of child maltreatment deaths among Hispanic infants, children and youth was 1.2 times higher (3.1 per 100,000 population) than for non-Hispanic whites, although this difference was not statistically significant.

Traditionally, individual level factors of caregivers have been shown to contribute to the racial differences in deadly child maltreatment, including low educational attainment, low income, inadequate employment, intimate partner violence and history of abuse as a child.[13] However, studies examining these individual-level factors have failed to fully explain the racial differences. Instead, research highlights the role that social determinants and contextual factors, particularly community and environmental inequities, play in child maltreatment prevention.[14]

Racialized residential segregation can lead to the racial and ethnic inequities in various child fatalities including child maltreatment deaths. These inequities are largely driven by discriminatory federal, state and local policies, such as redlining, that create unjust geographic divisions among racial and ethnic groups.[15] Racial segregation leads to neighborhood disadvantage by concentrating neighborhood poverty, increasing exposure to environmental stressors such as air pollutants, creating barriers to and fewer opportunities for a healthy lifestyle, limiting access to health services and increasing housing and food insecurity.[16] The consequences of residential segregation resulting from historical practices like redlining are still reverberating throughout communities of color today. In the United States, Hispanic families are significantly more likely to reside in segregated neighborhoods with higher rates of social isolation and lack of access to resources.[17,18] Similarly, black families are likely to live in communities that are highly segregated with limited access to basic needs assistance, mental health and substance abuse treatment and opportunity for employment.[19] Data show 19.9 percent of black and 19.3 percent of Hispanic Coloradoans live below the poverty level, compared to 8.5 percent of non-Hispanic white Coloradans.[20,21] This structural injustice which many black and Hispanic families unjustly experience may partly explain the inequities around child maltreatment deaths.

A significant amount of research has documented that racial and ethnic minority populations are overrepresented in the child welfare system, compared with the general population. Studies have consistently found that black infants, children and youth are more likely to be the subject of child maltreatment reports and substantiations than non-Hispanic whites.[22] Possible explanations for this have included 1) disparate needs of children and families of color, particularly due to higher rates of poverty, 2) racial bias and discrimination by caseworkers, mandatory reporters and the general public and 3) lack of resources for families of color in the child welfare system and other similar factors.[23] Studies have found no relationship between race and incidents of child maltreatment after controlling for poverty.[24] Instead, child abuse and neglect is strongly associated with poverty and other measures of economic well-being.[25]

Families of color inequitably and disproportionately experience poverty in the United States, manifesting the higher prevalence of abuse and neglect compared to non-Hispanic white families. Experiencing poverty may also amplify exposure to the social service system (e.g. financial or housing assistance) and increase exposure to mandatory reporters, an idea referred to as visibility or exposure bias.[26] This research urges an emphasis on social factors such as poverty, rather than a focus on bias within the child welfare system.

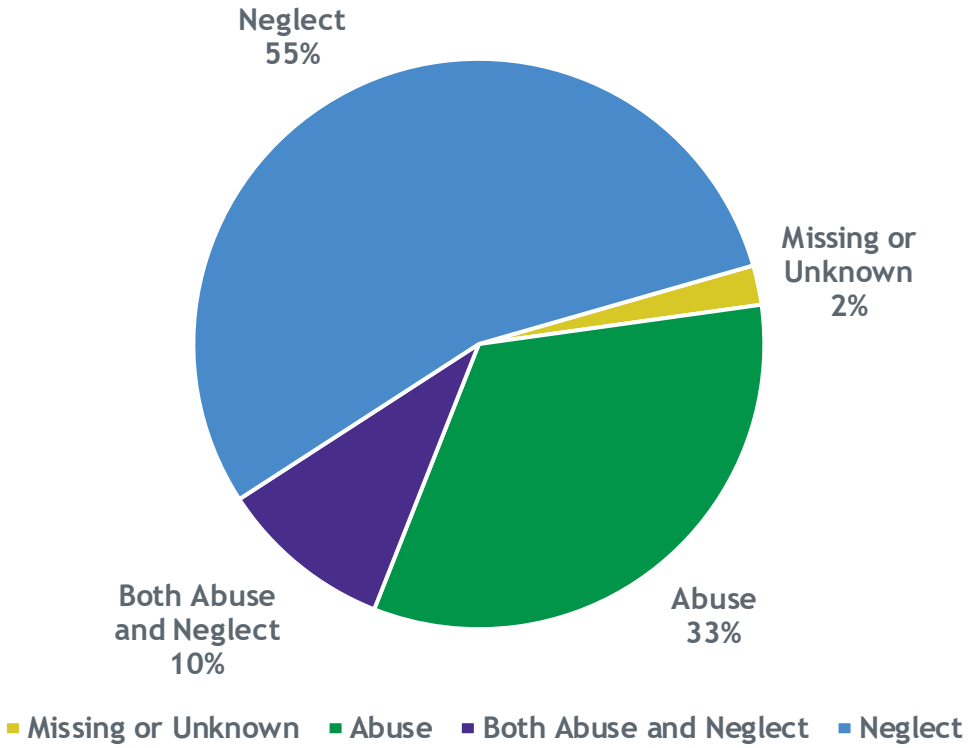
While we have made progress in understanding the overrepresentation of children and youth of color within the child welfare system,[27,28,29] it remains critical to identify, understand, and eradicate the life-long inequities that persist across racial and ethnic groups that contribute to child maltreatment.[30]

CHILD MALTREATMENT TYPES AND CIRCUMSTANCES

Of the 223 child maltreatment deaths occurring between 2013 and 2017, neglect caused or contributed to 54.7 percent (n=122) of the deaths, abuse caused or contributed to 33.2 percent (n=74), both abuse and neglect caused or contributed to 9.9 percent (n=22).

There was too little information available for five (2.2 percent) of the deaths, due to ongoing investigation or litigation. Because of this, local teams were unable to determine whether abuse, neglect or abuse and neglect caused or contributed to the death (Figure 3).

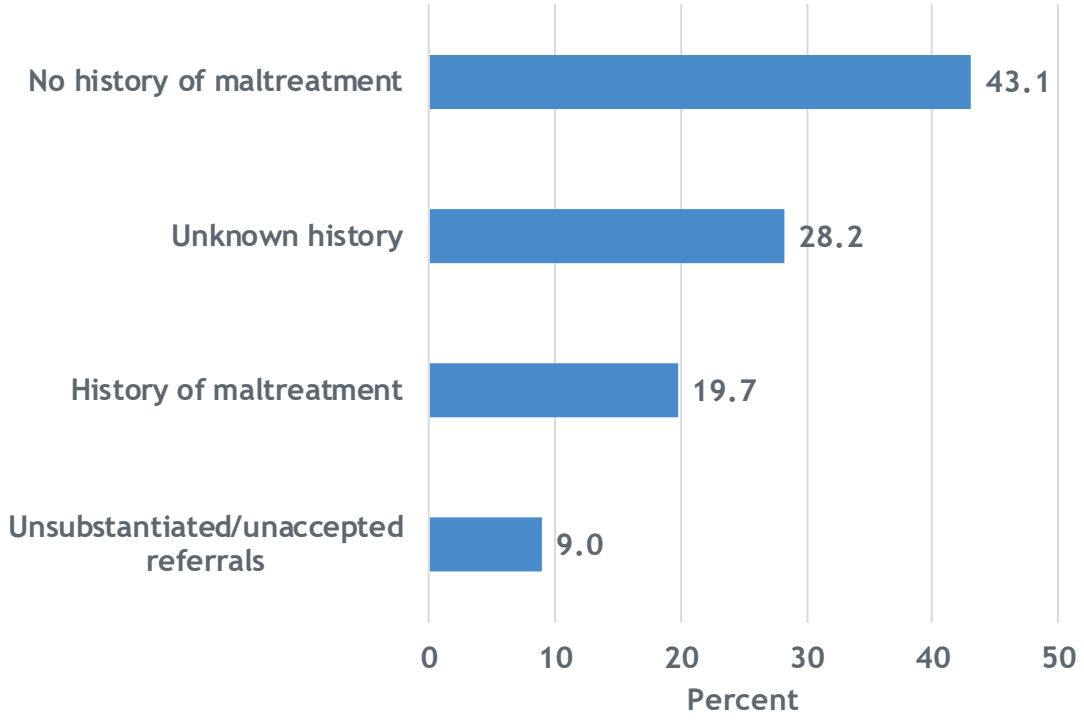
Figure 3. Deaths occurring among those under age 18 in Colorado ruled child maltreatment by CFPS by type, 2013-2017 (n=223)



Among deaths classified as involving abuse (those classified as abuse or abuse and neglect, n=95), all involved physical abuse, including 48.4 percent (n=46) where abusive head trauma occurred and 42.1 percent (n=40) where other abusive injuries (such as beating, kicking, gunshot injuries, and stabbing) occurred. Among deaths classified as involving neglect (those classified as neglect or abuse and neglect, n=144), 62.5 percent (n=90) involved a failure to protect from hazards. The next most common categories were failure to provide medical treatment (12.5 percent, n=18) and failure to provide supervision (10.4 percent, n=15) (data not shown).

Figure 4 displays information on the history of child maltreatment for infants, children and youth who died. Approximately 19.7 percent (n=44) of the children who died had a CDHS-substantiated history of child maltreatment, 9.0 percent (n=20) had unsubstantiated or unaccepted referral(s) and 43.1 percent (n=96) had no known previous history of maltreatment. Information on history of child maltreatment was missing or unknown for 28.2 percent (n=63) of the cases reviewed by CFPS.

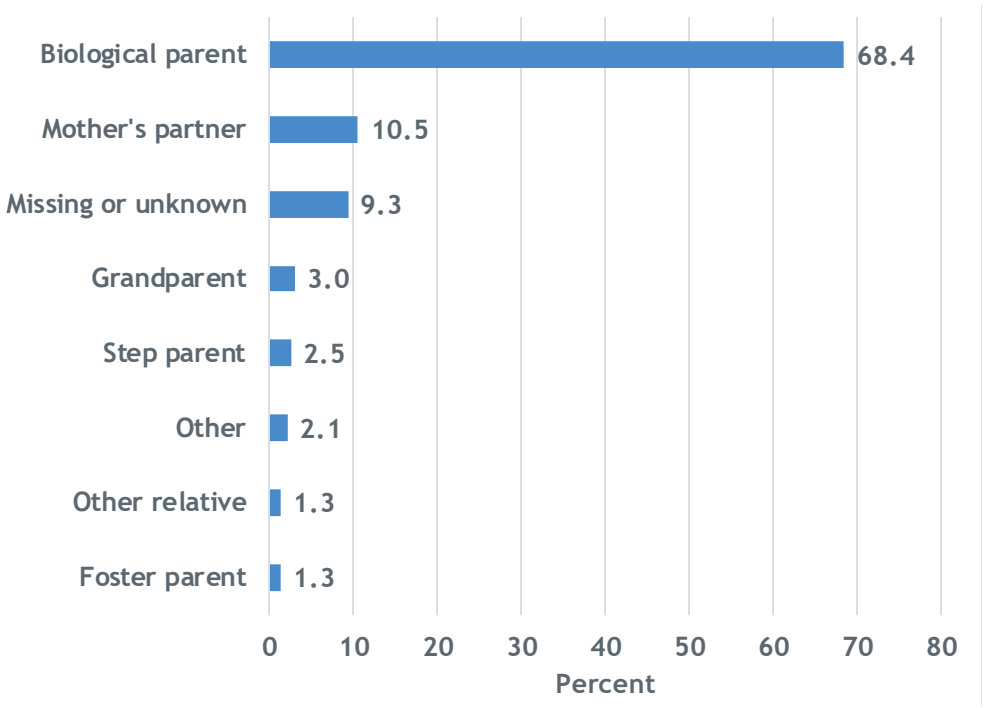
Figure 4. Decedent's history of maltreatment for child maltreatment deaths occurring among those under age 18 in Colorado, 2013-2017 (n=223)



PERPETRATORS OF CHILD MALTREATMENT

The CFPS review process can identify up to two perpetrators for each child maltreatment death reviewed (i.e. one perpetrator may have caused the death and another perpetrator may have substantially contributed to the death). From 2013-2017, 237 total perpetrators caused or contributed to 223 child maltreatment deaths. As shown in Figure 5, biological parents were most often the perpetrators of child abuse or neglect (68.4 percent, n=162) followed by the mother's partner (10.5 percent, n=25). When stratified by maltreatment type (abuse or neglect), the proportion of biological parents identified as perpetrators is higher for deaths involving neglect (78.6 percent, n=129), while the proportion where the mother's partner is identified is higher for deaths involving abuse (21.1 percent, n=24).

Figure 5. Perpetrators of child maltreatment deaths occurring among those under age 18 in Colorado by type, 2013-2017 (n=237)



People who behave violently are more likely to both continue being violent and commit additional forms of violence.[31] Among perpetrators of child maltreatment deaths in Colorado, 16.0 percent (n=38) had a known, previous history of child maltreatment as a perpetrator, 9.3 percent (n=22) had an unsubstantiated or unaccepted referral(s) and 31.2 percent (n=74) had no previous history of child maltreatment as a perpetrator. However, this information was missing or unknown for 43.5 percent (n=103) of the perpetrators.

Additionally, adults who have a history of either perpetrating or surviving intimate partner violence are at higher risk of perpetrating child maltreatment.[32,33] Among perpetrators of child maltreatment deaths in Colorado between 2013 and 2017, 27.4 percent (n=65) had a history of intimate partner violence, 15.6 percent (n=37) as a perpetrator and 11.8 percent (n=28) as a victim. Information on history of intimate partner violence was missing or unknown for 59.1 percent (n=140) of perpetrators listed.

For more information and CFPS data, please contact the CFPS Support Team at the Colorado Department of Public Health and Environment:
Sasha Mintz, Child Fatality Prevention System Epidemiologist | sasha.mintz@state.co.us

REFERENCES

1. Office of Health Equity, Colorado Department of Public Health and Environment, Statement on structural inequity. Retrieved from www.colorado.gov/pacific/cdphe/statement-on-structural-inequity.
2. Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet, 389*(10077), 1453-1463.
3. Pager, D., & Shepherd, H. (2008). The Sociology of Discrimination: Racial Discrimination in Employment, Housing, Credit, and Consumer Markets. *Annual Review of Sociology, 34*, 181-209.
4. Williams, D. R., & Collins, C. (2016). Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Reports, 116*(5), 404-16.
5. Williams, D. R., & Collins, C. (2016). Racial residential segregation: a fundamental cause of racial disparities in health. *Public Health Reports, 116*(5), 404-16.
6. Collins, C. A., & Williams, D. R. (1999). Segregation and mortality: the deadly effects of racism?. In *Sociological Forum*, 14(3), 495-523. Kluwer Academic Publishers-Plenum Publishers.
7. Larson, N. I., Story, M. T., & Nelson, M. C. (2009). Neighborhood environments: disparities in access to healthy foods in the US. *American journal of preventive medicine, 36*(1), 74-81.
8. White, K., Haas, J. S., & Williams, D. R. (2012). Elucidating the role of place in health care disparities: the example of racial/ethnic residential segregation. *Health Services Research, 47*(3pt2), 1278-1299.
9. Acevedo-Garcia, D., Lochner, K. A., Osypuk, T. L., & Subramanian, S. V. (2003). Future directions in residential segregation and health research: a multilevel approach. *American journal of public health, 93*(2), 215-221.
10. Collins, C. A., & Williams, D. R. (1999, September). Segregation and mortality: the deadly effects of racism?. In *Sociological Forum* (Vol. 14, No. 3, pp. 495-523). Kluwer Academic Publishers-Plenum Publishers.
11. King, M. (2017). Under The Hood: Revealing Patterns Of Motor Vehicle Fatalities In The United States. *Publicly Accessible Penn Dissertations. 2396*. Retrieved on June 19, 2019 from: repository.upenn.edu/edissertations/2396.
12. Office of Health Equity, Colorado Department of Public Health and Environment, Health Inequities Fact Sheet 2019: Latinx Coloradans Fact Sheet. Retrieved from: drive.google.com/file/d/1z1b15A9hGaRxvx4XTTa9BiPnz5lwjvfr/view.
13. Merritt, D. H. (2009). Child abuse potential: Correlates with child maltreatment rates and structural measures of neighborhoods. *Children and Youth Services Review, 31*(8), 927-934.
14. Coulton, C. J., Korbin, J. E., & Su, M. (1999). Neighborhoods and child maltreatment: A multi-level study. *Child Abuse & Neglect, 23*(11), 1019-1040.
15. Brown, K. S., Kijakazi, K., Runes, C., & Turner, M. A. (2019). *Confronting Structural Racism in Research and Policy Analysis*. Urban Institute. Retrieved from www.urban.org/sites/default/files/publication/99852/confronting_structural_racism_in_research_and_policy_analysis_0.pdf.
16. Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet, 389*(10077), 1453-1463.
17. Hipp, J., & Yates, D. (2011). Ghettos, thresholds, and crime: Does poverty really have an accelerating increasing effect on crime?. *Criminology, 49*(4), 955–990.
18. Lee, M. (2000). Concentrated poverty, race and homicide. *Sociological Quarterly, 41*, 189–206.
19. Allard, S. (2009). *Out of reach: Place, poverty and the New American Welfare state*. New Haven, CT: Yale University Press.
20. Office of Health Equity, Colorado Department of Public Health and Environment, Health Inequities Fact Sheet 2019: Black/African American Coloradans Fact Sheet. Retrieved from drive.google.com/file/d/1s0dh56JHqKpbduwjh0_9MUVY_EfBysrg/view.
21. Office of Health Equity, Colorado Department of Public Health and Environment, Health Inequities Fact Sheet 2019: Latinx Coloradans Fact Sheet. Retrieved from: drive.google.com/file/d/1z1b15A9hGaRxvx4XTTa9BiPnz5lwjvfr/view.
22. Miller, M. G. (2008). *Racial disproportionality in Washington State's child welfare system*. Olympia, WA: Washington State Institute for Public Policy.
23. Fluke, J., Harden, B. J., Jenkins, M., & Ruehrdanz, A. (2011). Research synthesis on child welfare: Disproportionality and disparities. *Disparities and Disproportionality in Child Welfare: Analysis of the Research*, 1. Retrieved from casala.org/wp-content/uploads/2015/12/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-

of-the-Research-December-2011-1.pdf.
24. Sedlak, A. J., & Broadhurst, D. D. (1996). Executive summary of the third national incidence study of child abuse and neglect (NIS-3). *National Center on Child Abuse and Neglect (DHHS), Washington, DC*.
25. Sedlak, A., McPherson, K. S., Das, B., & Westat, Inc. (2010). *Supplementary analyses of race differences in child maltreatment rates in the NIS-4*. Westat, Incorporated.
26. Font, S. A., Berger, L. M., & Slack, K. S. (2012). Examining racial disproportionality in child protective services case decisions. *Children and Youth Services Review, 34*(11), 2188-2200.
27. Hill, R. B. (2004). *Institutional racism in child welfare. Race and Society, 7*(1), 17–33.
28. Johnson-Motoyama, M., Putnam-Hornstein, E., Dettlaff, A., Zhao, K., Finno-Velasquez, M., & Needell, B. (2014). Disparities in reported and substantiated infant maltreatment by maternal Hispanic origin and nativity: A birth cohort study. Maternal and Child Health Journal.
29.Drake, B., & Rank, M. (2009). The racial divide among American children in poverty: Reassessing the importance of neighborhood. *Children and Youth Services Review, 31*, 1264–1271.
30. Maguire-Jack, K., Lanier, P., Johnson-Motoyama, M., Welch, H., & Dineen, M. (2015). Geographic variation in racial disparities in child maltreatment: The influence of county poverty and population density. *Child Abuse & Neglect, 47*, 1-13.
31. Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
32. Knickerbocker, L., Heyman, R. E., Smith Slep, A. M., Jouriles, E. N., & McDonald, R. (2007). Co-occurrence of child and partner maltreatment. E*uropean Psychologist, 12*(1), 36-44.
33. American Psychological Association. Presidential Task Force on Violence and the Family. (1996). *Violence and the family: Report of the American Psychological Association presidential task force on violence and the family*. American Psychological Association.

COLORADO
Office of Children, Youth & Families
Division of Child Welfare
Joe Homlar, Director

2021 Annual Report
Child Abuse Prevention and Treatment Act
2021 Annual Progress and Services Report

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

June 30, 2020

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

CDHS CAPTA Administrator:
Matt Holtman, MSW, LCSW
(303) 866-4897
matt.holtman@state.co.us

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

TABLE OF CONTENTS

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

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;

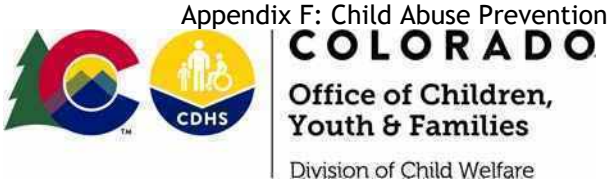
6. Developing, strengthening, and facilitating training including:
   A. Training regarding research-based strategies, including the use of differential response, to promote collaboration with families;
   B. Training regarding the legal duties of such individuals;
   C. Personal safety training for 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) or the Division of Child Welfare (DCW) initiatives, plans, or objectives:

- Child Family Service Plan (CFSP) goals;
- Citizen Review Panel recommendations;
- Differential Response expansion;
- C-Stat Performance Measures;



- Program Improvement Plan (PIP); and/or,
- Safety and Risk Assessment monitoring.

II. SUBSTANTIVE LEGISLATIVE CHANGES

There were no substantive legislative changes made during the past year.

III. SIGNIFICANT CHANGES TO THE PREVIOUSLY APPROVED CAPTA PLAN

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

IV. ACTIVITIES DURING THE PRIOR FISCAL YEAR

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 Trafficking: CDHS was awarded a grant from the Department of Justice (DOJ)/Office for Victims of Crime to secure a time-limited, full-time Human Trafficking Specialist. This position provides technical assistance and support to counties in their response to child trafficking cases and develops and expands programs that enhance law enforcement, child welfare, and service provider collaborations in response to child trafficking. A key initiative to this effort is the identification of Regional Specialists to support anti-trafficking efforts in rural counties.

  In order to create a purposeful expansion of the child welfare response to human trafficking, the Human Trafficking Specialist provides onsite training and technical assistance to counties. In addition, the Human Trafficking Specialist aims to enhance the jurisdictional-wide response to youth trafficking by making connections with local communities, law enforcement, and their child welfare agencies by identifying Regional Specialists who are able to ensure the sustainability and effectiveness of programming locally. CDHS anticipates that, as a result of this position, partnerships between child welfare, law enforcement, and federal agencies responsible for tracking human trafficking will be strengthened due to the enhanced collaboration supported by the Regional Specialists.

  Since its implementation in 2017, the DOJ grant has allowed Colorado to secure a project evaluator through Colorado State University (CSU), has contracted with a regional survivor consultant to ensure interventions are survivor informed and conducted community needs assessments throughout the state resulting in the recruitment of four Human Trafficking Regional Specialists. Efforts continue to focus on enhancing child welfare and community response to child trafficking in rural regions of Colorado. The grant has received a no-cost extension through September 2021 and expects to publish findings in collaboration with CSU.

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

SB1-19-185 was passed which emphasized the serious problem Colorado and the country are dealing with in terms of trafficking and added "Human Trafficking of a minor for involuntary servitude" as a specific type of abuse.

- *Colorado's QA/CQI System:* Information in the statewide assessment and collected during interviews with stakeholders during the CFSR in 2017, confirmed that the state has developed and implemented an effective quality assurance system with standards to ensure that children are provided quality services that protect their safety and health. The QA system, which encompasses ARD reviews, fatality reviews, egregious incident reviews, and C-Stat reports, identifies the strengths and needs of service delivery, provides relevant reports, and evaluates implemented improvement measures. The D CW provides technical assistance to the counties when deficiencies are identified.

  Colorado continues 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 Child Welfare Sub-PAC, Hotline Steering Committee, Child Protection Task Group, Permanency Task Group, Administrative Review Steering Committee, CQI Workgroup and Training Steering Committee.

  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. This group has focused its effort on supporting the PIP development, specifically goal four: Improve timeliness of permanency through adoptions for child(ren)/youth and increase relative guardianship assistance program (RGAP) participation by qualified relatives/non-relative kin. This group has adjusted its membership to ensure all of the PIP counties are fully represented and therefore, all work done is directly transferable to changing practice.

- *Differential Response (DR) Expansion*: Legislation enacted in 2012 outlined the expansion of DR in Colorado. DR is an overarching paradigm shift in child welfare which supports assessing child(ren)/youth for safety through partnering with families, community partners, and facilitating sustainable behavioral change. Colorado used CAPTA funds to support counties utilizing DR, including coaching, support, and additional training that supported the practice change. While all 64 counties are utilizing some components of the practice, currently 41 counties in Colorado have fully implemented DR, with 9 counties in the process of training for full implementation. DR continues to be a valuable and balanced approach to serving families in Colorado.

- *Institutional Abuse Assessment Enhancement:* DCW, in conjunction with the Institutional Abuse Review Team (IART) and community stakeholders, utilizes a CQI process to review statute, rules, policies, training, guidance, technical assistance and quality assurance activities related to the 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. IART is a Citizen Review Panel and the annual report is included within this report.

- *Ongoing Coaching and Technical Assistance from Program Staff:* To provide ongoing training and support to county caseworkers, DCW staff members maintained relationships

with county staff and were available by phone or in-person for coaching, case consultation and technical assistance related to a variety of topics. Examples included: coaching on Colorado Family Safety and Risk Assessment tools, technical assistance on family search and engagement, ongoing assessment of safety, case decision-making, family engagement, timely permanency, and case consultation for difficult cases. Each county has a unique DCW staff member to contact with any child welfare related questions or concerns. The DCW intermediary provides a single point of contact for the county and connects the county to the most appropriate state or community resource to assist the county.

- *Colorado Family Safety and Risk Assessment Tool:* Colorado continued to enhance safety practice by prioritizing a consistent assessment and decision-making approach throughout the life of a case supported by the Colorado Family Safety and Risk Assessment tools. DCW created data reports allowing counties to track the timeliness of completion of the initial safety assessments, as well as, safety assessments completed prior to children and youth returning home. Additionally, DCW promulgated rule revisions requiring completion of the tools in all youth in conflict (YIC) assessments. DCW provided coaching, technical assistance and training to counties around this enhancement to youth in conflict assessments and continued. The CFSR PIP includes activities to enhance the use of the Colorado Family Safety Assessment. Activities include a review of all components of the assessment tool, fidelity monitoring and a Supervisor Learning Community to develop sustainable practices. DCW continues to provide practice coaching to ensure quality, consistent and accurate completion of the Colorado Family Safety and Risk Assessment tools.

- *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-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.

  Ten school staff were trained to be RISE coaches who can bring this program into their schools and train other school staff. Six of the ten staff completed all of the required training and were able to begin disseminating this program. These six coaches were able to train 53 teachers and post training surveys show an increase in knowledge around trauma and social emotional learning from the attendees.

  Let's Connect also continues to build the evidence-base by developing a team to code, analyze, and prepare a report/publication(s) of data from a large-scale clinical research trial that evaluated Let's Connect as a strategic enhancement a well-established, evidence-based child trauma treatment (Trauma-Focused Cognitive Behavioral Therapy; TF-CBT) compared to TF-CBT alone. The clinical trial included 130 families who have pre/post data on parent-child interaction, quality of the parent-child relationship, and parental supportive emotion communication skills. Findings from this study will build the evidence-base for Let's Connect and demonstrate the feasibility and applicability of Let's Connect to a child welfare-involved population. The coding team has been trained, established reliability on a series of practice tapes, and have begun coding these parent-child interaction tasks.

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

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).

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

    - *Toxicology Expert*: A medical toxicologist from the Children's Hospital Colorado and DCW partnered to create an online resource guide for case workers. The guide contains common substances, common behavioral indicators of use, and testing limitations. This guide can be utilized in the field to assist caseworkers in determining potential substances being used by a caregiver and the proper testing modality for a suspected substance. This same partnership will also be used in case specific reviews as requested by a county.

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

- *Pediatrician Consultation:* Both CAPTA and CJA funding was utilized to ensure that all counties had access to expert child abuse and neglect certified pediatricians. These pediatricians are members of IART, Child Fatality Review Team (CFRT), the CJA Task Force, and were available on an individual basis as consultants and trainers.

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).

- *Family Search and Engagement (formerly Diligent Search) Enhancements:* Colorado continues to offer CLEAR services to small and mid-sized county departments that do not have access to efficient investigative software. Twenty two counties had licenses in CY 2019 for CLEAR. These counties did not have access and/or resources for efficient and sophisticated searches for relatives, extended family, and/or others significant to a child/youth upon removal. The licenses enable them to perform more effective and efficient family search and engagement at removal and during the course of the case.

  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. In addition, DCW is working with Kinnect, an organization from Ohio that focuses their efforts on innovative strategies to achieve timely permanency. This is one of the strategies in Colorado's PIP.

As part of a three tier approach, Colorado continued its partnership with Kinnect Ohio's family search and engagement (FSE) experts with a kick-off event hosted on May 9, 2019 with approximately 150 people in attendance from several county departments of human/social services in various regions of the state. The activities of the day included examining organizational culture, values, policies and practice related to FSE; hearing about new, innovative strategies; and completing a county-developed action plan to increase their FSE efforts.

The second tier included onsite trainings. In July and August 2019, more than 75 attendees participated in eight (8) onsite trainings conducted regionally (SE, S (2), SW, W (2), NE, and metro) that were intended to help counties build on and increase their skills and strategies for effective FSE. Participants learned concrete, tangible strategies that they were able to take back to their counties and also use in their own practice.

The third tier involved a series of 18 teleconferences (with 21 counties participating) involving:

- Team development, which included champions identified in the May 2019 conference and state staff (3 teleconferences);
- Case consultation, which focused on brainstorming strategies for counties experiencing case-specific challenges with FSE and provided opportunity for other participants to provide feedback (3). Small, mid-size, and large counties presented cases; and,
- Targeted content (12), including developing policy, values, genograms, social media, engaging fathers, cultivating hope, leadership teams, overcoming systemic barriers, and placement stability, etc.

- *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.

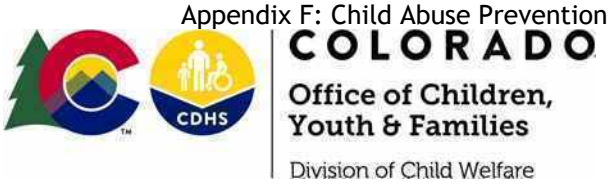
Activities:

- *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 training offerings. In addition, program staff members participated in the systematic review of all existing CWTS training and in the development of any new training. The DCW Learning and Development Team had an increase in the number of liaison positions which further increases the coordination between programs. The Learning and Development Team, in partnership with CWTS, are engaged in a trauma-informed workgroup to develop a framework/model for a trauma-informed child welfare system. DCW Learning and Development Team in partnership with CWTS is building a framework on addressing race and equity in the child welfare system and how to embed that framework across all CWTS 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 were 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 Court Improvement Program (CIP) and Judicial Training Department: The CJA Task Force approached CIP and the Judicial Training Department to identify opportunities for improvement in the training and support of judicial officers. CJA Task Force funded the Butler Institute in partnership with Sturm College of Law at the University of Denver (Butler Institute) through an RFP to assess for gaps in knowledge and to develop and provide training for county/city attorneys with regards to all areas in dependency and neglect cases. Based on the findings, the Task Force began the creation of a four day training curriculum and had its first delivery on 2019. This training will have its second delivery in September of 2020 and will have one more in summer of 2021.

    - Colorado's Office of the Child's Representative (OCR): The CJA Task Force supported a variety of activities within OCR over the past year, including additional training, specifically an intensive 3-day trial skills training, activities related to statewide engagement with GALs to assist in identifying training and support needs of GALs, and use of audio/visual services to ensure that rural attorneys have access to all OCR training. The CJA assisted in the creation of the updated resource guide which can be found at www.coloradogrid.org.

    - Colorado's Office of the Respondent Parent Counsel (ORPC): The CJA Task Force approved its fourth year of funding for the ORPC, whose focus is to access high-quality, professional training for Respondent Parent Counsel (RPC) attorneys and other professionals in both rural and metro area communities across Colorado. The funding provided to the ORPC will go to support various training initiatives that the ORPC believes will enhance professional development for ORPC contractors and staff. CJA funding in past years has contributed significantly to the ORPC's Annual Fall

Conference, a multi-day training and community building event for ORPC contractors across the state of Colorado. Other training activities that CJA funds have contributed to include contractor and staff attendance at the ABA National Parent Representation Conference, new RPC boot camp, statewide regional trainings, and training scholarships for ORPC contractors and staff. CJA funds for fiscal year 2020 allowed ORPC staff to attend the TASP International Chance to Parent Conference in October 2019. The ORPC will also use CJA FY20 funds to sponsor the Carrie Ann Lucas Disability Advocacy Training in February 2020, the ABA/ORPC Interdisciplinary Conference in May 2020, New Attorney Boot Camp in June 2020, and the ORPC's 5th Annual Fall Conference.

- *Differential Response (DR) Expansion:* See description under area (1).

- *Institutional Abuse Trainings:* Per recommendations made by IART, training, coaching, and technical assistance regarding institutional abuse investigations were provided to counties as needed and through CWTS. A formal training was created and offered through CWTS via the ECHO model, which is a virtual learning experience. This model was provided by a live panel of experts and trainers where participants attended online for six sessions at one hour each session.

- *Ongoing Coaching and Technical Assistance from Program Staff:* See description in area (1).
  - *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, CDHS, and the departments of human services in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Garfield, Jefferson, Larimer, 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 in Colorado. ARCH will complete a Placement Stability study and a Support Planning Best Practices Brief during SFY2020. In addition, ARCH will be actively supporting state and county efforts to align practice, policy, and research with requirements set forth by the Family First Prevention Services Act (FFPSA).

- *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 DCW utilized Monthly Caseworker Visit (MCV) and CAPTA funds to provide secondary trauma support to state and county child welfare staff. Two providers are available to address issues of secondary trauma:

    - *David Conrad, University Physicians, Inc.:* Dr. Conrad was 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 was 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:

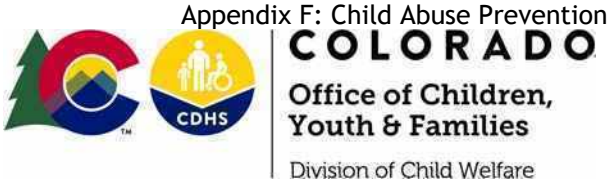
- *Collaboration with the Office of Early Childhood:* An inter-agency work group was established in 2013 to ensure compliance with both Federal CAPTA regulation (P.L. 111-320 Section 106(b)(2)(B)(xxi)) and Colorado Revised Statutes (26-5-108). The legislation ensures that children under the age of three with founded instances of child abuse/neglect are referred to the appropriate agency for developmental screening.

  A group of staff from each office meet monthly to develop consistent policies, ensure accurate messaging, provide training as needed, and ensure accurate data collection regarding referrals to developmental evaluations and the completion of the screening/evaluations. One project included integrating the referral process into Trails and development of an online frequently asked questions document. (www.colorado.gov/cdhs/cw/devscreen).

- *Colorado Substance Exposed Newborns Steering Committee:* Funds were awarded to support Illuminate Colorado in continuing to facilitate a multidisciplinary group of participants from around Colorado to include hospitals, DCW, Colorado Attorney General's Office, Office of Behavioral Health, Colorado Department of Public Health and Environment, 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 have continued. Subcommittee meetings continue to occur on a monthly basis with participation from stakeholders around the state. Each subcommittee has moved their respective priority forward through the development of deliverables including the Colorado Perinatal Substance Exposure Data Linkage Project definitions (which align with CAPTA reporting requirements); a gap analysis of FASD supports for Colorado families; a policy matrix overlaying 11 potential strategies across three policy priorities (including "Ensuring families with a substance exposed newborn receive support and services appropriate to their family's strengths and needs"); a searchable online toolkit for perinatal providers; and two regional dissemination events for the Plans of Safe Care Guidelines and Checklist and a hospital pilot of the tools.

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

- *Differential Response (DR) Expansion:* See description under area (1).



- *Kempe Center and Colorado Children's Alliance:* Through HB19-1133, Colorado established the child abuse response and evaluation network (CARENetwork) to provide medical exams and behavioral health assessments to children who are subject to physical or sexual abuse or neglect. The Colorado Department of Public Health and Environment contracted with the Kempe Center to act as a resource center.

- *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 for policy and procedure in the following ways:

- Colorado Revised Statutes (C.R.S.) 19-1-103(1)(a)(VII) includes in the definition of child abuse or neglect "any case in which a child tests positive at birth for either a schedule I controlled substance…or a schedule II controlled substance…unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed."

- C.R.S. 19-3-304 outlines all persons required to report child abuse or neglect, which includes physicians, physicians in training, surgeons, child health associate, medical providers, nurses, and hospital personnel.

- 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 to include situations where a drug-exposed newborn and/or a safety concern is identified.

- 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

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

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 to verify 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.

CAPTA State Grant funding is used to support the development, implementation and monitoring of plans of safe care for substance-exposed infants via a number of activities. Colorado actively supported and engaged 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 was set forth in C.R.S 18-18.5-103 and included 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 was 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 evaluate state and local efforts for improvement. The SEN subcommittee continued 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 were inconsistent. The result was 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 was being facilitated and structured by the SEN subcommittee. The collaborative worked 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 participated 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.

- Plans of Safe Care Workgroup: This group was a subcommittee of the Colorado Substance Exposed Newborns Steering Committee and finalized a standardized Plan of Safe Care for Colorado. This plan was co-created by a number of disciplines including CDHS staff, doctors, nurses, social workers, and community members. This plan was endorsed by the National Association of Social Workers – Colorado and CDHS. The plan was intended to be used by all birthing hospitals at the time of discharge of any child born prenatally exposed to substances and be portable to child welfare, treatment providers, primary care providers, and other professionals. The Plans of Safe Care will be distributed to 61 Colorado birthing hospitals this year to ensure ongoing support and treatment when infants are identified as being affected by substance use and including services for the affected family or caregiver. Additionally, the Plans of Safe Care will be distributed to all Colorado counties child protection departments, utilized at the time of hotline, referral, and assessment. The work of this multidisciplinary

team is to ensure that medical professionals, child welfare providers and treatment providers are aware of the Plans of Safe Care and identify consistent protocols to incorporate the Plans of Safe Care at critical points.

The task group's ongoing task is to develop statute and rule related to the implementation of the Plans of Safe Care in Child Welfare practice. Task force recommendations may include advisement for the development and delivery of evidence based and best practices around substance-exposed newborns (SEN) and in the implementation of the Plans of Safe Care in coordination with community partners.

- Core Services: 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/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 (OBH):

    - Supports and monitors gender-responsive substance use disorder treatment by providing active contract management, programmatic oversight and technical assistance to Managed Service Organizations (MSO) and sub-contracted residential and outpatient providers. This is completed by the Manager of Gender Responsive Services.

    - Through recent legislation,HB19-1287, OBH has procured and been awarded an RFA for the creation of seven co-located Substance Use Disorder (SUD) and OB/GYN pilot sites which offer integrated and wrap-around services for pregnant women, thereby increasing chances of positive maternal and infant health outcomes.

    - In collaboration with the Office of Early Childhood and Illuminate Colorado, OBH funded a mobile childcare pilot which will provide high quality childcare services at a number of residential and outpatient sites, thereby increasing treatment engagement and retention of pregnant and parenting people with SUD.

    - Recent legislation, HB19-1193, established the High Risk Families Cash Fund, which will use reverted state and federal funds for capital expenditures for the purpose of increasing treatment capacity for pregnant and parenting people with SUD.

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

- DCW reviewed 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

- Colorado updated its Statewide Automated Comprehensive Child Welfare Information System (CCWIS) to include questions which allow the state to gather data on section 106(d) of CAPTA, the ability to monitor the Plans of Safe Care, assess for the quality of each plan, and ensure ease of portability of these plans for the family.

Colorado utilized a portion of the CAPTA Grant to fund a FTE within the DCW to coordinate the roll out of Plans of Safe Care and provide general child welfare technical assistance to county case workers with regard to substance exposed newborns. The staff dedicated to this subject has moved practice and policies for implementation of the Plans of Safe Care forward with increased pace and supported the creation of a child welfare specific toxicology guide, reviewed current training offerings, and coordinated with a number of community and medical facilities to align the work of child protection with the medical community. As the Plans of Safe Care practice becomes fully implemented in 2020, duties of the position will shift to monitoring of the plans and supporting the counties in decision making around substance exposed newborns. Monitoring of the plans occurs in Colorado when there is active involvement with child protection and is ended when the involvement has ended.

CY19 was the first year Colorado was able to collect data on Plans of Safe Care in Colorado due to preliminary additions made to the CCWIS. There are a number of further improvements required to monitor the Plans of Safe Care which are scheduled for production by fall 2020. This monitoring will include a more comprehensive data set, quality of each Plan of Safe Care, and the portability of the plans throughout a number of state systems. Data only began becoming available in August 2019 so CY19 is only five months of data collection. Per the annual data report requirements in section 106(d) of CAPTA, Colorado has data to the maximum extent practicable:

- The number of infants identified under subsection 106(b)(2)(B)(ii) was 395 infants reported to child welfare from August through December of 2019 who were born exposed to substances. For Colorado and with current CCWIS capabilities, this is number of infants reported not the number founded for abuse and/or neglect.

- The number of such infants for whom a plan of safe care was developed for Colorado was 195 infants. These were reported to child welfare to have a Plan of Safe Care completed by the hospital. The functionality for child welfare to complete the Plans of Safe Care is not currently in CCWIS and will be added by fall of 2020.

- The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver was 168 referrals. These were made for infants or caregivers and could have been made by the hospital or child welfare.

Colorado hosted a federal site visit on September 26th and 27th 2019 for the Children's Bureau and the National Center on Substance Abuse and Child Welfare. Presenters for the site visit included: staff from the Colorado Department of Human Services, Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Children's Hospital Colorado, the University of Colorado

School of Medicine, Illuminate Colorado, Larimer County's Child Protect Manager, and Tri-county Health Department's Nurse Support Program. The site visit covered Colorado statewide CAPTA Plans of Safe Care implementation efforts, multi-disciplinary outreach efforts, CARA introduction into Colorado policy, monitoring and data collection, stakeholder discussions, case presentations, and ongoing concerns with the federal legislation and implementation. As of February 25, 2020 Colorado had not received any written report or follow up from the site visit.

On March 3rd, DCW hosted a Plans of Safe Care Kick Off Summit for medical providers, child welfare professionals, and treatment providers. Presentations included Colorado's collaborative approach to engaging families of substance exposed newborns. Discussions took place around multidisciplinary outreach, coordination and partnership to support implementation of CARA provisions, and Plans of Safe Care. Presenters were professionals from DCW, Illuminate Colorado, the CHOSeN Collaborative, The Kempe Center, Larimer County, OBH, and University Hospital. There were over 160 participants in this event from around Colorado and across a multitude of disciplines. This event will be followed in 2020 by four smaller regional events to assist in the implementation of the Plans of Safe Care across Colorado.

VI. CITIZEN REVIEW PANEL REPORTS

IART: The 2019 report is attached.

CJA Task Force: A Copy of CJA Reapplication and Annual Report submitted May 17, 2020 is attached.

Child Fatality Review Team (CFRT): The 2018 CFRT Report is attached.

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

Joe Homlar, Director

Institutional Assessment Review Team (IART)
Annual Report

This is the annual report of activities of the Institutional Assessment Review Team (IART) from January 2019 through December 2019. IART is a citizen review panel as defined in the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 111-320). The annual report is included in Colorado's Annual Progress and Services Report (APSR) to the Children's Bureau. The data contained in this report will aid in the development of the APSR and direct technical assistance for institutional abuse caseworkers and providers. The purpose of IART is to review institutional abuse assessments, gather data to analyze trends, and identify areas of improvement with an overarching goal of reducing incidents of child maltreatment in out of home.

Review Process

IART meets monthly and members review individual institutional abuse and neglect assessments for quality of assessment and identify opportunities for recommendations in casework practice and provider processes. Specific areas reviewed include: referral criteria met for assignment as determined by statute and rule, thoroughness of assessment met criteria out lined in statue and rule, and the interviews of victims, person's responsible for abuse and neglect, and collaterals documentation supported the assessment findings. If in the process of the review, IART identifies a county-specific issue, DCW staff provides county-specific technical assistance or feedback to the assessing county, the placing county and providers with regard to the incident and overarching concerns. In addition, if the review identifies potential licensing violations by the provider facility, IART has the authority to refer the incident to a licensing and policy review/investigation.

Following the reviews, IART discusses quantitative data and qualitative findings to identify any statewide trends or concerns. An example of an issue identified through the reviews is inconsistency in assigning timeframes for Institutional assessments and incomplete or inaccurate entering of provider licensing ID's into Trails at the time of referral disposition. In response to IART identification of the problems, DCW staff issued an operational memo (OM-CW-2019-0006) to address and correct these concerns. DCW continues to monitor this practice to ensure accuracy. Detailed meeting agendas and minutes are publicly published to the Colorado Department of Human Services website and viewed at https://www.colorado.gove/pacific/cdhs-boards-committees-collaboration/institutional-abuse-review-team

Training, Guidance and Technical Assistance

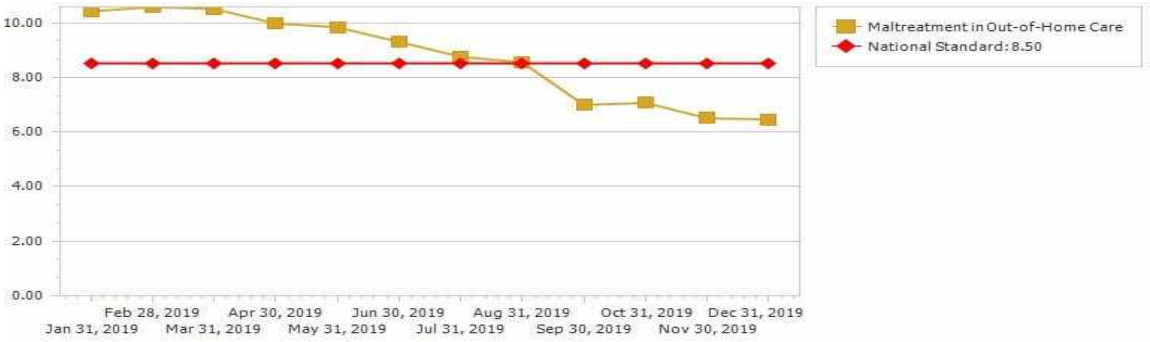
Division of Child Welfare (DCW) staff and IART members provide technical assistance and coaching to facility and county staff on an as-needed basis. DCW staff worked with the Child Welfare Training System (CWTS) to develop an institutional assessments training module. The developed curriculum, *Conducting a Thorough Institutional Assessment*, is offered through a web-based, seven-part series. Four cohorts of up to 20 participants each were completed in CY 2019. DCW staff and IART members provide continues input to the curriculum development and participated as subject matter experts, presenters and panelists in delivery of the training. IART members are active participants of the state wide institutional referral screen out review.

IART monitors practices and identifies statewide issues. The Division of Child Welfare provides direction and guidance, distributed through the statewide memo series. IART reviewed institutional assessments for rule and practice compliance for allegations of abuse and neglect. . In 2019 IART reviewed 55 assessment of 18 plus population and 44 assessments of kinship providers. Despite changes to allegations of institutional abuse and neglect IART has seen a decrease of institutional assessments reviews: 2017 (457), 2018 (454), and 2019 (445).

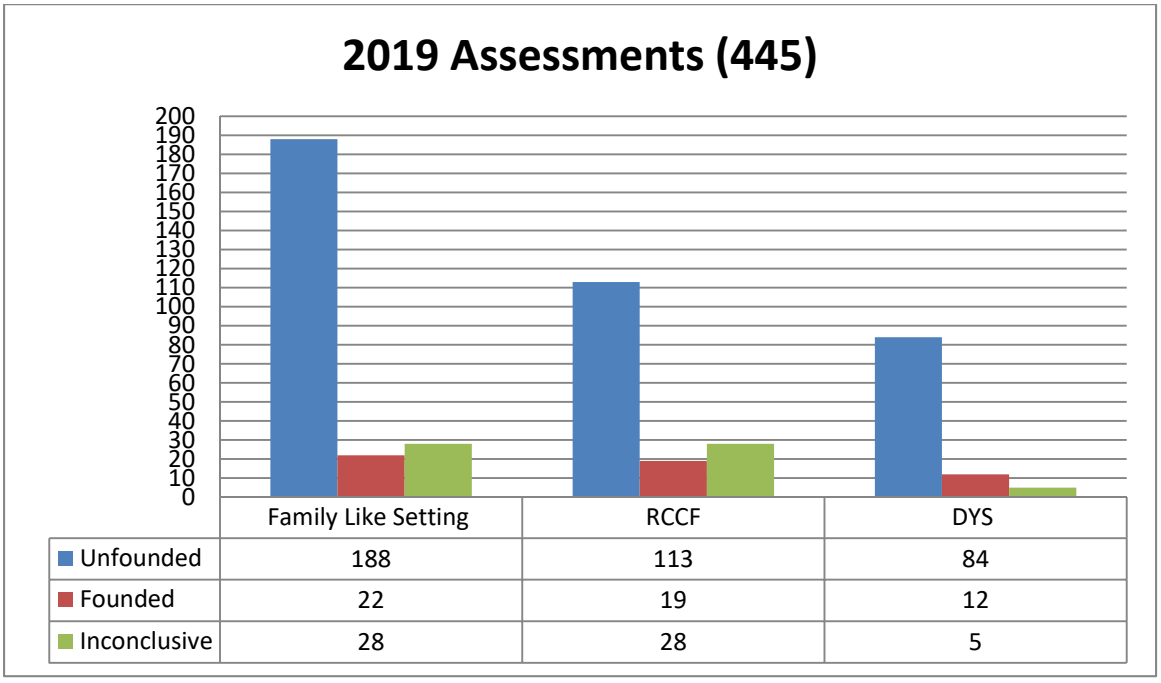
During the 2018, Legislative Session HB-18-1346 passed expanding jurisdictional authority of child welfare counties. To youth between the age 18 and until the youth reaches the age of 21 and is under the continuing jurisdiction of the court, [Code of Colorado Regulations, 12 CCR 2509-2,7.103]. In addition, operation memo (OM-CW-2018-0006), provides direction to appropriately categorizing allegations that occur in a non-certified kinship placement with an open removal and county retains custody, as institutional assessments.

Data and Outcomes

Colorado maintains a relatively low level of incidents of child maltreatment in out of home. Data from December 2018 shows a rate of 9.46 per 100,000 bed days which is above the national standard of 8.5. Through the first half of 2019, Colorado was above the national standard; and, the rate jumped to 10.5 in May 2019. IART reviewed qualitative and quantitative data, and it was determined that 4 counties had caused the jump in maltreatment in out of home care. IART had determined a need to provide on-site training to these counties. After the on-site trainings, and continues quality improvement efforts of IART members. Maltreatment in out of home settings steady declined over the next 7 months to 5.99 in December 2019 which is below the 8.5 national standards. This information is represented in the graph below.



During the review period from January 2019 to December 2019, IART reviewed 454 institutional assessments which is a decrease from 2018 (474). Institutional assessment reviews consisted of the following: Of the reviewed assessments 74% (331) were unfounded for allegations of abuse and neglect which is 6% decrease from 2018 (80%), 14% (61) were inconclusive (not enough information to determine if abuse or neglect occurred or not), and 12% (51) were founded for abuse and neglect which is a decrease from 2018 (68) of 15 total assessments founded for institutional abuse and neglect. This information is depicted in the following graph.



	Family Like Setting	RCCF	DYS
Unfounded	188	113	84
Founded	22	19	12
Inconclusive	28	28	5

Allegations of abuse and neglect were distributed across placement types with the majority of allegations made against caregivers in family-like settings including foster and kinship providers 42% which is a decrease from 2018 (46%), followed by incidents in residential child care facilities to include group homes 36% which is an increase from 2018 (32%), through the Division of Youth Services 14%. When compared to placement distribution overall, children/youth are placed in family like setting over 75%, residential child care facilities and group homes 25%. Residential child care facilities have a higher rate of founded institutional assessments then other placement types when compared to the number of placements overall.

Membership

Members of the IART include representation from: county partners (large, medium and small counties); Colorado Department of Human Services (Division of Child Welfare, Division of Youth Corrections, and the Office of Behavioral Health); Colorado State Foster Parent Association (CSFPA); Child Placement Agencies (CPAs); Residential Child Care Facilities (RCCF); and, the medical community. Members sign a letter of confidentiality and membership agreements are reviewed annually to ensure that appropriate groups are represented on the team. A membership list is included in Appendix A.

Next Steps

1. Create a protocol of training and oversite for kinship providers.
2. Identify trends in county practice to inform training, technical assistance, and system level improvements.
3. Continue reviewing the review process to collect more robust data.

IART Members
Local Government Representatives

Name	Representative
Robin Aragon, MSW,Child Protection Intake Supervisor	County Child Welfare Representative- Arapahoe County
Julie Patel, Child Welfare Supervisor	County Child Welfare Representative-Douglas County
Nicci Surad,Child Welfare Supervisor	County Child Welfare Representative- Mesa County
Demetra Biglow,Child Welfare Supervisor	County Child Welfare Representative-El Paso County
Alice Fuller,Child Welfare Supervisor	County Child Welfare Representative-Jefferson County
Ann Dunsworth, Child Welfare Supervisor	County Child Welfare Representative-Denver County
Kristina Lofing,Kinship/Foster Care Coordinator	County Child Welfare Representative-Otero County
Shaunna McGrath,Child Welfare Supervisor	County Child Welfare Representative-Boulder County
Lucy Campos Sloan, 24-Hour Referral Response Manager	County Child Welfare Representative-Adams County
Ashleigh Titus, MCJ, Child Protection Intake Supervisor	County Child Welfare Representative-Weld County

Community Representatives

Name	Representative
Melissa Steinbach, Facility Administrator	Community Youth Program Services- Southern Peaks
Kimberly Farestad, Campus Administrator	Community Youth Program Services- Devereux Advanced Behavioral Health Colorado
Michelle Powner, MSW,Program Manager, Foster Care and Adult Services	Community Youth Program Provider- Ariel Services
Dr. Antonia Chiesa, Associate Professor of Pediatrics, University of Colorado School of Medicine Kempe Child Protection Team	Medical Services Provider-Kempe Center for the Treatment and Prevention of Child Abuse Children's Hospital Colorado

State Department Representatives

Name	Representative
Karen Sparacino, Licenisng Specialist	Colorado Department of Human Services-24 Hour Monitoring
Marry Griffin, Foster Care Specialist	Colorado Department of Human Services-Division of Child Welfare
Adolfo Regalado,M.P.A, Foster Home Certification Review	Colorado Department of Human Services-Division of Quality Assurance
Jim Martinez, MA Supervisor- Foster Home Certification Review	Colorado Department of Human Services-Division of Quality Assurance
Cindy Owen,Director of Contract Program Monitoring	Colorado Department of Human Services-Division of Youth Services
Robert Newport, Unit Manager Quality Assurance/Quality Improvement- Division of Youth Services	Colorado Department of Human Services-Division of Quality Assurance
Joshua Brinkman Child/Adult Mistreatment Dispute Review Section	Colorado Department of Human Services-Division of Quality Assurance

Children's Justice Act Fiscal Year 2020 Report

Children's Justice Act

State of Colorado

Fiscal Year 2020

Report

U.S. Department of Health and Human Services

Administration on Children, Youth and Families

Children's Bureau

Office on Child Abuse and Neglect

Log No. ACYF-CB-PI-19-03

(This Page Intentionally Left Blank)

Table of Contents

STATE OF COLORADO

EXECUTIVE CHAMBERS
136 State Capitol
Denver, Colorado 80203-1792

Jared Polis
Governor

May 31, 2020
Elizabeth Darling, Commissioner
Administration for Children and Families
Mary E. Switzer Building, 330 C Street, SW
Washington, DC 20201

Re: Children's Justice Act Report and Application FY2020, Log No: ACYF-CB-PI 19-03

Dear Commissioner Darling:

This is to certify that:

1. The State received the FY2019 Child Abuse and Neglect Basic State Grant and continues to comply with the requirements stipulated in section 106(b) of the Act; and

2. The State has maintained a State multidisciplinary task force on children's justice; and

3. The State has adopted or continues to progress in adopting recommendations of the State Task Force; and

4. The State will make such reports to the Secretary as may reasonably be required, including an annual report on how assistance received under this program was expended throughout the State, with particular attention to the areas described in paragraphs (1) through (3) of Section 107(a); and

5. The State will maintain and provide access to records relating to activities under the Children's Justice Act (CJA); and,

6. The State will participate in at least one Federally-initiated CJA Conference each year that the grant is in effect, and is authorized to use grant funds to cover travel and per diem expenses for two (2) CJA representatives (CJA Coordinator and Task Force Chairperson) to attend the meeting.

I am delegating authority to sign agreements and assurances to Michelle Barnes the Colorado Department of Human Services Executive Director, and at her direction, Minna Castillo Cohen, the Director of the Office of Children, Youth and Families, or Joe Homlar, the Director of the Division of Child Welfare.

All award letters are to be sent to Joe Homlar, the Director of the Division of Child Welfare at the Colorado Department of Human Services, 1575 Sherman Street, 2nd Floor, Denver, CO 80203.

Thank you for the continued opportunity to have the State of Colorado fulfill the vision of the Children's Justice Act.

Sincerely,

Jared Polis
Governor

Section 107(a) of the Child Abuse Prevention and Treatment Act (the Act) authorizes grants to States for the purpose of assisting States in developing, establishing and operating programs designed to improve: (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

Part II: Task Force Membership and Function

Colorado maintains an active Children's Justice Act Task Force per the requirements set forth in Section 107(c) of the Child Abuse Prevention and Treatment Act (Public Law 111-320) and Colorado's current membership roster is as follows:

Task Force Membership

Name	Title	Background Description	Task Force Designation
Ashlee Arcilla	Deputy Director, Office of the Respondent Parents' Counsel (ORPC)	Prior to her current role as Deputy Director, Mrs. Arcilla served as the ORPC Staff Attorney – Training Director responsible for the development of ORPC-sponsored training and education requirements listed in Colorado state statute and mandates. Before joining the ORPC team, Mrs. Arcilla worked for the Office of the Child's Representative where she managed the state-wide training program and served as the office liaison providing oversight of Guardians ad litem in Denver. Mrs. Arcilla received her J.D. degree from the University of Colorado School of Law where she participated in the Juvenile Law Clinic, interned for the Children and Families Program at the National Conference of State Legislatures, and traveled to Ecuador to study children raised in the prison system with their incarcerated mothers.	Defense Attorney

Children's Justice Act Fiscal Year 2020 Report

Name	Title	Background Description	Task Force Designation
Maureen "Mo" Basenberg	Executive Director, Safe Passage	Ms. Basenberg, MPA became Executive Director of Safe Passage Children's Advocacy Center in September 2016. She was Director at Childhelp Children's Center in Phoenix, AZ for nine years where she oversaw one of the largest children's advocacy centers in the country, as well as a mobile advocacy center that serves tribal areas. Ms. Basenberg also had the privilege of serving in the Arizona Governor's Office for eight years in a variety of roles including working with domestic violence and child abuse grants throughout the state. She has a Bachelor's of Science in Psychology and Theater from Grand Canyon University and a Master's in Public Administration from Arizona State University.	Child Advocate
Antonia Chiesa, MD	Associate Professor, Department of Pediatrics, Kempe Child Protection Team, The Children's Hospital Colorado	Dr. Chiesa graduated from Louisiana State University Medical School and completed her residency and fellowship with the University of Colorado School of Medicine. Dr. Chiesa is currently a pediatrician at Children's Hospital Colorado in Aurora, Colorado, with a specialty in Child Abuse Pediatrics.	Health Professional
Beth Collins	Specialist, Colorado Domestic Violence Program (DVP)	Ms. Collins provides support to DVP-funded organizations around Colorado and works to improve responses for people who have experienced domestic violence. Before joining DVP, Ms. Collins worked as the advocacy director at Colorado's statewide anti-domestic violence coalition and before that she had the privilege of working directly with survivors of domestic abuse for seven years in shelter and community settings. Ms. Collins received a Bachelor's Degree in Cultural Anthropology from the University of Montana and a Master of Social Work degree from the University of Denver.	Mental Health Professional

Name	Title	Background Description	Task Force Designation
Sheri Danz	Deputy Director, Office of the Child's Representative (OCR)	Ms. Danz received her J.D. degree in 2000 from the New York University School of Law and began working in 2007 with the Colorado OCR. Ms. Danz now serves as the Deputy Director of OCR and joined the CJA Task Force in the Spring of 2014.	Child Advocate (Attorney for Children)
Amy Ferrin	Deputy District Attorney, Special Victims Unit, Office of the District Attorney, 18th Judicial District	Ms. Ferrin is a prosecutor in Arapahoe County. She has worked in the Special Victim Unit since 2012, specializing in crimes involving child victims, including sexual assault on a child and serious child physical abuse. Recently, Ms. Ferrin has been leading the elder abuse unit, focusing on cases involving caretaker neglect and physical abuse.	Prosecuting attorney
Rochelle Galey	Office of Behavioral Health, Colorado Department of Human Services	Ms. Galey has been with the State of Colorado since 2004, first in the Division of Youth Services now in Office of Behavioral Health. She is a graduate of the University of Southern Indiana and received her Master of Social Work degree from the University of Tennessee. Ms. Galey has worked within a variety of mental health treatment agencies, including multiple youth and children service agencies before moving into coordinator and management roles.	Mental Health Professional
Andi Leopoldus	Statewide Coordinator, Colorado Children's Alliance	Ms. Leopoldus has been the Colorado Chapter Coordinator and Chapter Lobbyist for Colorado's accredited State Chapter of the National Children's Alliance, since 2005. She has managed three other associations in her career. With more than 25 years of experience at the Colorado State Capitol, she is knowledgeable and respected at the Legislature. Ms. Leopoldus has a B.A. in English from the University of Colorado-Boulder and an M.P.A. from the University of Colorado-Colorado Springs. She is the mother of two adult children and four grandchildren. Andi and her husband live in Colorado Springs.	Children's Advocacy Center Representative

Name	Title	Background Description	Task Force Designation
Jennifer Richardson	Clinical Manger, Shiloh House	Ms. Richardson joined Families First in 1987 and has directed the Family Support Services since 1990. Families First expertise lies in community programs such as, Parent as Teachers, Fatherhood Network, Let's Connect, Circle of Parents® and Family Support Line. Jennifer's professional credentials include Licensed Professional Counselor, Certified Addictions Counselor (CACIII), and national trainer for Circle of Parents®. Ms. Richardson represents FamilShiloh House by serving on the Colorado Children's Justice Task Force, the Kinship Conference planning committee, and the Douglas County Parenting Coalition.	Parent Group Representative
Gretchen Russo	Judicial and Legislative Administrator, Office of Children, Youth & Families, Colorado Department of Human Services (CDHS)	Ms. Russo has spent over 20 years working in the child welfare and juvenile justice field. Prior to her current position, she was the Permanency Manager for the Division of Child Welfare, within CDHS where she oversaw a number of programs including adoption, foster care, kinship care, recruitment and retention, residential care and permanency programs. Ms. Russo spent over 7 years as a liaison between the Denver Juvenile Court and the Denver Department of Human Services. Ms. Russo graduated from Gonzaga Law School, in Spokane, Washington in 2004; prior to attending law school, she worked as a nurse case manager for foster children in Utah.	Child Protective Services

Name	Title	Background Description	Task Force Designation
Matt Holtman	CAPTA Administrator, Division of Child Welfare, Office of Children, Youth & Families, Colorado Department of Human Services (CDHS)	Mr. Holtman has worked in the human services field for over 15 years, including work as a child welfare caseworker in Wisconsin and Colorado. He joined CDHS in September 2013 after working as a caseworker for Arapahoe County Department of Human Services. Mr. Holtman is a Licensed Clinical Social Worker and has been an adjunct professor at the Graduate School of Social Work, University of Denver.	Child Protective Services **CJA Task Force Co-Chair**
Judge Valerie J. Robison	Civil/Criminal Court Judge, 21st Judicial District	Judge Robison grew up in Colorado and received her undergraduate degree from the University of Colorado in 1986 and her law degree from the University of Denver in 1991. Judge Robison was appointed to the bench on June 14, 2007 and sworn in on August 7, 2007. Prior to her appointment, she was serving Mesa County as the Chief Assistant County Attorney and supervised dependency and neglect attorneys. She served as the Interim Director for the Mesa County Department of Human Services until her judicial appointment. Since her appointment to the bench, Judge Robison was named Lead Judge for the Best Practices Court Team and was named Juvenile Judge of the Year in 2015.	Civil/Criminal Judge **CJA Task Force Co-Chair**
Faith Stevens	Detective, Arvada Police Department	Since 1991, Det. Stevens has served as a Crimes Against Children Detective with the Arvada Police Department. She has served as a Senior Detective and Crisis Negotiator for the Arvada Police Department, as well as an expert consultant for the Kempe Center Multidisciplinary State And Regional Team (START).	Law Enforcement Community

Children's Justice Act Fiscal Year 2020 Report

Name	Title	Background Description	Task Force Designation
Anne Tapp	Executive Director, Safehouse Progressive Alliance for Nonviolence (SPAN)	Ms. Tapp has served as the Executive Director of Safehouse Progressive Alliance for Nonviolence (SPAN) since 1997. Prior to holding this position, she was the SPAN Shelter Program Director for six years. Ms. Tapp sits on numerous local, statewide, and national boards and task forces addressing domestic violence and related issues.	Individual experienced in working with homeless children and youth
Alison Young	Court Improvement Program Coordinator, State Court Administrator's Office	Ms. Young serves as the Court Improvement Program (CIP) Coordinator for the Office of the State Court Administrator. Her primary responsibility is oversight of the CIP Strategic Plan. Ms. Young previously served as the Family Justice Information System (FAMJIS) Coordinator. Ms. Young earned an undergraduate degree in Criminal Justice from University of Phoenix.	Criminal/Civil Court Representative
Magistrate Kellie Starritt	District Court Magistrate for the 7th Judicial District	Magistrate Starritt is currently a District Court Magistrate for Montrose and Delta Counties, handling the domestic relations, dependency & neglect and family treatment court dockets. She joined the 7th Judicial District in January 2017 and previously worked as a Mesa County Chief Deputy County Attorney supervising the Human Services Unit. She has over 15 years of experience in child welfare as both a guardian ad litem and county attorney, and has a passion for juvenile cases.	Civil/Criminal Judge

Name	Title	Background Description	Task Force Designation
Michelle Jensen	Office of the Child's Representative (OCR)	Ms. Jensen has worked with children and families for over 10 years in a variety of settings, including adoption, family violence, family law, and child welfare policy and program administration. She joined the OCR in 2017. Ms. Jensen holds a law degree and Master's Degree in Social Work.	Attorney for Children
Alexa Peterson	Arapahoe County Case Coordinator – Court Appointed Special Advocate	Alexa Peterson has been at Advocates for Children CASA for the last year. Alexa is a Case Coordinator and supervises Court Appointed Special Advocates (CASAs) as they work one-on-one with children who have been abused and/or neglected. Alexa came to Advocates with a long history of working with children and families involved in either the child welfare or juvenile delinquency system. During Alexa's time as a Caseworker she worked with children who had developmental disabilities, extensive sexual trauma, suicidal ideations, as well as, with families experiencing homelessness. Alexa was a part of four specialized court dockets in Denver County that worked with youth who were at high risk for human trafficking, were gang involved, as well as, with youth who had significant substance use issues.	Court Appointed Special Advocate Representative
Tori Shuler	Director, Fostering Great Ideas	Ms. Shuler is the Denver Director of Fostering Great Ideas, a non-profit dedicated to improving the lives of children experiencing foster care. Ms. Shuler is passionate about preventing child abuse and neglect in the community and focusing on supportive relationships to provide connection and dignity for children/youth that have fallen victim to abuse and neglect. This passion stems from her own experience as a child in Colorado's foster care system.	Adult former victim of child abuse and or neglect

Children's Justice Act Fiscal Year 2020 Report

Name	Title	Background Description	Task Force Designation
Pamela Neu	Manager, Child & Adolescent Mental Health Programs, Office of Behavioral Health, Colorado Department of Human Services	With a Masters in Counseling Psychology from Gonzaga University, Ms. Neu has worked with the Colorado Department of Human Services since 2005. Her roles have included Residential Program Supervisor and Manager of Child and Adolescent Mental Health Programs.	Mental Health Professional
Jessica McKnight	Residential Case manager	Jessica started as a paraprofessional working directly with individuals with severe intellectual disabilities, then moved to direct care of individuals with varying intellectual disabilities and obtained knowledge in behavioral therapy. She completed her degree in psychology with a minor in special education and went to work for Rocky Mountain Human Services managing a case load of individuals with a wide range of abilities. Jessica has a brother who is 23 years old with down syndrome that she is co guardian and assists with his care; he is also her best friend. She has been a volunteer for Special Olympics for 15 years. In 2011 she started a foundation to host a fundraiser to benefit Special Olympics.	Individual experienced in working with children with disabilities
Meghan Baker	Facilities Attorney, Disability Law Colorado	Meghan received her B.A. in 2003 from the University of Texas at Austin, and completed her J.D. and M.S.W. at the University of Houston in 2011. She interned at the Protection and Advocacy agency in Texas for over a year where she engaged in advocacy on behalf of multiple youth with disabilities in the foster care system, Medicaid appeals, and issues related to special education. She currently works as a staff attorney on the Facilities Team at Disability Law Colorado (DLC), the Protection and Advocacy agency for people with disabilities in the state of Colorado. She has worked at DLC since July 2017	Individual experienced in working with children with disabilities

Task Force Function

The Children's Justice Act Task Force in Colorado meets quarterly. The CJA Task Force encourages members to attend in person; however, a phone conference option available. The following outlines the meeting activities that occurred during this reporting period (June 1, 2019 to May 31, 2020), as well as the plan for the next reporting period (June 1, 2020 to May 31, 2021). The Task Force shares all detailed meeting agendas, minutes, and prior applications via https://www.colorado.gov/pacific/cdhs-boards-committees-collaboration/childrens-justice-act-task-force

2019-2020 Overview of Task Force Meeting activities (June 1, 2019 to May 31, 2020):

- July 2019: All of the CJA sub-awardees presented to the Task Force to provide program updates, provide requests for funding in the next fiscal year, and discuss if any changes to other funding sources had been identified. A scoring rubric was given to all CJA Task Force members present to unanimously vote for keep, modify, or remove CJA funding from each of our sub-awardees. Based on this meeting and completion of the scoring and discretion, all amounts to the sub-awardees were modified.

- October 2019: The Task Force took the time to closely examine ways to collaborate more closely with new partners, existing partners, and identified information needed to make better funding and program supportive decisions.

- February 2020: The Task Force voted in two new members. The Task Force continued work towards setting priorities for future funding. The Task Force is working to align the funding provided to sub grantees to outcomes related to the Child and Families Services Plan (CFSP), Annual Program Services Report (APSR), Child & Family Services Review (CFSR), or the Program Improvement Plan (PIP). A survey was sent out to gather information on goals and funding alignment. The annual report was reviewed.

- May 2020: The Task Force reviewed the results of the survey and discussed the incorporation of the data into the funding allocation matrix. The Task Force also discussed funding processes, including the reissue of an RFP or distribution of the funds via direct contract.

Future Task Force meetings will focus on the upcoming three-year assessment and continuing review of the current awardees' progress. Each awardee will discuss measurement and quantification of the program along with any tangible change each awardee experience during the past year.

Part III: Prior Year Projects/Activities and Performance Report

Request for Proposals

In 2012, the CJA Task Force developed an RFP process for organizations throughout Colorado as a sub-recipient of CJA funding. Utilizing a RFP process strengthens the work of the CJA Task Force, increases the involvement and engagement of CJA Task Force members, and increases transparency with the community by making the funding opportunities public. The CJA Task Force reviews the applications and makes direct funding recommendations. The sub-recipients implement projects and report back to the CJA Task Force on progress, successes, replicability, dissemination, performance, and project barriers.

All grant sub-recipients align with one of the three categories outlined in CAPTA Section 107(e)(1)(A)(B)(C):

(A) Investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces the additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused;

(B) Experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused; and

(C) Reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse, including sexual abuse and exploitation, while ensuring fairness to all affected persons.

In addition, all grant sub-recipients must also align with at least one of the CJA recommendations:

1. Ensure that all professionals involved in the assessment, investigation, and judicial handling of child abuse and/or neglect throughout the State of Colorado are well-qualified.
2. Ensure that all resources and trainings have the maximum impact.
3. Ensure that CJA-supported trainings do not duplicate other trainings available in Colorado.
4. Increase the dissemination and replication of effective models, programs and trainings.
5. Increase the rate of successful prosecution of child abuse and/or neglect.

During the current reporting period, October 1, 2019 through September 30, 2020 the CJA Task Force funded projects through one RFP.

Children's Justice Act Fiscal Year 2020 Report

2018-2020 RFP

Two projects were chosen by the CJA Task Force to be CJA grant sub-recipients. These projects each fill unique gaps within the current system. A total of $99,000 was distributed between October 1, 2018 and September 30, 2020 to all awardees. Please note that this budget spans two different CJA awards:

Sub-Recipient	**Total Award Amount 10-1-18 – 9-30-2020**
Colorado Children's Alliance	**$18,500**
Colorado Seminary/Butler Institute	**$80,500**
Total Award Amounts	**$99,000**

Below is a short description of the CJA Grant sub-recipient activities:

- **Colorado Children's Alliance:** Funds were awarded to train forensic interviewers using the Colorado model for forensic interviewing. Training is provided to forensic interviewers on-site at an Children Advocacy Center (CAC), caseworkers in parts of the State where there is not a dedicated CAC, and any team member (law enforcement and human services caseworkers) who would benefit from the training. The training is provided in three parts. Training has been provided to nine people for Block I, 6 people for Block II and 9 people for Block III. During this funding period there have been five forensic interview trainings with nine participants in each training. The plan is to provide Block III training two more times, Block II once more and Block I once more before the end of the grant in September 2020.*This project aligned with CAPTA Section 107(e)(1)(A) and Colorado CJA Recommendations #2, #4, and #5.*

- **Colorado Seminary/Butler Institute:** Funds were awarded to the Butler Institute, in partnership with Strum College of Law, to implement the recommendations from the needs assessment. Volunteer county attorneys and Butler staff developed a 4-day academy on the knowledge and skills county attorneys need for their jobs. Facilitated by county attorneys and child welfare experts, the Academy held at the Sturm College of Law with introductions from the Deans of the School of Law and Social Work. The Academy emphasized both social work and legal knowledge and skills and culminated in a series of court simulations based upon a case scenario. Areas of focus were to reduce the time between the termination of parental rights and the finalized adoption, as indicated during Colorado's 2017 CFSR, along with family engagement, Indian Child Welfare Act (ICWA) appeals processes, and best practices in representing the agency. The project partners with the Colorado Supreme Court's "Colorado Attorney Mentoring Program" to offer a structured mentoring program featuring individual mentoring and group learning circles and led by an experienced county attorney that continues over one year. All 23 participants were matched with an experienced county attorney mentor to continue their learning. The project also developed podcasts this year on timeliness to permanency, the importance of collaboration, across systems, and using data to more effectively manage the court process. Additionally, Butler staff participated in conference presentations focusing on using data and

Judge's perspective on achieving permanency. *This project aligned with CAPTA Section 107(e)(1)(A) and Colorado CJA Recommendations #1, #2, #4, and #5.*

Other CJA Activities

While some of the CJA funds are distributed through the RFP process, a few CJA activities remained separate from the RFP process. Below are brief descriptions of each activity, along with the actual amounts expended between June 2019 and May 2020:

- **Alignment with the Colorado Child & Family Services Plan (CFSP), Annual Progress & Services Report (APSR), Child & Family Services Review (CFSR), Program Improvement Plan (PIP):** The chair of the state of Colorado's CJA Task Force is also responsible for overseeing and supervising the state's Federal Reporting Specialist who compiles the information and drafts the APSR along with sections of the PIP. This deliberate organization structure ensures continuity and aliment between these critical federal reports and activities. At least one specific goal in Colorado's PIP directly relates to the work the CJA Task Force of supporting through the Colorado Seminary/Butler Institute. In addition, several members of the CJA Task Force have been involved in planning, drafting, editing, and submission of the PIP and will continue to provide a link between the CFSR and the CJA Task Force. The CJA Task Force is also looking to reprioritize how it distributes funds by ensuring all future awardees and projects are in direct alignment with our federal outcomes measures. *This project aligned with CAPTA Section 107(e)(1)(A) and (C) and with Colorado CJA Recommendations #3 and #4.*

- **Training Scholarships:** CJA Task Force created a scholarship fund to support individual judicial officers, prosecuting attorneys, and other individuals involved with the investigation and assessment of child abuse and/or neglect to support attending in-state trainings and continuing education activities. The scholarship fund will be available to cover travel, lodging, per diem, and registration fees. A sub-committee of the CJA Task Force was created to review scholarship applications and award funds on an ad-hoc basis to review any applications for training. *This project aligns with CAPTA Section 107(e)(1)(A) and with Colorado CJA Recommendations #2 and #5.*

- **Court and Legal Representation Improvements:**

    - **Colorado's Office of the Child's Representative (OCR):** The CJA Task Force approached OCR to identify opportunities to improve the capacity of the Colorado's guardians ad litem (GAL). The CJA Task Force provided funding to OCR to update a Guided Reference in Dependency (GRID) that guides guardians ad litem regarding laws and policies related to best interest child representation in dependency and neglect cases. The 2019 update is currently being published as a pocket part for the print version of the GRID and has been incorporated into the electronic version of the GRID, which is available online: http://www.coloradochildrep.org/grid/. The GRID update was made available to other child welfare stakeholders, in addition to guardians ad litem. CJA Task Force funding also supported activities related to statewide engagement with GALs to assist in identifying training and support needs of GALs, allowed for additional training, specifically a 3-day

intensive trial skills training, and allowed for the use of audio/visual services to ensure that rural attorneys have access to all OCR training. *These projects align with CAPTA Section 107(e)(1)(A) and with Colorado CJA Recommendation #1,#2, #4 and #5.*

- **Colorado's Office of the Respondent Parents' Counsel (ORPC):** ORPC was created in July 2016 and was provided a small training budget upon its creation. The CJA Task Force approached the ORPC to become a member of the CJA Task Force and to identify opportunities for improvement in the training and support of Respondent Parent Counsel (RPC) attorneys. The CJA Task Force provides training funds to the ORPC for training of parent representation attorneys and other professionals, as well as ORPC staff. CJA funding contributes significantly to the ORPC's Annual Fall Conference, a multi-day training and community building event for ORPC contractors across the state. Other training activities that CJA funds contribute to include contractor and staff attendance at the ABA National Parent Representation Conference, new RPC boot camp, statewide regional trainings, and training scholarships for ORPC contractors and staff. CJA funds for fiscal year 2020 allowed ORPC staff to attend The Association for Successful Parenting (TASP) International Chance to Parent Conference in October 2019, which focused on advocacy for at-risk parents with learning difficulties such as intellectual disabilities or borderline intellectual functioning, and their children. The ORPC also used CJA FY20 funds to sponsor the Carrie Ann Lucas Disability Advocacy Training in February 2020, the ABA/ORPC Interdisciplinary Conference in May 2020, New Attorney Boot Camp in June 2020, and the ORPC's 5th Annual Fall Conference. *These activities align with CAPTA Section 107(e)(1)(A) and with Colorado CJA Recommendation #1,#2, #4 and #5.*

Part IV: Prior Year Budget Expenditure Line Item

Category	Description	Budget	Actuals (FFY19)
Personnel	**CDHS has a 100% time and effort reporting policy to ensure that costs associated with a grant are accurately represented. Salary and benefits costs are included for the following staff:** **• Program Assistant II (1.0 FTE)** **• CAPTA Administrator (0.25 FTE)** **• Contracts and Grants Supervisor (0.05 FTE)**	**$98,927**	**$98,927**
Travel	**CJA Federal Grantees Meeting (2 representatives)**	**$2,408**	**$2,408**
Operations	**Supplies, Copying, Teleconferencing and Operations costs**	**$357**	**$357**
Contractual	**Court and Legal Representation Improvements – OCR and ORPC**	**$66,000**	**$66,000**
	Colorado Children's Alliance	**$18,500**	**$18,500**
	DU Seminary - Butler Institute	**$80,500**	**$80,500**
Indirect	**CDHS uses an actual cost allocation model to bill indirect costs. Historically, these costs have represented approximately 7% of the awarded grant amount.**	**$22,902**	**$22,902**
TOTAL		**$289,594.00**	**$289,594.00**

Part V: Three-year Assessment

Not applicable for Colorado in 2020

Part VI: Proposed Activities

The current RFP cycle ends on March 31, 2021, and thus, the CJA Task Force released available funds through a RFP process (see budget on page 22). The CJA Task Force has decided to align the timeframes to the state RFP cycle; therefore, the CJA Task Force agreed to extend the funding for all activities through September 30, 2020. The CJA Task Force is currently in the process of reopening the statewide RFP to solicit other activities and/or programs that meet the recommended criteria. The Task Force will begin offering this funding on October 1, 2020, as a five year RFP.

In addition, the CJA Task Force will engage in the following activities to meet CJA Recommendations:

- **Alignment with the Colorado Child & Family Services Plan (CFSP), Annual Progress & Services Report (APSR), and the results of the 2017 Child & Family Services Review (CFSR) and creation of the federal Program Improvement Plan (PIP):** The chair of the State of Colorado's CJA Task Force is also responsible for overseeing and supervising the state's Federal Reporting Specialist

who compiles the information and drafts the APSR along with sections of the PIP. This deliberate organization structure ensures continuity and aliment between these critical federal reports and activities. At least one specific goal in Colorado's PIP directly relates to the work the CJA Task Force of supporting through the Colorado Seminary/Butler Institute. In addition, several members of the CJA Task Force have been involved in planning, drafting, editing, and submission of the PIP and will continue to provide a link between the CFSR and the CJA Task Force. If the CJA Task Force decides to distribute funds in alignment with these federal outcomes measures, this will change our ongoing measurement of performance for the awards. *This project aligned with CAPTA Section 107(e)(1)(A) and (C) and with Colorado CJA Recommendations #3 and #4.*

- **Court and Legal Representation Improvement Work:**

    - **Colorado Court Improvement Program (CIP) and Judicial Training Department:** The CJA Task Force has worked with 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 have conducted a needs assessment for county attorneys involved in delinquency and neglect cases. Based on the findings, the Task Force began the creation of a four-day training curriculum and had its first delivery in 2019. This training will have its next delivery in September of 2020 and will have one more in the summer of 2021. *This project aligns with CAPTA Section 107(e)(1)(A) and with Colorado CJA Recommendations #1, #2, and #3.*

    - **Colorado's Office of the Child's Representative (OCR):** See description under prior year activities, as these activities continue through September of 2020. *This project aligns with CAPTA Section 107(e)(1)(A) and with Colorado CJA Recommendations #4 and #5.*

    - **Colorado's Office of the Respondent Parents' Counsel (ORPC):** See description under prior year activities as these activities continue through September of 2020. *This project aligns with CAPTA Section 107(e)(1)(A) and with Colorado CJA Recommendations #4 and #5.*

Ongoing Evaluation of Performance

For performance monitoring of the RFP grant sub-recipients, the CJA Task Force asks each sub-recipient to identify clear performance measures in their application for funds. In addition, the CJA Task Force requires the following reporting:

- Make at least one (1) annual presentation by phone or in-person to the CJA Task Force;
- Participate in one (1) annual site visit with CJA Task Force members;
- Provide progress reports every six (6) months during the funding cycle;
- Demonstrate quality performance by providing timely reports which demonstrate improved

outcomes and through communication with the CAPTA Administrator and the CJA Task Force;

- Submit regular invoices; and,
- Provide additional information, as requested, to assess performance. Methods used to assess performance will include a review of documentation reflective of performance, including status reports, meeting minutes, electronic data, and on-going fiscal monitoring.

Other CJA Task Force opportunities to support projects not funded through the RFP process, the CJA Task Force requires the following:

- Submission of quarterly progress reports;
- Make at least one (1) annual presentation by phone or in-person to the CJA Task Force;
- Demonstrate quality performance by providing timely reports which demonstrate improved outcomes and through communication with the CAPTA Administrator and the CJA Task Force;
- Demonstrate compliance with their agreement with the Task Force by providing timely reports and improvement in measurable outcomes;
- Submit regular invoices; and,
- Provide additional information as requested to assess performance. Methods used to assess performance will include a review of documentation reflective of performance, including status reports, meeting minutes, electronic data, and on-going fiscal monitoring.

Children's Justice Act Fiscal Year 2020 Report

Proposed FY21 Budget

Category	Description	Budget FFY20 October 1, 2020 – September 30, 2021
Personnel	CDHS has a 100% Time and Effort Reporting policy to ensure that costs associated with a grant are accurately represented. Salary and Benefits costs are included for the following staff: • Program Assistant II (1.0 FTE) • CAPTA Administrator (0.25 FTE) • Contracts and Grants Supervisor (0.05 FTE)	$96,000
Travel	CJA Federal Grantees Meeting (2 representatives)	$4,000
Operations	Supplies, Copying, Teleconferencing and Operations costs	$500
Awarded via RFP 20-23	Support for multidisciplinary training and pilot projects designed to improve the investigative, administrative, and judicial handling of cases of child abuse and neglect.	$110,000
Other Activities	Support for linkages with the Colorado CIP, ORPC, OCR, training for prosecutors, and the Judicial Training Department	$75,000
Indirect	CDHS uses an actual cost allocation model to bill indirect costs. Historically, these costs have represented approximately 7% of the awarded grant amount.	$20,000
TOTAL		$305,500.00

Certification for Contracts, Grants, Loans, and Cooperative Agreements
The undersigned certifies, to the best of his or her knowledge and belief, that:

(1)No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2)If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3)The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Michelle Barnes _____ May 31, 2020
Signature and Date

Michelle Barnes
Printed Name

Executive Director
Title

Colorado Department of Human Services
Organization

COLORADO
Department of Human Services

The Honorable Jared Polis
Governor of Colorado
135 State Capitol
Denver, CO 80203

June 28, 2019

Dear Governor Polis,

The Colorado Department of Human Services, in accordance with the statutory responsibility established through 26-1-139, C.R.S., submits the attached "2018 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,

M. Barnes

Michelle Barnes Executive Director

cc:
Senator Rhonda Fields, Chair Senate Health and Human Services Committee
Representative Jonathan Singer, Chair House Public Health Care and Human Services Committee
Representative Dafna Michaelson Jenet, Vice-Chair
Representative Yadira Caraveo
Representative Lisa Cutter
Representative Serena Gonzales-Gutierrez
Representative Cathy Kipp
Representative Lois Landgraf
Representative Colin Larson
Representative Larry Liston
Representative Kyle Mullica
Representative Rod Pelton
Anne Wallace, Committee Staff
Senator Brittany Pettersen, Vice Chair
Senator Larry W. Crowder
Senator Jim Smallwood
Senator Faith Winter
Elizabeth Haskell, Committee Staff

Members of the Child Fatality Review Team
Members of the Colorado State Child Fatality Prevention Review Team
Jeremy Hill, Deputy Executive Director, Administrative Solutions, CDHS
Jerene Petersen, Deputy Executive Director of Community Partnerships, CDHS
Minna Castillo Cohen, Office Director, Children Youth and Families, CDHS
Rob Jakubowski, Division Director, Performance and Strategic Outcomes, CDHS
Marc Mackert, Director, Administrative Review Division, CDHS
Emily Hanson, Legislative Liaison, CDHS

1575 Sherman Street, Denver, CO 80203 P 303.866.5700 www.colorado.gov/CDHS
Jared Polis, Governor | Michelle Barnes, Executive Director

2018 Child Maltreatment Fatality Annual Report

COLORADO
Division of Quality Assurance & Quality Improvement
Administrative Review Division

This page intentionally left blank.

Table of Contents

Executive Summary

The 2018 Colorado Department of Human Services (CDHS) Child Fatality Review Annual Report focuses on data gathered from fatal, near fatal, and egregious incidents of child maltreatment that occurred in calendar year (CY) 2018. In CY 2018, there were 77 children involved in 71 substantiated fatal, near fatal, and egregious incidents of child maltreatment. The data provides an overview of the trends, characteristics and demographics of children and families involved with such incidents, and is presented in an effort to better understand and identify the factors associated with such incidents of abuse or neglect. From the group of 77 children in 71 substantiated fatal, near fatal, and egregious incidents of child maltreatment occurring in CY 2018, 41 children in 37 incidents met statutory criteria for a review by the CFRT.

The 2018 report also highlights recommendations for improvements of the child welfare system, as well as other systems that are responsible for providing services to children and families in Colorado. Through the years of reviewing incidents of fatal, near fatal, and egregious incidents of child maltreatment, we have learned that mitigating such incidents of child maltreatment is a community responsibility. The field of child welfare is often tasked with and represented as having the sole responsibility, and ability, to prevent such tragedies from occurring. While child welfare is responsible for intervening with families when there is an allegation of child abuse or neglect, and providing appropriate and necessary services to families in order to keep children safe, all systems and communities have a responsibility to help make families in our community healthier and more resilient.

Specific findings, strengths, and gaps/deficiencies identified through the CFRT reviews are also included in this report. Please note, CFRT reviews may not conclude in the same year when the incident occurred. Therefore, some sections within this report also summarizes information from incidents which occurred in 2017 and 2018, and reviewed by the CFRT and/or posted to the public notification website in 2018.

Child Characteristics. A child's age has been a key risk factor associated with child maltreatment fatalities, and research continues to show that younger children are the most vulnerable to child maltreatment. In Colorado, 30.6% (11/36) of the fatalities involved victims younger than one year old, and 66.7% (24/36) were three or younger.

A similar pattern of younger-aged victims exists for the near fatalities, as 42.1% (8/19) of the victims were under the age of one, and 68.4% (13/19) were age three or under (see Chart 7). The pattern of the age of victims of egregious incidents has followed its own trend within Colorado - the age of victims of egregious incidents were older than those victims most commonly associated with fatal and near fatal incidents of child maltreatment; however, in CY 2018, 63.6% of victims were three or younger.

For fatalities, near fatalities, and egregious incidents in 2018, most victims were White, and this closely resembles the race estimates for Colorado's overall population. For fatalities, most victims were White (41.6%), followed by Hispanic (30.5%). For near fatal incidents, the most victims were White (47.3%), and again, followed by Hispanic (31.6%). For egregious

incidents, most victims were White (33.3%), with the second most common race of victims being African American (22.7%).

In Colorado in 2018, males accounted for 55.6% of the children in substantiated child maltreatment fatalities. Males typically have a higher rate of child fatality by abuse and neglect; however, in Colorado, females surpassed male victims in CY 2016 and CY 2017.

Family Characteristics. In 2018, 40.3% (31/77) of all children in fatal, near fatal, and egregious incidents of child maltreatment lived in a household with two parents (see Chart 9). This family structure was also the most frequent for incidents occurring in 2015, 2016 and 2017. The second most common type of family structure across all substantiated incidents in 2018 was one parent and one unrelated caregiver at 27.3% (21/77). Approximately 41.7% (15/36) of fatal incidents occurred for children in families with two parents.

Prior Involvement with Child Protective Services. In 2018, the most common level of prior and/or current involvement with the child welfare system, for egregious, near fatal, and fatal incidents of child maltreatment, was a prior and/or current assessment. In 2018, 81.3% (13/16) of families involved with a fatal incident of child maltreatment had prior and/or current assessment. Near fatal incidents in 2018 fell in line with trends for prior and/or current involvement in fatal incidents of child maltreatment, with assessments as the most common level of prior and/or current involvement with the child welfare system (7/10; 70%). The most common level of prior and/or current involvement in a families child welfare history associated with substantiated egregious incidents of abuse or neglect, was also a prior/current assessment (6/11; 54.5%), followed by a current/prior case (5/11; 45.5%).

Other Family Stressors. Of the families involved in a fatal child maltreatment incident, which met criteria for review by the CFRT, 31.6% (6/19) had some history of identified domestic violence. Additionally, 31.6% (6/19) of the families experienced substance abuse issues, and 36.8% (7/19) included a history of mental health treatment for at least one caregiver.

Perpetrator Relationship. A child's caregiver is most often the perpetrator of a fatal incident of child maltreatment and it usually involves one or two parents. National data trends mark the mother as the most common perpetrator of a fatal incident of child maltreatment. In Colorado, for CY 2018, the mother was the most common perpetrator in fatal, near fatal, and egregious incidents of child maltreatment. The father was the second most common perpetrator, and the third most common perpetrator was a partner of parent (male).

Findings and Recommendations. Across the 37 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 44 systemic strengths in the delivery of services to children and families. A total of 58 recommendations were made across the 37 reports posted between 4/1/2018 and 3/31/2019; this included 28 related to systemic gaps and deficiencies and 30 related to policy findings.

Background

Legislative History

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 (DCW). HB 11-1181 also established criteria for determining which incidents would 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 2013, responsibility for managing the CFRT program was moved under the Administrative Review Division (ARD). 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 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, specifically between 2011-2013, which modified the population of incidents requiring review, there was limited ability to interpret trends in the data. Any change in the final number of incidents between 2012 and 2013 may have been due to definitional changes rather than to changes in the number of actual incidents. For example, 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. The increase was likely due to increased awareness of the reporting requirements and procedures 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 several calendar years.

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

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 seven years.

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^
2016	71	25	17	115^^
2017	62^^^	25	20	108^^^^
2018	64	21	22	107

**Not all incidents reported met criteria for CFRT review.*
***Near fatal and egregious incidents were not statutorily mandated for inclusion until April 12, 2012.*
^ Two of the reported incidents reported in 2015 were determined to not fit the definitions of fatal, near fatal, or egregious abuse or neglect. While they are included in the total, they do not appear in the incident specific columns.
^^Two of the reported incidents reported in 2016 were determined to not fit the definitions of fatal, near fatal, or egregious abuse or neglect. While they are included in the total they do not appear in the incident specific columns.
^^^There were two additional fatalities, that occurred in 2017, but were not initially determined to be suspicious for abuse or neglect, and reported, until after the finalization of the 2017 Annual Report.
^^^^One reported incident in 2017 was determined to not fit the definitions of fatal, near fatal, or egregious abuse or neglect. While this incident is included in the total, it does not appear in the incident specific columns.

Table 2 provides an overview of the overall number of substantiated incidents, by type, since 2012. The numbers reflect all fatal, near fatal, and egregious incidents that were determined to be the cause of abuse or neglect, regardless of whether or not there was prior child welfare history preceding the fatal, near fatal, and/or egregious incident of child maltreatment.

Table 2: Total Statewide Substantiated Incidents

Year	Fatal Incidents	Near Fatal Incidents**	Egregious Incidents**	Total Incidents
2012	26	9	2	37
2013	23	15	34	72
2014	23	22	23	68
2015	21	15	19	55
2016	35	20	16	71
2017	31	20	18	69
2018	34	18	19	71

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 2017, data was extracted on a quarterly basis from the state automated case management 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 number of reported incidents received from counties over the course of CY 2018. The data integrity checks identified 60 potential incidents. Of those incidents, five incidents involving five children met criteria for public notification. Two incidents, involving two children, met criteria for a review by CFRT. The ARD will continue this data integrity process and will provide technical assistance to county departments as necessary.

Child Fatality Review Team Process and Timelines

The Child Fatality Review Team reviews incidents of fatal, near fatal, or egregious abuse or neglect determined to be a result of child maltreatment, when the child or family had previous involvement with the child welfare system within the last three years. The process includes a review of the incident, identification of contributing factors that may have led to the incident, the quality and sufficiency of service delivery from state and local agencies, and

the families' prior involvement with the child welfare system. As a result of identified strengths, as well as systemic gaps and/or deficiencies, recommendations are put forth regarding policy and practice considerations that may help prevent future incidents of fatal, near fatal, or egregious abuse or neglect, and/or strengthen the systems which provide direct service delivery to children and families. Table 3 offers a comparison of incidents meeting criteria for review over the past seven years. It is important to reiterate that as the statutory and definitional changes over the prior years (2012-2014) have modified the population of incidents requiring review, there are limitations to interpretation of trends in past data.

Table 3: Number of Incidents Meeting Statutory Criteria to be Reviewed by CFRT*

Year	Fatal Incidents	Near Fatal Incidents	Egregious Incidents	Total Incidents°
2012	9	2	1	12
2013	8	10	21	39
2014	18	14	13	45
2015	13^	9	13	35^^
2016	21	11	8	40
2017	18^^^	13	9	41^^^^
2018	16	10	11	37

**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. Near fatal and egregious incidents were not statutorily mandated for inclusion until April 12, 2012.*
^The fatal incidents number is different from what was published in the 2015 Child Maltreatment Fatality Report as one child in one fatal incident was pending disposition at the time the 2015 report was finalized.
^^The total incident number is different from what was published in the 2015 Child Maltreatment Fatality Report as one child in one fatal incident was pending disposition at the time the 2015 report was finalized.
^^^The fatal incident number is different from what was published in the 2017 Child Maltreatment Fatality Report as one incident was determined not to be substantiated at the fatal severity level; therefore lowering the overall total of fatal incidents that met criteria by one.
^^^^The total incident number for 2017 is different from what was published in the 2017 Child Maltreatment Fatality Report as one incident was determined not to be substantiated at the fatal severity level; therefore lowering the overall total of incidents that met criteria by one.

Statute requires that county departments provide the CDHS with all relevant information and reports to inform the CFRT's review, within 60 days of becoming aware of an incident, which was determined to be the result of fatal, near fatal or egregious abuse or neglect. Please note that county departments only need to submit such documentation if the incident meets the aforementioned statutory criteria to be reviewed by CFRT. 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, 28.9% (31/107) incidents that occurred in 2018 were afforded at least one extension, with the total number ranging from one to fifteen extensions.

Incidents Reviewed in 2018

As required by Volume 7 (25 CCR 2509-2), the CFRT must review all incidents within 45 business days of the CDHS receiving all required and relevant reports and information necessary to complete a review. During 2018, the CFRT was able to review 34 incidents. It is important to note not all incidents are reviewed within the calendar year in which they occurred.

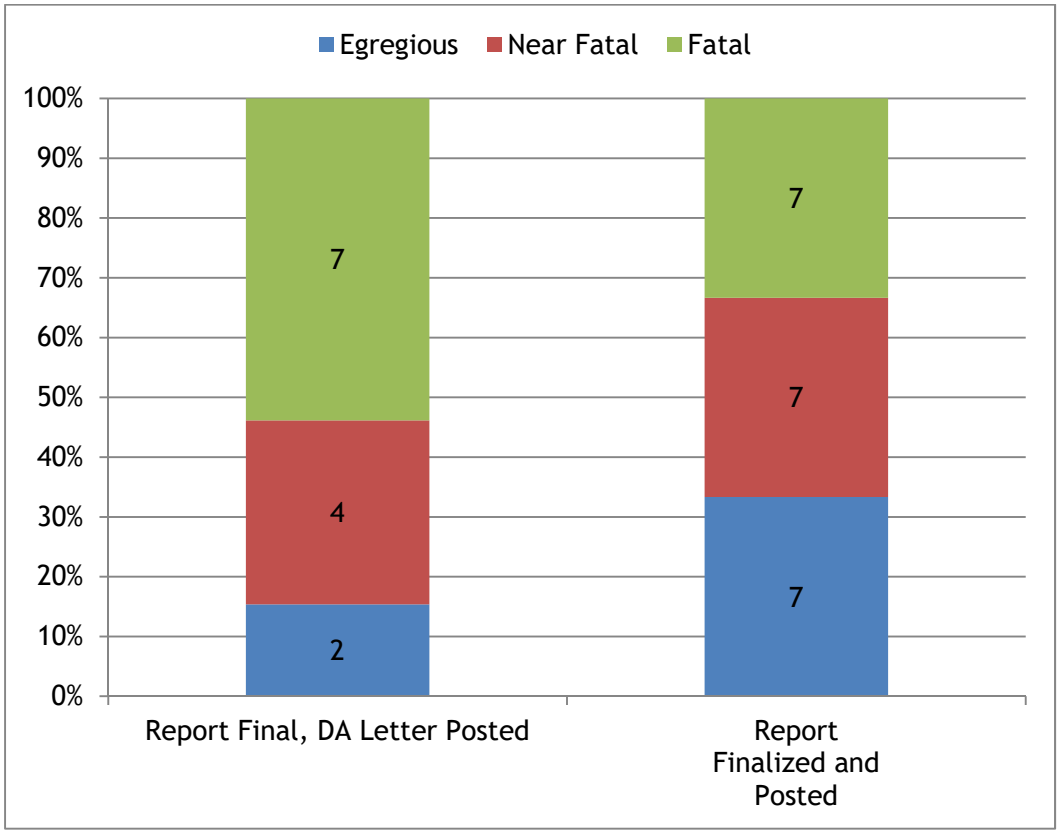
Completion and Posting of Case Specific Executive Summary Reports

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, or likely will be, a 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 in lieu of the case specific executive summary report. CDHS staff maintain contact with the county or district attorney to determine when the criminal or civil proceedings are completed and release of 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 case specific executive summary report on the public notification webpage.

Chart 1 shows the posting status of all CFRT reports for incidents reviewed in 2018. Of the 34 incidents reviewed, final non-confidential case executive summary reports were posted for 21 of them. For the remaining 13 incidents reviewed, it was determined that releasing the final non-confidential report could jeopardize criminal or civil proceedings and a letter from the district attorney or county department was posted in lieu of the report.

Chart 1: Report Status of all Incidents Reviewed by the CFRT in 2018.



Child Fatality Review Team Membership and Attendance

The Child Fatality Review Team is a multidisciplinary team of up to twenty members, as outlined in C.R.S. 26-1-139. Representation includes, but is not limited to: members from CDHS, Colorado Department of Public Health and Environment (CDPHE), mental health, law enforcement, district attorneys, county commissioners, county departments of human and/or social services, legislature, and many more critical disciplines responsible for representing and/or providing services to the children and families of Colorado. Additionally, there are three full time ARD staff members who are dedicated to the review process. The team meets monthly to review incidents of egregious, near fatal, or fatal child maltreatment when the child or family has also had prior involvement with the child welfare system within three years prior to the incidents. 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 supported by the alternate agency. The CFPS staff members at CDPHE serve as the two state appointees from CDPHE to the CDHS CFRT,

and CFRT staff are involved with and participate on CFPS workgroups and state review meetings. 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.

2018 Child Fatality Review Team Annual Retreat

In October of 2018, ARD hosted the fourth Annual Retreat. During the retreat, the CFRT reflected upon the previous year's reviews, and evaluated strengths and areas needing improvement in the review process. The CFRT reviewed recently published guidance from the National Center for Child Death Review and Prevention regarding criteria for child death reviews. Additionally, the CFRT explored a systems model approach for child death reviews and how this approach could serve as a framework for the CFRT meetings. The second half of the retreat was open to county department staff participation and ARD staff provided an overview of the aggregate data collected from 2017 reviews and incidents.

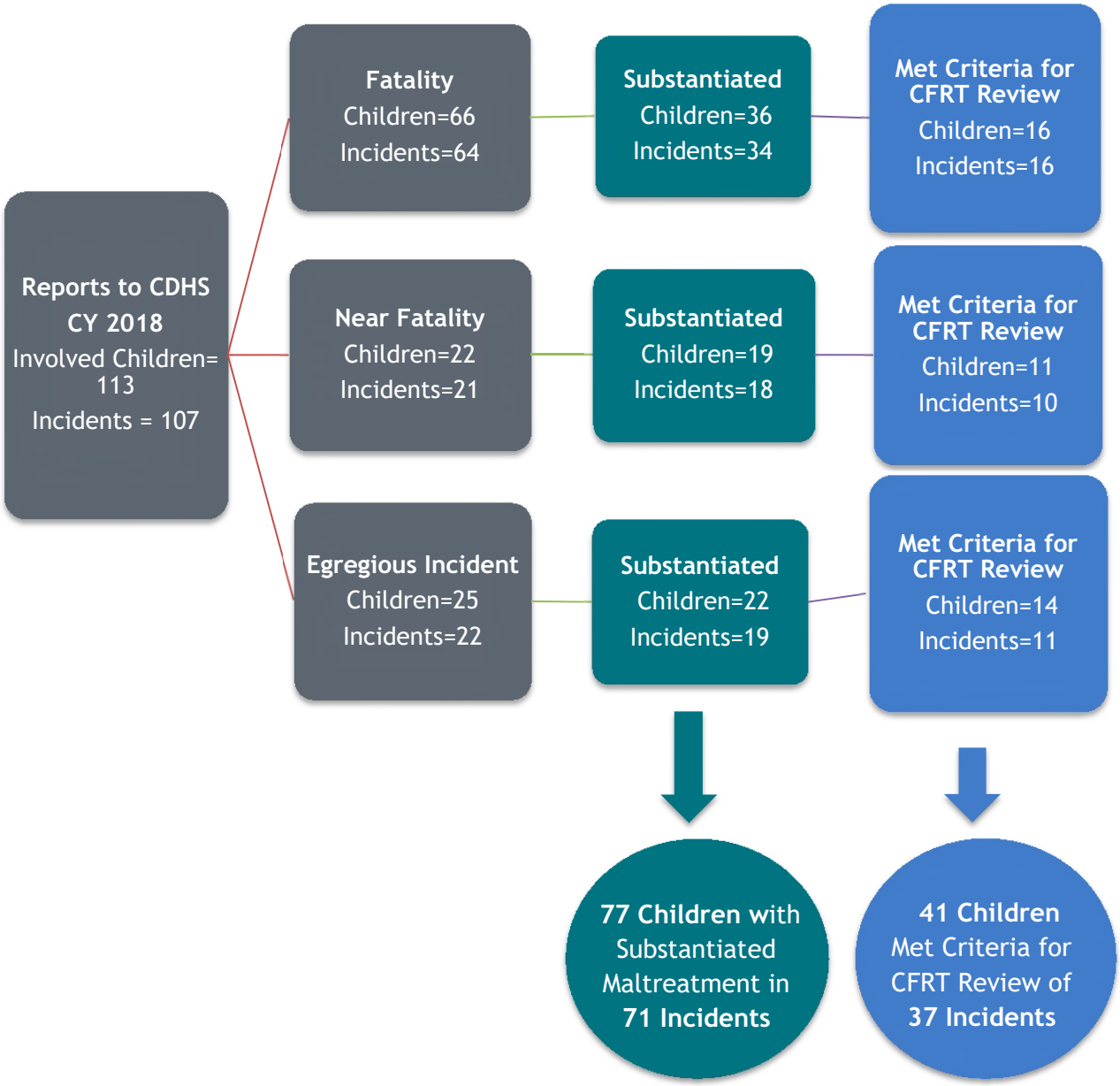
Overview of the 2018 Reports of Fatal, Near Fatal, and Egregious Incidents of Child Maltreatment Victims

As previously discussed, all county departments of human/social services (DHS) are required to report all egregious incidents, near fatalities, and fatalities suspicious for child abuse and neglect to the state department (ARD). Each incident may involve more than one child. In CY 2018, counties reported 107 incidents involving 113 children who were suspected victims of fatal, near fatal, or egregious child maltreatment. Of the 113 children, 66 children were associated with 64 fatal incidents, 22 children were associated with 21 near fatal incidents, and 25 children were associated with 22 egregious incidents.

Upon completion of an assessment, DHS found that 36 incidents involving 36 children were unsubstantiated for abuse or neglect. Therefore, these incidents were determined not to be the result of child maltreatment, and were not reviewed by the CFRT. Incidents deemed substantiated are considered to be the result of child maltreatment and there is a "Founded" disposition against the person(s) responsible for the abuse or neglect.

In CY 2018, 71 substantiated incidents included 77 children, 37 of which had prior involvement with DHS within the statutorily defined time period, thus indicating the need for review by the CFRT. Figure 1 depicts the breakdown of the incidents reported in CY 2018. 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 2018



For purposes of this report, the majority of the analysis in the following section focuses on the 77 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, trends for the fatal incidents are provided across several years. Table 3 provides an overview of the demographic characteristics of the 77 substantiated victims of incidents that occurred in CY 2018.

Table 4: Summary information of all 87 substantiated victims of child maltreatment fatalities, near fatalities, and egregious incidents in Colorado for CY 2018

Characteristic	Detail	Fatal	%	Near Fatal	%	Egregious	%
Age of Victim at Time of Incident	Less than one	18	30.6%	10	42.1%	9	36.4%
	One	3	11.1%	3	5.3%	0	13.6%
	Two	6	16.7%	4	0.0%	2	9.1%
	Three	2	8.3%	4	21.1%	1	4.5%
	Four	2	5.6%	2	10.5%	1	4.5%
	Five	1	2.8%	1	5.3%	0	0.0%
	Six	0	0.0%	1	5.3%	0	0.0%
	Seven	2	5.6%	0	0.0%	0	0.0%
	Eight	3	8.3%	1	5.3%	0	0.0%
	Nine	2	5.6%	0	0.0%	0	0.0%
	Ten	0	0.0%	0	0.0%	0	0.0%
	Eleven	1	2.8%	0	0.0%	2	9.1%
	Twelve	0	0.0%	0	0.0%	2	9.1%
	Thirteen	0	0.0%	0	0.0%	1	4.5%
	Fourteen	1	2.8%	0	0.0%	0	0.0%
	Fifteen	0	0.0%	1	5.3%	0	0.0%
	Sixteen	0	0.0%	0	0.0%	2	9.1%
	Seventeen	0	0.0%	0	0.0%	0	0.0%
Race/Ethnicity	African American	3	8.3%	2	10.5%	6	27.3%
	White	15	41.7%	9	47.4%	7	31.8%
	Hispanic	11	30.6%	6	31.6%	4	18.2%
	Multiracial	4	11.1%	2	10.5%	3	13.6%
	Unknown	1	2.8%	0	0.0%	0	0.0%
Sex	Female	16	44.4%	13	68.4%	7	31.8%
	Male	20	55.6%	6	31.6%	15	68.2%
Family Structure	One parent	9	25.0%	2	10.5%	3	13.6%
	One parent and one related caregiver	0	0.0%	1	5.3%	0	0.0%
	One parent and one unrelated caregiver	8	22.2%	5	26.3%	8	36.4%
	Two parents	15	41.7%	8	42.1%	8	36.4%
	Two parents and relatives	1	2.8%	1	5.3%	1	4.5%
	One parent and relatives	3	8.3%	1	5.3%	2	9.1%
	One related caregiver	0	0.0%	1	5.3%	0	0.0%
Incidents with Additional Family Stressors*	Substance Abuse	4	28.6%	3	30.0%	6	31.6%
	Mental Health	5	35.7%	4	40.0%	7	36.8%
	Domestic Abuse	5	35.7%	3	30.0%	6	31.6%

**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 but not limited to: child characteristics, family characteristics, stressors 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 there has been little research 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 Child Maltreatment[1] report is published annually and 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." Nationally, for FFY17, 1,720 children were victims of fatal abuse and neglect. 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 2017) 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 case management 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. As an example, if a child's race/ethnicity was entered into Trails as White with Hispanic ethnicity, the child was considered Hispanic. This matches an approach proposed by the United States (US) Census Bureau. The US Census Bureau[2] estimated race and ethnicity data from population estimates for Colorado in 2018. The estimates indicated that Colorado's population in 2018 was 68.3% White (alone, not reporting another race/ethnicity), 21.5% Hispanic, and 4.5% Black or African American. The balance of the population estimates included ethnicities including American Indian, Asian, Native Hawaiian, Native American, etc.

For fatalities, near fatalities, and egregious incidents in 2018, most victims were White, and this closely resembles the race estimates for Colorado's overall population. For fatalities,

[1] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). Child maltreatment 2017. Available from https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.

[2] https://www.census.gov/quickfacts/CO

most victims were White (41.7%), then followed by Hispanic (30.6%). For near fatal incidents, most victims were White (47.3%), and again, followed by Hispanic (31.6%). For egregious incidents, most victims were White (36.4%), with the second most common race of victims being African American (22.7%). The following chart is a graphic depiction of race/ethnicity breakdown.

Chart 3: Race/Ethnicity of 77 victims in all Substantiated Fatal, Near fatal, and Egregious Incidents of Child Maltreatment in Colorado for CY 2018

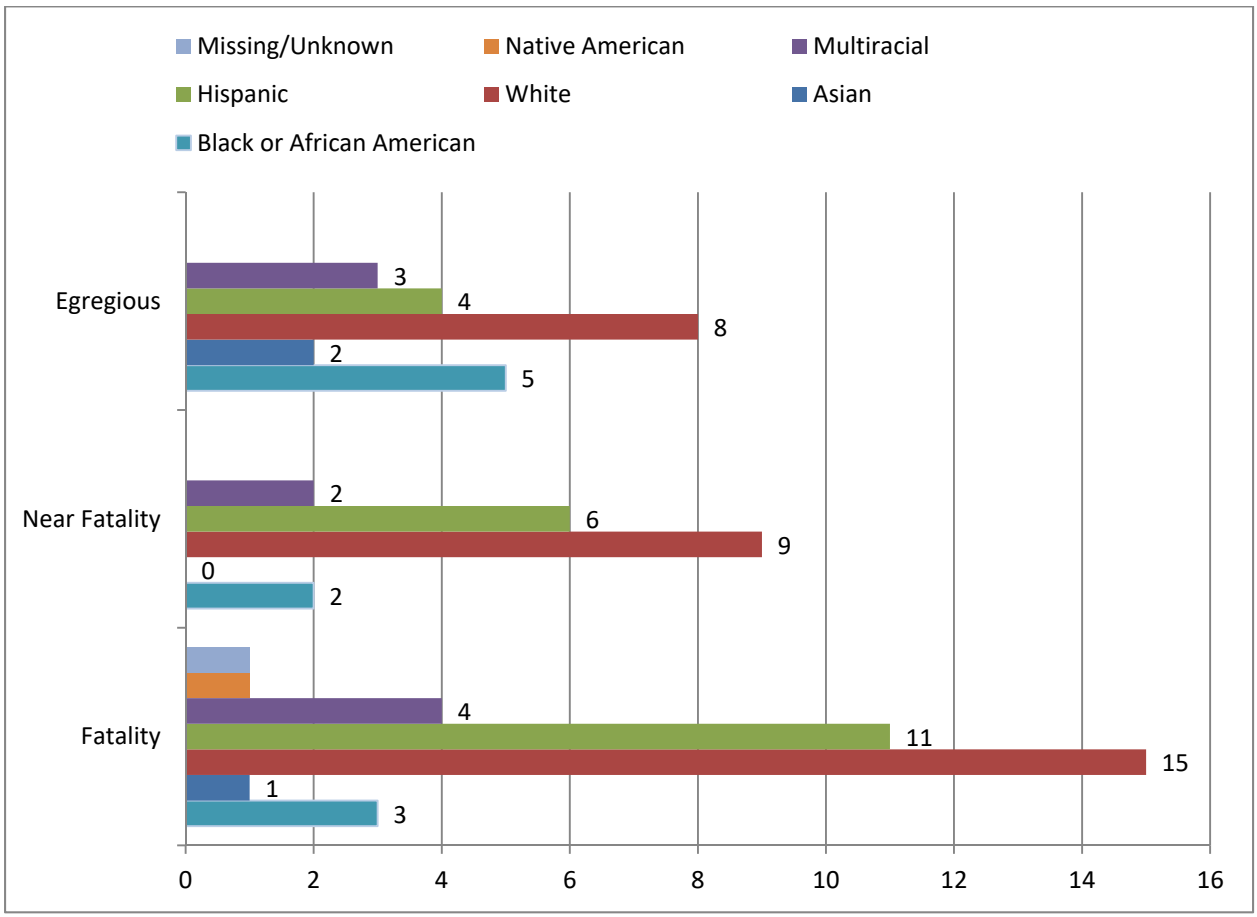
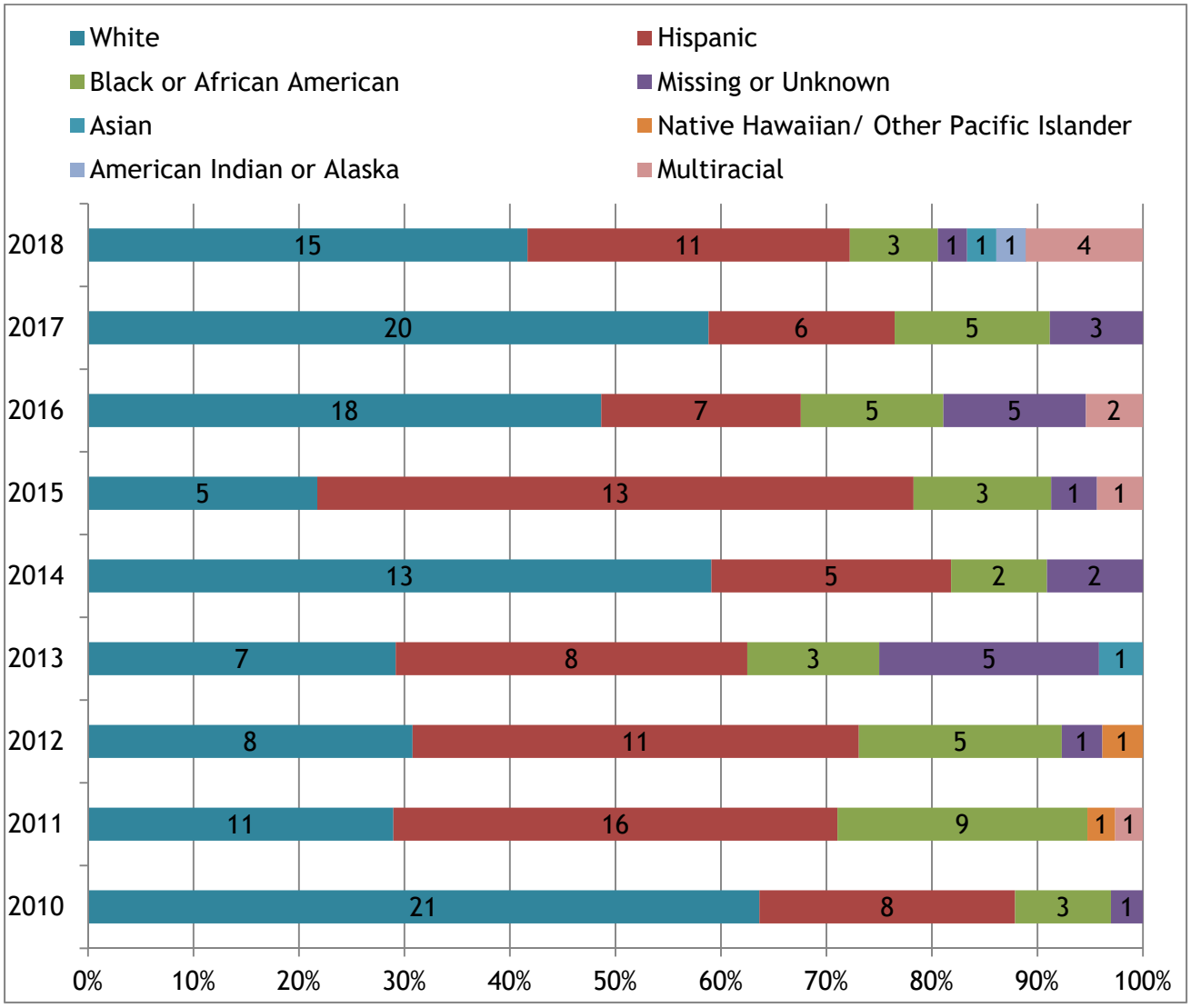


Chart 4 shows the trends related to the most common race/ethnicity of all child maltreatment fatalities in Colorado from 2010-2018. For Colorado's population trends, Hispanic child victims were disproportionality represented in fatal incidents during the years of 2011, 2012, 2013, and 2015. The chart depicts the three most common race/ethnicities of children involved in fatal incidents of abuse and neglect as being of either White, Hispanic, or African American race/ethnicity, which also mirrors national trends.

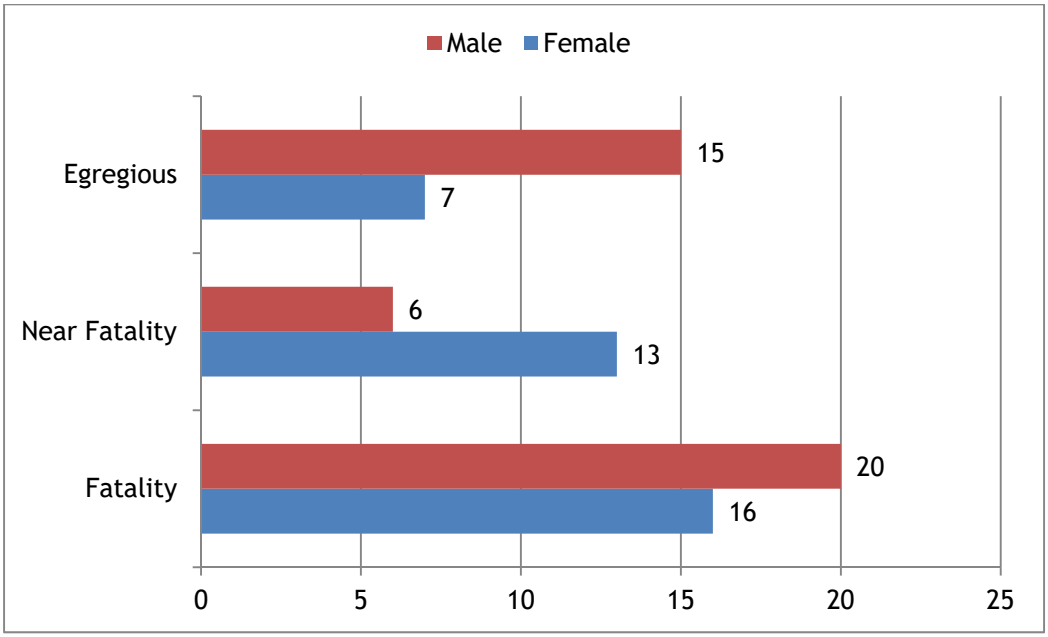
Chart 4: Race/ethnicity of Victims in all Substantiated Child Maltreatment Fatalities in Colorado over the Past Nine Calendar Years



Sex of victim

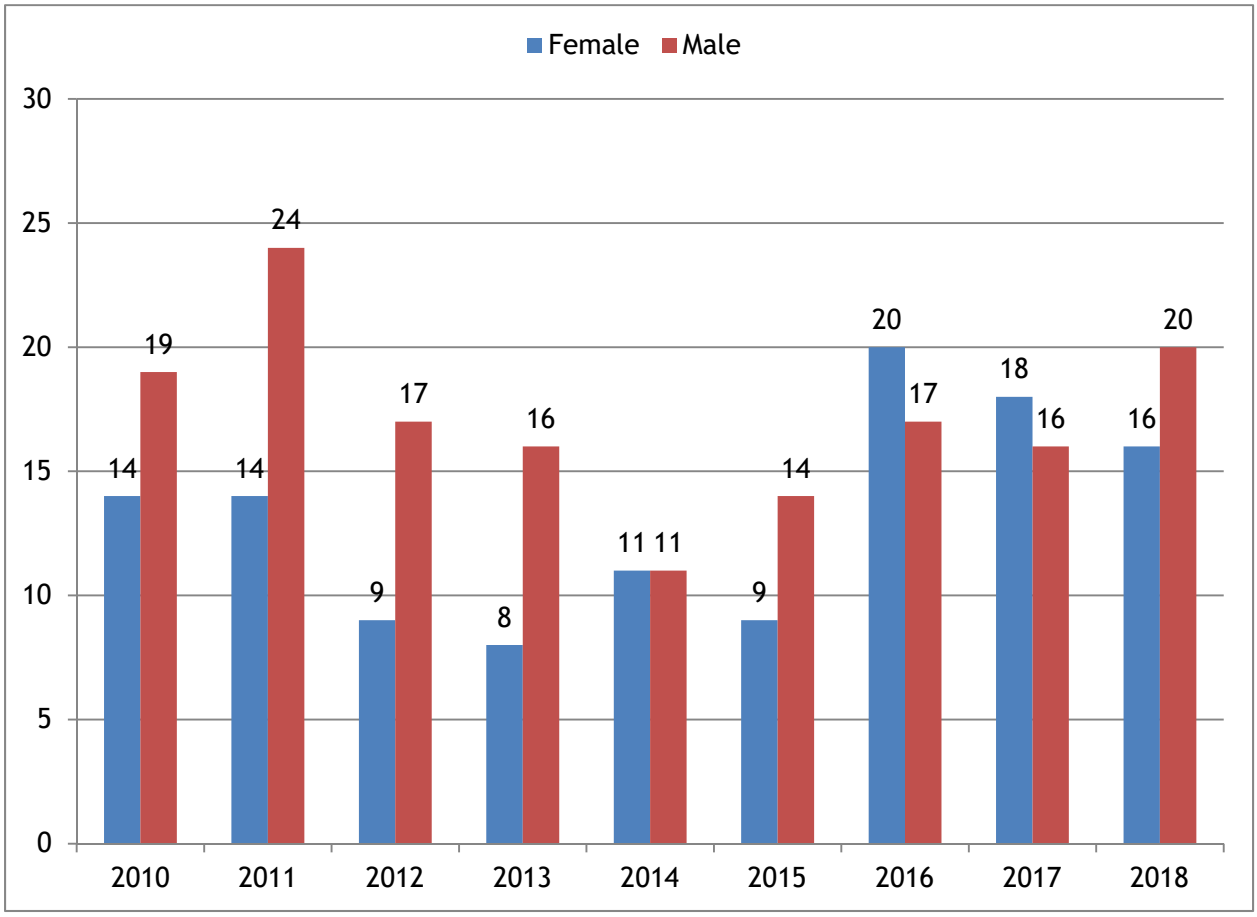
In Colorado in CY 2018, males accounted for 55.6% of the children in substantiated child maltreatment fatalities. Nationally, in FFY 2017, 57.9% of victims in child maltreatment fatalities were males. Chart 5 displays the breakdown of differences in the sex of the victims for the 77 victims involved in substantiated incidents of fatal, near fatal, and egregious incidents of abuse and neglect in CY 2018.

Chart 5: Sex of 77 Victims in Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in Colorado for CY 2018



Males typically have a higher rate of child fatality by abuse and neglect; however, in Colorado, females surpassed male victims in CY 2016 and CY 2017. In 2018, males were the majority of victims in child maltreatment fatalities. Chart six demonstrates the trends of sex of victims involved in all substantiated child maltreatment fatalities in Colorado over the last nine years.

Chart 6: Sex of Victims in all Substantiated Child Maltreatment Fatalities in Colorado over the Past Nine Calendar Years



Age at Time of Incident

A child's age has been a key risk factor associated with child maltreatment fatalities, and research continues to show that younger children are the most vulnerable to child maltreatment. National data continues to show that victims of fatal child maltreatment incidents tend to be younger, as 49.6% were under the age of 1, and 71.8% of all victims of child fatalities were age three or younger. Colorado's trends appear to follow the national trends. As displayed in Chart 7, 30.6% (11/36) of the fatalities involved victims younger than one year old, and 66.7% (24/36) were three or younger.

A similar pattern of younger-aged victims exists for the near fatalities, as 42.1% (8/19) of the victims were under the age of one, and 68.4% (13/19) were age three or under (see Chart 7). The pattern of age of victims of egregious incidents has followed its own trend within Colorado- the age of victims of egregious incidents were older than those victims most commonly associated with fatal and near fatal incidents of child maltreatment; however, in CY 2018, 63.6% of victims were three or younger.

Chart 7: Age of 77 Victims in Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in CY 2018

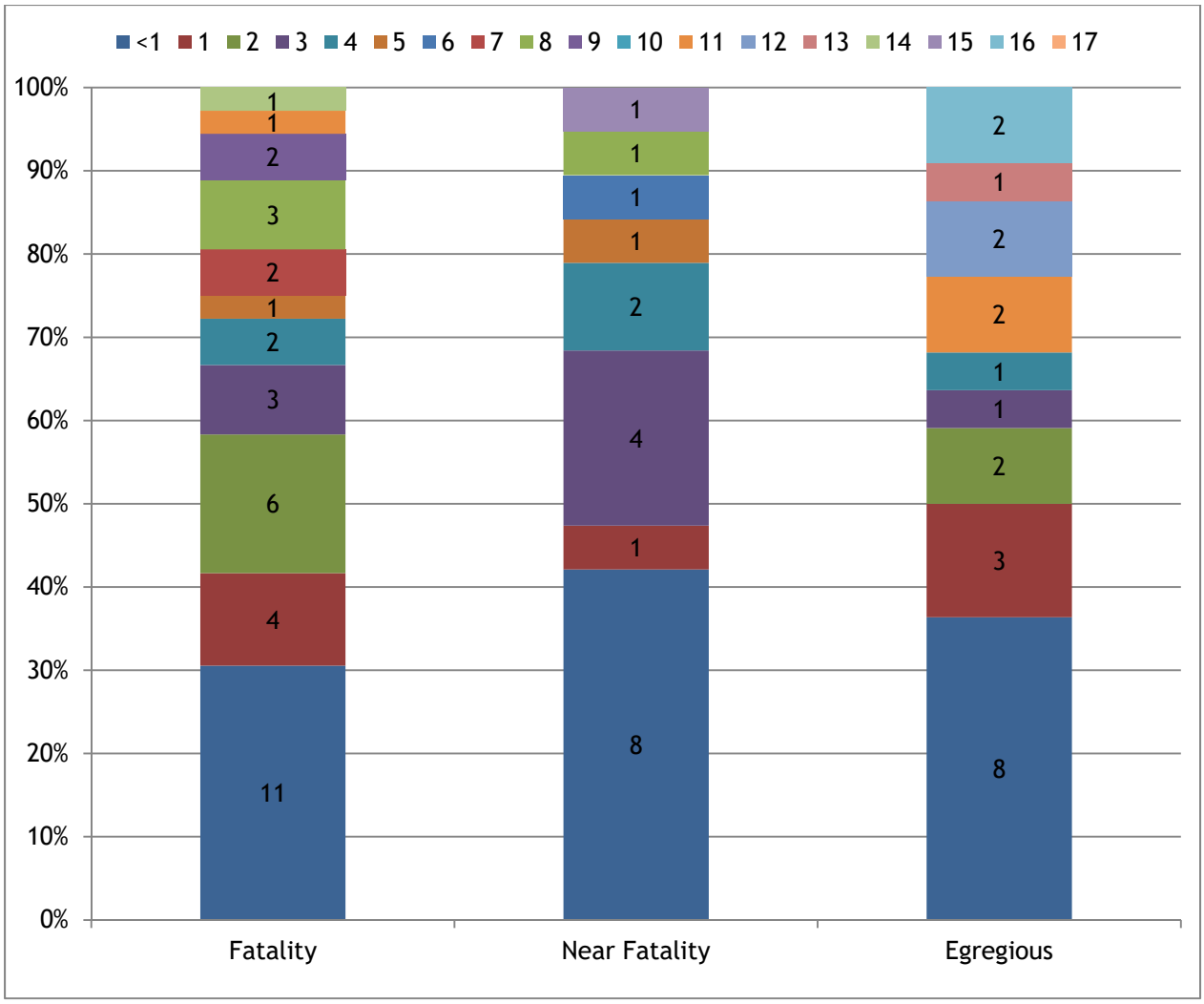
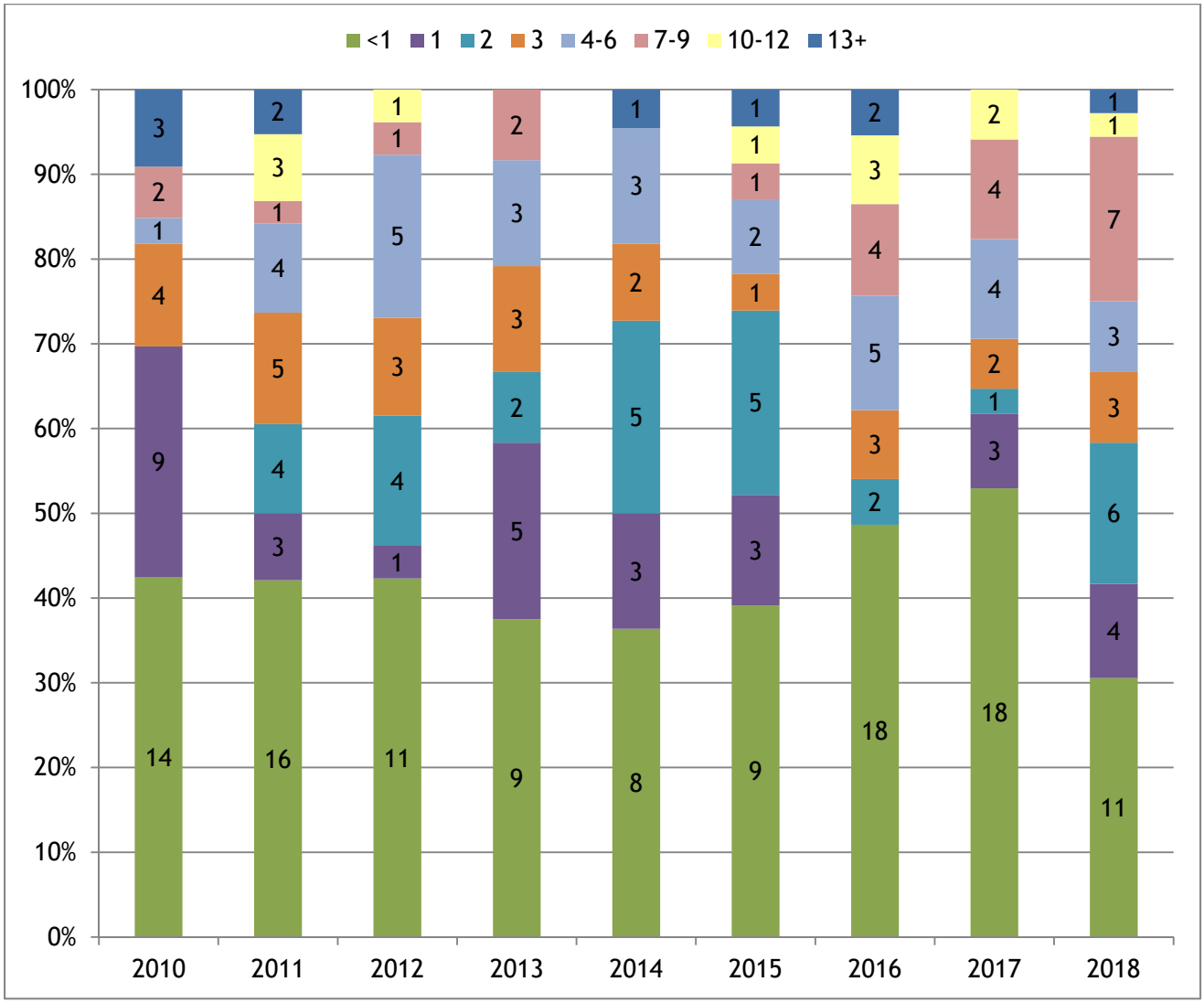


Chart 8 displays the trends in ages of victims in child maltreatment fatalities over the past nine calendar years. The data further depicts that children under the age of one year old are the most frequent victims of fatal child maltreatment.

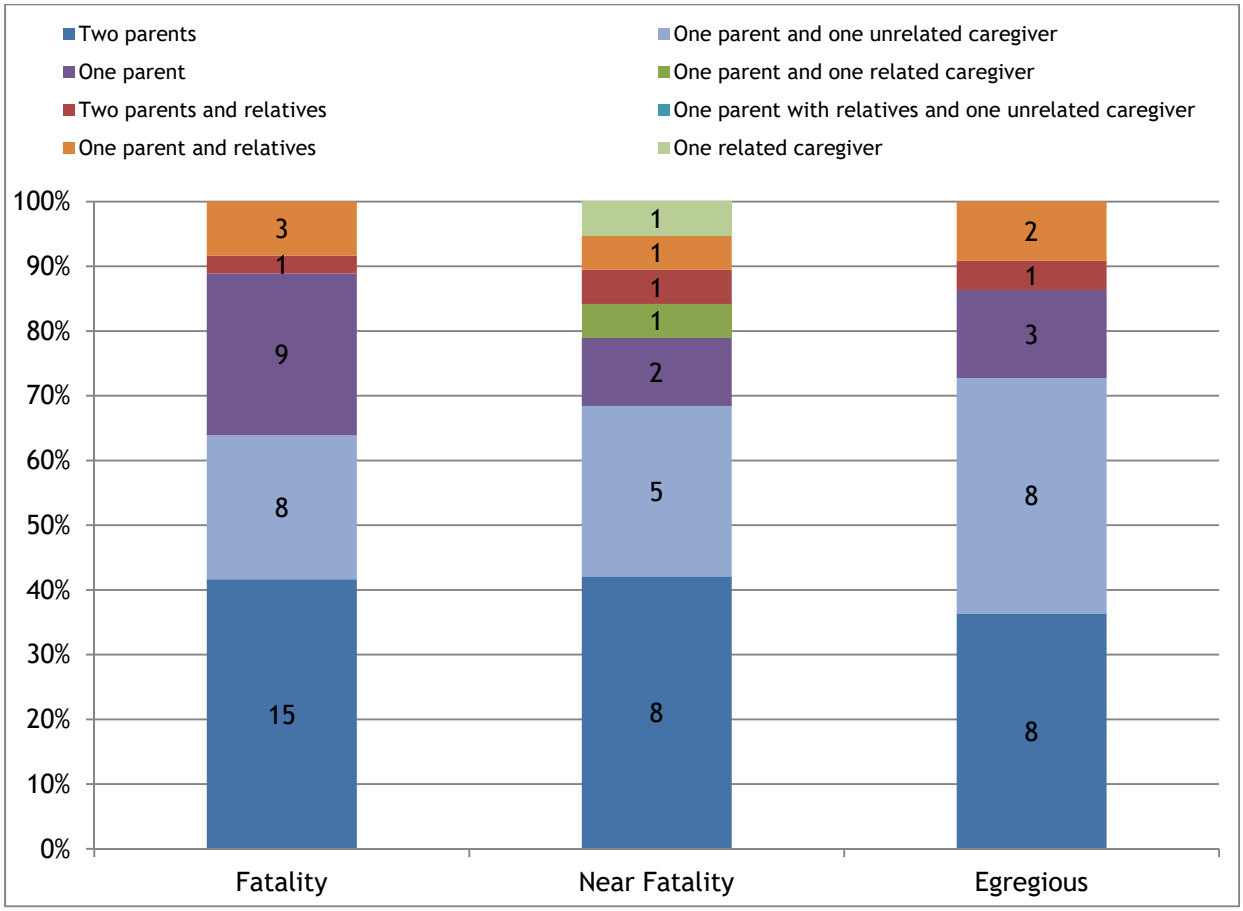
Chart 8: Age of Substantiated Victims in Child Maltreatment Fatalities in Colorado over the Past Nine Calendar Years



Family Structure

In 2018, 40.3% (31/77) of all children in fatal, near fatal, and egregious incidents of child maltreatment lived in a household with two parents (see Chart 9). This family structure was also the most frequent for incidents occurring in 2015, 2016 and 2017. The second most common type of family structure across all substantiated incidents in 2018 was one parent and one unrelated caregiver at 27.3% (21/77). Approximately 41.7% (15/36) of fatal incidents occurred for children in families with two parents.

Chart 9: Family Structure of 77 Victims of Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in 2018



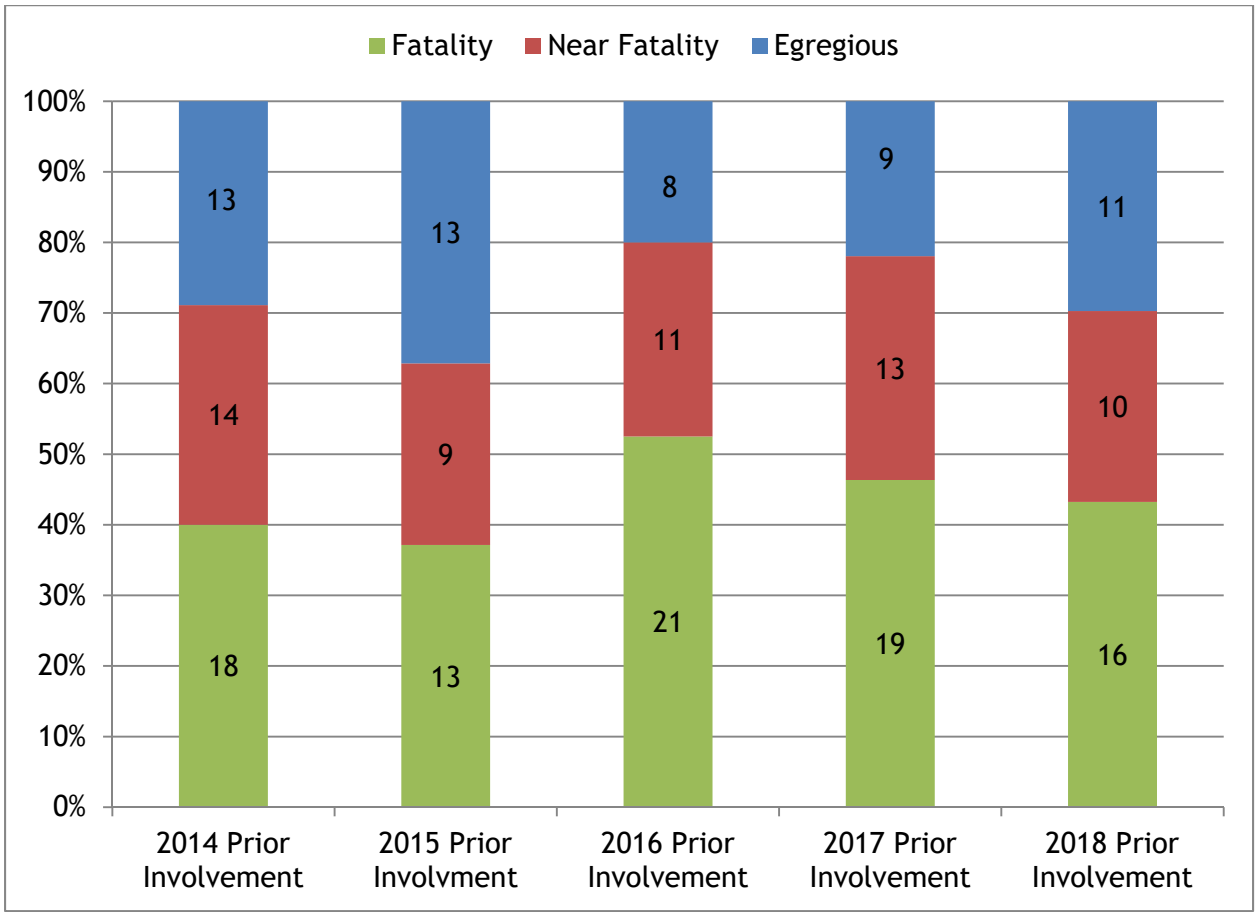
Prior Involvement

In CYs 2014-2018 the percentage of families in Colorado involved in a substantiated incident of fatal child maltreatment with prior involvement, within three years preceding the incident, has ranged between 35% and 82%. In 2018, 47.1% (16/34) of substantiated fatal child maltreatment incidents, the child, child's family, and/or alleged perpetrator had prior involvement with the child welfare system. In 2017, 61.3% (19/31) of fatal incidents substantiated for abuse or neglect had prior involvement with the child welfare system. In 2016, 60% (21/35) of families involved in substantiated fatal child maltreatment incidents had prior history and/or current involvement. In CY 2014, 82% of families involved in substantiated fatal incidents of child maltreatment had prior involvement within the last three years.

The number of families with prior history and/or current involvement for near fatalities and egregious incidents substantiated for child maltreatment has varied throughout the years. The percentage of families involved in near fatal incidents of child maltreatment, whom also had prior history and/or current involvement, fluctuated from 60% (9/15) in 2015, to 55% (11/20) in 2016, rose to 65% (13/20) in 2017, and dropped down to 55.6% (10/18) in 2018. Families involved in egregious child maltreatment incidents who had prior history and/or current involvement went from 68.4% (13/19) in 2015 to 50% (8/16) in 2016, remained at 50% (9/18)

in 2017, and rose to 57.9% (11/19) in 2018. Chart 10 details the trends in incidents with prior and/or current involvement for the past six 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 2012-2018*



** As the statutory changes over the prior years have modified the population of incidents requiring review, it limits the ability to interpret trends in the data for CY 2012 and 2013.*

Since 2014, given the statutory stability around the scope and definition of prior involvement, information related to prior involvement is available for analysis. Trends related to prior and/or current 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/intervention the family had within the child welfare system. For example, if a county department of human/social services received a referral regarding a family, and that referral was accepted for 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.

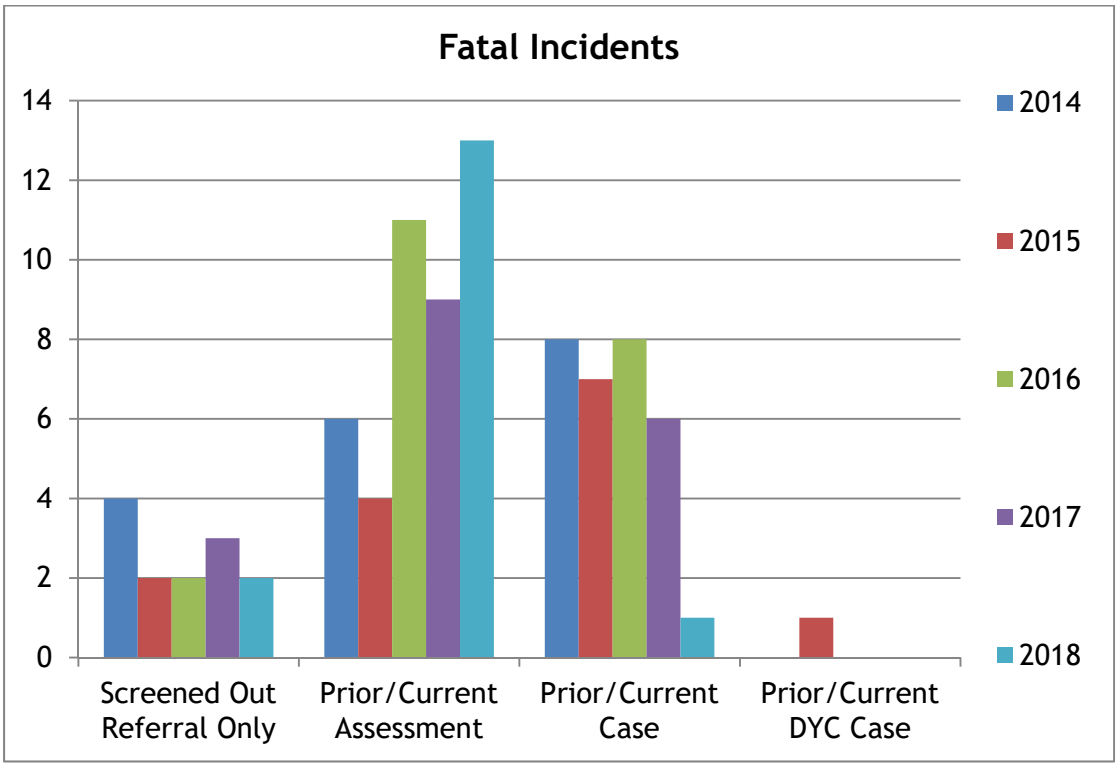
In 2018, the most common level of prior and/or current involvement with the child welfare system, for egregious, near fatal, and fatal incidents of child maltreatment, was a prior and/or current assessment.

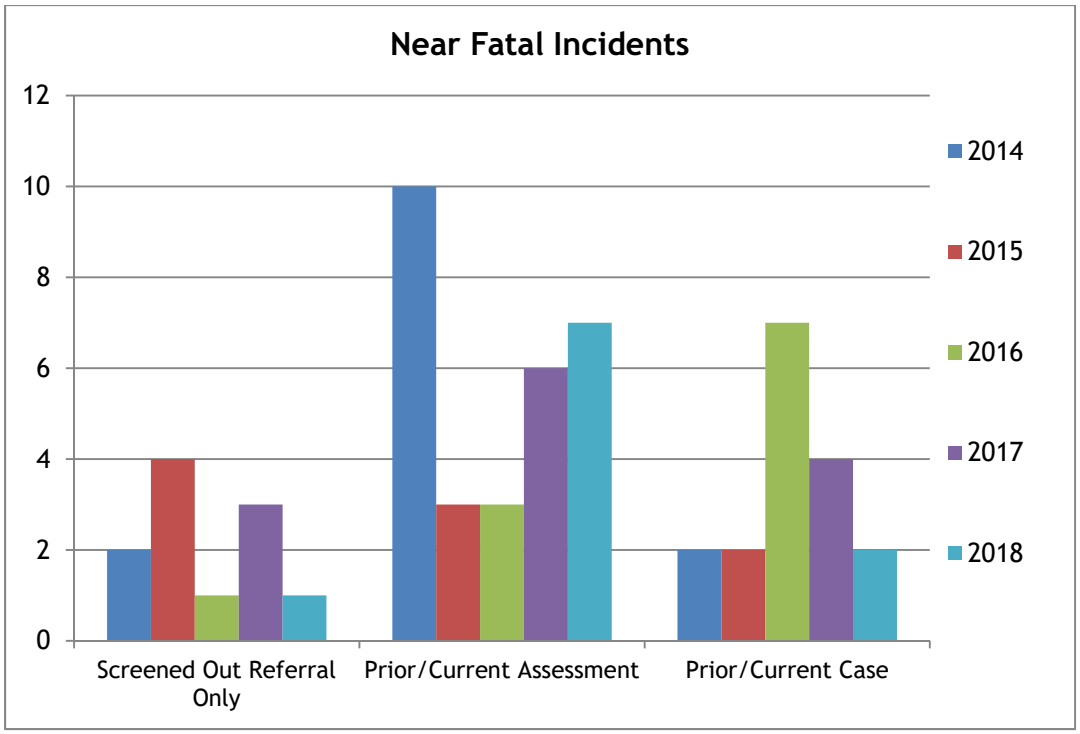
In 2018, 81.3% (13/16) of families involved with a fatal incident of child maltreatment had a prior and/or current assessment(s). This falls in line with trends noted in 2016 and 2017, where assessments were also the most common level of child welfare involvement in incidents of fatal child maltreatment. In 2015, case involvement was the most common level of prior history and/or current involvement for fatal incidents.

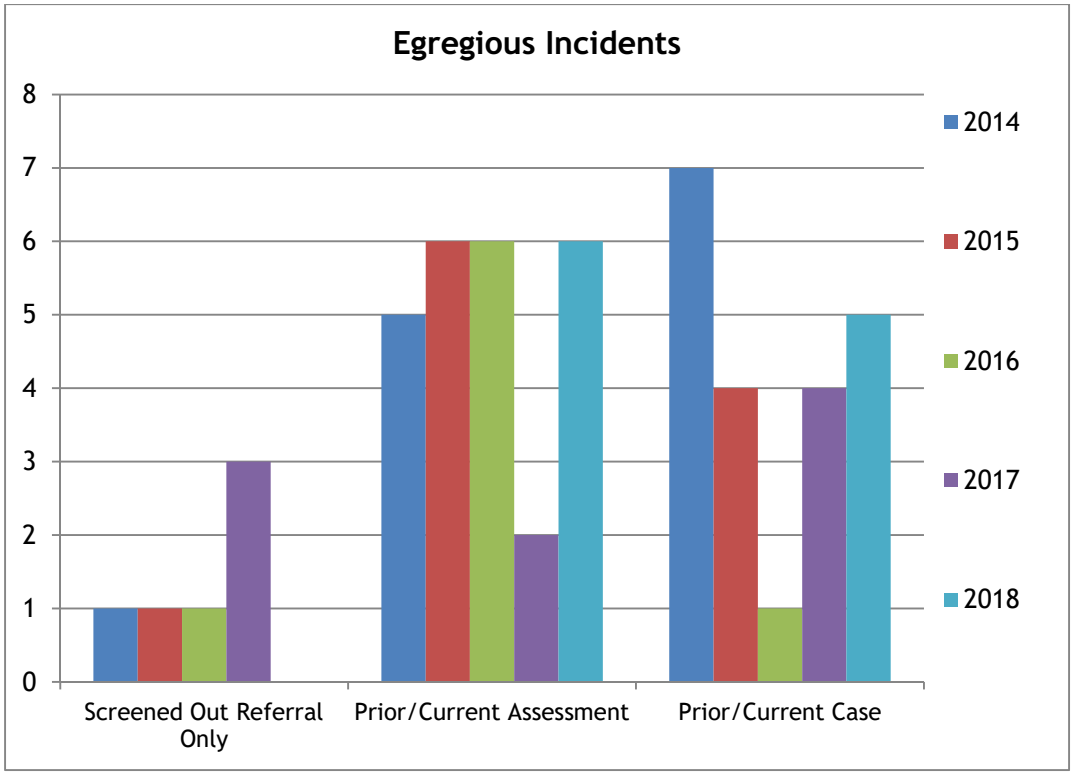
Near fatal incidents in 2018, fell in line with trends seen in 2017 and 2014 for prior and/or current involvement in fatal incidents of child maltreatment, with assessments as the most common level of prior and/or current involvement with the child welfare system (7/10; 70%). Conversely, in 2016, the most common level of prior and/or current involvement for incidents of near fatal child maltreatment was a current and/or prior case (7/11; 63.6%).

In 2018, the most common level of prior and/or current involvement in a families child welfare history associated with substantiated egregious incidents of abuse or neglect, was also a prior/current assessment (6/11; 54.6%), followed by a current/prior case (5/11; 45.4%). This was a change from 2017 and 2014, where the most common level of prior and/or current involvement in a family's child welfare history associated with substantiated egregious incidents of abuse or neglect, were a prior and/or current case.

Chart 11a-c: Detail of Prior Involvement of Families in Fatal, Near Fatal, and Egregious Incidents of Child Maltreatment




Near Fatal Incidents
12
10
8
6
4
2
0
2014
2015
2016
2017
2018
Screened Out Referral Only
Prior/Current Assessment
Prior/Current Case


Egregious Incidents
8
7
6
5
4
3
2
1
0
2014
2015
2016
2017
2018
Screened Out Referral Only
Prior/Current Assessment
Prior/Current Case

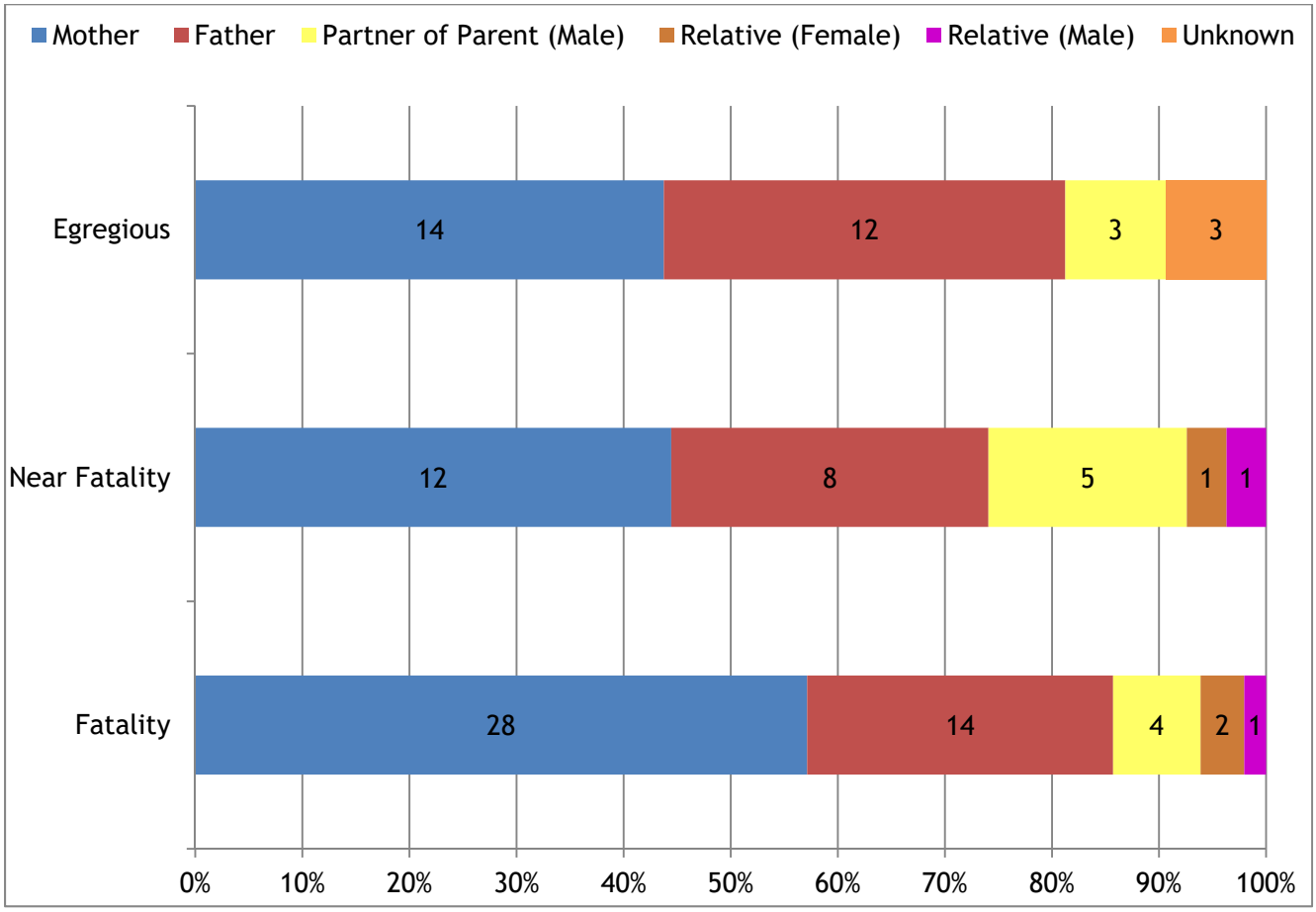
Perpetrator Relationship

A child's caregiver is most often the perpetrator of a fatal incident of child maltreatment, and it usually involves one or two parents. National data trends mark the mother as the most common perpetrator of a fatal incident of child maltreatment. In Colorado, for CY 2018, the mother was the most common perpetrator in fatal, near fatal, and egregious incidents of child maltreatment. The father was the second most common perpetrator, and the third most common perpetrator was a partner of parent (male). Chart 12 further 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 2018, mothers were the most common perpetrator 57.1% (28/49) across fatal incidents of child maltreatment. Fathers were identified as the second most common perpetrator at 28.6% (14/49). Across near fatal incidents, mothers were the perpetrator 44.4% (12/27) of the time, and 43.8% (14/32) of the time in egregious incidents of child maltreatment. Across all substantiated incidents in 2018, five perpetrators were unknown (three in an egregious incident, one in a near fatal incident, and one in a fatal incident), which means through assessment and investigation it was determined that abuse or neglect had occurred and a perpetrator of the incident was unable to be determined.

Chart 12 displays the relationship between the perpetrator(s) and the victim(s) of fatal, near fatal, or egregious incidents of child maltreatment.

Chart 12: Perpetrator Relationship to 77 Victims of Substantiated Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents in Colorado during CY 2018*



More than one perpetrator exists for several children.

Family Characteristics

Collecting and analyzing characteristics associated with families involved in incidents of fatal, near fatal, and/or egregious child maltreatment, can help the child welfare system and community better identify and understand risk factors, stressors, and contributing factors associated with such incidents. Income, education, public benefits, and stressors are outlined in the next sections of this report and includes data from fatal, near fatal, and egregious incidents reviewed by the CFRT in 2018 (34 incidents). Since this information is only collected for families when the incident of fatal, near fatal, or egregious child maltreatment meets the statutory criteria for review, the scope of analysis is limited. 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

Income and educational level of legal caregivers, as well as government assistance or services received by legal caregivers at the time of the incident, is required to be included in the final confidential case-specific executive summary for those incidents of fatal, near fatal, and egregious child maltreatment that met criteria for review by the CFRT. This information continues to prove difficult to collect and report on, as it was not always part of the available documentation from county departments of human/social services. Income and education level of caregivers are not variables consistently collected during child protection assessments. For example, there were 61 unique caregivers involved in fatal, near fatal, and egregious incidents of child maltreatment reviewed by the CFRT in 2018 (34 incidents); income information was only known for 16/61 of these individuals (26.2%). Of those caregivers with known income information, the average income for caregivers involved in fatal incidents is approximately $21,290, $15,600 for near fatal incidents, and $16,466 for egregious incidents.

Educational level was unknown for 39.3% (24/61) of the legal caregivers involved in fatal, near fatal, and/or egregious incidents of child maltreatment reviewed by the CFRT in 2018. The most common level of completed education of caregivers across fatal, near fatal, and egregious incidents of child maltreatment was a high school diploma. This accounted for 40.9% (25/61) of the caregivers with a known educational attainment level.

Supplemental Public Benefits

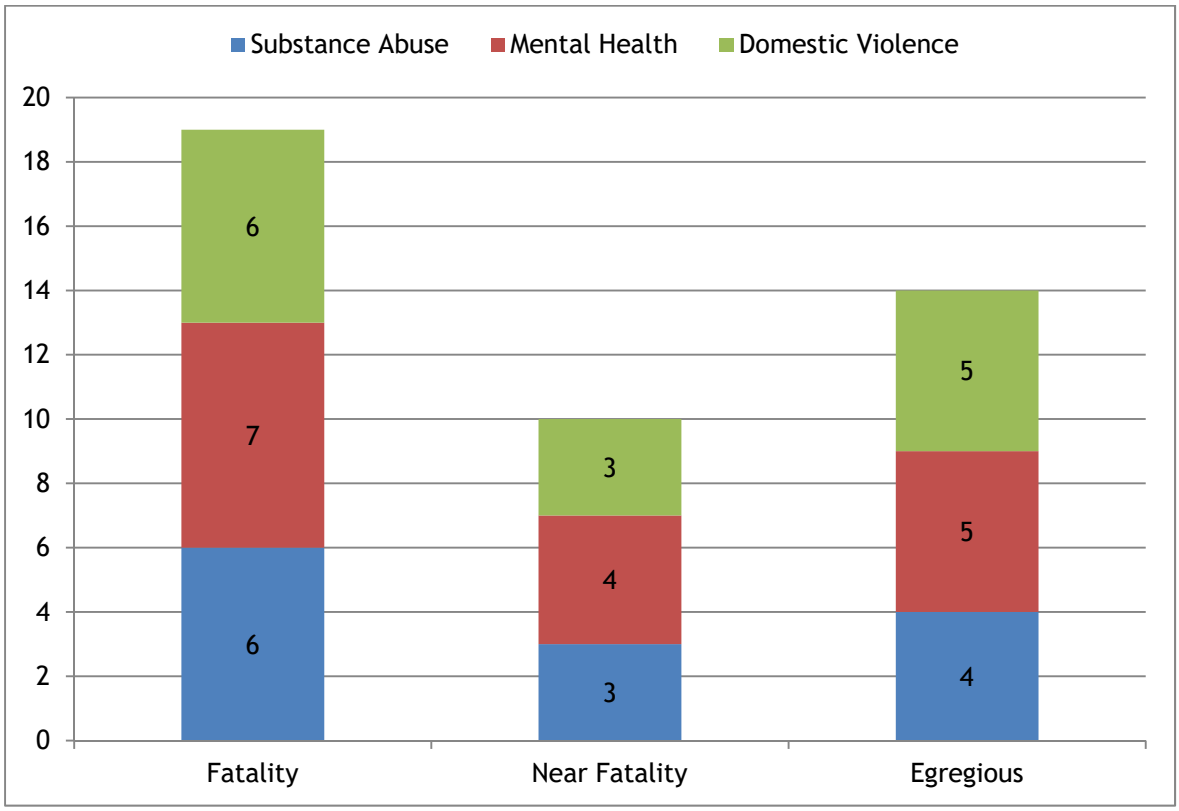
In CY 2018, information regarding supplemental public benefits were gathered for the 34 incidents of fatal, near fatal, and/or egregious child maltreatment reviewed by the CFRT. Information regarding supplemental public benefits is tracked by incident, rather than by the unique caregivers. Information collected indicated that the most frequently received supplemental benefit was Medicaid (26/34; 76.5%). In 16 of the 34 incidents reviewed (47.1%) families were receiving Supplemental Nutrition Assistance Program (SNAP) benefits. 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), Housing Assistance, and Child Care Assistance Program (CCAP).

Other Family Stressors

Substance abuse, mental health, and domestic violence are often identified as stressors for caregivers involved in fatal, near fatal, and egregious incidents of child maltreatment. There were 34 incidents reviewed by the CFRT in 2018; 14 fatal incidents, 11 near fatal incidents, and 9 egregious incidents. It is important to note that some incidents will not have any of the stressors identified during the review process, and others will have more than one identified. Of the families involved in a fatal child maltreatment incident, which met criteria for review by the CFRT, 42.9% (6/14) were identified to have had some history of identified domestic violence. Additionally, 50% (7/14) of families had some identified history of mental health issues. Chart 13 identifies stressors identified/associated with caregivers involved in fatal, near fatal, and egregious incidents of child maltreatment reviewed in 2018.

Nationally, in FFY 2017, 6.1% of child fatalities were associated with a caregiver known to abuse alcohol, while 17.4% of child fatalities had a caregiver who abused drugs. Of the families involved in a fatal child maltreatment incident, which met criteria for review by the CFRT, 42.9% (6/14) of families had identified past or current substance abuse issues.

Chart 13: Other Stressors in Families of the Child Maltreatment Fatalities, Near Fatalities, and Egregious Incidents Reviewed by the CFRT in 2018



Summary of CFRT Review Findings and Recommendations

This section summarizes the findings and recommendations of 37 non-confidential case-specific executive summary reports (hereafter referred to as reports). This includes 37 reports completed and posted to the CDHS public notification website after the cut-off date for inclusion in the 2017 CFRT Annual Report (4/1/2018) and prior to and including the cut-off date for inclusion in this year's report (3/31/2019). Each of the 37 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 37 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 multi-disciplinary 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 37 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 37 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 37 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 44 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) Engagement with Family, 3) Case Practice, 4) Safety, and 5) Services to Children and Families. The three systems most frequently mentioned were: 1) County Departments of Human Services (both alone and alongside other entities), 2) Medical Providers, and 3) Law Enforcement. Chart 14 provides a summary of these systemic strengths.

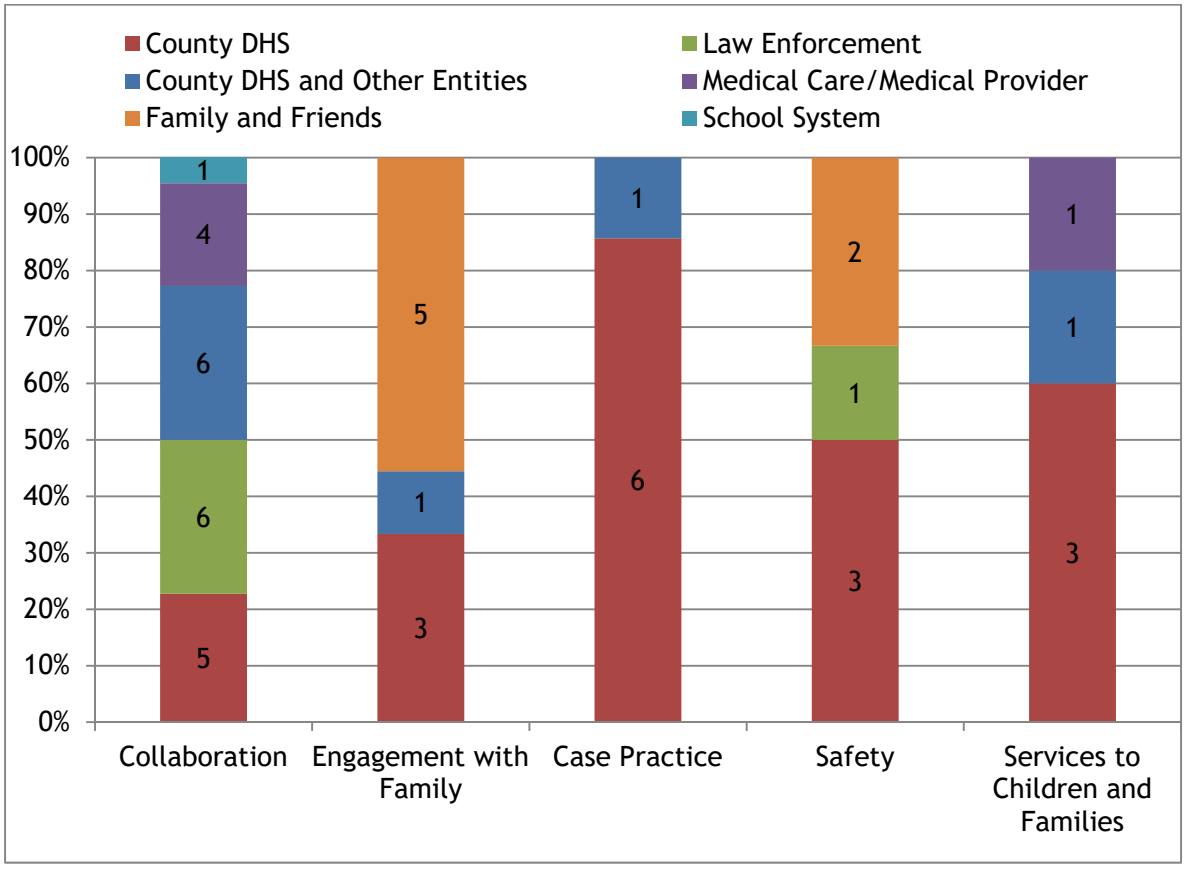
Collaboration

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 22 occasions across 19 reports. Most often, collaboration which occurred *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, law enforcement and medical providers, etc.) on 19 occasions. These collaborations often provided important information to the county child welfare professionals about the incident of child maltreatment, and helped to inform decisions regarding coordination of services and the outcome of the assessment.

Engagement of Family

Engagement of family members during the assessment was noted as a strength nine times across seven reports. County departments of human/social services were often recognized for engaging family members to find placements after an incident of egregious, near fatal, and/or fatal incident of child maltreatment and connecting families. This involved efforts to engage with parents after the incident occurred, ensure surviving sibling's safety, and finding relatives, instead of foster homes, for placement. 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 future safety and permanency of the children.

Chart 14: Strengths Identified by the CFRT Review Process



Case Practice

The CFRT identified caseworkers who excelled in case practice seven different times (across three reports) following fatal, near fatal and egregious incidents of child maltreatment. Some examples of case practices that were identified as strengths included: the use of group supervision and conducting thorough internal reviews to identify strengths and areas needing improvement. Lastly, the CFRT identified the use of timelines and thorough reviews of a family's child welfare history as strengths related to case practice. A thorough analysis of risks, strengths, and prior child welfare involvement can help inform decisions regarding child safety, future risk of maltreatment, and necessary interventions.

Safety

The CFRT identified 6 instances across five reports where systems surrounding children and families provided excellent work in the promotion of child safety. Oftentimes, DHS' efforts to assess, advocate for, and achieve safety for the victim and/or surviving siblings was notable.

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 nine times across five reports. Service provision often included services that were provided to the family as a result of the egregious, near fatal, and/or egregious incident of child maltreatment, which included

but were not limited to: medical evaluations, developmental assessments, referrals for therapeutic and/or trauma informed services, etc.

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

In the 37 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, 2018 and March 31, 2019, the CFRT identified 28 gaps and deficiencies in the delivery of services to children and families. Systemic gaps and deficiencies were organized into to the following categories: 1) Practice and/or Policy, 2) Training and Technical Assistance, 3) Implementation of Safety and Risk Assessment Tools, 4) Trails, and 5) 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 37 incident reviews, as well as information about their implementation status.

Practice or Policy

The CFRT noted particular county-specific issues with practice and state policy eight times across the 37 reports. Several of the recommendations indicated the need for the Division of Child Welfare to provide additional guidance, or to establish protocol for various rules and/or policies outlined in Volume 7. An example included the need for DCW to provide additional guidance to county departments of human/social services regarding the circumstances when the county cannot locate a family. Another example was a recommendation related to the need for additional practice guidance regarding fatalities with no surviving siblings.

Safety and Risk Assessment Tools

A systemic deficiency identified by the CFRT, four times across the 37 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 13 policy findings related to the use of the safety and risk assessments. 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 Colorado Family Safety and Risk Assessment Tools in January 2017.

Unique Issues

The remaining gaps identified by the CFRT did not constitute overall trends across the 37 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

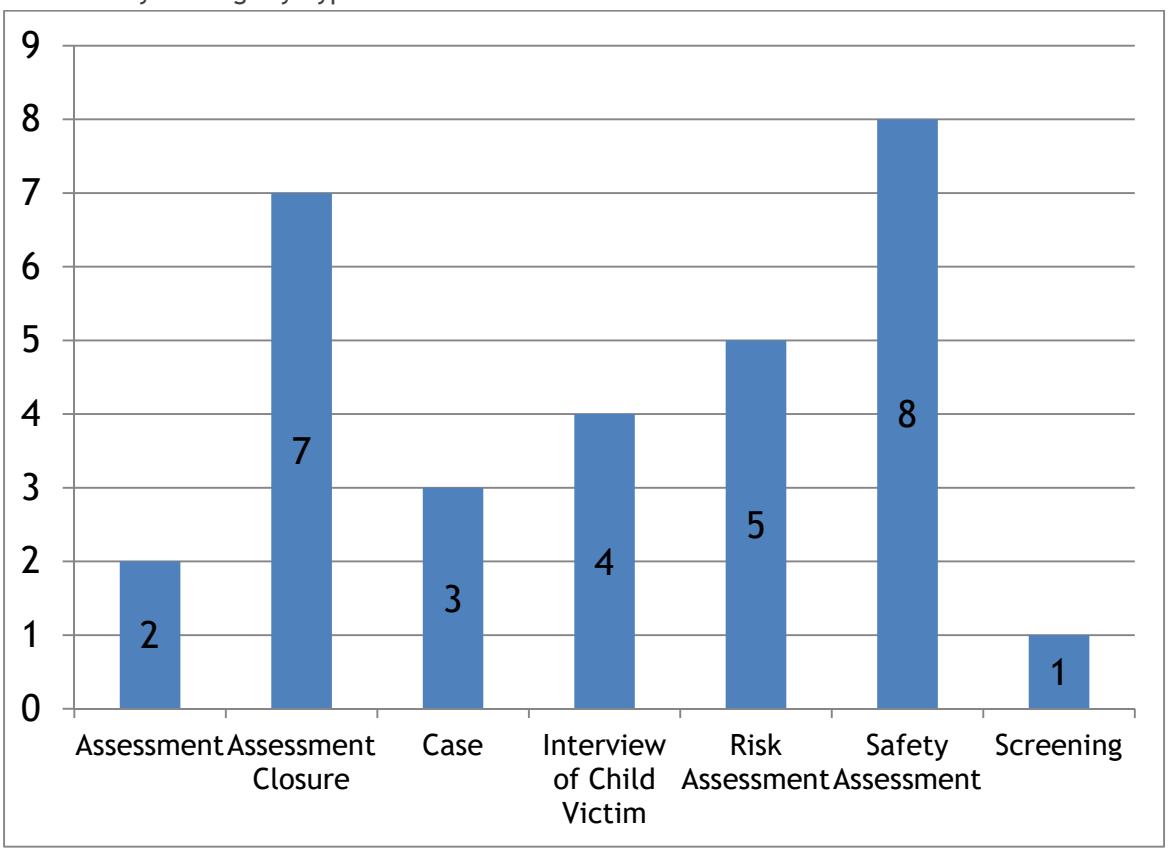
The CFRT staff methodically reviewed county agency documentation regarding the assessment of the fatal, near fatal, and egregious incidents of child maltreatment and prior involvement. In each review, the CFRT staff identified areas of noncompliance with Volume 7 and the Colorado Revised Statutes.

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 were 30 policy findings from 37 reports posted between the cutoff for the 2017 CFRT Annual Report (4/1/2018) and the 2018 Annual report (3/31/2019) that resulted in recommendations. The majority of these policy findings can be categorized into 7 areas of practice: 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) timeliness of interviewing or observing children alleged to have been abused and/or neglected, and 7) practice related to assessments of reports of child maltreatment. The frequency by type of policy finding is contained in Chart 15.

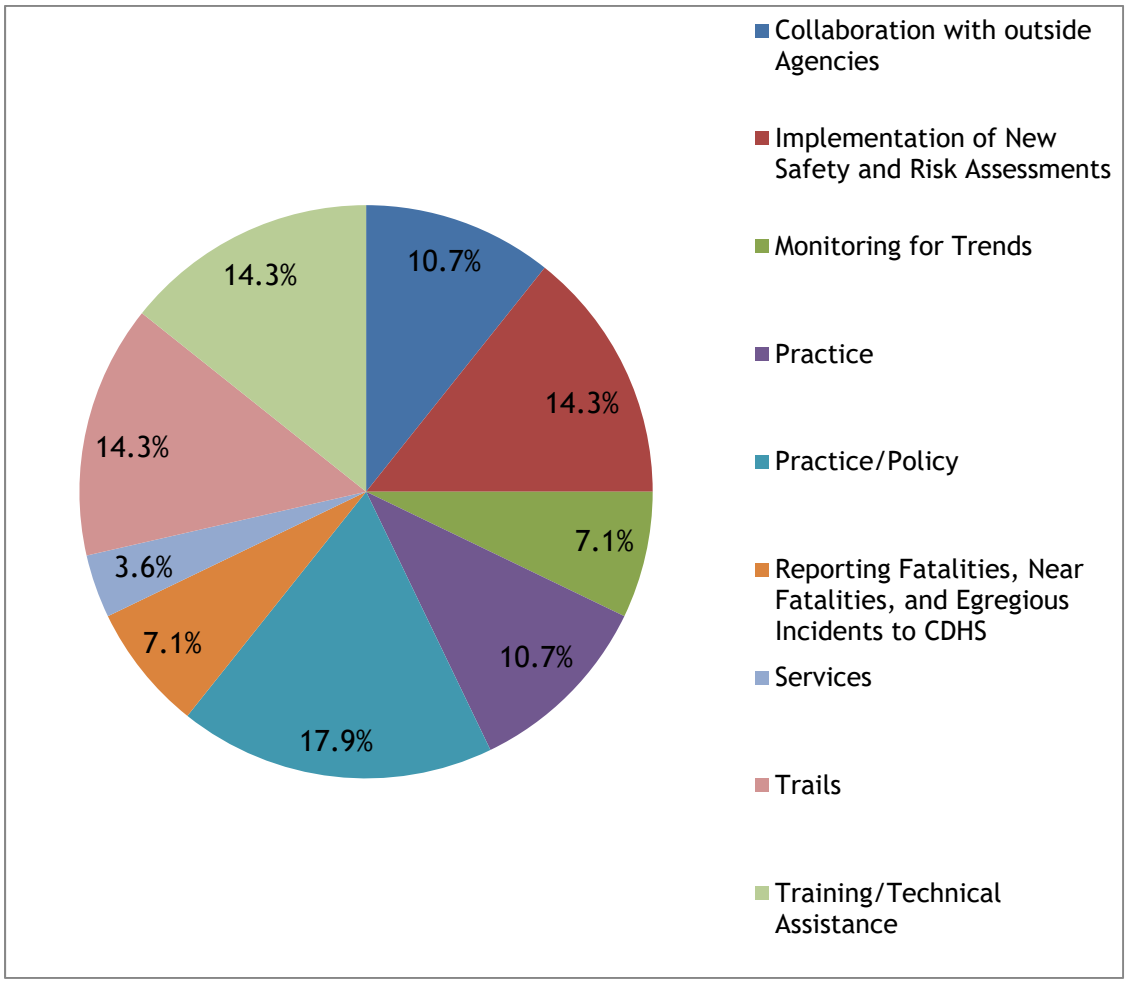
Chart 15: Policy Findings by Type



Recommendations from Posted Reports

A total of 58 recommendations were made across the 37 posted reports posted between 4/1/2018 and 3/31/2019. This included 28 related to systemic gaps and deficiencies and 30 related to policy findings. As illustrated in Chart 16, the top areas of recommendations are related to: 1) Policies or specific practices; 2) Training and technical assistance from DCW to county departments; 3) Safety and Risk Assessments; and 4)Trails.

Chart 16. Focus of Recommendations in the 37 Reports Posted Between 4/1/2018 and 3/31/2019



While several recommendations were reviewed in this report, the full texts of all 58 are contained in Appendix C, as well as the status of the progress on these recommendations. As illustrated in Chart 17, 74.5% of the recommendations have been completed, 15.5% are in progress, and 6.9% of recommendations were considered and not implemented. 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 spreadsheet is an ongoing process, so a small number of recommendations 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 tracking

spreadsheet. This year, 24.1% of the recommendations were not started at the time of this report.

Chart 17: Status of Recommendations(n=58) for Reports Posted Between 4/1/2018 and 3/31/2019

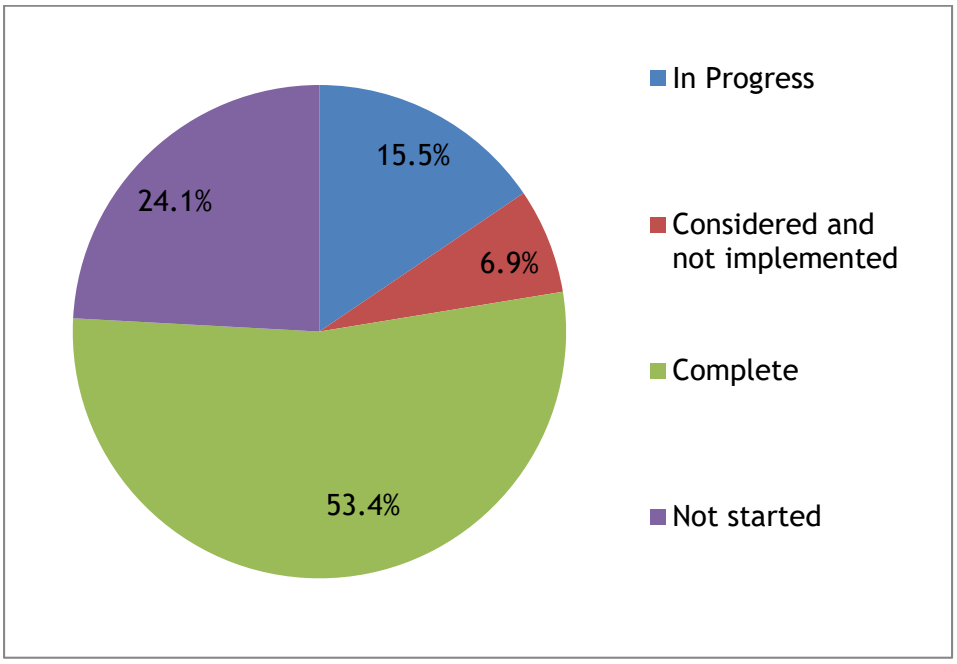
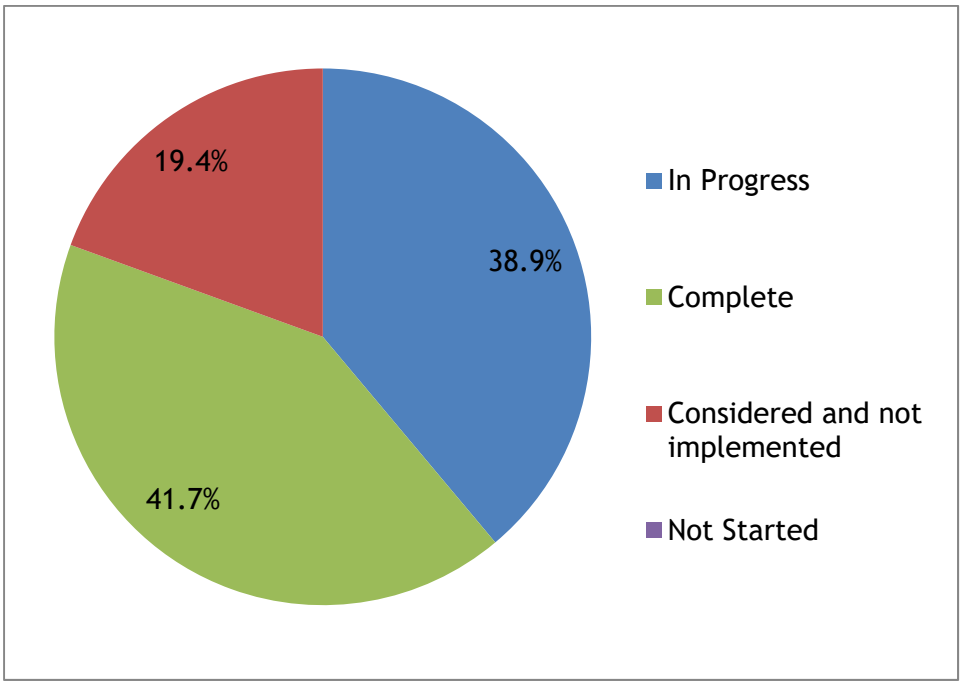


Chart 18: Status of Recommendations(n=36) Not Previously Completed From Reports Posted Prior to 4/1/2018



An update on the implementation status of the 36 recommendations presented in the 2017 CFRT Annual Report that were not completed at that time is presented in Appendix D.

Status of 2017 CFPS and CFRT Joint Recommendation

In 2017, the CFPS and CFRT made a joint recommendation regarding the need to raise awareness and provide education to child welfare providers and community agencies on safe firearm storage to prevent child deaths involving firearms. In an effort to implement the joint recommendation, CFPS and CFRT presented to several stakeholders including Child Abuse and Neglect Public Awareness Campaign and provided testimony to the Early Childhood School Readiness Legislative Committee in CY 2018. CFRT and CFPS also collaborated with Illuminate Colorado who secured funding to produce several safe storage briefs based on the joint recommendation outlining safe firearm storage to be shared with in-home service providers and families. Additionally, CDHS' Division of Child Welfare is working with the Child Welfare Training System to conduct a continuous quality improvement process to assess if and how firearm safety is currently covered by trainings offered in the system and where it could be incorporated.

CDPHE and CDHS Joint Recommendations to Prevent Child Maltreatment

Support policies that ensure access to quality, affordable child care, especially for infants and young children.

Pursuant to C.R.S. 25-20.5-407 (1) (i), the Child Fatality Prevention System (CFPS) State Review Team collaborates with the Colorado Department of Human Services (CDHS) Child Fatality Review Team (CFRT) to make joint recommendations for the prevention of child fatalities. In an effort to collaboratively identify a joint recommendation for the 2019 Legislative Report, CFRT and CFPS completed a methodical, joint review of the 79 fatal incidents from 2013 to 2017, which met the review criteria for both systems and identified trends associated with the circumstances surrounding these deaths. The joint review revealed that lack of access to quality, affordable child care is a contributing factor in these deaths.

The CDHS CFRT reviews incidents of fatal, near fatal or egregious abuse or neglect determined to be a result of child maltreatment, when the child or family had previous involvement with the child welfare system within the last three years. The process includes a review of the incident, identification of contributing factors that may have led to the incident, the quality and sufficiency of service delivery from state and local agencies and the families' prior involvement with the child welfare system. As a result of identified strengths, as well as systemic gaps and/or deficiencies, recommendations are put forth regarding policy and practice considerations that may help prevent future incidents of fatal, near fatal or egregious abuse or neglect, and/or strengthen the systems which provide direct service delivery to children and families.

Child care is an important protective factor against family stress that can improve family functioning and prevent child maltreatment. Subsidized child care has been shown to decrease child maltreatment, including both abuse and neglect.[30] In families where caregivers experience less economic strain and decreased stress, child maltreatment is less likely to occur.[29] Quality child care often includes not only care, but also access to opportunities for early learning and education that impact infant and child development for children under 5 years old, encourages family engagement, and allows caregivers to work outside the home which contributes to family economic stability.[28]

Despite the demonstrated positive impact of child care, the high cost of child care in Colorado is a major barrier for families of all incomes, but it can be especially difficult for families with the lowest incomes to afford quality care. Child Care Aware of America estimates that in Colorado the annual cost of center-based child care is $14,950, and the annual cost of home-based child care is $10,522, while the annual cost of college tuition at a four-year college is $10,797.27. Married caregivers of 2 children living at the poverty line pay 110 percent of their household income for center-based child care in Colorado.[27]

During the 2019 legislative session, state policymakers committed to understanding and addressing lack of access to child care in Colorado by passing several bills. House Bill 19-1005 Early Childhood Educator Tax Credit establishes a refundable, annual tax credit for credentialed early childhood educators working at qualified facilities, and Senate Bill 19-063 requires the development of a strategic action plan to address the shortage of infant child care and family-home child care. House Bill 19-1262 State Funding For Full-day Kindergarten increases access to full-day kindergarten and ensures that caregivers are not charged

kindergarten tuition. House Bill 19-1013 Child Care Expenses Tax Credit Low-income Families, which extends existing tax credits for families earning less than $25,000 annually. Lastly, House Bill 19-1193 Behavioral Health Supports for High-Risk Families creates a pilot program to provide child care services to pregnant or parenting individuals seeking or participating in substance use disorder treatment.

Between 2013 and 2017, CFPS identified 223 child maltreatment deaths, which might have been prevented had quality, affordable child care been available to all families that needed it. State and local policymakers and organizations have an opportunity to further support strategies that ensure access to quality, affordable child care by:

- Increasing funding for child care assistance programs, specifically Colorado Child Care Assistance Program (CCCAP), to expand access to more families with infants and young children.
- Expanding enrollment in child care support subsidies through Colorado Works/Temporary Assistance to Needy Families (TANF) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that support families in working and being able to afford child care.[31]
- Passing policies that provide training and education to family, friend, and neighbor caregivers to increase quality of care in licensed-exempt settings, as some families may choose to use alternative care options because of the high cost of child care.
- Support participation by more social service programs in Colorado PEAK, the centralized system in Colorado where families can be screened and apply for a variety of economic supports, including assistance for medical care services, food and cash assistance, and early childhood programs.[32]
- Dedicate additional resources to support child care workforce development to increase the number of child care slots in Colorado and the quality of care provided by well-trained professionals.

Equity Considerations:

- Lack of affordable, quality child care, especially for infants and those under 5 years of age, disproportionately impacts families with the lowest incomes as they are not able to afford child care in our state, which may lead to increased familial stress, financially and emotionally, and may leave families with few options for who can care for their infants and young children.

For more information, view the CFPS child maltreatment data brief: www.cochildfatalityprevention.com/p/reports.html.

CITATIONS

[27] Child Care Aware of America. (2018). Colorado, Cost of Child Care. Retrieved from https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/

[28] Executive Office of the President Council of Economic Advisers. (2016). Inequality in early childhood and effective public policy and effective public policy interventions. In Economic report of the president (Chapter 4). Retrieved from https://www.gpo.gov/fdsys/pkg/ERP-2016/pdf/ERP-2016-chapter4.pdf

[29] Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). Preventing child abuse and neglect: A technical package for policy, norm, and programmatic

activities. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf

[30] Association of State and Territorial Health Officials (ASTHO). (n.d.). Essentials for childhood: Policy guide. Retrieved from http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/

[31] Association of State and Territorial Health Officials (ASTHO). (n.d.). Essentials for childhood: Policy guide. Retrieved from http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/

[32] Association of State and Territorial Health Officials (ASTHO). (n.d.). Essentials for childhood: Policy guide. Retrieved from http://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/

Appendix A: 2018 CFRT Attendance

CFRT Member* *Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT.*	1.8.18	2.5.18	3.5.18	4.2.18	5.7.18	6.4.18	7.2.18	8.6.18	9.10.18	10.1.18	11.5.18	12.3.18
Lucinda Connelly *CDHS, Child Protection Manager*	Yes	No Case Reviews Held	Yes	Yes	Yes	By phone	Yes	Yes	No	Yes	Yes	Yes
→**Backup:** Laura Solomon/Matt Holtman (eff. 10/1/2018)	---		---	---	---	---	---	---	No	---	---	---
Brooke Ely-Milen *CDHS, Domestic Violence Program Director*	Yes		Yes	Yes	Yes	No	By phone	Yes	By phone	Yes	Yes	No
Allison Gonzales *Administrative Review Division, Manager*	Yes		---	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
→**Backup:** Marc Mackert	---		Yes	---	---	---	---	---	---	---	---	---
Kate Jankovsky *CDPHE, Child Fatality Prevention System Coordinator*	Yes		Yes	By Phone	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Christal Garcia *CDPHE, Violence and Injury Prevention*	Yes		Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Elizabeth "Betty" Donovan *Gilpin County DHS Director (CCI appointment)*	No											
Lora Thomas *Douglas County Commissioner(appointed 3/15/2018)*				Yes	Yes	No	Yes	Yes	No	By phone	By phone	Yes
Casey Tighe *Jefferson County Commissioner*	Yes		No	Yes	Yes	No	Yes	No	Yes	By phone	By phone	By phone
Dave Potts *Chaffee County Commissioner*	No		By phone	Yes	By phone	By phone	Yes	---	No	By phone	No	No
→**Backup:** Keith Baker			---	---	---	---	---	Yes	No	---	No	No
Senator Jim Smallwood *Senate Majority Leader appointment*			No	No	No	No	Yes	Yes	No	No	No	No
Representative Jonathan Singer *House of Representatives Majority Leader appointment*	By phone		By phone	By phone	No	Yes	Yes	No	No	No	By phone	No

CFRT Member* *Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT.*	1.8.18	2.5.18	3.5.18	4.2.18	5.7.18	6.4.18	7.2.18	8.6.18	9.10.18	10.1.18	11.5.18	12.3.18
Stephanie Villafuerte *Office of Colorado's Child Protection Ombudsman*	No	No Case Reviews Held	No	No	No	No	No	No	No	No	No	No
→**Backup:** Sabrina Burbidge	No		No	No	No	No	No	No	No	No	No	No
Sgt. Brian Cotter *Denver Police Department*	No		By phone	By phone	Yes	No	No	No	No	By phone	No	Yes
Dr. Andrew Sirotnak *Professor of Pediatrics, University of Colorado School of Medicine Director, Child Protection Team at Children's Hospital Colorado*	Yes		Yes	By phone	Yes	No	Yes	No	By phone	Yes	No	Yes
→**Backup:** Dr. Antonia Chiesa	---		---	---	---	No	---	---	---	---	No	---
Amy Ferrin *Deputy District Attorney, 18th Judicial District*	By phone		No	Yes	Yes	By phone	No	Yes	By phone	Yes	By phone	Yes
Mara Kailin, PsyD *Aurora Mental Health Center, Director*	No		Yes	Yes	Yes	Yes	No	Yes	No	---	Yes	Yes
→**Backup:** Kathy Snell	No		---	---	---	---	No	---	No	Yes	---	---
Susan Colling *CO Division of Probation Services*	No		No	No	No	No	No	No	No	No		
Angel Weant *CO Division of Probation Services(appointed 10/25/2018*											No	No
→**Backup:** Dana Wilks	No		No	No	No	No	No	No	No	No	No	No
Don Moseley, *Ralston House Child Advocacy Center, Director*	No		Yes	Yes	By phone	No	Yes	Yes	No	Yes	No	No

CFRT Member* **Grayed-out months indicate an individual was not appointed for participation at the time of the CFRT.*	1.8.18	2.5.18	3.5.18	4.2.18	5.7.18	6.4.18	7.2.18	8.6.18	9.10.18	10.1.18	11.5.18	12.3.18
Dan Makelky, *Douglas County Department of Human Services*	---	No Case Reviews Held	---	---	---	---	---	---	---	---	---	---
→**Backup:** Ruby Richards/Nicole Becht	Yes		Yes	Yes	Yes	Yes	Yes	Yes	By phone	Yes	By phone	Yes
Michelle Dossey *Arapahoe County Department of Human Services*	Yes											
→**Backup:** Jessica Williamsen	---											
Angela Mead *Larimer County Human Services (appointed 3/20/2018)*				Yes	Yes	Yes	Yes	Yes	By phone	No	By phone	No
Shirley Rhodus *El Paso County Department of Human Services*	Yes											
Jill Calvert *El Paso County Department of Human Services*			Yes	Yes	No	No	Yes	Yes	By phone	---	---	By phone
→**Backup:** Krystal Grint			---	---	No	No	---	---	---	Yes	Yes	---
Cheryl Hyink *Administrative Review Division Staff*	Yes		Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
James Martinez *Administrative Review Division Staff*	Yes		Yes									
Angela Myers *Administrative Review Division Staff*							Yes	Yes	Yes	Yes	Yes	Yes
Len Newman *Administrative Review Division Staff*	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	By phone	Yes	Yes
Libbie McCarthy *Attorney General's Office*	Yes		---	Yes	Yes	By phone	---	---	By phone	Yes	By phone	Yes
→**Backup:** Anita Schutte/Sarah Richelson	---		Yes	---	---	---	Yes	Yes	---	---	---	---

Appendix B: 2012-2018 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	2017 Total	2018 Total
	2012	2013	2014	2015	2016	2017	2018	2012	2013	2014	2015	2016	2017	2018	2012	2013	2014	2015	2016	2017	2018							
Adams	2	2		2	1	2	2			1		3	1			3	2			1	1	2	5	3	2	4	4	3
Alamosa																1							1					
Arapahoe		2	1	1	4	1	2				1		2			1		2	1	1	2		3	1	4	5	4	4
Archuleta							1									1	1						1	1				1
Broomfield						1																					1	
Boulder		1	1						1		1	2									1		2	1	1	2		1
Chaffee						1																					1	
Clear Creek			1																					1				
Denver	1	1	4	1	1		2	1	3	3	3	1	1	2		7	3	3	3	3	4	2	11	10	7	5	4	8
Douglas					1	1							1						1							2	2	
Eagle	1			1																		1			1			
El Paso	2	1	2		4	4	4		1	1	1	1	5	2	1		1	1	1	1	1	3	2	4	2	6	10	7
Fremont										1						1	2	1			1		1	3	1			1
Garfield				1																					1			
Huerfano			1																					1				
Jefferson			2	2	2	3				4		1	1	1		2	1	3					2	7	5	3	4	1
La Plata					1		1				1		1	1						1					1	1	2	2
Larimer			1	1	1	3	1									4		2					4	1	3	1	3	1
Las Animas				1																					1			
Lincoln																		1							1			
Logan	1		1																			1		1				
Mesa	1		1	1	2		1		1		1			2								1	1	1	2	2		3
Moffat					1		1					1														2		1
Montezuma					1												1							1		1		
Montrose					1																					1		
Morgan			1						1	1		1								1			1	2		1	1	
Otero						1		1		1												1		1			1	
Park					1																					1		
Phillips		1																					1					
Pitkin																	1							1				
Pueblo	1		1				1		1	2	1	1				1	1			1		1	2	4	1	1	1	1
Rio Blanco														1														1
Routt			1										1						1					1		1	1	
San Miguel						1																					1	
Teller														1														1
Weld		1		1		1													1		1		1		1	1	1	1
Total	**9**	**9**	**18**	**12**	**21**	**19**	**16**	**2**	**8**	**14**	**9**	**11**	**13**	**10**	**1**	**21**	**13**	**13**	**8**	**9**	**11**	**12**	**38**	**45**	**34**	**40**	**41**	**37**

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

Appendix C: Recommendations from 2018 Posted Reports

CFRT ID	Recommendation Type	Recommendation	Status
18-012	Policy Finding	The policy finding related to the Colorado Family Safety Assessment Tool not being completed when required does reflect a systemic practice issue for 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 from September 17, 2017, to March 17, 2018, DDHS completed the Colorado Family Safety Assessment Tool when required 51.8% of the time, which is below the Ten Large County average (not including DDHS) of 79.6% for a comparable time span. It is recommended that DDHS employ a process in which barriers to completing the Colorado Family Safety Assessment Tool when required are identified and solutions to the identified barriers are implemented.	In Progress
18-012	Policy Finding	Additionally, the policy finding related to the Colorado Family Safety Assessment Tool not being completed with all required individuals does reflect a systemic issue for DDHS. In a recent review of a generalizable random sample of assessments that were conducted during a period from September 17, 2017, to March 17, 2018, DDHS completed the Colorado Family Safety Assessment accurately with all required individuals in 69.6% of assessments, which is below the Ten Large County average (not including DDHS) of 89.5% for a comparable time span. It is recommended that DDHS employ a process in which barriers to completing the Colorado Family Safety Assessment Tool with all required individuals are identified and solutions to the identified barriers are implemented.	In Progress
18-012	Policy Finding	The policy finding related to the Colorado Family Safety Assessment Tool not being completed accurately in accordance with Volume 7 does reflect a systemic practice issue for 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 from September 17, 2017, to March 17, 2018, DDHS completed the Colorado Family Safety Assessment Tool accurately 30.4% of the time, which is below the Ten Large County average (not including DDHS) of 35.2% for a comparable time span. It is recommended that DDHS employ a process in which barriers to accurately completing the Colorado Safety Assessment Tool are identified and solutions to the identified barriers are implemented.	In Progress

18-012	Policy Finding	The policy finding related to the inaccurate completion of the Colorado Family Risk Assessment Tool does reflect a systemic issue for DDHS. In a recent review of a generalizable random sample of assessments that were conducted during a period from September 17, 2017, to March 17, 2018, DDHS completed the Colorado Family Risk Assessment Tool accurately in 39.3% of assessments, which is below the Ten Large County average (not including DDHS) of 50.9% for a comparable time span. It is recommended that DDHS employ a process in which barriers to accurately completing the Colorado Family Risk Assessment Tool are identified and solutions to the identified barriers are implemented.	In Progress
18-012	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. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the August 2018 C-Stat, EPCDHS's performance for May 2018 was 94.8% with a statewide goal of 95%. 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 23, 2017, to February 23, 2018, showed EPCDHS at 58.9% for observing/interviewing the alleged victim within the assigned response time, which is below the Ten Large County average (not including EPCDHS) of 71.4% for a comparable time span. EPCDHS made reasonable efforts to observe/interview alleged victims 85.7% of the time, which is below the Ten Large County average (not including EPCDHS) of 88.6% for a comparable time span. It is recommended that EPCDHS 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.	Not Started
18-013	CFRT	The CFRT recommended that there is a need for an alert in Trails that notifies Departments of Human Services agencies that have open cases/assessments/referrals when a mutual client is added to another case/assessment/referral.	In Progress
18-013	Policy Finding	The Department has determined that the Trails Modernization has impacted performance data regarding interviewing/observing the alleged victim within the assigned response time in the Colorado Child Welfare Results Oriented Management (ROM) system, for June 2018. The Department suspended reporting out this data measure for the September 2018 C-Stat. 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 16, 2017 to June 16, 2018, showed ACDHS at 67.9% for observing/interviewing the alleged victim within the assigned response time, which is below the Ten Large County average (not including ACDHS) of 70.5% for a comparable time span. It is recommended that ACDHS 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.	Not Started

18-016	CFRT	The CFRT recommended that the ARD and the Division of Child Welfare should convene a workgroup to analyze the risk factors from the cases reviewed by the CFRT in order to evaluate the responses needed from DHS and to make recommendations. The Colorado Revised Statutes, 26-1-139 (1) (c), states that one of the goals of the CFRT is "to identify and understand where improvements can be made in the delivery of child welfare services, and to develop recommendations for mitigation of the future incidents of egregious abuse or neglect against a child, near fatalities, or fatalities of a child due to abuse or neglect."	Not Started
18-016	Policy Finding	The policy finding related to timeliness of assessment closure does reflect a systemic practice issue for ACHSD. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the July 2018 C-Stat, ACHSD's performance for May 2018 was 89.7%, with a statewide goal of 95%. It is recommended that ACHSD implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Not Started
18-043	Policy Finding	The policy finding related to the Colorado Family Safety Assessment Tool not being completed when required does reflect a systemic practice issue for EPCDHS. As part of routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period from August 23, 2017 to February 23, 2018, EPCDHS completed the Colorado Family Safety Assessment Tool when required 69.1% of the time. It is recommended that EPCDHS employ a process in which barriers to completing the Colorado Family Safety Assessment Tool when required are identified and solutions to the identified barriers are implemented.	Not Started
18-043	Policy Finding	The policy finding related to the Colorado Family Safety Assessment Tool not being completed accurately in accordance with Volume 7 does reflect a systemic practice issue for EPCDHS. As part of routine quality assurance monitoring, in a recent review of a generalizable random sample of assessments that were conducted during a period from August 23, 2017 to February 23, 2018, EPCDHS completed the Colorado Family Safety Assessment Tool accurately 23.6% of the time. It is recommended that EPCDHS employ a process in which barriers to accurately completing the Colorado Family Safety Assessment Tool are identified and solutions to the identified barriers are implemented.	Not Started

18-043	Policy Finding	The policy finding related to the assessment containing the required content does reflect a systemic practice issue for EPCDHS. 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 23, 2017 to February 23, 2018, showed that EPCDHS's assessments contained the required content 66.7% of the time, which is below the Ten Large County average (not including EPCDHS) of 81.7% for a comparable time span. It is recommended that EPCDHS 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.	Not Started
18-070	Policy Finding	The policy finding related to the Colorado Family Safety Assessment Tool not being completed accurately in accordance with Volume 7 does reflect a systemic practice issue for 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 from September 17, 2017, to March 17, 2018, DDHS completed the Colorado Family Safety Assessment Tool accurately 30.4% of the time, which is below the Ten Large County average (not including DDHS) of 35% for a comparable time span. It is recommended that DDHS employ a process in which barriers to accurately completing the Colorado Family Safety Assessment Tool are identified and solutions to the identified barriers are implemented.	Not Started
18-070	Policy Finding	The policy finding related to the Assessment Closure Summary not containing all required content does reflect 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 September 17, 2017, to March 17, 2018, 50% of the Assessment Closure Summaries contained the required content. It is recommended that DDHS employ a process in which the barriers to documentation of all required content in the Assessment Closure Summary are identified and solutions to the barriers are implemented.	Not Started
17-006	CFRT	It is recommended that DCW provide formal guidance to county departments of human/social services on how to respond to reports of concern regarding a fatality which is suspicious for abuse or neglect when there are no surviving siblings.	Complete
17-006	CFRT	It is recommended that a task-group involving staff from county departments of human/social services and law enforcement agencies develop protocol for creating a strong working relationship/communication among the agencies to facilitate better information sharing and collaboration regarding joint investigations/assessments.	In Progress

17-034	CFRT	It was recommended that the ARD issue formal guidance to county departments of human or social services regarding notification requirements for fatal, near fatal, or egregious incidents which are suspicious for child abuse and/or neglect, specifically, when there are multiple children involved in one or more allegations at the fatal, near fatal, and/or egregious severity level. It should be noted that this recommendation was also made in a previous report; therefore, an Operational Memo (OM-OPSO-2017-0005) was issued on August 31, 2017, which provided the recommended formal guidance.	Complete
17-034	Policy Finding	The policy finding related to timeliness of assessment closure does reflect a systemic practice issue for LPCDHS. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the August 2017 C-Stat, LPCDHS's performance for June 2017, was 85.7%, with a statewide goal of 90%. It is recommended that LPCDHS implement a process in which barriers to the timeliness of assessment closure are identified and solutions to the identified barriers are implemented.	Complete
17-035	Policy Finding	The policy finding related to not engaging the mother's boyfriend in case planning does reflect a systemic practice issue for OCDHS. In the most recent Out-of-Home Administrative Review period from January 1, 2018, to March 31, 2018, OCDHS engaged the father in case planning 16.7% of the time. It is recommended that OCDHS employ a process in which the barriers to engaging fathers in case planning are identified and solutions to the identified barriers are implemented.	Not Started
17-064	Policy Finding	The policy finding related to interviewing/observing the alleged victim within the assigned response time does reflect a systemic practice issue for Routt County DHS. According to the Colorado Child Welfare Results Oriented Management (ROM) system, which provided data for the January 2018 C-Stat, Routt County's performance for October 2017 was 84.6% with a statewide goal of 95%. It should be noted that the C-Stat statewide goal was increased from 90% to 95% in the month of November 2017. As part of a routine quality assurance monitoring, a review of a generalizable random sample of assessments that were conducted during a period of December 14, 2014 to June 14, 2015, showed Routt County DHS at 77.8% for observing/interviewing the alleged victim within the assigned response time. It is recommended that Routt County DHS 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.	Complete
17-072	CFRT	The CFRT recommended that the ARD provide formal guidance regarding the definition and reporting requirements of near fatal incidents, which are suspicious for abuse and/or neglect.	Complete

17-072	CFRT	The CFRT recommend that the Division of Child Welfare (DCW) explore options for additional guidance to state rule in regard to information required to complete assessments, especially when there is an ongoing criminal investigation.	Considered and not implemented
17-072	Policy Finding	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 January 2018 C-Stat, Arapahoe County DHS's performance for November 2017 was 88.8%, with a statewide goal of 95%. 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. It should be noted that the C-Stat statewide goal was increased from 90% to 95% in the month of November 2017.	Complete
17-073	CFRT	The CFRT recommended that the ARD and the Division of Child Welfare should convene a workgroup to analyze the risk factors from the cases reviewed by the CFRT in order to evaluate the responses needed from DHS and to make recommendations. The Colorado Revised Statutes, 26-1-139 (1) (c), states that one of the goals of the CFRT is "to identify and understand where improvements can be made in the delivery of child welfare services, and to develop recommendations for mitigation of the future incidents of egregious abuse or neglect against a child, near fatalities, or fatalities of a child due to abuse or neglect."	Not Started
17-073	Policy Finding	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 May 2018 C-Stat, Arapahoe County DHS's performance for March 2018, was 94.4%, with a statewide goal of 95%. 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.	Not Started
17-079	Policy Finding	The policy finding regarding the Family Services Plan review not meeting Volume 7 requirements does reflect a systemic practice issue for ACHSD. In the most recent Out-of-Home Administrative Review period from October 1, 2017, to December 31, 2017, ACHSD completed the Family Services Plan review in Trails according to Volume 7, 60.9% of the time, which is below the statewide average (excluding ACHSD) of 65.5% for the same time span. It is recommended that ACHSD employ a process in which the barriers to completing the Family Services Plan review in accordance with Volume 7 are identified and solutions to the identified barriers are implemented.	In Progress

17-079	CFRT	The CFRT recommended exploring the process for ending contact with a family leading up to and/or following a finalized adoption. One possible opportunity for change could be to decelerate the county's contact with the family rather than ceasing all contact upon the adoption's finalization. Additionally, the CFRT recommended exploring the possibility of better assessing an adoptive family's needs for services, both before and after an adoption.	Complete
17-079	CFRT	The CFRT recommended exploring the vetting process for kinship providers, such as in looking at how issues within a family are identified, discussed, and/or mitigated. It was also recommended to provide additional training to the providers who contract with counties to complete the home studies for foster and adoptive families. The additional training might help the providers better discern when foster and adoptive families are not being forthcoming and/or when they might need additional supports and services to maintain the children in their care.	Considered and not implemented
17-080	CFRT	The CFRT recommended that CDHS continue with efforts to recruit and maintain foster families throughout Colorado.	Complete
17-080	CFRT	The CFRT recommended for the Administrative Review Division to further explore and/or implement the process outlined in C.R.S. 26-1-139 (6) (e), which states, "For the purposes of participating in a specific case review, additional members may be appointed at the discretion of the members described in paragraphs (a) to (c) of this subsection (6) to represent agencies involved with the child or the child's family in the twelve months prior to the incident of egregious abuse or neglect against a child, a near fatality, or fatality." The CFRT discussed the benefits of having additional stakeholders as participants during the reviews for the applicable incidents.	In Progress
17-094	CFRT	The CFRT recommended that ACHSD provide internal training regarding treatment plan monitoring with respect to progress made and assessing for safety and risk during the course of ongoing cases.	Not Started
17-094	Policy Finding	The policy finding related to the frequency of monthly contact with the father does reflect a systemic practice issue in ACHSD. In a recent review of a generalizable sample of In-Home cases that were open during the period from September 27, 2017 to March 27, 2018, in all of the months requiring contact with the father, ACHSD agency staff had contact with the father in 63% of the months. It is recommended that ACHSD employ a process in which barriers to the monthly contact with fathers are identified and solutions to the identified barriers are implemented.	Not Started

16-047	CFRT	The CFRT recommended the addition of a critical alert component be added to the state automated case management system when an individual has been involved in a fatal, near fatal, or egregious incident of abuse or neglect. The critical alert component would allow for child welfare staff to be notified if a client identified in a new allegation of abuse or neglect has been involved in a previous fatal, near fatal, or egregious incident. This alert function will also help ensure child welfare staff have critical information to help make well-informed decisions about child safety and well-being.	In Progress
16-047	Policy Finding	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 April 2017 C-Stat, Arapahoe County DHS's performance for February 2017 was 88.9% 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.	Complete
16-077	CFRT	The CFRT has made previous recommendations regarding the need for the Division of Child Welfare (DCW) to provide guidance and clarification in rule or practice regarding when a county department of human/ social services should intervene with a family when there are allegations about lack of school attendance (i.e., educational neglect). In review of this egregious incident, the CFRT has further identified the need for statute and Volume 7 to include educational neglect within in the definition of abuse and neglect.	Considered and not implemented
16-077	Policy Finding	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 January 2017 C-Stat, DDHS's performance for November 2016, was 88.2% 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.	Complete

16-077	Policy Finding	The policy finding related to interviewing/observing the alleged victim within the assigned 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 January 2017 C-Stat, DDHS's performance for October 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 March 17, 2016 through 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.	Complete
15-014	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
15-014	Policy Finding	The Policy Findings related to inaccurate documentation of the Colorado Family Risk Assessment tool does reflect a systemic practice issue in Jefferson County. In a recent review of a random sample of assessments that were conducted during a period from August 1, 2014 to January 31, 2015, Jefferson County completed the risk assessment tool accurately in 50% of assessments, which is below the statewide average (not including Jefferson County) of 60.1% for the same time span. It is recommended that Jefferson 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. Additionally, a new Colorado Family Risk assessment will be implemented by the State in 2015, and it is recommended that Jefferson County participate in the training and implementation of the new tool.	Complete
15-033	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
15-033	CFRT	It is recommended that DCW explore with Trails to develop a way to track how many referrals have an allegation of marijuana use by caregivers.	Complete

15-033	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 Garfield 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 Garfield County DHS completed the risk assessment tool accurately in 30% of assessments, which is below the statewide average (not including Garfield County DHS) of 59.1% for the same time span. It is recommended that Garfield 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
15-033	Policy Finding	There is a lack of quantitative data related to entering new abuse/or neglect into the State automated case management system. It is recommended that Garfield County DHS review their practice of entering new abuse/ or neglect allegations into the State automated case management system (Trails) to determine if there is a systemic practice issue for Garfield County DHS. If it is an issue, employ a process in which barriers that prevent new abuse/ or neglect allegations documentation in the State automated case management system are identified and solutions to the identified barriers are implemented.	Complete
15-033	Policy Finding	The policy finding regarding the assignment of incorrect response times does reflect a systemic practice issue for Garfield 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 October 8, 2014 to June 1, 2015, Garfield County DHS assigned the appropriate response time in accordance with Volume VII 75.6% of the time, which is below the statewide average of 93.5% for the same time span. Of the 24.4%, not assigned appropriately, Garfield County DHS assigned 7 of the 10 referrals with an earlier response time than the referral necessitated. It is recommended that Garfield County DHS monitor their performance in this area to ensure correct response times are assigned.	Complete
14-038	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
14-038	CFRT	CFRT believes there is a need to clarify what constitutes a third party referral versus an institutional referral, as well as how to handle the referrals. For example, is there follow-up that needs to be documented in the state automated case management system (Trails) when a referral is sent to law enforcement? Do counties need to always create an intra-familial referral on the daycare provider's own children when there is an institutional referral? It is recommended that DCW clarify the definitions of these different referrals and how each of them need to be handled.	Complete

14-038	CFRT	A CFRT member researched and provided insight on child care options for families, parent resources, and how to search for licensed facilities. The information is located in these links: 1) Child care options- http://www.coloradoofficeofearlychildhood.com/#!ccrandr/c2217 2) Parent resources- http://www.coloradoofficeofearlychildhood.com/ 3) Search licensed facilities- http://www.colorado.gov/apps/jboss/cdhs/childcare/lookup/index.jsf A. It is recommended that DCW should disseminate the information to the Child Protection Task Group (CPTG). B. It is recommended that DCW partner with Division of Early Care and Learning on communication efforts around this information to the public.	Complete
14-038	Policy Finding	The Jefferson County DCYF policy finding related to the inaccurate completion of 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 February 14, 2014 to August 14, 2014, the Jefferson County DCYF completed the safety assessment accurately in 85.5% of assessments. While this is above the statewide average (not including Jefferson County DCYF) of 79.2% for the same time span, it remains below the state goal of 95%. It is recommended that Jefferson County 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. Additionally, the new Colorado Family Safety Assessment Instrument will be implemented by the State in 2015, and it is recommended that Jefferson County DCYF participate in the training and implementation of the new tool.	Complete
14-038	Policy Finding	The Jefferson County DCYF policy finding related to the timeliness for the 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 February 14, 2014 to August 14, 2014, the Jefferson County DCYF completed the risk assessment timely in 63.6% of assessments, which is below the statewide average (not including Jefferson County DCYF) of 68.9% for the same time span. It is recommended that Jefferson County employ a process in which barriers to the timeliness of the Colorado Family Risk Assessment are identified and solutions to the identified barriers are implemented. Additionally, the new Colorado Family Risk Assessment will be implemented by the State in 2015, and it is recommended that Jefferson County DCYF participate in the training and implementation of the new tool.	Complete

14-038	Policy Finding	The Jefferson County DCYF policy finding 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 February 14, 2014 to August 14, 2014, the Jefferson County DCYF completed the risk assessment accurately in 45.5% of assessments, which is below the statewide average (not including Jefferson County) of 61% 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. Additionally, the new Colorado Family Risk Assessment will be implemented by the State in 2015, and it is recommended that Jefferson County DCYF participate in the training and implementation of the new tool.	Complete
14-056	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
14-056	CFRT	It is recommended that DCW work with State automated case management system (Trails) on the search function for names that are hyphened to make the search function more thorough, to include, but not limited to, the ability to search by Date of Birth (DOB) and enhanced the ability to search by name and address.	Complete
14-056	CFRT	It is recommended that the DCW through the Child Protection Task Group (CPTG) implement a process for supervisors to develop a process to randomly check on contacts made by their caseworkers.	Considered and not implemented
14-056	CFRT	It is recommended that DCW include a section in the Training Academy regarding the input of factual information in State automated case management system (Trails), and consequences for non-compliance with this law.	Complete
14-056	CFRT	Denver County Department of Human Services should receive training and technical assistance surrounding supervision of casework staff to include how to recognize concerning casework documentation and overall practice and work ethic (ie: cut and paste, limited detail in contact summaries, work attendance and overall performance).	Complete

14-056	CFRT	"To ensure best practice and accountability of all Human Services staff, Denver County Department of Human Services will implement policy and procedures related to supervision of casework practice to ensure that documentation of contacts and assessment steps are accurate. (i.e. spot checks to ensure contact is being made with clients, shadowing of caseworkers by supervisors, etc.)."	Complete
14-056	CFRT	"In addition, Denver County Department of Human Services should ensure that all staff responsible for the supervision and management of caseworkers is trained on the above policies and procedures implemented regarding review of casework practice."	Complete
14-056	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

Appendix D: Status Update for Recommendations from Previously Posted Reports

CFRT ID	Recommendation Type	Recommendation	Status
17-007	CFRT	The State CFRT noted that there was an opportunity to explore rules around egregious, near fatality, and fatality assessments in regard to a previously assigned caseworker completing an assessment on an egregious, near fatality or fatality assessment.	In Progress
17-039	CFRT	The CFRT recommended that the Division of Child Welfare (DCW) provide formal guidance regarding what counties should do when they have accepted a referral for assessment and then are unable to locate the family.	In Progress
17-039	CFRT	The CFRT recommended that a task-group involving staff from county departments of human/social services and law enforcement agencies develop protocol for creating a strong working relationship/communication among the agencies to facilitate better information sharing and collaboration regarding joint investigations/assessments.	In Progress
17-041	Policy Finding	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 November 2017 C-Stat, Arapahoe County DHS's performance for September 2017, was 89.8% with a statewide goal of 95%. 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. It should be noted that the C-Stat statewide goal was increased from 90% to 95% in the month of November 2017.	Complete
17-050	CFRT	It was recommended that changes to law enforcement legislation should be explored regarding mandating drug testing for any child fatality, which is suspicious for abuse or neglect.	Considered and not implemented
17-050	CFRT	It is recommended that a task-group involving staff from county departments of human/social services and law enforcement agencies develop protocol for creating a strong working relationship/communication among the agencies to facilitate better information sharing and collaboration regarding joint investigations/assessments.	In Progress

17-052	Policy Finding	The policy finding related to the timeliness of notification of the fatal incident does reflect a systemic practice issue for LCHS. During the year time span from December 31, 2016, through December 31, 2017, LCHS provided timely notification to CDHS in 33.3% of incidents. It is recommended that LCHS consider creating a more formal process for recognizing and reporting fatal, near fatal, and egregious incidents of child maltreatment to CDHS.	Complete
17-071	CFRT	It is recommended that a task-group involving staff from county departments of human/social services and law enforcement agencies develop protocol for creating a strong working relationship/communication among the agencies to facilitate better information sharing and collaboration regarding joint investigations/assessments.	In Progress
17-071	CFRT	The CFRT recommended that the Division of Child Welfare (DCW) provide formal guidance regarding what counties should do when they have accepted a referral for assessment and then are unable to locate the family.	In Progress
16-012	CFRT	It is recommended that there be a discussion between County Trails User Group (CTUG) and CFRT members regarding an alert in the state automated case management system (Trails) that notifies Departments of Human Services agencies that have open cases/assessments/ referrals when a mutual client is added to another case/assessment/ referral.	In Progress
16-013	Policy Finding	The policy finding related to the overall finding not matching the definition, does not reflect a systemic practice issue for Montrose County DHHS. As part of routine quality assurance monitoring, a recent review of a generalizable random sample of assessments that were conducted during a period from October 22, 2013 to April 22, 2014, showed that Montrose County DHHS documented an accurate overall finding, 88.9 % which is below the statewide average (not including Montrose County DHHS) of 93.5 %, for the same time span. It is recommended that Montrose County DHHS monitor their performance in this area and determine any future needs for improvement.	Complete

16-018	CFRT	The CFRT identified a need for child welfare caseworkers to have access to additional databases (i.e. municipal court records, NCIC, and CCIC), in order to have additional information to assist in making well-informed decisions around child safety and well-being. It is recommended that this need be further discussed and explored by Child Welfare Sub Policy Advisory Committee (Sub-PAC).	Considered and not implemented
16-023	Policy Finding	The policy finding regarding the 90-Day review/Court Report not being in Trails does reflect a systemic practice issue for Prowers County DSS. In the most recent Out-of-Home Administrative Review data for First Quarter SFY (July 1, 2016 through September 30, 2016), Prowers County DSS completed the 90-Day review/Court Report in Trails according to Volume 7, 16.7% of the time, which is below the statewide average (excluding Prowers County DSS) of 65.3% for the same time span. It is recommended that Prowers County DSS employ a process in which the barriers to completing the 90-Day review/Court report in accordance with Volume 7 are identified and solutions to the identified barriers are implemented.	In Progress
16-036	Policy Finding	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.	In Progress
16-094	Policy Finding	The policy finding related to the quality of the monthly contacts with children does reflect a systemic practice issue in the County DSS. In a recent review of a generalizable random sample of In-Home cases that were open during a period from September 17, 2015 to May 17, 2015, the County DSS completed quality monthly contacts with the child in 54% of the cases. It is recommended that the County DSS employ a process in which barriers to the quality monthly contacts with children are identified and solutions to the identified barriers are implemented.	Complete

16-094	Policy Finding	The policy finding related to all parties not being included in the Family Services Plan treatment plan does reflect a systemic practice issue for the County DSS. In a recent review of a generalizable random sample of In-Home cases that were open during a period from September 17, 2015 to May 17, 2015, the County DSS included all required parties in the Family Services Plan treatment plan 29% of the time. It is recommended that the County DSS employ a process in which the barriers to including all required parties in the treatment plan are identified and solutions to the identified barriers are implemented.	Complete
16-102	CFRT	It is recommended that the processes related to IART, specific to review findings, feedback, and or recommendations be reviewed and/or restructured in order to ensure necessary and relevant information from the review is communicated back to the appropriate county department of human and/or social services staff. Having an effective feedback loop and quality assurance process is critical and necessary to ensure children/youth's safety and well-being in institutional settings.	Complete
16-105	CFRT	It is recommended that DCW provide formal guidance to county departments of human/social services regarding practice expectations concerning requirement for responding to reports of concern regarding a fatality, which is suspicious for abuse or neglect, and there are no surviving siblings.	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
15-011	CFRT	Regarding reviews of prior DYC involvement: - It is recommended that 26-1-139 be amended to specifically include current and prior DYC involvement for fatalities, near fatalities and egregious incidents equally as the statute requires prior county human services involvement.	Considered and not implemented
15-011	CFRT	It is recommended that DYC develop policy to include the completion of an internal review and submission of the internal review report when a youth with prior or current DYC commitment is involved in incidents of fatalities, near fatalities, and/or egregious events.	Considered and not implemented

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

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.	Complete
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
15-042	Policy Finding	There is a lack of quantitative data to support if the assignment of caseworkers on fatal, near fatal and egregious maltreatment incidents to caseworkers who do not have prior involvement with the family is a systemic practice issue in Lincoln County DHS. Lincoln County DHS should review their practice to determine if there is a systemic practice issue for assigning fatal, near fatal and egregious incidents to caseworkers who do not have prior involvement with the family. If a systemic issue is identified, Lincoln County DHS should implement a process to ensure that individuals assigned to assess fatal, near fatal and egregious incidents do not have any prior involvement with the family.	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.	Complete
15-088	CFRT	DCW should further define "educational neglect" in Volume 7 to better assist county departments of social services in making assigning decisions for referrals alleging educational neglect.	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
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.	Complete
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
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
15-038	Policy Finding	DYC Policy re: 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)	Complete

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.	Complete

Updates to Colorado's Foster, Adoptive, and Kinship Diligent Recruitment Plan

Since the submission of the Foster and Adoptive Parent Diligent Recruitment Plan in the 2020-2024 CFSP, the following changes have been made:

1. Title has been updated to "Foster, Adoptive, and Kinship Diligent Recruitment Plan".
2. Document footer has been updated to reflect that this plan pertains to the 2020-2024 CFSP.
3. Children/Youth used consistently throughout the document.
4. Families of Color Marketing added as a new project (#3).
5. Geo-Mapping (GIS Technology) added as a new project (#17).

Below is the updated plan, inclusive of the above changes.

Colorado's Foster, Adoptive, and Kinship Diligent Recruitment Plan

	Project	Description	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Targeted Audience	General, Targeted, or Child/Youth Specific Recruitment	Potential Outcomes & Measurements
1	Heart Gallery Website and Ongoing Displays	Create new videos and commission new photographs of children/youth waiting to be adopted. Promote website and children/youth specific adoption via social media, ongoing displays and website. Integrate messages about fostering into the Colorado Heart Gallery.	x	x	x	x	x	Local media, photographers, community partners	General and Child/Youth Specific	Media mentions, website and social media analytics
2	LGBTQ+ marketing	Recruitment efforts specific to the LGBTQ+ community, including digital advertising campaigns, proactive media, marketing collateral and collaborative efforts with child placement agencies and counties, including PrideFest.	x	x	x	x	x	LGBTQ+ community	Targeted	Social media and website analytics, media coverage and interest generated from public events
3	Families of Color Marketing	Recruitment efforts specific to African American, Hispanic, and the Native American/Alaskan Indian community, including digital advertising campaigns, proactive media, and marketing collateral with child placement agencies and counties, including local events.	x	x	x	x	x	Families of Color	Targeted	Social media and website analytics, media coverage and interest generated from public events
4	Foster and Adoptive Family Stories	Develop storytelling tools, including photos, videos and blogs, to highlight real foster and adoptive parents in Colorado. Families highlighted will reflect the recruitment needs across the state.	x	x	x	x	x	Potential foster and adoptive parents	General & Targeted	Media mentions and website analytics

	Project	Description	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Targeted Audience	General, Targeted, or Child/Youth Specific Recruitment	Potential Outcomes & Measurements
5	Statewide R&R Materials	Develop printed and digital marketing materials to be used by the state, community partners, child placement agencies and counties to raise awareness for foster care and adoption. Create marketing materials for a variety of cultural groups.	x	x	x	x	x	Counties across the state, general public 21+ and targeted groups as identified in county and child placement agency diligent recruitment plans	General & Targeted	Usage by counties across the state, website analytics
6	Marketing Outreach for Targeted Groups	Digital outreach to communities of color and communities with higher rates of removal to help to ensure foster and adoptive parent population is reflective of the out-of-home population. Additionally, target outreach to recruit foster families that are accepting and affirming of LGBTQ+ children/youth.	x	x	x	x	x	Targeted groups determined by county and child placement agency diligent recruitment plans	Targeted & Child Specific	Media exposure, social media, and website analytics
7	Public Awareness Toolkit	Adoption Month and National Foster Care Month public awareness to assist counties, child placement agencies and community partners in communicating the need for foster and adoptive families. This toolkit will be updated throughout the years.	x	x	x	x	x	Colorado counties, child placement agencies and community partners	General and Targeted	Number of organizations/ agencies using resources from the toolkit
8	State funding for local recruitment and retention efforts	Mini grants for county departments and child placement agencies to support implementation of their diligent recruitment plans	x	x	x	x	x	Current and potential foster, adoptive, and kinship parents	All depending on funded effort	County and child placement agency reports on outcomes identified at the time of application

	Project	Description	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Targeted Audience	General, Targeted, or Child/Youth Specific Recruitment	Potential Outcomes & Measurements
9	Creating and promoting a new inquiry form for the State of Colorado	Through community and business partnerships, CDHS with OIT are creating a new on line form for those citizens that may be interested in foster care, adoption, or kinship care. This inquiry form will quickly connect those who are interested with a county or child placement agency.	x	x	x	x	x	Broad-based outreach with partners	General and targeted	Track the number of people who inquire about foster/ adoption in Colorado.
10	Creating and promoting a new online foster parent application	Through community and business partnerships, CDHS with OIT are creating a new online form for those citizens that may be interested in applying to be foster parents.	x	x	x	x	x	Broad-based outreach with partners	General and targeted	Track the number of people who apply to be foster parents in Colorado.
11	Community Festivals	With community partners and counties, R&R booths will be located at targeted events throughout the state to raise awareness about foster care, adoption, and kinship care. Examples include Cinco de Mayo, Juneteenth, PrideFest and the Denver March Pow Wow.	x	x	x	x	x	Specific targeted groups at events	Targeted	Feedback from booth volunteers
12	The Adoption Exchange (TAE) Recruitment & Response Team (RRT) & Membership	Information sessions for potential adoptive families, response to inquiries from AdoptUSKids, tracking and follow-up of inquiries, child-specific and general recruitment, matching and referral services, website profiles of waiting children, communication with counties about waiting children/youth.	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
13	Professional Development	Additional professional development related to general, targeted and child-specific recruitment	x	x	x	x	x	Professional skill development	NA	New methods and best practices for R&R social marketing

	Project	Description	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Targeted Audience	General, Targeted, or Child/Youth Specific Recruitment	Potential Outcomes & Measurements
14	Website Maintenance	Maintain website throughout the year, which will include information about foster care and adoption, county and child placement agency and informational meetings, if possible.	x	x	x	x	x	Colorado general public 21+	General	Website analytics
15	Annual Foster Family Recognition	High profile celebration event	x	x	x	x	x	Current/ potential foster families	General	Attendees and media mentions
16	Annual Adoptive Family Recognition	High profile celebration event	x	x	x	x	x	Current/ potential adoptive families	General	Attendees and media mentions
17	Geo-Mapping (GIS Technology)	GIS will improve decision making by analyzing spatial relationships that describe the interaction among people, family, community and the environment. The tool will enhance beyond traditional statistics, analysis and visualization to help solve complex problems, support collaboration and simplify data stories in Colorado.	x	x	x	x	x	County, CPA, and current child welfare clients	All	Fewer placement moves, increase in placement providers within area or initial removal

Updates to the Disaster Plan

The Disaster Plan has been updated to reflect new leadership at DCW and OCYF.

The following changes have been made:

1. OCYF Deputy Director – Michael Tessean
2. OCYF Communications Manager – Mary Gerlach
3. DCW Director- Joseph Homlar

DIVISION OF CHILD WELFARE (DCW)
Disaster Plan

Plan Development Date: February 7, 2017; Updated April 6, 2018; Updated April 3, 2019; February 21, 2020

Plan Approved By:

- Minna Castillo Cohen, OCYF Director, 303-866-4544 minna.castillocohen@state.co.us
- Michael Tessean, OCYF Deputy Director, 303-866-6373 michael.tessean@state.co.us

Key Points of Contact ("Chain of Succession" for Plan-Continuity of Operations):

Staff Names (Prioritized)	Emergency Phone Number/s	Email Address
1. Office Director- Minna Castillo Cohen	303-866-4544 (Office) 720-602-5389 (Home/Cell)	minna.castillocohen@state.co.us
2. Office Deputy Director- Michael Tessean	303-866-6373 (Office) 720-830-6970 (Home/Cell)	michael.tessean@state.co.us
3. OCYF Communications Manager- Mary Gerlach	303-866-4396 (Office) 614-203-5815 (Cell)	mary.gerlach@state.co.us
4. DCW Director- Joseph Homlar	303-866-3538 (Office) 720-665-4452 (Home/Cell)	joseph.homlar@state.co.us

Pre-Designated Alternate Emergency Communications and Sites

- **Communications**

1. In the event of a statewide emergency or disaster the Colorado Department of Human Services DCW Disaster Plan shall be initiated.
2. In the event of a statewide emergency or disaster, the Key Points of Contact ("Chain of Succession" for Plan-Continuity of Operations shall be initiated.
3. In the event of a statewide emergency or disaster any communication protocol to DCW shall be outlined in the CDHS Disaster Communications Plan that is developed and maintained by the CDHS Communications Director.

- **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 intermediaries 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.
- **County-To-County Support:** In the event of a statewide or county emergency, counties request on-site assistance from other counties, which can 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. Additionally, CDHS uses the Swift911 emergency notification system to send notifications to State employees via text and email to ensure employees are informed during emergencies
- 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://coloradocrisisservices.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).

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

Cost Allocation Methodology:

1. **Traditional**:
   a. 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%
   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%
   c. Collaborative 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%
2. **Prevention:** As Colorado moves toward implementing the Families First Prevention Services Act, the training plan will be updated to reflect training related to prevention services.

Note: Due to Colorado's Stay-at-Home Order (March – May 2020), along with ongoing concerns related to COVID, all of Colorado's pre-service and initial training activities have moved to virtual platforms. Collaborative and in-service training activities have been moved to virtual platforms whenever possible, or they have been postponed if virtual delivery is not a viable option.

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

Collaborative Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Title IV-E Stipend Program	This stipend program meets the training provision of Title IV-E of the Social Security Act, created as part of the Child Welfare and Adoption Assistance Act of 1980 [P.L. 96-272], which allows for the use of public funding to support staff professional development and the opportunity for current and prospective employees to earn Bachelor of Social Work (BSW) and Master of Social Work (MSW) degrees. These public funds support partnerships between state and local child welfare agencies and schools of social work to collaborate in providing specialized child welfare education programs that prepare a new generation of social workers to pursue a child welfare career path. In Colorado, the Colorado Department of Human Services (CDHS) has partnered with University of Denver Graduate School of Social Work (DU GSSW) and Metropolitan State University of Denver Department of Social Work (MSU Denver) to award stipends since 1995 to BSW and MSW students. In 2016, university partners were expanded to include Colorado State University at Fort Collins and at Pueblo to educate more BSW and MSW students to pursue child welfare careers throughout Colorado. The stipend program in Colorado has been fully funded through state general funds and the Colorado Title IV-E agency has not historically sought reimbursement for these activities. In 2018, CDHS began exploring the possibility of seeking IV-E reimbursement and have engaged a consultant to help review policies and procedures within CDHS and the universities to ensure that programmatic requirements are met. By seeking IV-E reimbursement, CDHS seeks to increase the number of stipends that are awarded each year through the partnering universities.	Classroom and web-based	DU GSSW, MSU Denver, CSU Ft. Collins, CSU Pueblo	Varies	Varies	BSW & MSW students	Preparation for and participation in judicial determinations, case management and supervision, development of case plan, case reviews, screening and assessments, permanency planning

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

Collaborative Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
CASA, OCR & ORPC	Short-term training as authorized in Section 474(a)(3)(B that is provided by the Court Appointed Special Advocates Division, Office of the Children's Representative, and the Office of the Respondent Parents' Council. CDHS has an active Memorandum of Understanding (MOU) that outlines responsibilities, activities, policies, and procedures that allow for IV-E reimbursement of these short-term training activities.	Classroom and web-based	Multiple	Varies, all short-term	Varies	court-appointed special advocates, respondent parents' council, and guardians ad litem	Participation in judicial determinations, development of case plan, case reviews, permanency planning, support of IV-E eligible children/youth.
Judicial Convening on Children, Youth & Families	The Convening on Children, Youth and Families is collaboratively sponsored by the Colorado Department of Human Services, the Court Improvement Program (CIP), and the Criminal Justice Programs Unit of the Colorado Judicial Branch. Approximately 500 attendees from Best Practice Court (BPC) Family Drug Treatment Court (FDTC), and Juvenile Problem-Solving Court (JPSC) Teams statewide attend the Convening. BPC, FDTC, and JPSC Teams attend the Convening to receive training on child welfare and juvenile delinquency issues and to work as teams to develop goals for the year.	Conference	CDHS, CIP, various speakers	3 days, 20 hours	Annually	Membership of BPC, FDTC and JPSC teams include: local child welfare staff, guardians ad litem, respondent parents' counsel, county attorneys, family court facilitators, CASA, court clerks, education reps, service providers, foster parents, faith-based organizations, and other stakeholders who are involved in the child welfare system.	Participation in judicial determinations, case management and supervision, development of case plan, case reviews, permanency planning

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

Pre-Service and Initial Training Activities							
Title	Description	Setting	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	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: *1. Welcome to Child Welfare Web-based Training (web-based)* - 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 *2. Hotline/RED Team (hybrid)*- 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 *3. Safety Through Engagement (classroom)* - 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 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. *4. Working Toward Closure (classroom)*– 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	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

Collaborative Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	professionals in making critical decisions throughout the family's involvement with child welfare, execute key decisions with families, facilitate safety and support planning, make reasonable or active efforts to prevent placement or to plan for placement, make findings in a High Risk Assessment, close an assessment, plan for permanency, conduct case planning and evaluation, achieve reunification, close a case, and document contacts and critical decisions made throughout the assessment and case-planning process in the statewide automated child welfare information system (Trails). *5. Legal Preparation for Caseworkers (Classroom)* – Learners dive into the details on each of the key moments in the court process for both dependency & 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. *6. Practice Simulation (field-based)*-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. *7. Choose Your Own Trail (Classroom)* - 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, 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.						

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

Collaborative Training Activities							
Title	Description	Setting	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: *Module 1. Charting Your Course in the SEA of Supervision Web-Based Training*- Lays the foundation for leadership and provides learners with the tools and resources needed to support their supervisory practice throughout training and beyond. *Module 2. Supportive Supervision*- Explores the importance of providing supportive supervision throughout all functions of child welfare leadership. *Module 3. Educational Supervision*-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. *Module 4. Administrative Supervision*-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. *Module 5. Supervision Skills Practice Simulation*-Opportunity for learners to apply their freshly attained competencies in a "real-life" supervision session with a worker. *Module 6. Supervision Skills Practice Simulation Review and Feedback*-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.	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%)
Fostering Fundamentals - Healing, Hope	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 scenarios to develop their understanding of children and youth with	Classroom and web-based	The Kempe Center	13.5 total (9.5 classroom, 4 WBT)	36 Offerings in multiple Regions	Foster / kinship / adoptive parents	Training and licensing of foster homes and institutions

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

Collaborative Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	traumatic backgrounds. Learners practice strategies that embrace 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 the specific ages of children or youth in their care. The web-based portion covers the following additional topics: Child Development and the Effects of Trauma, The Reasonable and Prudent Parenting Standard.						

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Accountability and Engagement: Working with People Who Have Perpetrated Violence	The families we serve are often challenged by multiple complex issues. Recent research shows that domestic violence, most often perpetrated by men, is one such issue that often coexists with child maltreatment, which may profoundly impact the ability of a family to protect and nurture their children. Domestic violence may also pose a threat to caseworkers and other professionals working with the family. Engaging with and holding the person who has perpetrated violence accountable in these cases is extremely skillful work. Caseworkers can best enhance well-being of children when they partner with the adult who experienced violence, hold the person who perpetrated violence accountable, and collaborate with other community allies and resources—simple in concept but hard to do in this complicated situation. Learners will practice the following skills in this one-day classroom learning experience: • Both engaging and holding the offending parent accountable for their abusive behavior • Avoiding revictimizing or blaming the adult who experienced violence • Determining what accountability really means • Focusing on fatherhood and parenting ideals to motivate behavior change • Eliciting the offending parent's perspective • Staying focused on the offender's behavior without escalating the situation • Examining our own values/feelings/attitudes about these complicated cases	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers; supervisors;	Case management and supervision, development of the case plan, communication skills, screening and assessments
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 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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 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.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, Supervisors, GALs, Community Partners	Case management and supervision, development of the case plan, communication skills, screening and assessments
Activating the Three Brains of Trauma-Informed Practice	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 • share their knowledge and experience of trauma-informed practice with colleagues, • consider what works and what doesn't when it comes to trauma-informed engagement, • explore the ways in which they personally manage and cope with traumatic experiences, and • encounter the Three Brains of trauma and how to activate them with 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.	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Adolescent Permanency	Permanency for every youth should include a permanent legal connection to a family, such as reuniting with birth parents, adoption, kinship care, or legal guardianship. However, when these options are less likely, caseworkers, foster parents, and GALs can help youth pursue physical or relational permanency. Caring adults can provide lifelong support that can help youth transition to adulthood, and these connections always have the potential to become a legal permanent option for the youth. In this one-day classroom course, learners will develop a fuller understanding of permanency for youth in out-of-home care, and they'll build a team approach to helping youth achieve lifelong connections.	Classroom	The Kempe Center	6.5 hours	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
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 blend of web-based and classroom 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
Advocating for the Voice Inside: Helping Assure Safe Prescribing of Psychotropic	Children and youth who come to the attention of the child welfare system have disproportionately high rates of emotional and mental health challenges and are prescribed high rates of psychotropic medications—more than 10 percent nationwide take psychotropic medications. In Colorado, 18 percent have at least one psychotropic medication and 5 percent have at least two psychotropic medications. Best practice dictates that medication should never	ECHO	The Kempe Center	5 hours	2 regional offerings per year and additionally based on county	Caseworkers, supervisors and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Medications to Children in Care	be used as a punishment, as a condition of placement, as a means to restrain a youth except in emergencies, or for the convenience of caregivers. Whenever possible, the youth should have a voice in their 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 from taking it. However, in interviews with several dozen child welfare staff, it was found that 55 percent disagreed with the statement "Information is generally shared effectively between mental/behavioral health providers and their partners in the community." Youth and foster families have also expressed significant concerns around information sharing, revealing frustration with having to answer duplicate questions and wondering where and how their responses will be shared. Oversight of psychotropic prescribing for children and youth in care is thus a delicate balance between minimizing truly unsafe prescribing patterns and acknowledging the highly complex situations of those in care, in which the risks and benefits of such medications may not be as straightforward as they seem. This five-session ECHO series brings together the players in this equation—prescribers, caseworkers, supervisors, foster parents—to begin to address these concerns by sharing perspectives, asking each other for what we need, trying out resources, and building the relationships necessary to help assure the safe prescribing of psychotropic medications for children and youth in care.				demand		and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 facilitating family meetings. This course is most beneficial when learners already had experience with or a role in a formal family meeting process.	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally as needed based upon county demand	Family meeting facilitators, supervisors of facilitators for formal meetings, coaches, and other child welfare practitioners who take on the role of facilitator in formal family meetings	Case management and supervision, development of the case plan, communication skills, screening and assessments
The Art of Managing Behavior	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.	Classroom	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	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 neglect is a constant state of grey that can be clouded by cultural differences, parenting	Classroom	The Butler Institute for Families	13 hours	6 regional offerings per year and additionally	Caseworkers, supervisors and other child welfare professionals	Case management and supervision, development of the case plan,

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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.				based upon county demand		communication skills, screening and assessments
Beat the Odds: Community of Learners (Community of Practice)	Beat the Odds: Community of Learners is a space for current learners and graduates of the CWTS learning experience Beat the Odds to access connection and support and to deepen their learning related to resilience in child welfare. In this community, participants will have access to a learning forum and an optional 1-hour monthly community of practice session. Members of this community will receive notices whenever a post is made to the forum. The possibilities for using the forum are endless: ask a question, suggest a TED Talk, share a resiliency tool, alert colleagues to new resource, and so forth. The community of practice sessions will create space for current learners and graduates of Beat the Odds to share best practices, tools, and strategies and to work through the challenges that arise in child welfare settings. Each of the six-monthly sessions will be facilitated by Dan Comer and will consist of a check-in and a lively conversation related to topics raised by the members. One credit hour per session will be awarded to learners who participate.	Face-to-face virtually via Zoom technology	The Kempe Center	6 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Beat the Odds: Promoting Resilience and Reducing Secondary Trauma	Child welfare staff are first responders; like police officers and firefighters, they respond to emergency situations with very little information and, by doing so, often put themselves in harm's way. In addition to the very real physical risks involved with responding to a report of suspected child abuse or neglect, there are equally real psychological hazards involved with taking care of children and families who have experienced abuse, neglect, family and community violence, and other trauma. But child welfare staff get very little public recognition for the hard work they do. When the child welfare system is in the news, it is often for negative reasons, which serves to increase rather than mitigate the stress and pressure its staff work under. Secondary traumatic stress (STS) refers to the experience of people who are exposed to others' traumatic stories as part of their jobs and as a result develop their own traumatic symptoms and reactions. Child welfare professionals are particularly susceptible to STS because of the vulnerability of their clients, the unpredictable nature of their jobs, and their relative lack of physical and emotional protection.This online, Zoom-based, interactive learning experience consists of a series of 24 one-hour training and discussion sessions designed to mitigate the impact of STS among child protective staff by increasing job satisfaction, resilience, optimism, self-care, and social support, and decreasing staff attrition, stress reactivity, and burnout. In this skills-focused series, learners will use three prisms to approach their work: Optimism—workers focus on the best possible outcomes and reframe challenging situations positively; Mastery—workers strengthen their ability to regulate negative emotions associated with child welfare work and promote self-care; Collaboration—workers engage in mutual support among caseworkers, supervisors, and families in the best interest of children/youth. In developing skills and behaviors that promote their own well-being, learners will help create a stronger, healthier work environment, positioning themselves—and their colleagues—for optimal child welfare practice.	Face-to-face virtually via Zoom technology	The Kempe Center	24 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers, Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Beyond Teen Stereotypes: Essentials for Engaging Youth	Adolescence is a unique and exciting time of your life when you are treated like a kid but expected to act like an adult. Navigating this essential development stage, trying on identities, behaviors, and values in search of one's own authentic self is challenging in a stable, nurturing environment. Add the trauma and history that most of the youth in the child welfare system have experienced (not to mention the stigma of being in the system) and it isn't hard to see why their outcomes are so poor. It's time to create a different future with Colorado's youth, to intervene in ways that empower them to envision a future of their own design and allow them to write their own story. In this unique course, learners learn to look past stereotypes of teen experiences (sex, drugs, drama) and to understand and appreciate the richness and complexity of the adolescent experience. Learners will explore teen development through a contemporary lens, develop skills to engage youth and their parents in a coachlike way, and empower youth to plan for a positive future. In a virtual session, learners will directly apply the skills they learned in the classroom to their actual caseload. Youth are between a rock and a hard place; caseworkers will leave this course with the confidence and proficiency to soften it.	Hybrid blend of web-based and classroom training	The Kempe Center	17.5 hours (13 classroom, 3 web-based training, 1.5 virtual meeting)	12 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisors and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Brain Essentials	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 growth in what is known about the most important part of our bodies: our brain. 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.	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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.						
The Birds, the Bees, and the Stork	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.	Classroom	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
Bonding When Broken: Maintaining Parenting Relationships	We all know that visits between caregivers and their children after removal are crucial to healthy child development and attachment. Caregivers may lose parenting momentum and all family members alike may experience a profound loss of connection during this difficult time. But in a system that is often overwhelmed with the workload, how do we prioritize parenting time—in a meaningful way that truly supports and strengthens the critical bond between caregivers and their children and addresses the reasons the children are out of their care? Parenting time plans (often called visitation plans) are not standardized in Colorado, yet they have an incredible impact on family outcomes. This course has you getting creative about parenting time and making that time purposeful for everyone. Whether you come from a county with a parenting time provider agency or not, this course clarifies best practices and arms you with tools to improve parenting time for children, their caregivers, and the system. Using problem-based learning, you'll discuss how to determine what makes a good parenting time plan, how much time is needed, what level of supervision is required, and where parenting time should happen. You'll be challenged to consider what preparation and support	Classroom	The 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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	caregivers and children/youth need in order to connect during separation AND reunification. When you leave the classroom, you'll be able to determine purposeful parenting time plans that are supportive of permanency and reunification for children and youth and their families.						
Bridge to Health Care: Accessing Services for Children and Youth	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 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. 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. 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.	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Building Safety When Parents Use Substances	This interactive one-day classroom course gives learners the foundation 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.	Classroom	Illuminate Colorado	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
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 outlined in the CDHS Domestic Violence Practice Guide for Child Protective Services and can apply those skills with confidence in the field.	Hybrid blend of web-based and classroom training	The Kempe Center	8 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
Building Safety with Families Impacted by Mental Illness	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	Classroom	The Kempe Center	6.5 hours	24 regional offerings per year and additionally as needed based upon county	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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.				demand		and assessments
Child Development and the Effects of Trauma	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 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: • Infants and toddlers • School age children • Adolescents For each age group, learners explore four developmental domains: • Physical • Cognitive • Social-emotional • Sexual Within each domain, the following topics are covered: • Typical developmental milestones for each age group	Web-based training	The Kempe Center	5.5 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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	• Indicators that development has been affected or disrupted by trauma • Guidelines for what caregivers and caseworkers can do when developmental concerns have been identified • Opportunities for caregivers and caseworkers to practice identifying atypical development • Guidance for caregivers and caseworkers on how best to support children and youth affected by trauma						
Child, Family, and Tribe: Bringing ICWA to Life	In child welfare, it is often said that "ICWA practice is best practice." Casework that fulfills ICWA's legal requirements is the gold standard, requiring a higher level of service to promote family stability. And yet, mixed feelings, ambivalence, and uncertainty about the law are a reality in the field. In this unique hybrid learning experience that demystifies and simplifies the Indian Child Welfare Act, participants will learn not only how to comply with ICWA but also how to work with families to respect and support child, family, and tribe. In an interactive Web-based training, learners will explore the history and critical importance of ICWA and its impact on Native children and youth and their families, and they'll gain a solid understanding of what the law requires. Then learners will meet virtually with Colorado experts and their peers in four ECHO sessions to collaborate around implementing ICWA into day-to-day casework practice. In these discussions, they'll consider how key aspects of the law—inquiry, notice, active efforts, and placement preferences—can be explored with families in culturally responsive ways. Coming in 2019! 2020 CWTS Learning & Development Opportunities January 2020 30 Learners will leave this training confident that their casework practice adheres to ICWA requirements, empowered in the legal process, and with stronger appreciation for what the law seeks to correct on behalf of Native families.	Hybrid blend of web-based and ECHO training	The Kempe Center	6.5 hours (4 ECHO, 2.5 WBT)	12 regional offerings per year and additionally as needed based upon county demand	Caseworkers, supervisors and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Child Welfare Response to Child & Youth Sex Trafficking: Module 1	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 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: • Child Welfare Response to Child & Youth Sex Trafficking: Module 2 for Supervisors • Child Welfare Response to Child & Youth Sex Trafficking: Module 3 for Administrators and Managers 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: • characteristics of child/youth victims • risk factors • the needs of child/youth victims • strategies for trauma-informed, gender-specific, and culturally responsive approaches. 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.	Classroom	The Kempe Center	9.25 hours	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers and supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 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.	Classroom	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
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	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 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.	Classroom	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Coaches Collaborative	The Colorado Coaches Collaborative is a learning community comprising of county and state employed professionals who are employed by their organizations to provide coaching services to child welfare professionals. The Kempe Center coordinates and facilitates a variety of learning experiences for the members of the collaborative, including quarterly gatherings, learning circles, learning forums, and group supervision. All of the learning experiences available for registration in the CWTS Learning Management System are designed to introduce, deepen, and enhance the professional and leadership coaching services provided to child welfare professionals across the state. In order to participate in these learning experiences, you must be a member of the Colorado Coaches Collaborative.	Hybrid (both in-person and virtual)	The Kempe Center	Variable hours	Offered 4 times regionally, with additional offerings based upon county demand	County and state coaches	Case management and supervision, development of the case plan, communication skills, screening and assessments
Coaches College	Based in the coach competencies created by the International Coach Federation, the Coaches College includes a conglomeration of facilitated online, virtual, and in-person learning experiences intended to cultivate coaches with the essential values, attitudes, skills, functions, and insights vital to coaching person-centered change within a child welfare system. Emerging coaches launch their learning with self-directed, online activities designed to ground them in a person-centered coaching approach and to help them consider how it compares with other professional development methods. Rooted in this foundation, coaches grow through an invigorating, in-person experience where the “being and doing” of coaching is brought to life. Coaches leave the classroom experience ready to coach their child welfare colleagues with ongoing support from their course leaders and coach peers. In the next phase of the Coaches College, the coaches deepen their learning, utilizing their real-life coaching experiences, as they engage in a series of group coaching videoconference calls. These interactive experiences will boost the ethical practices and professional standards of their coaching by equipping them to design coaching relationships that create space for coachee-driven	Hybrid (virtual and classroom)	The Kempe Center	44 hours	Offered 2 times regionally, with additional offerings based upon county demand	County and state coaches	Case management and supervision, development of the case plan, communication skills, screening and assessments

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	change and measurable progress. Coaches also participate in practice coaching calls with their coach peers to inspire connection and sharpen skills. The Coaches College culminates with an individual coaching simulation, designed for coaches to demonstrate their evolving coach competency, followed by closing group coaching videoconference call.						
Collaborative Community Partnerships	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. 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 practitioners from other agencies and disciplines in a team approach to family assessment, case planning, and service delivery. 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.	Classroom	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Colorado Family Safety & Risk Assessment Tools: Refresher	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.	Web-based training	The Kempe Center	1.5 hours	Provided ongoing and available for participation anytime, from anywhere	Caseworkers; case aides; supervisors; state staff	Case management and supervision, development of the case plan, communication skills, screening and assessments
Conducting a Thorough Institutional Abuse Assessment	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 learning opportunity to connect with experts in the field and peers to increase their confidence, competence, and consistency with IA cases. 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.	ECHO	The Kempe Center	6 hours	Provided virtually state-wide based on customer demand and a minimum of 2 times annually	Specifically designed for caseworkers and supervisors tasked with conducting institutional abuse assessments.	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Confidentiality Bootcamp	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 to: confidently respond to information requests; to obtain consent forms and releases of information that are legally compliant; and, to navigate the labyrinth of federal and state privacy laws. 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.	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	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 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. 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.	Classroom	The Kempe Center	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
Consequences of Maltreatment for Child Development	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.	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Considerations for Engaging the Non-Offending Parent	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 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.	Hybrid blend of web-based and classroom training	The Kempe Center	14 hours (1 WBT, 13 classroom)	6 regional offerings per year and additionally as needed based upon county demand	Caseworkers and supervisors and child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Courageous Leadership	In this interactive learning opportunity that takes place over the span of 20 weeks, coaching, classroom, and mentoring is utilized to create sustained leadership change. Threads of conflict, leading change, trauma, resiliency, recruitment and retention, diversity and inclusivity, and power are covered in depth and the learner's relationship with these. The Courageous Leadership includes use of courageous and co-active leadership, in addition to mentoring and coaching. There is also a three-month post participation coaching call to ensure transfer of learning.	Hybrid blend of classroom, coaching, self-driven learning	The Kempe Center	35 hours (17.5 classroom, 1 coaching, 16.5 self-driven)	Scheduled if in-person delivery allows. Piloted, then subsequent offer scheduled	Coaches, Supervisors, Managers, Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments
Cracking the Medical Code: A Collaborative Response to Medical Aspects of Child Maltreatment	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,	Hybrid blend of web-based and classroom training	The Kempe Center	8.5 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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	learners will be able to do the following: • Recognize the types of injuries or conditions that are consistent with child abuse ; • Identify behaviors a child or youth may exhibit in connection with a specific medical condition resulting from child abuse ; • Identify risk factors associated with acute or chronic medical conditions resulting from physical abuse or neglect ; • Demonstrate an understanding of when and how to intervene on behalf of a child or youth that has been abused; • Collaborate with medical providers by identifying information to gather and questions to ask to complete a comprehensive child welfare assessment .						
Creating Healing Attachments for Children	This one-day course, designed both for caseworkers and for foster and kinship parents, highlights the needs of children and youth in out-of-home care around the critical area of attachment. Through collaborative discussions and interactions, learners leverage knowledge and experiences while also deepening understanding of the risk factors for attachment difficulties. This class engages learners in considering the impact maltreatment can have on attachment and in exploring ways of supporting children and youth in out-of-home care through healing attachment experiences and care; and provides opportunities to practice assessing for and documenting attachment.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Supervisors; Caseworkers; Foster, Kin, and Adoptive parents	Referral to services, development of the case plan, case management
Credit Education for Youth in Foster Care	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 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.	Classroom	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; CASA; Chafee workers; 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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Credit Health and Remediation for Youth in Foster Care	This one-day classroom course teaches county staff how to impart credit education to youth and engage in credit remediation. In the first section of this course, learners explore how to impart 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. In the afternoon section of this course, learners review the detailed steps of how to review a credit report for errors, dispute inaccuracies, and address identity theft. This training is designed to fulfill the responsibility of child welfare agency staff to ensure that youth age 14 and older who are in foster care receive a copy of their credit report and assistance with resolving any inaccuracies found on the report.	Classroom	Colorado Department of Human Services	6.5 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
Credit Health and Remediation for Youth in Foster Care	This classroom session teaches learners how to impart 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.	Classroom	Colorado Department of Human Services	4 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
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	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 workers; 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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Crucial Skills for Interviewing	Interview, inquire, engage, and explore - oh my! The ability to connect with children, youth, and families in a manner that encourages genuine sharing is crucial to your successful child welfare practice. How you structure your interview and obtain information profoundly affects cocreating successful outcomes with families. This unique hybrid learning experience allows the learner to focus in depth on the following four primary crucial interviewing skills: • Incorporating child development and linguistic considerations into your approach to interviewing children • Understanding the question hierarchy and how to develop questions that gather the most information while avoiding leading and closed questions • Developing a framework for engaging parents in difficult and crucial conversations • Using ethnographic interviewing techniques to understand the culture of the family you are working with. The three-day course begins with a Web-based training and also includes an interview “do-over,” complete with peer review, where you will practice using your enhanced knowledge and skills. The learner will leave with greater insight and the ability to integrate multiple interviewing techniques within your daily casework practices.	Hybrid blend of web-based, classroom, practice simulation, and field practice.	The Kempe Center	22 hours (2.5 WBT, 19.5 classroom)	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
Dare to Lead ™	Dare to Lead™ is the ultimate playbook for developing brave leaders and courageous cultures. Daring leadership is a collection of four courage skill sets that are 100% teachable, measurable, and observable. It’s learning and practice that requires brave work, tough conversations, and showing up with our whole hearts. Join the more than 20,000 leaders who enhanced their leadership skills as Dare To Lead™ Workshop Alumni, Fortune 500 companies, and religious entities. This six-part series workshop is designed to teach you the research-	Classroom	The Kempe Center	15 hours	Upon request	Child Welfare Leaders	Case management and supervision, development of the case plan, communication skills, screening and assessments

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	based skill sets of courage that will turn you into a braver, more daring leader. Based on the grounded theory research of Dr. Brené Brown, this Dare to Lead™ course is an interactive leadership workshop like you have never experienced before. It will teach you the skills of courage and provide operationalized tools that can change how you lead forever. Individuals who successfully complete the full 15-hour Dare to Lead™ program will receive a certificate of completion and are allowed to put a Dare to Lead™ Trained badge on their LinkedIn account. This 15-hour training workshop will equip participants with language, tools, and exercises to put these four skills into immediate practice.						
Data-Informed Supervision	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, 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.	Classroom	The Kempe Center	6.5 hours	2 regional offerings per year and additionally based on county demand	Supervisors	Case management and supervision, development of the case plan, communication skills, screening and 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	Ongoing and unlimited availability online	Caseworkers and Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Early Childhood Mental Health: How Understanding ECMH Can Help You Better Support Families (ECHO)	Early childhood mental health—whether typical or disrupted—has lifelong implications for a child's capacity to relate to their environment. In this series of four 60-minute interactive ECHO sessions, learners expand their knowledge and understanding of issues related to early childhood mental health. They explore how brain development, attachment, and toxic stress affect children, and consider how negative impacts can be mitigated, including resilience building and where child welfare practice can intervene to support families. They hear from subject matter experts, and also discuss challenging cases and build solutions with peers.	ECHO	Illuminate Colorado	4 hours	Provided virtually state-wide based on customer demand and a minimum of 6 times annually	Caseworkers, Supervisors, other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Educational Stability	Child welfare intervention can often bring lots of change for children. Although we may anticipate big changes happening at home, moving to a new school can also critically impact educational outcomes for children and youth. In this Web-based training, you will explore the importance of school stability, laws that guide practice around educational placements, and implementation in Colorado. Building on your prior child welfare training and practice experience, you will: • examine the critical role that education plays in positive psychosocial development in children and youth; • explore best interest determination meetings—what they are, who participates, and what information is considered, as well as the importance of the child's or youth's perspective; and • practice implementing the school stability framework using family scenarios so that you can make the best decision possible for every child and youth.	Web-based training	The Kempe Center	1 hour	Ongoing and unlimited availability online	Supervisors; Caseworkers; Foster, Kin, and Adoptive parents	Referral to services, development of the case plan, case management
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	Classroom	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	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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 need extra support and understanding.					families	
Engaging Youth in a Coach-Like Way	To build an effective working relationship with older youth, it is essential to understand their story and 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. First, the WBT introduces learners to the Engaging Youth Resource Guide, which 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 & Well-Being, Housing, and Employment. These tools are designed for the learner to use with the youth on their caseloads toward achieving their goals. Once the WBT is completed and the Engaging Youth Resource guide read, learners are equipped to meaningfully participate in the skills-based practices within the classroom session. Upon completion of the course, learners demonstrate a keen ability to establish meaningful and influential relationships with older youth, and are 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.	Hybrid blend of web-based and classroom training	The Kempe Center	14 hours (1 WBT, 13 classroom)	3 “county invited” offerings and additionally based on county demand	This course is being offered exclusively for the Pathways to Success Navigators	Case management and supervision, development of the case plan, communication skills, screening and assessments
Enhancing Practice Through Group Supervision	In this one-day course, learners develop the necessary skills to effectively prepare for and participate 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	Classroom	The Kempe Center	6.5 hours	3 regional offerings per year and additionally	Caseworkers	Referral to services, development of the case plan, case

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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.				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	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 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.	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 assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 *Engaging with Families* (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	3 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. 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.	Classroom	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Fear Less: Protecting Yourself in the Field	Take charge of your own safety! Have you ever been concerned about your safety when out in the field? Join this hands-on caseworker safety course that builds on the foundations from Worker Safety: Protecting Those Serving Others. Learners will explore the legal ramifications of self-defense in their county and review de-escalation techniques. In a private studio space, learners will engage with certified Krav Maga instructors to learn hands-on self-defense and escape techniques. Build your skills, gain confidence, and walk away from this course ready to handle anything that comes your way on the job. There is no other course like this in the Colorado Child Welfare Training System! Important disclosure: This course requires learners to sign liability waivers in order to register due to the physical demands and subject matter of the course. Learners are encouraged to find their own agency policy regarding use of self-defense techniques so that they are fully aware of the liability that exists if they choose to use any of the Krav Maga techniques while working. This course is taught in a privately owned Krav Maga studio, which will also require learners to sign a liability waiver.	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
Fetal Alcohol Spectrum Disorders	Fetal alcohol spectrum disorders (FASD) affect nearly 30 percent of children and youth in the foster care and adoption system and 15 to 25 percent of those in the juvenile justice system. Do you know how to support children, youth, and families who are impacted by them? This Web-based training, with customized content for both caseworkers and caregivers, explores the research around the impacts of fetal alcohol exposure and how FASD affects behavior and functioning. Learners will examine what FASD looks like to adults and think about what it feels like to an affected child or youth. Using case scenarios, learners will explore practical strategies and interventions for supporting these children and youth at home, in school, and in the community. Whether a caregiver or a caseworker, learners' involvement with children or youth with FASD will be more successful when they hone the skills for supporting them in managing their behavior and negotiating their daily life and know how to access community resources and specialized services.	Web-based training	Illuminate Colorado	2 hours	Ongoing and unlimited availability online	caseworkers; supervisors; case aides; foster, kinship, and adoptive parents; anyone who works with children or youth	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 (ADA). Through engagement with case scenarios, you will learn how these federal laws affect practice on a day-to- day level. 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.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	Caseworkers and Supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments
Impacts and Implications of Prenatal Substance Exposure	Facilitated by Illuminate Colorado, this interactive one-day classroom course is designed to give you a better understanding of the impacts of prenatal exposure to substances on a fetus, an infant, a child, and an adolescent. You'll cycle through six stations, gaining knowledge about how different substances specifically affect development, and you'll 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, you will apply your learnings directly to case scenarios to give you opportunities to consider the application to your practice. Upon completion of this course, you will comprehend the short- and long-term impacts on brain development and functioning, as well the unique challenges associated with maternal substance abuse and the implications for child safety. Additionally, you will be armed with knowledge to identify children and adolescents who have experienced prenatal substance exposure and the confidence to move forward with these cases.	Classroom	Illuminate Colorado	6.5 hours	6 regional offerings per year and additionally based 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
In Depth with Substance Use and Families: An ECHO Model Online Community	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. In this virtual series of six 60-minute case-based learning experiences, learners explore the indications of substance use and how to identify substances,	ECHO	Illuminate Colorado	6 hours	Provided virtually state-wide based on customer demand and a minimum of 6	Caseworkers, Supervisor, and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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 continue learning into the future!				times annually		and assessments
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	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
Individual Coaching for Leaders	Upon request, the Kempe Center's coaching staff may provide one-on-one coaching for leaders, coaches, and trainers. Individual coaching may involve enhancing the coachee's ability to demonstrate the following overarching leadership competencies: • leading in context: building a culture of collaboration • leading people: workforce development • leading for results: accountability • leading change: goal setting 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	Supervisors, Managers, Directors	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
In This Together: Creating Connection and Staying Grounded	Community and mutual encouragement are the resilience-building resources we need right now. In This Together: Creating Connection and Staying Grounded is a powerful 11-session event where we'll be brave together as find a way forward through an ever-changing environment.	Virtual	The Kempe Center	11 hours	Offered additionally as needed, minimum of 4 regional offerings	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Interstate Compact for the Placement of Children Basics	This interactive course is geared toward those workers who are not familiar with the Interstate Compact for the Placement of Children (ICPC) process. This course covers everything from the 100A to the 100B, time frames to completion, and resources to utilize, as well as state and federal laws that guide the ICPC process.	Classroom	Colorado Department of Human Services	2 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
The Invisible Conversation	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. 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 disproportionate and disparate treatment of culturally different families in the child welfare system? Learners will leave with practical strategies, unique to their own journey	Classroom	The Kempe Center	6.5 hours	Offered as requested	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Leading Organizational Change	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,	Classroom	The Kempe Center	13 hours	6 regional offerings per year and additionally based on	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	William Bridges' model of change, and the Social Styles model of interpersonal effectiveness to enrich relationships with those who follow. 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. Following this two-day course, learners are empowered as a leader to build, maintain, and enhance partnerships with staff and with external stakeholders. Creating or strengthening these relationships is the key to successfully introducing and managing change in a way that minimizes disruption and enhances resiliency within the organizational culture.				county demand and DR implementation status (this course is required to implement DR)		skills, screening and assessments
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	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand and DR implementation status	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Legalized Marijuana: Considerations for Child Safety	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 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.	Web-Based Training	Illuminate Colorado	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
Legal Preparation 201: Expert Testimony	This one-day, interactive training is intended to ease the anxiety of testifying in course. 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 helps 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	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 process; gain tips for participating in court proceedings; and develop strategies for navigating the child welfare system.	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 associated with interviewing the child or conducting an investigation before making a report. 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.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Marijuana, Children, and Families	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.	Classroom	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
Meeting Matters: Making the Most of Facilitated Family Meetings	Family engagement meetings (FEMs) are more than a task to check off of the list, more than a tool to pull off the shelf as an option when trouble is brewing. FEMs are a way of life for child welfare practice—a values-driven practice inherent in supporting and guiding families to coalesce around their children and partner with the agency in establishing a plan for safety, permanency, and well-being of children and youth. This learning experience takes you above the technical nature of facilitating FEMs and grounds you in what it means to be a facilitator of a family meeting. Being a facilitator is about how YOU show up as a facilitator—appreciative, honoring, hopeful, encouraging, and supportive or something else? You'll get grounded in your why: Why has the role of a facilitator chosen you? Then you'll begin to assess how you are able to carry out the twelve elements outlined in the FEM Quality Meeting Assessment Tool (e.g., safety focused, behavioral changes, family strengths, family voice). Over the course of the learning experience, you will • engage in an interactive meta skills process that will allow you, as a facilitator, to shape the meeting space, with intention, to produce the desired	Classroom	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	outcomes. • take part in a deep democracy process that will foster a more thorough understanding and a greater awareness of the roles and varied perspectives of FEM constituency groups, thereby establishing the ground conditions for more purposeful facilitation; and • participate in a simulated FEM to try out your newly developed skills and increased awareness and develop an Individualized Quality Meeting Assessment Plan.						
More Than a Score: Looking Beyond the ACE Score	Many of us have heard “What’s your ACE score?” or “That’s a high score,” but what does this really mean for families? 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 tips and 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 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
Motivating Positive Outcomes with Adolescents	This one-day training expands on the basic content discussed in The Adolescent 411. Adolescents can be challenging, even on the best of days. The goal of this training is to help learners promote positive outcomes by increasing learner understanding why an adolescent is “behaving” in a specific way and how to effectively work with adolescents, their families, and their community. Upon completion, learners 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.	Classroom	Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Case Aides, Foster Parents, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Never Underestimate the Power of Grief	Grief—an experience that hits us at our core and prevents us from talking about it. We often hide these emotions for fear of making those around us uncomfortable. Missing from a typical emotional education is the reassuring fact that grief is a normal and healthy experience. Children and youth in foster care often struggle with grief for longer periods of time because of their complex circumstances and compounded losses. And preventing them from expressing grief and other emotions can further complicate their natural grieving process. When this process is interrupted, grief can take the form of behaviors that seem confusing, atypical, or just plain undesirable to grownups. In this critical classroom course, you'll do a deep dive into the paired experiences of loss and grief and take your ability to provide high-quality care to the next level. You'll identify common, everyday losses, explore the normal developmental spectrum of grief, and navigate your personal relationship with loss, identifying your own unexplored areas of grief. You'll gain guidance and support around important questions like these: • How does grief manifest differently in children/youth and adults? • What about grief and loss scares me, and how can I manage my own discomfort in the exploration of my grief to better support children and youth with theirs? • How can I create an environment that encourages those in my care to express themselves openly and honestly about their grief and loss?	Classroom	Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Case Aides, Foster Parents, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
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	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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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 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
The Opioid Crisis: What Caseworkers Need to Know	In this interactive learning opportunity, learners connect with experts in the field and peers for an exploration of the opioid crisis and child welfare practice. In six 60-minute interactive learning sessions, learners explore topics ranging from the history of opioids in the US, opioid use disorders, best practices in the treatment of opioid use disorders, neonatal abstinence syndrome, and more. Learners hear from subject matter experts throughout the series, and also discuss challenging cases and build solutions with peers.	ECHO	Illuminate Colorado	6 hours	Provided virtually state-wide based on customer demand and a minimum of 6 times annually	Caseworkers, Supervisors, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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. 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.).	Classroom Training	The Kempe Center	40 hours total (3.25 hours for each module 1-11, 4.25 for module 12)	Provided upon county request	Caseworker, Supervisors, and Managers	Case management and supervision, development of the case plan, communication skills, screening and assessments
Partnering with Families in Differential Response	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 two-day course, learners embark on a journey through the seven enhanced social work practices of the Colorado DR Model: • a rigorous and balanced assessment • strategies for including children and youth • the Consultation and Information Sharing Framework • evidence-based assessment tools • risk and goal statements • participation of extended networks • behavior-based safety and support plans. 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	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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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.						
Partnering with Families to Overcome Challenges	This two-day classroom course is designed to help learners enhance their solution-focused practice skills and gain a deeper understanding of a family's perspective. Learners 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.	Classroom Course	Denver Center for Solution Focused Brief Therapy	13 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
Permanency Roundtable Skills	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 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' agreements.	Classroom	The Kempe Center	3.25 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors, GALs, department collaterals	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Plans of Safe Care	The birth of a new baby is a joyous occasion—but it is also a critical time for infants who are affected by prenatal substance exposure and for their caregivers. Plans of Safe Care is an interactive learning experience for hospital mandatory reporters and screeners who are vital to the creation of plans of safe care. These plans lay the foundation for the family's immediate and future safety and well-being. Through this self-paced Web-based training, learners will come to • recognize the prevalence of prenatal substance exposure, • understand the impacts of such exposure on infants and the affected caregivers—both in the short and longer term, • summarize the federal requirements related to plans of safe care for infants affected by substance use or withdrawal symptoms and their caregivers, and • enhance their practice related to this requirement when they make, or field mandatory reporter calls to child welfare.	Web-based training	Illuminate Colorado	1 hour	Ongoing and unlimited availability online	Caseworkers, Supervisors, GALs, department collaterals, mandatory reporters	Case management and supervision, development of the case plan, communication skills, screening and assessments
Positive Youth Development	Adolescence is a time of great change and opportunity. The physical, social, and psychological changes young people undergo during the ages of 9 to 25 can not only impact their behavior and how they interact with the world but also how the adults around them respond to this transformation. Understanding adolescence through a developmental lens guides adults toward supporting adolescents in ways that are developmentally appropriate, with an end goal of helping youth transition into adulthood successfully, and gives cause for operationalizing a positive youth development approach into the work we do with and on behalf of young people. An evidence-based public health strategy, positive youth development is an approach that guides communities and organizations in the way that they organize services, opportunities, and supports. In practice, this approach incorporates the development of skills, opportunities, and authentic	Classroom	The Kempe Center	6 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors, GALs, department collaterals, mandatory reporters	Case management and supervision, development of the case plan, communication skills, screening and assessments

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	relationships into programs, practices, and policies so that young people reach their full potential. Learners walk away with a stronger understanding of adolescence from a developmental perspective, shared language and tools to drive the operationalizing of a positive youth development approach, and enhanced current and future work.						
Power in Partnership	The tie that binds foster parents and caseworkers in partnership is the child or youth they both serve. This partnering happens so often that it seems like it must be an easy collaboration and simple for everyone to navigate. But is it? And how can partnership feel less binding and more freeing? This exclusive learning opportunity for foster parents and caseworkers provides a brave space for learners to identify barriers to successful partnership and create a path forward. Imagine what it would be like as a foster parent to get vital and timely information that really helps you fully support the child or youth in your care, to have your voice heard, your knowledge and experience with the child or youth recognized, and your caregiving challenges and struggles treated with compassion and support. Imagine what it would be like as a caseworker to partner with a foster parent who freely shares information that really helps you continuously assess a child or youth, creatively meets the needs of the children and youth in their care, and shares your goals for safety, permanency, and well-being. This learning experience challenges perceptions, activates desire for partnership, and connects. The children and youth we serve deserve the best outcomes— outcomes only made possible by the power of mindful partnership!	Hybrid blend of classroom training and virtual meetings	The Kempe Center	8 hours (6.5 classroom, 1.5 virtual meetings)	5 regional offerings per year and additionally based on county demand	Caseworkers, supervisors, foster parents, other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Power Outages: Behavioral Interventions to Avoid Power Struggles	In this one-day classroom course, learners will consider the principals of partnering and explore various techniques that support engaging with families—with a focus on adolescents—in a manner that avoids power struggles and conflict. Activities throughout the course will call on learners to incorporate the concepts, to identify areas for their own growth, and to practice intervention strategies.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors, GALs, department collaterals, mandatory reporters	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Pressley Ridge Treatment Foster Care	Within a traditional foster care situation, the Treatment Foster Care (TFC) model uses foster parents who are given advanced clinical and technical training and support in order to best serve the youth placed in their home. The following units are contained in this three-day Pressley Ridge Treatment Parent Training: Unit 1: Introduction to Treatment Foster Care Unit 2: Professional Parenting I Unit 3: Professional Parenting II Unit 4: Understanding Child Development I Unit 5: Understanding Child Development II Unit 6: Developing Healthy Relationships Unit 7: Therapeutic Communication Unit 8: Understanding Behavior Unit 9: Changing Behavior Unit 10: Skill Teaching Unit 11: Conflict Resolution Unit 12: Understanding and Managing Crisis	Classroom	Colorado Department of Human Services	16.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors, and Foster Parents	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Protecting Professional Resiliency	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 workplace. 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	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 enhances understanding of psychological assessments as they are used within child welfare. Specifically, learns will understand the differences between psychological screenings, assessments, and evaluations; the function of the psychological assessment in case planning; when an assessment should be requested; the distinction between the role of the caseworker and the role of the psychologist in a psychological assessment; and some types of psychological assessments that may be helpful when working with families involved with child welfare.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
The Reasonable and Prudent Parent Standard	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	Web-Based Training	The Kempe Center	1.5 hours	Ongoing and unlimited availability online	Foster, Kin, and Adoptive Parents; Case Workers; Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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 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 Responding to Sex Trafficking	Sex trafficking is on the rise in the United States, and the child welfare workforce is uniquely positioned to recognize and respond to children and youth who might be experiencing trafficking. This self-guided Web-based training increases learners’ awareness of indicators of sex trafficking, highlight risk factors that statistically make a child or youth more vulnerable to traffickers, and empower learners to respond with sensitivity to disclosures. Over the course of this interactive learning experience, learners grow their understanding of the prevalence of sex trafficking in Colorado, disentangle sex trafficking terms and definitions from other types of trafficking, •\ explore the backdrop for the reality of sex trafficking and the vulnerability of children and youth in a digital age, and heighten their awareness of methods and places traffickers use to recruit children and youth. Learners are able to immediately integrate the strategies for responding to suspicions of sex trafficking into their everyday practice and apply these techniques to conducting thorough assessments of safety and risk for children and youth. This course is a prerequisite for Screening for Sex Trafficking: Using the Trails Tools.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	Foster, Kin, and Adoptive Parents; Case Workers; Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Roadmap to Success as Engagement	In this interactive training, learners focus on engaging youth in the completion of an assessment that is used to develop the Roadmap to Success (formerly Independent Living Plan) and Emancipation Transition Plan, ultimately serving as a roadmap to the youth's identified hopes and dreams. This classroom session begins with an activity, so it is essential that learners arrive on time. Learners will explore what is required (rule), consider why the rule exists, and enhance strategies around how to engage youth. The training concludes with a Transfer of Learning activity, based upon learner needs.	Classroom	Colorado Department of Human Services	4 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, Supervisors, GALs, department collaterals, mandatory reporters	Case management and supervision, development of the case plan, communication skills, screening and assessments
Safe and Together: Intersections—When Domestic Violence, Substance Abuse, and Mental Health Meet	What happens in a family when domestic violence, substance abuse, and mental health issues meet? These intersecting issues produce some of most challenging cases that we work with in child welfare. In this interactive learning experience, you'll apply the Safe & Together model—an internationally recognized approach to responding to domestic violence when children are involved—to these complex situations. During the course, you'll explore how the perpetrator's violent behavior impacts family functioning in cases in which either the perpetrator or the survivor has substance abuse or mental health concerns. And you'll consider practice strategies for holding the perpetrator accountable for his behavior and strengthening your ability to support adult and child survivors.	Web-based training	The Kempe Center	3 hours	Ongoing and unlimited availability online	Caseworkers; 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 model; describe ways in which the model can change your practice; and demonstrate how to apply the approach to child welfare cases.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	Caseworkers; Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 hours	Ongoing and unlimited availability online	Caseworkers; 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 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.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	Caseworkers; Supervisors; Managers and Directors; CDHS Staff	Case management and supervision, protective factors, general substance abuse
SAFE for Administrators	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 how the SAFE Home Study is used, appreciate the importance of SAFE Home Studies in maintaining the safety of children; and know how to monitor SAFE Home Studies.	Classroom	Consortium for Children	6.5 hours	Available upon request	Administrators	Case management and supervision, protective factors, general substance abuse

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
SAFE: Improving Your Skills	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
SAFE Training	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	12 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 Supervisor Training	This one-day classroom training, provided by the Consortium for Children (CFC), utilizes a curriculum developed by CFC and is facilitated by SAFE Certified Trainers. This course is specifically for learners who supervise SAFE through best-practice supervision methods. It emphasizes effective ways to supervise SAFE and emphasize the importance of supervision in the Home Study Process. Upon completion, learners will know how to supervise SAFE Home Studies most effectively and understand how important supervision is to the home study process.	Classroom	Consortium for Children	4 hours	2 regional offerings per year and additionally based on county demand	Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments
SAFE 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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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.	Web-Based Training	The Kempe Center	2 hours	Ongoing and unlimited availability online	Caseworkers, supervisors, and foster, kin, and adoptive parents	Case management and supervision, protective factors, general substance abuse
The Science of Happiness: Building a Positive Work Culture and Retaining Staff	This workshop is for anyone in any role who wants to be their most successful self in the work that they do AND to bring that engagement, positivity, improved critical thinking, creativity, and resilience into their work culture. Three proven assumptions support this experiential training: (1) Happiness is a choice (we need to choose) (2) Positive environments are performance enhancers (3) Everyone is a scriptwriter (we all have responsibility for the culture) Happiness and positivity can feel “soft” within the critically important work of child welfare. That is why learners will examine the scientific research that supports the idea that a positive mindset and happiness habits lead to just the kind of critical thinking that underlies success with the families we serve and our community partners. Just a few of the outcomes that happiness produces include the following: Productivity increases by 31 percent Nearly 10 times more engaged at work	Classroom or ECHO	The Kempe Center	Varies	Upon request	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	More creativity See more possibilities Live longer Fewer sick days Less turnover The focus of the workshop begins at the individual habit level. Habits allow us to accomplish the important behavioral repertoires that science has proven lead to increased levels of happiness. Each learner creates individualized 21-day action plans as they experiment with the key behaviors that move their own baseline level of positivity to a higher plane. Then we imagine the impact of taking the science of happiness back to the culture of our organizations—and the steps necessary to do so. Work routines are the organizational equivalent of habits. Learners will develop structured plans to embed positive principles into work routines to bring the benefits of happiness to the whole organization.						
The Science of Positivity: Seeing Possibilities Everywhere	Positivity leads to better thinking, more creativity, substantial health benefits, and greater resilience. *We have never needed these capabilities more than we do now!* In this seven-session virtual learning experience, you'll explore how to be your most resilient self in the work you do AND bring all of the benefits of positivity to your home life too.	Virtual	The Kempe Center	7 hours	Offered additionally as needed, minimum of 4 regional offerings	Caseworkers, supervisors, case aides, and other child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Screening for Sex Trafficking: Using the Trails Modernization Tools	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. 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	Web-Based Training	The Kempe Center	1.5 hours	Ongoing and unlimited availability online	Caseworkers and supervisors	Case management and supervision, development of the case plan, communication skills, screening and assessments

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	tool; and service considerations once the tool has been completed. 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 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 document your findings.						
Setting the Foundation: LBGTQ 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	The 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
Sexual Health Fluency: Communicating with Youth and Caregivers About Risks and Resources	Sexual health is essential for all people, yet it can be uncomfortable to discuss, surrounded by cultural, personal, and religious taboos. For youth involved in child welfare services—who experience disproportionate rates of sexual health issues compared to other teens, in addition to a mountain of other challenges—the need to learn about sexual health is even more critical, and it's imperative that we overcome our own discomfort around these conversations.	Classroom	Kempe Center	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	Youth in care not only experience trauma, which can impact their sexual development, but they also all too often miss out on traditional sexual health education that other students get in school and from their families. This course will empower learners to facilitate trauma-informed discussions around healthy sexual development with both youth and caregivers. In this training, learners will • consider their own values around sexual health and the importance of respecting others' values, • explore sexual health needs and risks related to youth involved in foster care, • investigate local and online sexual health resources and services available to youth, and • practice talking with confidence about sexual health with youth and caregivers through a trauma-informed lens.						
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 to acknowledge their fears, explore their struggles, and learn about and adopt strategies that can bring some *knowing* into the vacuum of the unknown. 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	Hybrid blend of web-based and classroom training	The Kempe Center	17 hours (13 classroom, 4 WBT)	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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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: • Recognize their value as a crucial resource to caseworkers handling the complex work of child protection • 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 • 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						

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
SMART Family Services Planning	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. 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.	Classroom	The Kempe Center	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
Solution-Focused Supervision	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 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.	Classroom	Denver Center for Solution Focused Brief Therapy	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 online	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 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.	ECHO	The Kempe Center	5 hours	Provided virtually state-wide based on customer demand and a minimum of 2 times annually	Caseworkers, Supervisor, and child welfare professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments
Supervising Domestic Violence Practice	This one-day hybrid training will focus on bringing the Colorado Department of Human Services (CDHS) Domestic Violence Practice Guide for Child Protective Services to life in the supervision of casework practice. Supervisors acquire a foundation for helping caseworkers identify when domestic violence is affecting child safety and learn how to support caseworkers in building a consistent, child-centered, family-focused response. First, in a dynamic Web-based training, learners prepare for the skills-based classroom session by exploring interactive content, reviewing the Domestic Violence Practice Guide for Child Protective Services, and completing a brief worksheet. Then, in the face-to-face session, learners collaborate with other supervisors through in-	Hybrid, classroom and WBT	The Kempe Center	8 hours (6.5 classroom, 1.5 WBT)	4 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

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	depth discussion and activities. Because a best practice response is contingent upon caseworkers' familiarity with the dynamics of domestic violence—and therefore a supervisor must first have this knowledge—learners will get familiar with those dynamics and develop guidelines for working with families, from screening to assessment to an ongoing case. Additionally, given the need for strong coordination with community partners with these cases, learners explore the kinds of support from community partners that they and their caseworkers can elicit.						
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	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	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

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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 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.	Classroom	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
Team Coaching for Leaders	Upon request, the Kempe Center's coaching staff may provide coaching in a group setting with leaders and their teams. Team coaching may involve enhancing the coachee's ability to demonstrate the following overarching leadership competencies: • leading in context: building a culture of collaboration • leading people: workforce development • leading for results: accountability • leading change: goal setting 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.	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 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	ECHO	The Kempe Center	6 hours	Provided virtually state-wide based on customer demand and a minimum of 2 times annually	Caseworkers, Supervisor, and Child Welfare Professionals	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
	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.						
There's an APP for That! Family Reunification	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.	Classroom	The Kempe Center	6.5 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
Training Facilitation Skills Institute 101	Whether a learner is an experienced training facilitator or has never trained a group before, this live, one-day learning lab will maximize facilitation skills and abilities so that learning can be facilitated in an engaging, energizing, and purposeful way. Group-based activities will mirror a training day—from opening activities to closing the day. Each activity will model adult-learning strategies, and reflect on old designs and new methodologies that keep learners engaged, motivated, and connected to the material delivered. Since the emphasis will be on experiential, hands-on learning, learners are encouraged to share knowledge of and experience in facilitating people, process, and content. Along the way, the following strategies and techniques will be gleaned: Meeting the needs of varied adult learners and adult learning styles; encouraging and supporting participatory learning; promoting the use of powerful questions and critical thinking in a classroom environment; increasing knowledge and skills related to classroom management. Facilitators will leave with an increased comfort in facilitating the learning of others.	Classroom	The Kempe Center	6.5 hours	Offered as requested based on programmatic needs of training system	All professional training facilitators who currently train or wish to train on behalf of the Child Welfare Training System (CWTS).	Referral to services, development of case plan, case management and supervision, case review

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Understanding Adolescent Development and Trauma Impacts for Multisystem Involved Youth	Provided by the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect Target audience: This interactive, self-guided online course is designed to help professionals serving juveniles involved in the justice system understand the impact of trauma on the development of adolescents. Learners' own experiences working with youth is a resource during this Web-based training. Learners view videos that provide examples of typical and atypical development, engage in interactive activities, and access written resources to explore the impact of trauma on adolescent development. Throughout the course, learners will be asked to consider the impact that trauma might have on the youth they are caring for and working with and how this impact might manifest in a youth's development or behavior. In this training learners will explore four developmental domains: Physical, Cognitive, Social-emotional, and Sexual. Within each domain, learners explore the following topics: • Typical developmental milestones for adolescents • Indicators that development has been affected or disrupted by trauma • Guidelines for what a multidisciplinary team can do when developmental concerns have been identified • How to identify atypical development • How best to support adolescents affected by trauma	WBT	The Kempe Center	0 hours	Ongoing and unlimited availability online	District attorneys, public defenders, juvenile judges, probation officers, Department of Human Services, Juvenile Prevention, other agencies serving juveniles	
Understanding the Role of the GAL	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 negotiation when reasonable minds disagree about what is truly best for a child.	Classroom	The Kempe Center	6.5 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, supervisors and Guardians ad litem	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
When Trauma and Discipline Intersect: Trust-Based Relational Intervention®	Parenting is challenging, particularly with children from hard places. When you care for these children and youth, some of whom were born prematurely, have been abused or neglected, or have been adopted internationally and have special needs, you'll need caregiving strategies that meet their unique circumstances. Trust-Based Relational Intervention® (TBRI), developed by Dr. Karyn Purvis and Dr. David Cross, is an evidence-based parenting and intervention model designed specifically to promote resilience in children who have experienced relationship-based traumas such as institutionalization, multiple foster placements, or maltreatment. In this innovative training series provided by the Kempe Center, you'll delve into TBRI with our accredited facilitator, who will steep caregivers in the three principles of the TBRI model: 1. Connecting Principles 2. Empowering Principles 3. Correcting Principles Across three classroom sessions, learners will uncover the meaning behind child behaviors, explore the unique brain chemistry of children and youth from hard places, and develop techniques to help these children (and your family) heal and connect. You will leave this course with tangible preventative strategies and tools that you can immediately put into action with children and youth in your care. TBRI was developed by Dr. Karyn Purvis and Dr. David Cross at the Karyn Purvis Institute of Child Development and is built on a solid foundation of neuropsychological theory and research, tempered by humanitarian principles. Although TBRI was designed for children who have experienced some form of trauma, it has proven to be effective with all children. TBRI offers practical tools for parents, caregivers, teachers, or anyone who works with children to help those in their care reach their highest potential. Each course provided by the Kempe Center utilizes the TBRI curriculum and is trained by Michelle Mares, Foster, Kinship, and Adoptive Parent Training Manager, who studied under Dr. Cross and his team at the TCU Institute of Child Development and is an accredited TBRI Educator.	Classroom	The Kempe Center	21 hours	6 regional offerings per year and additionally based on county demand	Caseworkers, supervisors and Guardians ad litem, foster, kin, and adoptive parents	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
Where You Lead, Fathers Will Follow	Engaging fathers as part of child welfare practice is not a new idea. We take trainings on its importance and on what it looks like to do it, and we try it out in case scenarios. But despite these topical trainings on working with dads, we can all agree we still need to do better. So, what is getting in the way? There is a natural and powerful force at work in the child welfare system—and in ALL of us— that holds us back from achieving the outcomes we so desperately want: our immunity to change. This habit of inflexibility is hardwired into us because it serves us, keeps us safe; to change is energetically expensive! This is true whether we are trying to develop a healthier personal habit, alter a daily routine, or make a change in how we interact with fathers in our child welfare practice. In this hybrid learning experience for supervisors and leaders, learners explore a process for counteracting immunity to change so they can positively impact the fathers they work with (and their families!). First, during time in the classroom, you will approach the immunity to change process from both personal and systemic levels to identify action steps that will truly improve outcomes related to fathers. Then you'll meet virtually a few weeks later with your cohort to assess the changes you made and recommit to your efforts. This process, developed by Harvard professors Robert Kegan and Lisa Laskow Lahey, will show you how your individual beliefs and organizational mindsets are combining to keep you from making changes in every aspect of your personal and professional worlds. You'll leave this experience empowered to adopt behaviors that both serve you AND get you closer to your goals (all of them!).	Hybrid (classroom and virtual meeting)	The Kempe Center	6.5 hours (5 classroom, 1.5 virtual meeting)	6 regional offerings per year and additionally based upon county demand	Supervisors, Managers, and Administrators	Case management and supervision, development of the case plan, communication skills, screening and assessments

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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	The Kempe Center	6.5 hours	24 regional 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, and physical and mental health; ensure that a youth feels understood, appreciated, and hopeful; prepare a youth for participation in the transition phase 2 roundtable discuss options, action plan; and resources available to a youth in a way that is easily understood.	Classroom	The Kempe Center	3.25 hours	6 regional offerings per year and additionally based upon county demand	Caseworkers, supervisors, GAL's	Development of the case plan, case management and supervision, communication skills

Training Plan

2020-2024 Child & Family Services Plan, submitted June 30, 2020

In-Service Training Activities							
Title	Description	Setting	Proposed Provider	Approximate Number of Hours/Days	Frequency/ Duration	Audience	Title IV-E Administrative Functions
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	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	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

Estimated Cost of all Training Activities: $4,540,000