



COLORADO
Department of Human Services

The Honorable Senator Kent Lambert, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, Colorado 80203

The Honorable Dianne Primavera, Chair
House Public Health Care and Human Services
Committee
House Health, Insurance and Environment Committee
200 E. Colfax Avenue, Room 271
Denver, Colorado 80203

The Honorable Beth McCann, Chair
House Health, Insurance and Environment
Committee
House Public Health Care and Human Services
Committee
200 E. Colfax Avenue, Room 303
Denver, Colorado 80203

The Honorable Kevin Lundberg, Chair
Senate Health and Human Services Committee
200 E. Colfax Avenue, Room 269
Denver, Colorado 80203

December 31, 2014

Dear Senator Lambert, Representative Primavera, Representative McCann and Senator Lundberg:

Enclosed please find a legislative report to the Joint Budget Committee, House Public Health Care and Human Services Committee, House Health, Insurance and Environment Committee and Senate Health and Human Services Committee from the Department of Human Services (DHS) on the Title IV-E Waiver Demonstration Project authorized in SB 13-231.

Section 26-5-105.4 C.R.S. (2013) requires the Department to report annually by, December 31 on the number of participating counties, implemented interventions, achieved outcomes, money expended, and need for additional legislation related to the Title IV-E Waiver Demonstration Project.

In summary, forty eight counties were awarded \$8,060,569.60 to implement five interventions: family engagement, permanency roundtables, kinship supports, trauma informed assessment and trauma informed treatment. Implementation began July 2013, and continued into 2014, as counties expanded their practices. County implementation efforts included: hiring positions, creating the infrastructure to support funding flexibility, and developing policy to support the intervention practice.

If you require further information or have additional questions, please contact the Department's legislative liaison Jennifer Corrigan, jennifer.corrigan@state.co.us or 303-866-3019.

Sincerely,

Reggie Bicha
Executive Director



Enclosure

Representative Millie Hamner, Vice Chair, Joint Budget Committee
Senator Kevin Grantham, Joint Budget Committee
Senator Pat Steadman, Joint Budget Committee
Representative Dave Young, Joint Budget Committee
Representative Bob Rankin, Joint Budget Committee
Representative Jonathan Singer, Vice Chair, Public Health Care & Human Services Committee
Representative Kathleen Conti, Public Health Care & Human Services Committee
Representative Jessie Danielson, Public Health Care & Human Services Committee
Representative Justin Everett, Public Health Care & Human Services Committee
Representative Joann Ginal, Public Health Care & Human Services Committee
Representative Janak Joshi, Public Health Care & Human Services Committee
Representative Jon Keyser, Public Health Care & Human Services Committee
Representative Lois Landgraf, Public Health Care & Human Services Committee
Representative Jovan Melton, Public Health Care & Human Services Committee
Representative Dominck Moreno, Public Health Care & Human Services Committee
Representative Max Tyler, Public Health Care & Human Services Committee
Representative JoAnn Windholz, Public Health Care & Human Services Committee
Representative Joann Ginal, Vice Chair, Health, Insurance & Environment Committee
Representative J. Paul Brown, Health, Insurance & Environment Committee
Representative Daneya Esgar, Health, Insurance & Environment Committee
Representative Steve Humphrey, Health, Insurance & Environment Committee
Representative Janak Joshi, Health, Insurance & Environment Committee
Representative Gordon Klingenschmitt, Health, Insurance & Environment Committee
Representative Lois Landgraf, Health, Insurance & Environment Committee
Representative Susan Lontine, Health, Insurance & Environment Committee
Representative Diane Mitsch Bush, Health, Insurance & Environment Committee
Representative Dianne Primavera, Health, Insurance & Environment Committee
Representative Kim Ransom, Health, Insurance & Environment Committee
Representative Su Ryden, Health, Insurance & Environment Committee
Senator Larry Crowder, Vice Chair; Senate Health and Human Services
Senator Irene Aguilar, Senate Health and Human Services
Senator Beth Martinez Humenik, Senate Health and Human Services
Senator Linda Newell, Senate Health and Human Services





COLORADO

**Office of Children,
Youth & Families**

Division of Child Welfare

Title IV-E Waiver Demonstration Project 2014 Annual Report

**Tyler Allen
Title IV-E Waiver Program Administrator
Dec. 31, 2014**

Title IV-E Waiver Demonstration Project
26-5-105.4(8)(a), C.R.S. (2013)
12/31/14

Statutory Reporting Requirement

This report is provided pursuant to 26-5-105.4 (8) (a) C.R.S. (2013). This statute requires the Department of Human Services to report on the status of the Title IV-E waiver demonstration project:

On or before December 31, 2013, and each December 31 thereafter, the state department shall prepare a report concerning the status of the Title IV-E waiver demonstration project, as described in this section. The state department shall deliver the report to the joint budget committee, the health and human services committee of the senate, the health, insurance, and environment committee of the house of representatives, and the public health care and human services committee of the house of representatives, or any successor committees, no later than December 31 of each year.

I. NUMBER OF COUNTIES PARTICIPATING IN THE PROJECT

Forty-eight counties were awarded \$8,060,569.60 in July 2014 to implement or administer five interventions: Family Engagement, Permanency Roundtables, Kinship Supports, Trauma Informed Assessment and Trauma Informed Treatment. Project Implementation began in July 2013 for Family Engagement, Kinship Supports and Permanency Roundtables, and implementation of Trauma-Informed Assessment and Trauma-Informed Treatment interventions began in July 2014. Counties participating in Year One of the project have largely maintained staff and infrastructure from the initial year of project involvement. Counties newly involved in Year Two, or former participant counties expanding practice have engaged in implementation efforts including: hiring positions; creating the infrastructure to support funding flexibility; and developing policy to support the intervention practice.

II. INTERVENTIONS IMPLEMENTED BY EACH COUNTY PARTICIPATING IN THE PROJECT

Family Engagement

The family engagement intervention employs family meetings at pre-determined times to ensure families are engaged early and often, while involved with child welfare. Thirty-eight counties are participating in this intervention.

Permanency Roundtables

Permanency roundtables (PRT) are a series of meetings focused on achieving permanency for youth and children in out-of-home placement. Thirty-two counties are participating in this intervention.

Kinship Supports

The kinship supports intervention focuses on providing supports to both certified and non-certified kinship care providers to improve the safety, permanency and well-being outcomes of children residing in the kin's home. Thirty counties are participating in this intervention.

Trauma-Informed Assessment and Trauma-Informed Treatment

The Trauma-Informed Assessment and Trauma-Informed Treatment interventions are grouped here under one heading, as all participating counties and regions are currently administering both interventions. County child welfare departments, in partnership with the Office of Behavioral Health and Department of Health Care Policy and Financing, provide trauma-informed screening, assessment, and treatment for children/youth and their caretakers.

County child welfare departments utilize the National Child Traumatic Stress Network (NCTSN) tools within Trails to screen children/youth to determine if they have been exposed to, or are currently are experiencing, trauma. Based on the outcome of the trauma screening, the child/youth are referred for a trauma-informed assessment. If a child is screened as being exposed to trauma and the trauma is negatively impacting their functioning, then the parent/caretaker may also be referred for assessment.

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

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

Twelve counties are participating in this intervention.

Intervention Implementation by County

COUNTY	FAMILY ENGAGEMENT	PERMANENCY ROUNDTABLES	KINSHIP SUPPORTS	TRAUMA INFORMED SERVICES
Adams	X	X	X	
Alamosa				X
Arapahoe	X		X	X
Archuleta	X	X	X	
Baca	X	X	X	
Bent		X	X	
Boulder	X		X	
Broomfield	X			
Chaffee	X		X	X
Cheyenne	X			
Conejos				X
Costilla				X
Crowley	X	X	X	
Custer	X	X	X	
Denver	X		X	
Douglas	X	X		
Eagle	X	X		X
El Paso	X		X	X
Elbert	X	X	X	
Fremont	X	X	X	
Garfield	X	X	X	
Huerfano	X	X		
Jefferson	X	X	X	
Kiowa	X	X	X	
Kit Carson	X	X	X	
La Plata	X	X	X	
Lake		X		
Larimer	X		X	X
Las Animas		X	X	
Lincoln	X	X	X	
Logan	X	X	X	
Mesa	X	X	X	
Moffat	X	X		
Montrose	X	X	X	X
Otero	X	X	X	
Park	X			
Pitkin	X	X	X	
Prowers	X	X	X	
Pueblo	X	X	X	
Rio Blanco		X		

Rio Grande				X
Routt		X		
Saguache				X
San Juan	X	X	X	
Summit	X			
Teller	X	X		
Weld	X		X	X
Yuma	X	X		

III. OUTCOMES ACHIEVED BY THE PROJECT AS REPORTED TO THE FEDERAL ADMINISTRATION FOR CHILDREN AND FAMILIES

Waiver Evaluation

The evaluator, Human Service Research Institute (HSRI), began work on 8/30/13. The evaluation is, and will be, an ongoing effort to determine systemic impact as well as intervention impact on children, youth and families during their involvement with the child welfare system. The following are steps taken to assist in the evaluation process:

- Changes to the Statewide Automated Child Welfare Information System (SACWIS), also known as Trails, including data items specific to the Title IV-E Waiver, went into effect on 1/1/14. Additional changes to Trails included the entry of two Trauma Screening tools to be used by counties participating in the Trauma-Informed interventions.
- A data workgroup (Ad Hoc) meeting monthly has created initial tables to provide case level data on 16 domains. The first batch of case level data was delivered to HSRI in October, and is currently undergoing analysis for outcomes and process, beginning with intervention penetration rates. The Ad Hoc workgroup will continue to develop domain tables throughout 2015
- HSRI and the Department performed nine site visits to the counties/regions between March and September of 2014 with the intent of understanding local level administration of the IV-E Waiver interventions. An additional nine counties/regions will be visited, beginning April of 2015.
- HSRI designed and administered a tool titled “Implementation Index” to all counties regarding their efforts to implement the IV-E Waiver interventions in March 2014. This tool will be administered annually for the duration of the demonstration.

There were no evaluation findings available at the time of 2014’s initial semi-annual report to the Administration for Children and Families, submitted in February 2014. On September 1, 2014, a second semi-annual report was submitted containing HSRI’s findings from the Year 1 Implementation Index. Those findings, along with their full summary are attached as Appendix A to this report.

IV. MONEYS EXPENDED FOR THE PROJECT

A. Moneys Expended to Counties:

COUNTY	FAMILY ENGAGEMENT	PERMANENCY ROUNDTABLES	KINSHIP SUPPORTS	TRAUMA INFORMED SERVICES	TOTAL APPROVED
Adams	\$315,137.00	\$113,982.00	\$213,072.00		\$642,191.00
Alamosa				\$24,000.00	\$24,000.00
Arapahoe	\$117,606.00		\$126,216.00	\$81,988.00	\$325,810.00
Archuleta			\$12,000.00		\$12,000.00
Baca					
Bent					
Boulder	\$162,784.00		\$220,864.00		\$383,648.00
Broomfield	\$66,000.00				\$66,000.00
Chaffee	\$50,872.00		\$15,000.00		\$65,872.00
Cheyenne					
Conejos					
Costilla					
Crowley	\$66,000.00				\$66,000.00
Custer					
Denver	\$268,060.00		\$659,390.00		\$927,450.00
Douglas	\$66,908.00	\$66,908.00			\$133,816.00
Eagle			\$109,000.00		\$109,000.00
El Paso	\$346,000.00		\$659,500.00	\$45,000.00	\$1,050,500.00
Elbert	\$23,050.00	\$24,500.00	\$20,500.00		\$68,050.00
Fremont	\$56,700.00	\$65,252.00	\$121,250.00		\$243,202.00
Garfield	\$75,800.00		\$84,300.00		\$160,100.00
Huerfano	\$40,200.00	\$10,500.00			\$50,700.00
Jefferson	\$66,300.00	\$109,650.00	\$347,146.00		\$523,096.00
Kiowa					
Kit Carson	\$15,000.00	\$7,200.00	\$15,000.00		\$37,200.00
La Plata	\$200,612.00	\$18,488.00	\$27,400.00		\$246,500.00
Lake					
Larimer	\$241,500.00		\$167,000.00	\$371,500.00	\$780,000.00
Las Animas		\$16,372.00	\$30,698.00		\$47,070.00
Lincoln	\$5,000.00		\$37,000.00		\$42,000.00
Logan	\$41,280.00	\$40,000.00	\$32,000.00		\$113,280.00
Mesa	\$170,910.00	\$105,984.00	\$126,919.00		\$403,813.00
Moffat	\$84,582.00				\$84,582.00
Montrose	\$115,619.88	\$33,800.00	\$25,000.00	\$2,852.72	\$177,272.60
Otero		\$500.00	\$35,100.00		\$35,600.00
Park	\$50,239.00				\$50,239.00
Pitkin					

Prowers	\$10,000.00	\$68,520.00	\$19,300.00		\$97,820.00
Pueblo	\$129,000.00	\$118,728.00	\$58,000.00		\$305,728.00
Rio Blanco					
Rio Grande					
Routt					
Saguache					
San Juan					
Summit	\$54,750.00				\$54,750.00
Teller	\$51,485.00	\$20,495.00			\$71,980.00
Weld	\$371,400.00		\$252,400.00	\$15,000.00	\$638,800.00
Yuma	\$12,500.00	\$10,000.00			\$22,500.00
TOTAL	\$3,275,294.88	\$830,879.00	\$3,414,055.00	\$540,340.72	\$8,060,569.60

In regional models, specific counties received the funding/resources to be shared with other participating regional counties.

B. Moneys expended to the evaluator; Human Services Research Institute:

INVOICE	AMOUNT
December	\$41,667.00
January	\$41,667.00
February	\$41,667.00
March	\$41,667.00
April	\$41,667.00
May	\$41,667.00
June	\$41,667.00
July	\$41,667.00
August	\$41,667.00
September	\$41,667.00
October	\$41,667.00
November	\$41,667.00
TOTAL	\$500,004.00

C. Savings from the project:

Counties as a whole underspent their Child Welfare Services dollars, resulting in unearned IV-E Waiver dollars and monies being returned to the General Fund. Many counties had hoped to receive earned Title IV-E savings following the initial year of the project. Reduction of out-of-home placement costs is the primary measure that indicates Title IV-E Waiver savings. Though the waiver interventions may, and should, be used for all cases within the target population (as identified in each county's plan), the savings is only reflected by the IV-E eligible population, as is written into CRS 26-5-105.4 (4);

“...underspends in any state fiscal year the Title IV-E portion of its capped or targeted allocation...”

Additionally, the savings formula passed through the Child Welfare SubPAC (Policy Advisory Committee) and the Child Welfare Allocation Committee (CWAC) last year awarded savings only if the State as a whole realized reduced spending in IV-E. Last year, the counties reduced out-of-home placement bed days (including congregate care) overall; however, they overspent IV-E through increased case planning and case management expenditures. Because the reduction of congregate care fell largely on non-IV-E-eligible children, there was an under-expenditure of the child welfare block, but not a IV-E savings.

The reduction of congregate care among the non-IV-E-eligible population still benefits counties as a reduction of burden on their child welfare block appropriation, rather than as IV-E savings. Given the 80/20 state to county financial split, counties will retain 20% of that cost savings to be utilized as determined by the counties to support their programming. Historically, other states have not experienced a IV-E Waiver savings until 18 to 24 months into the waiver. While understanding that savings in year one was unlikely, the state remains optimistic for year two.

V. ANY NEED FOR ADDITIONAL LEGISLATION TO FURTHER THE ACCOMPLISHMENT OF GOALS OF THE PROJECT RELATED TO CHILD SAFETY, PERMANENCY, AND WELL-BEING

There is no current need for additional legislation.

VI. ADDITIONAL INFORMATION

Efforts to ensure the Title IV-E Waiver Demonstration Project’s success include:

- Using an Executive Oversight Committee consisting of 28 members representing the Department, county commissioners, family, and community partners. The oversight committee meets quarterly, and is informed by the work of five subcommittees, three of which convene monthly: Planning/Operation, Evaluation, and Funding/Finance; and two which convene at the direction of the Executive Oversight Committee: Judicial/Legal and Communication.
- The continued administration of a comprehensive communication plan that includes:
 - “Waiver World”- the monthly Department IV-E Waiver email newsletter;
 - Operation and intervention-specific teleconferences; and,
 - Regional convening and training both ongoing and as needed by participant counties.
- The creation of a statewide system of support to provide implementation coaching to counties regionally in a timely manner.
- Collaboration with the Office of Behavioral Health and Health Care Policy and Financing in the development, implementation and evaluation of the trauma-informed interventions.

VII. EXPECTATIONS FOR 2015

Counties are working to align their child welfare services and expenditures to prevent and reduce congregate care and out-of-home placement. If the reduced use of congregate care and out-of-home placement trend continues in 2015, we anticipate the counties will underspend their IV-E waiver dollars and the earned savings will be shared by the counties and the Department at the end of the fiscal year.

Efforts are in place to increase the number of participant counties in each intervention, as well as the Waiver as a whole. The Department anticipates expansions of county programs, including expanded target populations and increased infrastructure.

In the coming year, The Department will work with the IV-E Waiver Oversight Committee workgroups to gather operational and outcomes data; and, develop a plan that further targets areas of potential improvement towards the goal of decreasing dependence on congregate care and out-of-home placement.

VIII. CONTACT INFORMATION

For additional information regarding Colorado's Title IV-E Waiver, please contact Tyler Allen, IV-E Waiver administrator at tyler.allen@state.co.us.

Appendix A

Human Services Research Institute's Colorado's IV-E Waiver Demonstration:
Report on Year 1 Implementation Index

Colorado's Title IV-E Waiver Demonstration: Report on Year 1 Implementation Index

Summary of the Data from the Initial Implementation Index

Purpose and Process

The Implementation Index (Index) informs the evaluation of both the process and the outcomes of Colorado's Title IV-E Waiver Demonstration. For the process study, the Implementation Index will be used to track systems-level implementation across the state over the course of the Waiver, describing the variability within interventions (domains, counties, etc.) and identifying implementation successes, challenges, and trends. For the outcomes study, the Implementation Index will be used to understand variations in the child welfare outcomes achieved under the Waiver. The data from the Index are not meant to be used for monitoring the performance of individual counties, but rather to document practice change over time and statewide impact of the Waiver.

The Implementation Index is framed around several core implementation domains: target population, staffing, training, data collection, and policies/procedures. These domains are grounded in research on the factors that contribute to the implementation of evidenced-based practices. It is not expected that counties will implement all of the items asked about in the Index, but in general, we would expect better outcomes from counties that have implemented more rather than fewer interventions. Interventions that have been articulated as state-level expectations for county practice (via the Initial Design and Implementation Report and state-offered checklists) are denoted with asterisks and in bold in this report; however the Index examines many additional aspects of implementation as well.

The Index was administered online in March 2014, and was completed by 43 counties. Counties filled out one module for each Waiver intervention, and a few questions about the Waiver overall. Each intervention module began by asking whether the county was implementing the intervention or not, and allowed counties to skip the remaining questions in the module if they were not applicable.

Using a county application process, Colorado is distributing a portion of its IV-E Waiver funds for the purpose of implementing specific interventions. Counties that receive "intervention funds" are expected to implement that intervention according to the guidelines developed under the Waiver and explained in Colorado's Initial Design and Implementation Report and state-offered checklists. Counties vary in the number of interventions for which they receive funds. They may be sharing funds with another county. In addition, counties may be implementing an intervention without intervention funds. The Implementation Index assists in tracking and understanding these dynamics.

This report summarizes the data for the three interventions that were implemented in the first year of the Waiver: Family Engagement, Permanency Roundtables, and Kinship Supports. For each of the three interventions, the data are summarized in this report in two ways:

- **Part I: Waiver Intervention Funding Impact:** Summarizes the similarities and differences in implementation in counties that receive intervention funds, compared to counties that are implementing the intervention without intervention funding.

**Colorado’s Title IV-E Waiver Demonstration:
Report on Year 1 Implementation Index**

- Part II: Description of Statewide Implementation: Rolls up the various components into implementation domains and summarizes the responses by domain at the county-level to indicate the degree to which counties have adopted the practices or components that are believed to enhance implementation.

Response Rates

Table 1 shows the number of counties that responded to the Implementation Index modules for Family Engagement, Kinship Supports, and Permanency Roundtables. The table delineates whether respondents were receiving intervention funding for those interventions or not. Counties that did not receive intervention funding may have been implementing the intervention, or may have simply indicated on the Index that they were not implementing any practice similar to the intervention.

The table is further broken down by county size.¹ It shows that all of the ten large counties in Colorado responded to the Index, 17 of the 22 medium-sized counties responded to the Index, and 16 of the 26 counties in the balance of the state responded to the Index. Thus, the counties that did not respond to the Index were medium- to small-sized, and tended to be those that were not receiving intervention funding.

Table 1: Response Rate: Number of Counties Responding to the Implementation Index by Intervention, Funding, and County Size

	Family Engagement Module		Kinship Supports Module		Permanency Roundtables Module	
	Intervention Funded	Not funded	Intervention Funded	Not funded	Intervention Funded	Not funded
TLC (n=10)	10/10 (100%)	NA ²	10/10 (100%)	NA ²	4/4 (100%)	6/6 (100%)
MSC (n=22)	10/10 (100%)	7/12 (58%)	6/7 (86%)	11/15 (73%)	11/12 (92%)	6/10 (60%)
BOS (n=26)	11/12 (92%)	5/14 (36%)	4/6 (67%)	12/20 (60%)	8/12 (67%)	8/14 (57%)
Total (n=58)	31/32 (97%)	12/26 (46%)	20/23 (87%)	23/35 (66%)	23/28 (82%)	20/30 (67%)

Key Findings

These findings in this report should be viewed as descriptive and not conclusive. In particular, the small number of counties that are not receiving intervention funding but completed the Index to disclose their practices are not necessarily representative of all counties that are not receiving funding. Other factors may explain the differences between counties with and without intervention funds. Specifically, all 10 of Colorado’s ten large counties (TLC) are implementing Family Engagement and Kinship Supports with intervention funds. This means that the groups of counties implementing Family Engagement and Kinship Supports without intervention funds are

¹ TLC=ten large counties, which make up about 80% of Colorado’s child welfare population. MSC=medium sized county. BOS=counties in the balance of the state, or small sized-counties.

² All TLC counties are receiving Family Engagement and Kinship Supports intervention funding.

**Colorado’s Title IV-E Waiver Demonstration:
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made up of entirely medium- and small-sized counties. For Permanency Roundtables, four large counties are implementing PRT with intervention funds, and four large counties are implementing PRT without funding.

This report shows that, at the time of this Initial Index, implementation of Family Engagement and Permanency Roundtables appears to be more widespread statewide than implementation of Kinship Supports. In addition, across all three interventions, counties that received intervention funding (IF) are generally implementing at a higher level than counties without intervention funding (Table 2). Additional findings are detailed in the sections that follow.

Table 2: Implementation Level by Intervention

	Family Engagement			Permanency Roundtables			Kinship Supports		
	<i>W/Out IF</i> (n=12)	<i>With IF</i> (n=31)	<i>Total</i> (n=43)	<i>W/Out IF</i> (n=20)	<i>With IF</i> (n=23)	<i>Total</i> (n=43)	<i>W/Out IF</i> (n=23)	<i>With IF</i> (n=20)	<i>Total</i> (n=43)
High	17%	42%	35%	25%	35%	30%	0%	20%	9%
Mid	8%	52%	40%	15%	57%	36%	0%	60%	28%
Emerging	42%	6%	16%	10%	9%	11%	22%	20%	21%
Not implementing	33%	0%	9%	50%	0%	23%	78%	0%	42%

Next Steps

- Annual administration of Index
- Presenting and reporting findings to the following groups (in order of distribution):
Department Waiver staff, Evaluation Subcommittee, semi-annual report to Administration for Children and Families, Executive Oversight Committee, Intervention Participants, interim and final evaluation reports to Administration for Children and Families
- Please address questions and comments to Amy Stuczynski (astuczynski@hsri.org).

Family Engagement

Thirty-one of the 32 counties that received Family Engagement intervention funds in the first year of the Waiver completed the Index. Eight counties that were *not* receiving Family Engagement intervention funds completed an Index, indicating that they were providing family engagement meetings that somewhat resembled the waiver intervention. As further shown in Table 3, there were four counties that responded to the Index to indicate they are not implementing Family Engagement meetings, and 15 counties (1 receiving funding and 14 not receiving funding) for whom their implementation status is unknown, as they did not respond to the Index. The counties that are not implementing Family Engagement, or for whom their implementation status is unknown, are medium- and small-sized counties.

**Colorado's Title IV-E Waiver Demonstration:
Report on Year 1 Implementation Index**

Table 3: Number and Percent of Counties Implementing Family Engagement by Funding and County Size					
	Implementing Family Engagement		Not Implementing Family Engagement	Not Sure If Implementing: Did Not Complete Index	
	Intervention Funded	Not funded	Not funded	Intervention Funded	Not funded
TLC (n=10)	10	0	0	0	0
MSC (n=22)	10	6	1	0	5
BOS (n=26)	11	2	3	1	9
Total (n=58)	31	8	4	1	14

Part I: Influence of Waiver Intervention Funding

This section examines similarities and differences between the counties that received Family Engagement intervention funds and completed the Index (n=31), and the counties that did not receive Family Engagement funds but indicated that they were providing family engagement meetings that somewhat resembled the waiver intervention (n=8).³

Table 4: Target Population Populations most commonly targeted for Family Engagement (FE) by county receipt of set-aside funding ⁴		
Target population	Counties with FE Intervention Funds (n=31)	Counties without FE Intervention Funds (n=8)
*Newly opening PA5 cases (cases that opened after July 1, 2013, regardless of prior history)	30 (97%)	2 (25%)
*Newly opening PA4 cases (cases that opened after July 1, 2013, regardless of prior history)	27 (87%)	3 (38%)
PA5 cases that opened prior to July 1, 2013	13 (42%)	3 (38%)
PA4 cases that opened prior to July 1, 2013	10 (32%)	2 (25%)
Families served through FAR	4 (13%)	1 (13%)

³ In all tables throughout this report, the total numbers may differ slightly from what's expected due to missing data on specific questions. Table or column headings will indicate the total n. Percentages may not total 100% due to rounding.

⁴ Counties responding that they usually or always target this population.

**Colorado’s Title IV-E Waiver Demonstration:
Report on Year 1 Implementation Index**

Takeaway: Nearly all counties receiving intervention funds are targeting newly opening PA4 and PA5 cases for FE meetings, consistent with the core components of Colorado’s Family Engagement waiver intervention. In contrast, counties that do not have intervention funds are much less likely to target the newly opening PA4 and PA5 cases.⁵ In addition, some counties are serving cases that opened before the Waiver was in place—which suggests that they have the staff capacity and/or prior experience to serve these cases as well as the newly opening cases. Families that are served through Family Assessment Response (FAR) are also expected to be provided with family engagement meetings in intervention-funded counties if they remain in services more than 60 days; however, only 5 counties in Colorado had implemented FAR as of the start of the waiver.

***Core Component of Colorado’s Family Engagement Intervention**

Table 5: Family Engagement Practice Model Used

Number of counties using each model for their Family Engagement activities

(Note: counties may use more than one model)

Model	Counties with FE Intervention Funds (n=31)	Counties without FE Intervention Funds (n=8)
TDM (Team Decision Meeting)	17 (55%)	5 (63%)
Partnering for Safety	10 (32%)	1 (13%)
FGDM (Family Group Decision Making)	10 (32%)	3 (38%)
FTM (Family Team Meeting)	9 (29%)	1 (13%)
FGC (Family Group Conference)	5 (16%)	4 (50%)
LINKs (Listening to the Needs of Kids)	3 (10%)	1 (13%)
FUM (Family Unity Meeting)	2 (6%)	2 (25%)
FSRT (Family Safety and Resource team)	1 (3%)	0
Voices (Value of Individual and Community Engagement Services)	1 (3%)	0
Other	6 (19%)	2 (25%)

Takeaway: The TDM model is used by over half of the counties receiving and not-receiving intervention funds as a practice model for FE, but there are a number of other models in use as well.

⁵ PA4 provides services for youth beyond the control of parents or at risk of harm to self or other. PA5 provides services for children with an allegation of abuse/neglect.

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Table 6: Timing of Meetings

	Counties with FE Intervention Funds ⁶ (n=31)	Counties without FE Intervention Funds (n=8)
*Upon case opening	29 (94%)	5 (63%)
*Once there has been a removal/placement	29 (94%)	5 (63%)
*Follow-up meetings every 90 days for children in OOH care	27 (87%)	3 (38%)
*Follow-up meetings every 6 months for children in home	24 (77%)	3 (38%)
When there is a risk of removal	18 (58%)	5 (63%)
Upon recommendation for reunification	18 (58%)	4 (50%)
Placement change being considered	16 (52%)	4 (50%)
Change in permanency goal or permanency decisions (other than reunification)	15 (48%)	4 (50%)
Other	4 (13%)	0 (0%)
Takeaway: Counties with intervention funding are moderately more likely to hold FE meetings upon case opening, when there has been a removal/placement, and at regular follow-up intervals through the life of the case. About half of all counties, in both counties receiving and not-receiving intervention funds, hold FE meetings at other critical points in the life of a case.		

***Core Component of Colorado's Family Engagement Intervention**

Table 7: Facilitator Staff Positions

	Counties with FE Intervention Funds (n=30)	Counties without FE Intervention Funds (n=5)
*Number of counties with:		
One FE Facilitator	8 (27%) (8 BOS)	3 (60%) (3 MSC)
Two to three FE Facilitators	12 (40%) (1 TLC, 9 MSC, 2 BOS)	2 (40%) (2 MSC)
Four or more FE Facilitators	10 (33%) (9 TLC, 1 BOS)	0
Number of counties with:		
At least one full-time facilitator	15 (50%) (8 TLC, 5 MSC, 2 BOS)	1 (20%) (1 MSC)
Facilitator with the highest FTE available has		
75% or less assigned to FE	6 (20%) (2 TLC, 2 MSC, 2 BOS)	1 (20%) (1 MSC)
No facilitator assigned to FE more than 25% time	8 (27%) (2 MSC, 6 BOS)	3 (60%) (3 MSC)
Missing	1	0
Takeaway: Counties range in the FTE they have available for facilitating family meetings. Not surprisingly, the large counties have most of their facilitators facilitating full time, but in medium or small counties the FTE ranges. In some instances, part-time facilitators may face more challenges in improving their facilitation skills because of the lack of time to specialize, or in gaining county support when there is no full-time "champion" of the intervention.		

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⁶ Counties responding that these case events usually or always trigger a family engagement meeting.
Title IV-E Waiver Demo Project

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Table 8: Job Descriptions		
	Counties with FE Intervention Funds (n=31)	Counties without FE Intervention Funds (n=8)
Have a facilitator job description	23 (74%)	3 (38%)
Facilitator job description includes family engagement duties	20 (65%)	3 (38%)
Facilitator job description includes family engagement qualifications	19 (61%)	2 (25%)
Caseworker job description includes family engagement role/duties	9 (29%)	2 (25%)
Caseworker job description includes family engagement qualifications	6 (19%)	1 (13%)
<p>Takeaway:</p> <ul style="list-style-type: none"> Counties with FE intervention funds are somewhat more likely than counties without funding to have developed job descriptions for their FE facilitators that include duties and qualifications, suggesting the formalization and specialization of these positions. There is no difference in the degree to which counties have used job descriptions to clarify the caseworker skills and responsibilities for FE. While many of these staff characteristics (Table 7 and 8) are not explicitly part of the FE Core Components, they suggest the existence of staff with clearly defined responsibilities and focus on FE. 		

Table 9: *Facilitator Training Number of days of training received by family engagement facilitators		
	Counties with FE Intervention Funds (n=29)	Counties without FE Intervention Funds (n=5)
All facilitators received 6 or more days of training	16 (55%)	4 (80%)
Facilitators in the county range in the amount of training received or received between 3-5 days	12 (41%)	1 (20%)
All facilitators received 2 or fewer days of training	1 (4%)	0 (0%)
<p>Takeaway: The availability of intervention funding doesn't appear to be associated with more days of training for FE facilitators. Overall, FE facilitators in almost all counties appear to have had at least 3 days of training. Colorado's Family Engagement Intervention specifies that the facilitator should be trained in family engagement facilitation, but does not indicate an amount or specific kind of training that is required. At least two trainings were made available in the past year, and Denver county frequently makes available their TDM training.</p>		

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Table 10: *Staff Training		
Does the county <i>require</i> any family engagement training for caseworkers, supervisors, and the supervisors of the facilitators (beyond what they receive in their core training)?		
	Counties with FE Intervention Funds (n=30) that require training	Counties without FE Intervention Funds (n=8) that require training
Intake/Assessment Workers	14 (47%)	2 (25%)
Ongoing/Services Workers	14 (47%)	2 (25%)
Supervisors	16 (53%)	2 (25%)
Supervisors of the facilitators	14 (47%)	2 (25%)
Degree to which workers and supervisors have been trained:		
	Counties with FE Intervention Funds (n=30) in which all staff have been trained in at least one model	Counties without FE Intervention Funds (n=8) in which all staff have been trained in at least one model
Workers	16 (53%)	3 (38%)
Supervisors	22 (73%)	4 (50%)
Takeaway:		
<ul style="list-style-type: none"> • Non-facilitator staff in many counties are not required to receive FE training. • While counties do not <i>require</i> training, the majority of counties with intervention funds <i>have trained</i> all staff in at least one FE model, which is slightly higher than the training rates for staff in counties without intervention funds. • The expectation of the Colorado Family Engagement Intervention is that the staff in attendance are “prepared.” There is no specific kind or degree of training required. 		

***Core Component of Colorado's Family Engagement Intervention**

Table 11: Policy or Procedure		
	Counties with FE Intervention Funds (n=31)	Counties without FE Intervention Funds (n=8)
*County has a written policy or procedure to guide Family Engagement activities	24 (77%)	2 (25%)
Family Engagement policy or procedure includes:		
Role and responsibilities of facilitator	23 (74%)	2 (25%)
Role and responsibilities of caseworker	23 (74%)	2 (25%)
Role and responsibilities of supervisor	22 (71%)	2 (25%)
Process for referring families for their first family engagement meeting	22 (71%)	2 (25%)
Family rights and responsibilities	18 (58%)	2 (25%)
*Documentation to be completed for the meeting or during	18 (58%)	2 (25%)
*Process for authorizing services in the meeting	16 (52%)	2 (25%)

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Takeaway: About three-fourths of the counties with intervention funds have a written policy or procedure for Family Engagement. Being able to authorize services in the meeting is one of the core components of the Colorado FE intervention, yet only about half of the counties indicated that their policy/procedure speaks to the process for authorizing services in the meeting.

***Core Component of Colorado's Family Engagement Intervention**

Table 12: Data Collection		
	Counties with FE Intervention Funds (n=31)	Counties without FE Intervention Funds (n=8)
*County is entering all of their family engagement meetings into TRAILS as facilitated family meetings in the Framework	28 (90%)	2 (25%)
Client feedback:		
Survey families about their satisfaction with FE meetings	11 (36%)	3 (38%)
Interview or conduct focus groups with families	2 (7%)	1 (13%)
Other activities used to assess the success of FE meetings	8 (26%)	0 (0%)
Used at least one systematic method to gather client feedback	16 (52%)	3 (38%)
Takeaway: Counties with intervention funds are substantially more likely to use TRAILS to document all FE meetings. Almost half of all counties utilize some process to gain feedback from clients on their FE experience.		

***Core Component of Colorado's Family Engagement Intervention**

Summary of Family Engagement: Part I: Influence of Waiver Intervention Funding

Part I summarizes the 39 counties that indicated on the Implementation Index that they are practicing family engagement meetings (31 counties are implementing with Waiver intervention funds, and 8 counties are not receiving Waiver intervention funds). There are an additional 4 counties that completed the Index and indicated that they are not doing family engagement meetings. The remaining 15 counties in Colorado did not complete the Implementation Index so their implementation of family engagement is unknown. Also important to note is that the two groups (with intervention funds and without) are different in a number of other ways, including county size and population.

Compared to counties that did not receive intervention funds, counties receiving Waiver intervention funds appear to be more likely to:

- Target family engagement meetings to all PA4 and PA5 cases that open to child welfare
- Hold a family engagement meeting at regular intervals in the life of a case
- Create of a job description which highlights the duties and qualifications of the Facilitator
- Write a policy or procedure outlining their family engagement practice
- Have more facilitators designated to family engagement full-time
- Train non-facilitator staff on their family engagement practice

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- Enter family engagement meetings into TRAILS

There are no real differences between counties with and without Waiver intervention funding in terms of:

- Practices for whether or not a family engagement meeting is held at critical points in the life of a case
- Gathering family feedback

Part II: Description of Statewide Implementation of Family Engagement

In order to provide a relative sense of the level of implementation among counties across the state that completed the Implementation Index, we examined the responses as a whole and assigned categorical groupings (high, mid, emerging) to indicate the degree to which counties have adopted more of the practices or components that are believed to enhance family engagement implementation.

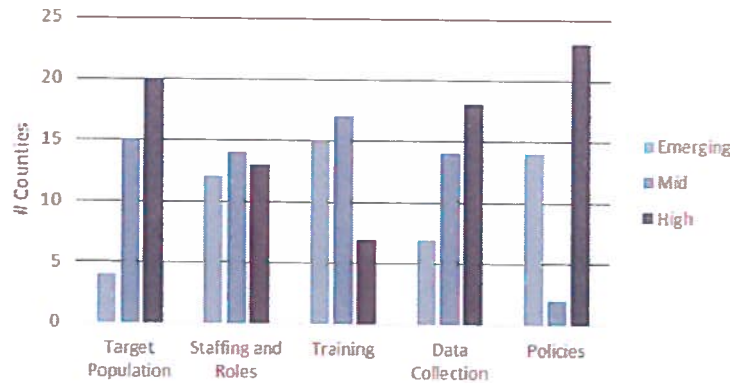
To assign groupings, we went through several steps:

1. We added the number of items within each implementation domain that each county was partially or fully implementing.
2. Each domain was weighted equally to have 20 items. Counties that implemented at least two-thirds of the items (13.4 to 20 items) were categorized as “high implementation”. Counties that implemented between one-third and two-thirds of the items (6.7 to 13.3 items) were categorized as “mid-level implementation”. Counties that implemented less than one-third of the items (6.6 or fewer items) were categorized as “emerging”.
3. To determine an overall level of implementation, the weighted items were tallied. A county was categorized as “high implementation” if it implemented at least two-thirds of the items (66.7 to 100 items). It was categorized as “mid-level implementation” if it implemented between one-third and two-thirds of the items (33.4 to 66.6 items), and it was categorized as “emerging” if it implemented fewer than one-third of the items (33.3 or fewer items).

Figure 1 shows the categorizations of the counties on each implementation domain. It includes all 39 counties that are implementing family engagement meetings in Colorado, regardless of whether or not they received Waiver intervention funds, in order to give a statewide view of implementation as it is known. It shows that counties implemented more components in the domains of target population, data collection, and policies, and fewer components in the domain of training.

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Figure 1: Level of Implementation of Family Engagement by Domain (n=39)



Figures 2 and 3 show the same categorizations, but separately illustrates the categorizations of the counties that did not receive Waiver intervention funds (Figure 2) and the counties that did receive Waiver intervention funds (Figure 3). It shows that on every implementation domain, the counties that did not receive intervention funds are generally categorized as “emerging,” whereas the counties that received intervention funds are generally categorized as “mid” or “high.”

Figure 2: FE Implementation by Domain Among Counties Without Intervention Funds (n=8)

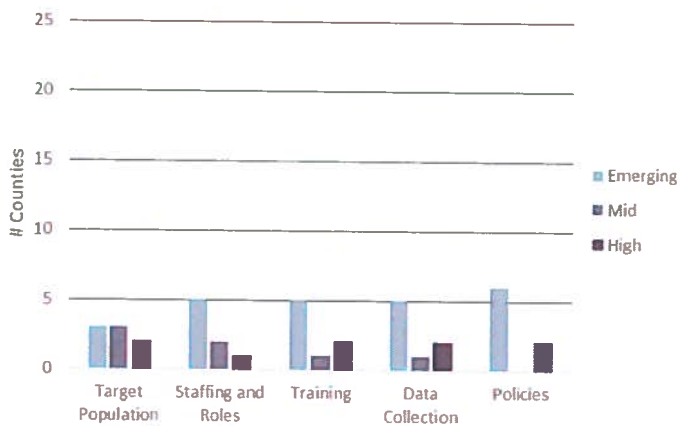


Figure 3: FE Implementation by Domain Among Counties With Intervention Funds (n=31)

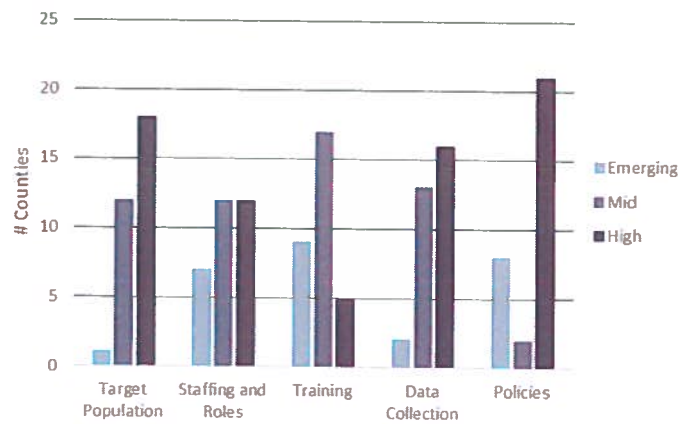
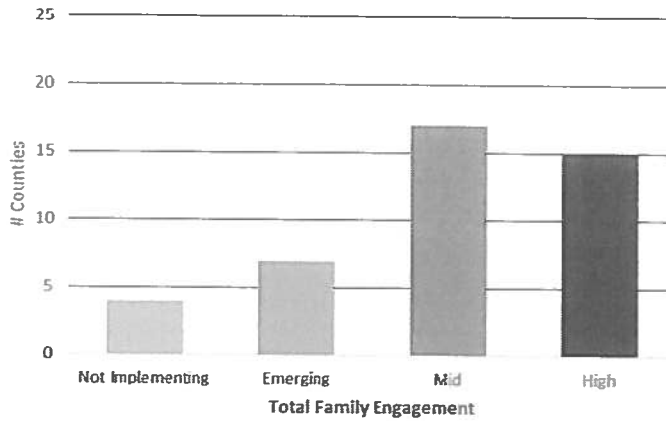


Figure 4 illustrates the overall level of implementation of family engagement meetings. In order to give as complete a statewide view as possible, it includes the 39 counties that are implementing family engagement meetings in Colorado and the 4 counties that indicated on the Index that they are not implementing family engagement meetings (n=43). It shows that in three-quarters of the counties, implementation of family engagement meetings in the first year of the Waiver is categorized as “mid” or “high.”

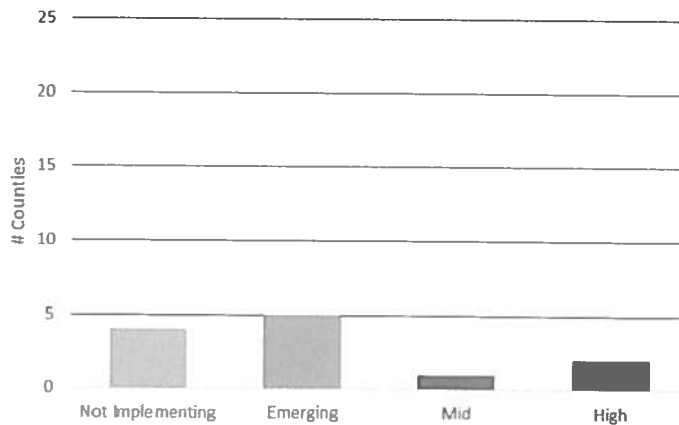
Colorado's Title IV-E Waiver Demonstration: Report on Year 1 Implementation Index

Figure 4: Overall Level of Family Engagement
Implementation (n=43)



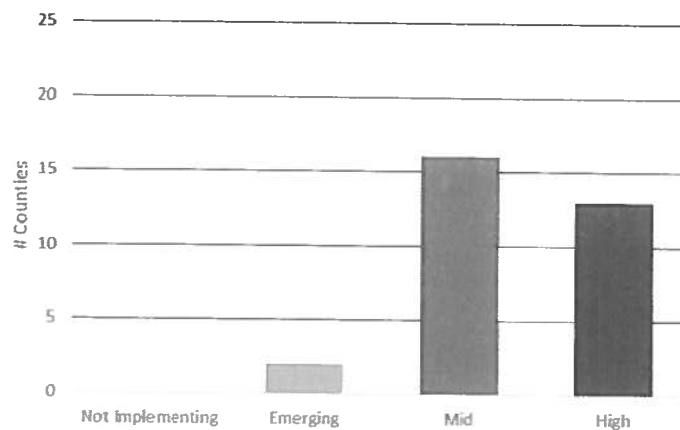
Figures 5 and 6 show the same categorizations, again separately for counties that did *not* receive Waiver intervention funds (Figure 5) and for counties that did receive Waiver intervention funds (Figure 6). It shows that counties that are not receiving intervention funds are generally not implementing or are implementing at an emergent level. In contrast, nearly all of the counties that are receiving Waiver intervention funds are implementing at a “mid” or “high” level.

Figure 5: Total FE Implementation Among Counties
Without Intervention Funds (n=12)



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Figure 6: Total FE Implementation Among Counties
With Intervention Funds (n=31)



Permanency Roundtables

Twenty-three of the 28 counties that received Permanency Roundtables interventions funds in the first year of the Waiver completed the Index. Ten counties that were *not* receiving Permanency Roundtables intervention funds completed an index, indicating that they had a PRT practice in their county. As further shown in Table 13, there were 10 counties that responded to the Index to indicate they are not implementing PRT, and 15 (5 receiving intervention funding and 10 not receiving funding) for whom their implementation status is unknown, as they did not respond to the Index.

	Implementing Permanency Roundtables		Not Implementing Permanency Roundtables	Not Sure If Implementing: Did Not Complete Index	
	Intervention Funded	Not funded	Not funded	Intervention Funded	Not funded
TLC (n=10)	4	4	2	0	0
MSC (n=22)	11	2	4	1	4
BOS (n=26)	8	4	4	4	6
Total (n=58)	23	10	10	5	10

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Part I: Influence of Waiver Intervention Funding

This section examines similarities and differences between the counties that received Permanency Roundtables intervention funds and completed the Index (n=23), and the counties that did not receive intervention funds for PRT but indicated that they had a PRT practice (n=10).⁷

Table 14: Target Population Populations most commonly targeted for Permanency Roundtables by county receipt of intervention funding		
Target population ⁸	Counties receiving PRT Intervention Funds (n=23)	Counties not receiving PRT Intervention Funds (n=10)
*Youth over 16 in OPPLA	22 (96%)	9 (90%)
Youth ages 14-16 in OPPLA	17 (74%)	9 (90%)
Children/Youth in care > 12 months	15 (65%)	7 (70%)
Youth younger than age 14 in OPPLA	12 (52%)	7 (70%)
Determined on a case-by-case basis	7 (30%)	6 (60%)
Children/Youth in care 6-12 months	6 (26%)	3 (30%)
Takeaway: <ul style="list-style-type: none"> Nearly all counties with intervention funds target youth over age 16 in OPPLA for PRTs, consistent with Colorado's plan under the Waiver for the first year of implementation. Counties without intervention funds are equally likely to target this population. In addition, 70% or more of counties with intervention funds are targeting two populations which are priorities for subsequent years of PRT implementation under the Waiver: youth ages 14-16 in OPPLA and children/youth in care for more than 12 months. Nearly all counties without intervention funds are also targeting younger youth in OPPLA and the majority of counties without funds are also targeting children/youth in care for more than 12 months. Some counties also indicated that they serve youth on a case-by-case basis, with counties not receiving intervention funds somewhat more likely to indicate that they serve youth on a case-by-case basis. About a quarter of counties with and without intervention funds are targeting children/youth who have been in care for 6-12 months. 		

***Core Component of Colorado's Permanency Roundtables Waiver Intervention in first year**

⁷ In all tables throughout this report, the total numbers may differ slightly from what's expected due to missing data on specific questions. Table or column headings will indicate the total n. Percentages may not total 100% due to rounding.

⁸ Counties responding that they usually or always target this population.

**Colorado's Title IV-E Waiver Demonstration:
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Table 15: Staff

	Counties receiving PRT Intervention Funds (n=23)	Counties not receiving PRT Intervention Funds (n=10)
*Number of counties with: One PRT Facilitator	10 (50%) (2/4 TLC, 6/10 MSC, 2/6 BOS)	4 (44%) (1/4 TLC, 3/3 BOS)
Two to three PRT facilitators	7 (35%) (1/4 TLC, 4/10 MSC, 2/6 BOS)	2 (22%) (2/2 MSC)
Four or more PRT facilitators	3 (15%) (1/4 TLC, 2/6 BOS)	3 (33%) (3/4 TLC)
Did not respond ⁹	3	1
Number of counties with: At least one full-time facilitator	6 (26%) (3 TLC, 2 MSC, 1 BOS)	2 (20%) (2 TLC)
Facilitator with the highest FTE available has 75% or less assigned to PRT	4 (17%) (3 MSC, 1 BOS)	0
No facilitator assigned to PRT more than 25% time	10 (43%) (1 TLC, 5 MSC, 4 BOS)	7 (70%) (2 TLC, 2 MSC, 3 BOS)
Did not respond	3	1
Length of time that facilitators have been on the job:		
All facilitators hired within one month of waiver start	8 (44%)	4 (50%)
Facilitators generally hired within 3 months of waiver start	7 (39%)	4 (50%)
Facilitators generally hired more than 3 months after waiver start	3 (17%)	0
Did not respond	5	2

Takeaway: While the number of facilitators and amount of FTE available for PRT facilitation is related to the size of the target population for this intervention, in some instances, part-time facilitators may face more challenges in improving their facilitation skills because of the lack of time to specialize, or in gaining county support when only limited FTE is dedicated to the intervention. About half of all counties have only one PRT facilitator. Only about one quarter of the counties have a PRT facilitator who spends more than .75 FTE on PRT-related responsibilities. Counties with intervention funds are slightly less likely to have facilitators with less than a quarter FTE allocated to PRT work. There were no real differences between counties with and without intervention funds in the length of time that facilitators have been on the job; nearly all facilitators were hired or designated for their role within 3 months of the start of the waiver.

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

⁹ The 3 counties receiving set-aside that did not specify a number of facilitators are receiving funding as part of a Waiver region. Thus it is believed that they are utilizing a facilitator who is located in another county within their region.

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Table 16: External Consultants		
	Counties receiving PRT Intervention Funds (n=22)	Counties not receiving PRT Intervention Funds (n=10)
*Number of counties with: No External Consultants (EC)		
One or two ECs	2 (9%) (1/10 MSC, 1/8 BOS)	2 (20%) (2/4 BOS)
Three to five ECs	7 (32%) (1/4 TLC, 3/10 MSC, 3/8 BOS)	1 (10%) (1/4 BOS)
Six to ten ECs	7 (32%) (1/4 TLC, 3/10 MSC, 3/8 BOS)	5 (50%) (2/4 TLC, 2/2 MSC, 1/4 BOS)
More than ten ECs	3 (14%) (2/10 MSC, 1/8 BOS)	0
	3 (14%) (2/4 TLC, 1/10 MSC)	2 (20%) (2/4 TLC)
Types of ECs:		
Master Practitioners from nearby counties	14 (61%)	7 (70%)
Guardian Ad Litem (GAL)	8 (35%)	6 (60%)
Community volunteers	8 (35%)	3 (30%)
Court Appointed Special Advocates (CASA)	7 (30%)	5 (50%)
Probation	5 (22%)	3 (30%)
Mental health	4 (17%)	5 (50%)

Takeaway: External consultants are trained permanency experts from outside of the child welfare agency whose role is to bring an outsider's or fresh perspective. Counties vary in the number of external consultants they have available to them. Most counties use facilitators from nearby counties as external consultants, and have a range of other types of people that they have recruited to be ECs.

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

Table 17: PRT Facilitator Training*		
	Number of days of training	
	Counties receiving PRT Intervention Funds (n=20)	Counties not receiving PRT Intervention Funds (n=9)
All or nearly all facilitators in the county received more than 5 days of training	8 (40%)	1 (11%)
*Facilitators in the county range in the amount of training received or received between 2-5 days	11 (55%)	7 (78%)
All facilitators received 1.5 or fewer days of training	1 (5%)	1 (11%)

Takeaway: Counties with intervention funding are somewhat more likely to have PRT facilitators who have received more than 5 days of training. Overall, PRT facilitators in almost all counties appear to have had at least 2 days of training. The PRT model specifies 2 days of training in the model; future Indexes can work to identify what kinds of training facilitators are receiving in addition to the PRT training.

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

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Table 18: Training in Other Practices		
Number of counties that have received training in other topics relevant to expediting youth permanency		
	Counties receiving PRT Intervention Funds (n=23)	Counties not receiving PRT Intervention Funds (n=10)
Intensive Family Finding	8 (35%)	7 (70%)
Cross-over Youth Practice Model	7 (30%)	6 (60%)
Takeaway: Counties with intervention funding are somewhat less likely to be trained in Intensive Family Finding or the Cross-over Youth Practice Model. It is possible that implementation of one or both of these two initiatives might complement efforts to expedite youth permanency within the counties that are implementing them. Alternatively, there may be several different methods currently underway within the state for achieving similar goals.		

Table 19: Staff Training, Achieving Permanency through Roundtables				
Number of counties that required staff to attend "Achieving Permanency through Roundtables"				
	Counties receiving PRT Intervention Funds (n=23)		Counties not receiving PRT Intervention Funds (n=10)	
	Mandated for All	Mandated for Some or All	Mandated for All	Mandated for Some or All
Caseworkers	19 (83%)*	23 (100%)	6 (60%)	7 (70%)
Supervisors	20 (87%)*	22 (96%)	7 (70%)	8 (80%)
Administrators/ Managers	14 (61%)*	18 (78%)	7 (70%)	8 (80%)
Specialists (intervention leads, facilitators, etc.)	14 (61%)*	17 (74%)	8 (80%)	8 (80%)
Support Staff	10 (44%)*	12 (52%)	5 (50%)	5 (50%)
Clerical/Administrative staff	3 (13%)*	4 (17%)	4 (40%)	4 (40%)
Takeaway: The PRT model suggests that all staff in the agency should attend training in the one-day "Achieving Permanency through Roundtables" module. Counties with intervention funds are slightly more likely than counties without intervention funds to have mandated this training for all of their caseworkers. Counties with intervention funds are slightly less likely than counties without funds to have mandated this training for all of their clerical/administrative staff. There are no real differences between the counties with and without intervention funds in terms of the likelihood of mandating that all supervisors, administrators/managers, specialists, or support staff attend training in the "Achieving Permanency through Roundtables" module.				

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

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Table 20: Staff Training, PRT Skills Training Number of counties that required staff to attend "PRT Skills Training"				
	Counties receiving PRT Intervention Funds (n=21)		Counties not receiving PRT Intervention Funds (n=10)	
	Mandated for All	Mandated for Some or All	Mandated for All	Mandated for Some or All
Caseworkers	16 (76%)	20 (95%)*	6 (60%)	7 (70%)
Supervisors	15 (71%)	19 (90%)*	7 (70%)	8 (80%)
Administrators/ Managers	9 (43%)	13 (62%)	7 (70%)	8 (80%)
Specialists (intervention leads, facilitators, etc.)	12 (57%)	13 (62%)	6 (60%)	7 (70%)
Support Staff	6 (29%)	8 (39%)	4 (40%)	4 (40%)

Takeaway: The PRT model suggests that those caseworkers and supervisors who carry cases that will be targeted for PRT attend the half-day "PRT Skills Training;" at least 90% of the counties indicated that they mandate Skills Training for some or all of their caseworkers and supervisors. Counties receiving intervention funds were slightly more likely to mandate this training for at least some of their workers. There is no real difference between counties with and without intervention funds in terms of the likelihood of mandating that at least some supervisors, administrators/managers, specialists or support staff attend Skills Training.

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

Table 21: Staff Training, PRT Youth Voice Training Number of counties that required staff to attend "PRT Youth Voice Training"				
	Counties receiving PRT Intervention Funds (n=22)		Counties not receiving PRT Intervention Funds (n=10)	
	Mandated for All	Mandated for Some or All	Mandated for All	Mandated for Some or All
Caseworkers	14 (64%)	19 (86%)*	6 (60%)	7 (70%)
Supervisors	14 (64%)	19 (86%)*	7 (70%)	8 (80%)
Administrators/ Managers	11 (50%)	14 (64%)	6 (60%)	7 (70%)
Specialists (intervention leads, facilitators, etc.)	13 (59%)	14 (64%)	6 (60%)	7 (70%)
Support Staff	7 (32%)	9 (41%)	4 (40%)	4 (40%)

Takeaway: The PRT model suggests that those caseworkers and supervisors who have cases going through the PRT process attend the half-day "PRT Youth Voice Training;" 86% of the counties with intervention funding indicated that they mandated Youth Voice Training for at least some of their caseworkers and supervisors. There were no real differences between counties with and without intervention funds in the likelihood of mandating that staff attend Youth Voice training.

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

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Table 22: Policy		
	Counties receiving PRT Intervention Funds (n=23)	Counties not receiving PRT Intervention Funds (n=10)
County has a policy or procedure to guide staff as they implement PRT	9 (39%)	5 (50%)
Takeaway: Less than half of the counties receiving PRT intervention funds have a policy or procedure to guide staff as they implement PRT. The PRT Advisory Board is currently undergoing a process to develop a protocol that counties can use to support their practice.		

Table 23: Data Collection		
	Counties with PRT Funds (n=23)	Counties without PRT Intervention Funds (n=10)
*County is entering their PRTs into the new TRAILS module	19 (83%)	6 (60%)
Client feedback:		
Survey youth about their satisfaction with PRT	2 (9%)	2 (20%)
Interview or conduct focus groups with youth	5 (22%)	2 (20%)
Survey caregivers about their satisfaction with PRT	1 (4%)	0
Interview or conduct focus groups with caregivers	2 (9%)	0
Used at least one systematic method to gather client feedback	7 (30%)	2 (20%)
Takeaway: Counties with intervention funds are slightly more likely to use TRAILS to document PRTs. Less than one-third of counties currently have a systematic method for gathering client feedback about PRTs.		

***Core Component of Colorado's Permanency Roundtables Waiver Intervention**

Summary of Permanency Roundtables: Part I: Influence of Waiver Intervention Funding
Part I summarizes the 33 counties that indicated on the Implementation Index that they are practicing PRT (23 counties are implementing PRT with Waiver intervention funds, and 10 counties are not receiving Waiver intervention funds). There are an additional 10 counties that completed the Index and indicated that they are not conducting PRT. The remaining 15 counties did not complete the Implementation Index so their implementation of PRT is largely unknown (5 of the 15 counties are receiving PRT intervention funds so would be expected to have at least a minimal level of implementation; the other 10 of the 15 counties are not getting Waiver intervention funds).

Compared to counties without PRT intervention funds, counties receiving intervention funds appear to be more likely to:

- Have all or nearly all of their facilitators highly trained

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- Mandate training in the Achieving Permanency through Roundtables module for all of their caseworkers; mandate PRT Skills Training for at least some caseworkers
- Enter PRT meetings into the new Trails module

Counties with PRT intervention funds are less likely than counties without intervention funds to be trained in Intensive Family Finding or the Cross-over Youth Practice Model. They were also slightly less likely to have facilitators who were only allocated a quarter FTE or less to PRT work.

There are no real differences between these two groups of counties (waiver intervention funded counties vs. non-waiver intervention funded counties) in terms of:

- Writing a policy or procedure outlining their county PRT practice
- Gathering client feedback
- Target population for the intervention
- Mandating training for specific groups of staff (with the exceptions noted above)
- Number of facilitators and how soon after the Waiver they were hired/designated for their role
- Number and type of External Consultants.

Part II: Description of Statewide Implementation of PRT

In order to provide a relative sense of the level of implementation among counties across the state that completed the Implementation Index, we examined the responses as a whole and assigned categorical groupings (high, mid, emerging) to indicate the degree to which counties have adopted more of the practices or components that are believed to enhance implementation of PRT's.

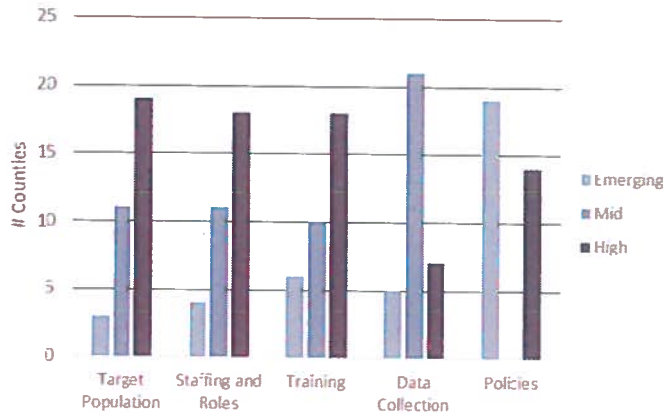
To assign groupings, we went through several steps:

1. We added the number of items within each implementation domain that each county was partially or fully implementing.
2. Each domain was weighted equally to have 20 items. Counties that implemented at least two-thirds of the items (13.4 to 20 items) were categorized as "high implementation". Counties that implemented between one-third and two-thirds of the items (6.7 to 13.3 items) were categorized as "mid-level implementation". Counties that implemented less than one-third of the items (6.6 or fewer items) were categorized as "emerging".
3. To determine an overall level of implementation, the weighted items were tallied. A county was categorized as "high implementation" if it implemented at least two-thirds of the items (66.7 to 100 items). It was categorized as "mid-level implementation" if it implemented between one-third and two-thirds of the items (33.4 to 66.6 items), and it was categorized as "emerging" if it implemented fewer than one-third of the items (33.3 or fewer items).

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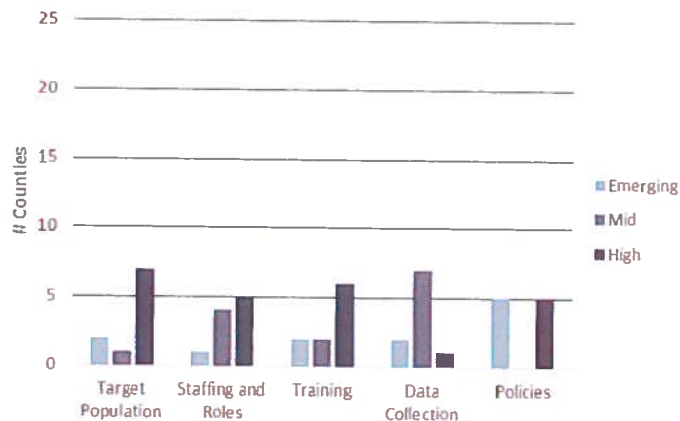
Figure 7 shows the categorizations of the counties on each implementation domain. It includes all 33 counties that are implementing Permanency Roundtables in Colorado, regardless of whether or not they received Waiver intervention funds, in order to give a statewide view of implementation as it is known. It shows that counties implemented more components in the domains of target population, staffing and roles, and training. The policies and data collection domains were areas with fewer components implemented.

Figure 7: Level of Implementation of Permanency Roundtables
by Domain (n=33)



Figures 8 and 9 show the same categorizations, but separately illustrate the categorizations of the counties that did not receive Waiver intervention funds (Figure 8) and the counties that did receive Waiver intervention funds (Figure 9). It shows that the patterns are relatively similar in terms of the proportion of each group categorized as emerging, mid or high. This similarity is likely influenced by the PRT implementation efforts that pre-dated the Waiver and state CDHS involvement in providing training, collaboration, and monitoring throughout the state.

Figure 8: PRT Implementation by Domain Among Counties
Without Intervention Funds (n=10)



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Figure 9: PRT Implementation by Domain Among Counties With Intervention Funds (n=23)

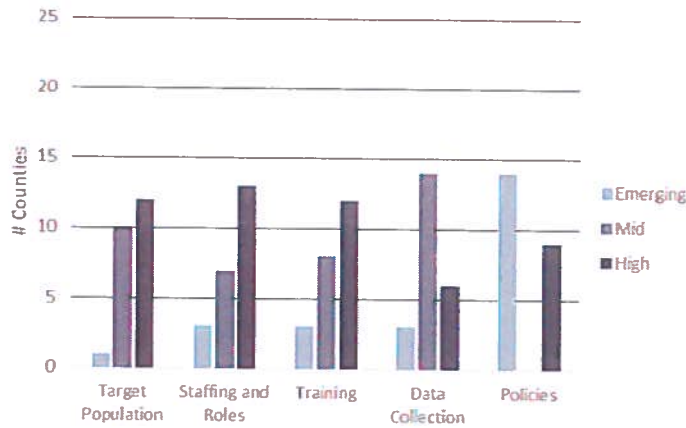
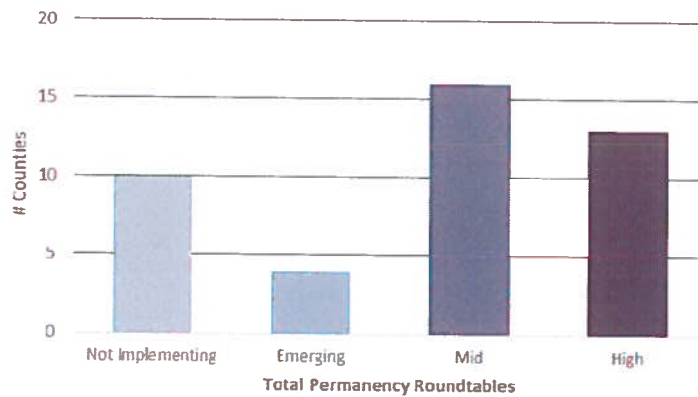


Figure 10 illustrates the overall level of implementation of Permanency Roundtables. In order to give as complete a statewide view as possible, it includes the 33 counties that are implementing PRT in Colorado and the 10 counties that indicated on the Index that they are not implementing PRT (n=43). It shows that in two-thirds of the counties, implementation of PRT in the first year of the Waiver is categorized as “mid” or “high.”

Figure 10: Overall Level of Permanency Roundtables Implementation (n=43)



Figures 11 and 12 show the same categorizations, again separately for counties that did not receive Waiver intervention funds (Figure 11) and for counties that did receive Waiver intervention funds (Figure 12). It shows that while counties that are not receiving intervention funds can implement at a mid- or high level, there are also a substantial number of counties without funds that are not implementing PRT at all. Of the counties with intervention funds, nearly all are implementing at a mid- or high level.

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Figure 11: Total PRT Implementation Among Counties Without Intervention Funds (n=20)

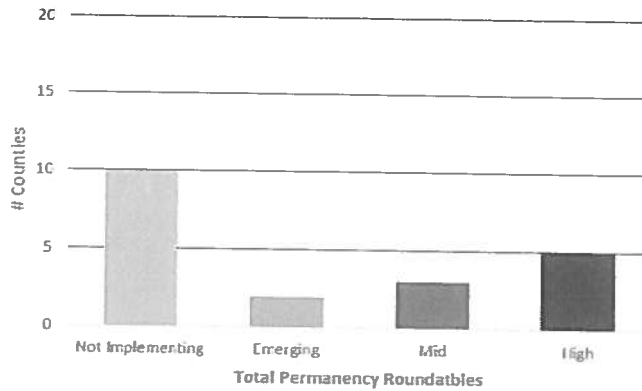
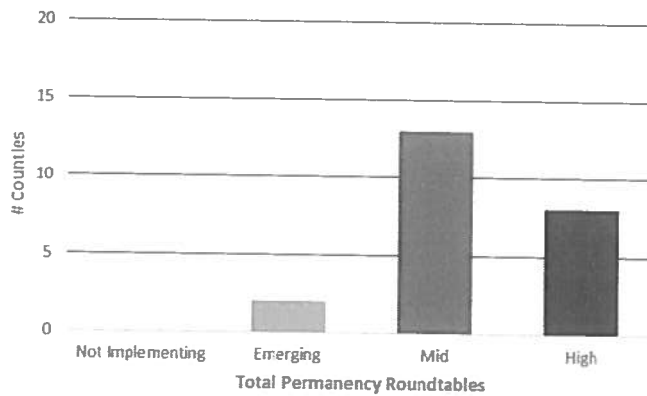


Figure 12: Total PRT Implementation Among Counties With Intervention Funds (n=23)



Kinship Supports

Twenty of the 23 counties that received Kinship Supports intervention funds in the first year of the Waiver completed the Index. Five counties that were *not* receiving Kinship Supports intervention funds completed an Index, indicating that they were providing kinship supports that somewhat resembled the waiver intervention. As further shown in Table 24, there were 18 counties that responded to the Index to indicate they are not implementing Kinship Supports, and 15 counties (3 receiving intervention funding and 12 not receiving intervention funding) for whom their implementation status is unknown, as they did not respond to the Index. The counties that are not implementing Kinship Support, or for whom their implementation status is unknown, are medium- and small-sized counties.

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**Table 24: Number of Counties Implementing Kinship Supports
by Funding and County Size**

	Implementing Kinship Supports		Not Implementing Kinship Supports	Not Sure If Implementing: Did Not Complete Index	
	Intervention Funded	Not Funded	Not Funded	Intervention Funded	Not Funded
TLC (n=10)	10	0	0	0	0
MSC (n=22)	6	1	10	1	4
BOS (n=26)	4	4	8	2	8
Total (n=58)	20	5	18	3	12

Part I: Influence of Waiver Intervention Funding

This section examines similarities and differences between the counties that received Kinship Supports intervention funds and completed the Index (n=20), and the counties that did not receive Kinship Supports funds but indicated that they were providing kinship supports that somewhat resembled the waiver intervention (n=5).¹⁰

¹⁰ In all tables throughout this report, the total numbers may differ slightly from what's expected due to missing data on specific questions. Table or column headings will indicate the total n. Percentages may not total 100% due to rounding.

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Table 25: Target Population Populations most commonly targeted for Kinship Supports by county receipt of intervention funding		
Target population	Counties receiving Kinship Supports Intervention Funds ¹¹ (n=20)	Counties not receiving Kinship Supports Intervention Funds (n=5)
*Children/youth living with non-certified kin through child welfare involvement	18 (90%)	4 (80%)
*Children/youth in kinship family foster care	15 (75%)	3 (60%)
*Children/youth in congregate care that can be stepped down to kinship foster care	14 (70%)	3 (60%)
Children/youth for whom out-of-home placement appears to be imminent	10 (50%)	4 (80%)
Children/youth in non-kinship/relative foster care	10 (50%)	2 (40%)
*Kinship caregivers seeking I&R and hard goods	9 (45%)	2 (40%)
*Children/youth living with non-certified kin through an informal family arrangement	6 (30%)	1 (20%)
<i>Takeaway:</i> The most commonly targeted populations for Kinship Supports are children/youth living with non-certified kin through child welfare involvement, children/youth in kinship family foster care, and children/youth in congregate care that can be stepped down to kinship foster care. The counties receiving Kinship Supports intervention funding may be somewhat less likely than counties not receiving funding to target children/youth for whom out-of-home placement appears to be imminent.		

***Core Component of Colorado's Waiver Intervention;** The expectation of the Kinship Supports Waiver intervention is that counties' intention would be to uniformly serve these target populations.

¹¹ Counties responding that they usually or always target this population.

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Table 26: Staff Positions: Designated Kinship Supports Workers		
	Counties receiving Kinship Supports Intervention Funds ¹² (n=20)	Counties not receiving Kinship Supports Intervention Funds (n=5)
*Number of Kinship Supports Workers (KSWs) in the county:		
One KSW	5 (25%)	0 (0%)
Two to four KSWs	9 (45%)	0 (0%)
Seven KSWs	1 (5%)	0 (0%)
KSWs based in another county within the region	4 (20%)	0 (0%)
Number of counties with:		
At least one full-time KSW	11 (55%) (10 TLC, 1 MSC)	NA
KSW with the highest FTE available has 75% or less assigned to Kinship Supports	2 (10%) (1 MSC, 1 BOS)	
No KSW assigned to Kinship more than 25% of time	3 (15%) (2 MSC, 1 BOS)	
Did not respond	4	
Length of time that KSWs have been on the job:		
All KSWs hired within one month of waiver start	9 (45%)	NA
KSWs generally hired within 3 months of waiver start	3 (15%)	
KSWs generally hired more than 3 months after waiver start	3 (15%)	
Did not respond	1 (5%)	
<i>Takeaway: All counties with intervention funding have access to specialized Kinship Supports Workers (KSWs): 16 of the 20 counties have KSWs within their county, and the remaining 4 counties are part of regions where another county indicated they have KSWs. In contrast, no county that is not receiving intervention funding has Kinship Supports Workers (KSWs). In most of the intervention funded counties, the KSWs are generally working at or near full-time on kinship-supports related tasks, illustrating a dedicated capacity for providing kinship support. In the majority of counties with intervention funding, the KSWs were hired or assigned within 3 months of the start of the waiver.</i>		

*** Core Component of Colorado's Waiver Intervention;** The expectation of the Kinship Supports Waiver intervention is that kinship caregivers would have a dedicated worker in addition to the case-carrying caseworker. Small counties may be sharing the KSW role.

¹² Counties responding that they usually or always target this population.

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Table 27: Training Provided to Kinship Supports Workers		
	Counties receiving Kinship Supports Intervention Funds ¹³ (n=20)	Counties not receiving Kinship Supports Intervention Funds (n=5)
County indicated they have KSWs	16 (80%)	0 (0%)
Training provided to KSWs prior to Waiver Start	10 (50%)	NA
Training provided to KSWs since Waiver Start	4 (20%)	NA
No Training Provided to KSWs	2 (10%)	NA
<i>Takeaway:</i> Again, 16 of the 20 counties with kinship supports intervention funding have specialized Kinship Supports Workers within their county. Fourteen of the 16 had provided their KSWs with some training, although in most of these counties KSWs were relying on training they received prior to the beginning of the waiver.		

Table 28: Training Provided to Casework Staff (n=14)¹⁴	
	Counties receiving Kinship Supports Intervention Funds
Kinship-related training provided to: ¹⁵	
FAR/Intake Workers	7 (50%)
Permanency Workers	7 (50%)
Ongoing workers	6 (43%)
Amount of training provided:	
more than 10 days of training	4 (29%)
6-10 days of training	1 (7%)
3-5 days of training	4 (29%)
2 days or less of training	5 (36%)
<i>Takeaway:</i> In counties that provided training to KSWs, additional questions were asked about whether they provided any training to caseworkers about supporting kinship caregivers. About half of the counties had provided some training to their intake, ongoing, and/or permanency workers.	

¹³ Counties responding that they usually or always target this population.

¹⁴ This question was only asked of those counties that provided training to KSWs as well. 14 of 16 counties indicated that they provided training to casework staff. All of these counties received set-aside funds for kinship supports.

¹⁵ Counties may provide training to more than one group of casework staff.

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Table 29: Topics that have been discussed in training with caseworkers among counties where training has been provided (n=14)			
Topic	All workers received	Some workers received	Few or no workers received
Resources available in the community	10 (71%)	3 (21%)	1 (7%)
Process of making referrals to community resources or CDHS resources	10 (71%)	2 (14%)	2 (14%)
Safety concerns in kinship settings	10 (71%)	1 (7%)	3 (21%)
Interaction between kinship caregivers and parents	9 (64%)	4 (29%)	1 (7%)
What it takes to help kinship caregivers succeed	9 (64%)	3 (21%)	2 (14%)
Ways to keep families engaged	9 (64%)	2 (14%)	3 (21%)
Ways of identifying potential kin caregivers	9 (64%)	2 (14%)	3 (21%)
Process for working with caseworkers	9 (64%)	1 (7%)	4 (29%)
Kinship needs assessment	9 (64%)	1 (7%)	4 (29%)
Core components of the kinship supports intervention	9 (64%)	0 (0%)	5 (38%)
Safety guidelines for certified and non-certified kinship caregivers	8 (57%)	2 (14%)	4 (29%)
Kinship caregiver support plan	8 (57%)	2 (14%)	4 (29%)
Conflict resolution	6 (43%)	2 (14%)	6 (43%)
<i>Takeaway:</i> In counties that provided training to caseworkers, the training most commonly addressed the resources available in the community, the process of making referrals to community or CDHS resources, and safety concerns in kinship settings. The least commonly addressed topic was conflict resolution.			

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Table 30: Training for Community Partners		
	Counties receiving Kinship Supports Intervention Funds (n=20)	Counties not receiving Kinship Supports funds (n=5)
Counties in which training has been provided to community partners	6 (30%)	0 (0%)
Types of community partners that have been trained: ¹⁶		NA
Non-profit or faith-based organizations	4 (20%)	
Behavioral health providers	2 (10%)	
CASA	2 (10%)	
GALs	2 (10%)	
Division of Youth Corrections (DYC)	1 (5%)	
Schools	1 (5%)	
Foster Parents	1 (5%)	
Court Best Practice Team	1 (5%)	
Promoting Safe & Stable Families (PSSF) team	1 (5%)	
Topics discussed in training of community partners: ¹⁷		NA
kinship support services available	6 (30%)	
the county's intervention to support kinship caregivers	5 (25%)	
legal process, types of custody	5 (25%)	
safety concerns in kinship settings	4 (20%)	
safety guidelines for certified and non-certified kin	4 (20%)	
what it takes to help kinship caregivers succeed	3 (15%)	
<i>Takeaway:</i> About one third of the counties with intervention funding have provided some training to one or more community partners, whereas none of the counties without intervention funding have provided training. Non-profit or faith-based organizations were most commonly trained. Training most commonly addressed the types of kinship support services available, the county's intervention to support kinship caregivers, and the legal process.		

¹⁶ Counties may train more than one type of organization.

¹⁷ Counties may cover more than one topic in training.

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Table 31: Assessments and Support Plans for Kinship Caregivers		
	Counties receiving Kinship Supports Intervention Funds (n=20)	Counties not receiving Kinship Supports Intervention Funds (n=5)
*Counties that systematically conduct a comprehensive written assessment of the needs of kinship caregivers when a child is placed with kin	15 (75%) (10/10 TLC, 3/4 MSC, 2/6 BOS)	0 (0%)
*Counties that systematically document support plans for kinship caregivers	6 (30%) (3/10 TLC, 2/4 MSC, 1/6 BOS)	0 (0%)
<p><i>Takeaway:</i> Seventy-five percent of counties receiving kinship supports intervention funding indicated that they systematically conduct a comprehensive written assessment of the needs of kinship caregivers when a child is placed with kin. While this is a core component of the Waiver intervention, there are some counties that have not yet implemented the assessment. Thirty percent of the counties indicated that they systematically document support plans for kinship caregivers: this is somewhat lower than expected, and it is unclear if counties did not understand that the support plan is on the back of the assessment. In contrast to the practices in the counties receiving intervention funds, none of the counties not receiving kinship supports intervention funds systematically use assessments or support plans, again indicating a difference in practice between counties that do and do not receive intervention funds.</p>		

***Core Component of Colorado's Waiver Intervention**

Table 32: Resources Counties Have Developed Specifically for Kinship Caregivers		
Resource	Counties receiving Kinship Supports Intervention Funds (n=20)	Counties not receiving Kinship Supports Intervention Funds (n=5)
County-specific resource directory	9 (45%)	0 (0%)
Support group	8 (40%)	1 (20%)
Training	8 (40%)	0 (0%)
County-specific brochure	5 (25%)	0 (0%)
Special events or conferences	5 (25%)	0 (0%)
<p><i>Takeaway:</i> Counties with intervention funds indicated that they had a range of resources developed for kinship caregivers. Nearly half of the counties indicated that they had a county-specific resource directory, support group, and/or training for kinship caregivers. With one exception, the counties without intervention funds did not have these resources available.</p>		

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Table 33: Policies/Procedures Counties Have Developed Specifically for Kinship Support		
	Counties receiving Kinship Supports Intervention Funds (n=20)	Counties not receiving Kinship Supports Intervention Funds (n=5)
County has a written policy or procedure to guide Kinship Supports Workers when working with kinship caregivers	6 (30%)	NA
County has a written policy or procedure to guide caseworkers when working with kinship caregivers	5 (25%)	2 (40%)
<i>Takeaway:</i> Taken together, counties with and without intervention funds were about equally likely to have a policy or procedure related to kinship support, either to guide Kinship Supports Workers or to guide caseworkers. Many more counties have KSWs than have policies or procedures that guide their work.		

Table 34: Data Collection		
	Counties receiving Kinship Supports funds (n=20)	Counties not receiving KS funds (n=5)
*County enters all non-certified kinship caregivers into Trails as a resource or provider	18 (90%)	2 (40%)
Gathering feedback from kinship caregivers to understand their perceptions about kinship supports:		
Survey caregivers	2 (10%)	0 (0%)
Interview or conduct focus groups with caregivers	4 (20%)	1 (20%)
Other activities used to gather caregiver feedback	2 (10%)	0 (0%)
Conduct at least one activity to gather caregivers' perceptions	6 (30%)	1 (20%)
<i>Takeaway:</i> Counties with Kinship Supports intervention funds are much more likely to document non-certified kinship caregivers in Trails. Less than one-third of all counties utilized some process to gain feedback from kinship caregivers on the supports they feel they need and/or their knowledge about the options or services available to them.		

*** Core Component of Colorado's Waiver Intervention**

Summary of Kinship Supports: Part 1: Influence of Waiver Intervention Funding
Part I summarizes the 25 counties that indicated on the Implementation Index that they are providing Kinship Supports (20 counties are implementing with Waiver intervention funds, and 5 counties are not receiving Waiver intervention funds). There are an additional 18 counties that completed the Index and indicated that they are not providing Kinship Supports. The remaining 15 counties did not complete the Index so their implementation of Kinship Supports is unknown

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(although, 3 of the 15 counties received intervention funds so it is expected that they implemented kinship supports at least at a minimal level). Also important to note is that the two groups (receiving intervention funds and not receiving intervention funds) are different in a number of other ways, including county size and population.

Counties implementing kinship supports with and without intervention funds generally indicated that they target the same populations. The counties with kinship supports intervention funds may be somewhat less likely than counties without intervention funds to target children/youth for whom out-of-home placement appears to be imminent. The two groups of counties were about equally likely to have a policy or procedure to guide their kinship support work or to gather feedback from kinship caregivers. However, a number of differences were found in terms of other aspects of these counties' practice. Only counties that received intervention funds:

- Had specialized Kinship Supports Workers to support kinship caregivers;
- Systematically conducted a written assessment;
- Systematically documented a support plan;
- Had a county-specific resource directory, training for kinship caregivers, or other resources; and/or,
- Provide training to community partners.

Counties with kinship intervention funds are also much more likely to enter non-certified kinship caregivers into Trails as a resource or provider. Thus, the counties that received waiver intervention funds for Kinship Supports appear to have implemented a number of changes to their practice that are not present in the counties that do not receive intervention funds.

Part II: Description of Statewide Implementation of Kinship Supports

In order to provide a relative sense of the level of implementation among counties across the state that completed the Implementation Index, we examined the responses as a whole and assigned categorical groupings (high, mid, emerging) to indicate the degree to which counties have adopted more of the practices or components that are believed to enhance implementation of Kinship Supports.

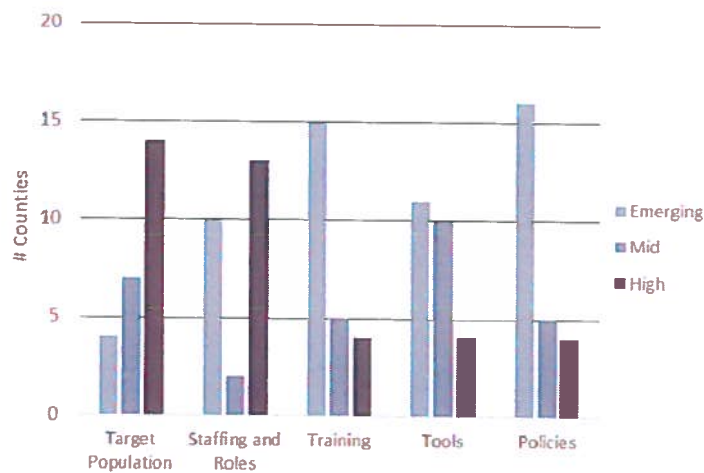
To assign groupings, we went through several steps:

1. We added the number of items within each implementation domain that each county was partially or fully implementing.
2. Each domain was weighted equally to have 20 items. Counties that implemented at least two-thirds of the items (13.4 to 20 items) were categorized as "high implementation". Counties that implemented between one-third and two-thirds of the items (6.7 to 13.3 items) were categorized as "mid-level implementation". Counties that implemented less than one-third of the items (6.6 or fewer items) were categorized as "emerging".
3. To determine an overall level of implementation, the weighted items were tallied. A county was categorized as "high implementation" if it implemented at least two-thirds of the items (66.7 to 100 items). It was categorized as "mid-level implementation" if it implemented between one-third and two-thirds of the items (33.4 to 66.6 items), and it was categorized as "emerging" if it implemented fewer than one-third of the items (33.3 or fewer items).

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Figure 13 shows the categorizations of the counties on each implementation domain. It includes all 25 counties that are implementing Kinship Supports in Colorado, regardless of whether or not they received Waiver intervention funds, in order to give a statewide view of implementation as it is known. It shows that counties implemented more components in the domains of target population and staffing and roles. They implemented fewer components in the domains of training and policies. The number of data collection components that were implemented fell in the middle.

Figure 13: Level of Implementation of Kinship Supports
by Domain (n=25)



Figures 14 and 15 show the same categorizations, but separately illustrates the categorizations of the counties that did not receive Waiver intervention funds (Figure 14) and the counties that did receive Waiver intervention funds (Figure 15). It shows that on nearly every implementation domain, the counties that did not receive intervention funds are generally categorized as “emerging.” The counties that received intervention funds were generally categorized as “mid” or “high” in the domains of target population, staffing and roles, and data collection; they were more likely to be categorized as “emerging” in the domains of training and policies.

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Figure 14: KS Implementation by Domain Among Counties Without Intervention Funds (n=5)

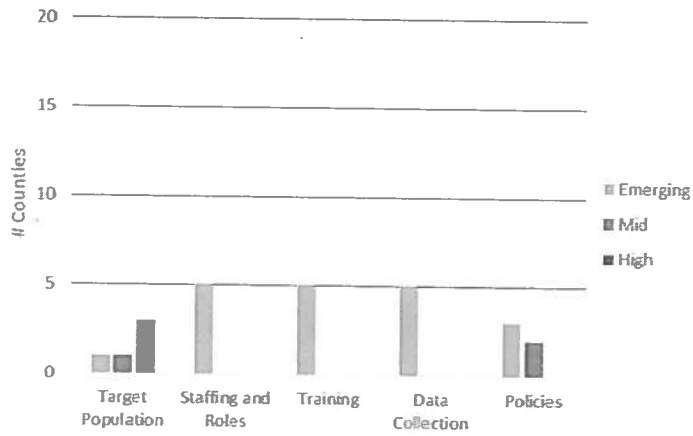
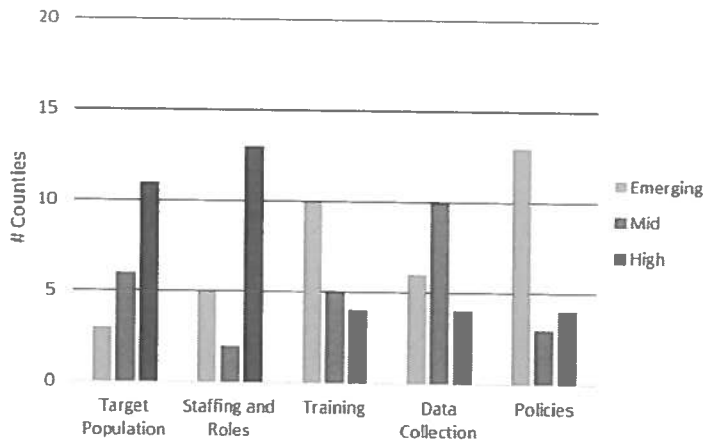
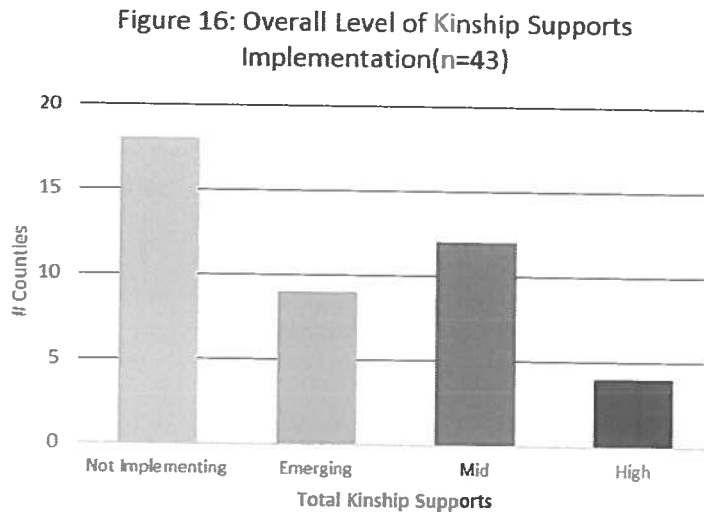


Figure 15: KS Implementation by Domain Among Counties With Intervention Funds (n=20)



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Figure 16 illustrates the overall level of implementation of Kinship Supports. In order to give as complete a statewide view as possible, it includes the 25 counties that are implementing Kinship Supports in Colorado and the 18 counties that indicated on the Index that they are not implementing Kinship Supports (n=43). It shows that about 40% of the counties that completed the Index are not implementing Kinship Supports. In another approximately 40% of the counties, implementation of Kinship Supports in the first year of the Waiver is categorized as “mid” or “high.”



Figures 17 and 18 show the same categorizations, again separately for counties that did not receive Waiver intervention funds (Figure 17) and for counties that did receive Waiver intervention funds (Figure 18). It shows that counties that are not receiving intervention funds are not implementing or implementing at an emergent level. In contrast, nearly all of the counties that are receiving Waiver intervention funds are implementing at a “mid” or “high” level.

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Figure 17: Total KS Implementation Among Counties Without Intervention Funds (n=23)

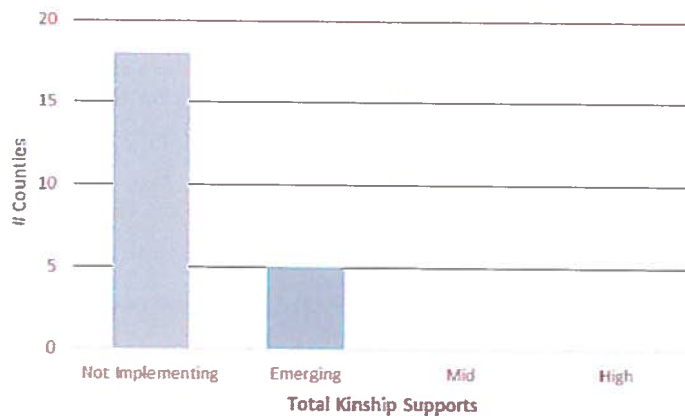


Figure 18: Total KS Implementation Among Counties With Intervention Funds (n=20)

