



**COLORADO**  
Department of Human Services

December 31, 2016

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

The Honorable Elizabeth McCann  
Chair, House Health, Insurance and  
Environment 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

Dear Representative Primavera, Representative McCann and Senator Lundberg:

Enclosed please find a legislative report to the 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 (Waiver) authorized in SB 13-231.

Section 26-5-105.4 C.R.S. (2016) 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 Waiver.

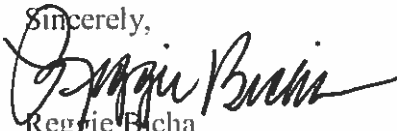
In summary, forty-nine counties were awarded \$18,225,493 to implement Waiver intervention practices in FY 2016-17. Waiver intervention practices include five interventions: Family Engagement, Permanency Roundtables, Kinship Supports, Trauma Informed Assessment, and Trauma Focused Treatment; and five Waiver intervention expansion projects: Resiliency Center, Level of Need Tool pilot, Family Engagement expansion, Kinship Supports expansion, and Trauma Services expansion.

Implementation of the Waiver began July 2013 and has continued through 2016, as counties have expanded their Waiver intervention practices. County implementation efforts included: hiring positions, creating the infrastructure to support funding flexibility, and developing internal policy to support Waiver intervention practices.



If you require further information or have additional questions, please contact the Department's legislative liaison Riley Kitts, [Riley.Kitts@state.co.us](mailto:Riley.Kitts@state.co.us), or 303-866-5799.

Sincerely,



Reggie Bicha  
Executive Director

Enclosure  
cc:

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 Tracy Kraft-Tharp, Public Health Care & Human Services Committee  
Representative Lois Landgraf, Public Health Care & Human Services Committee  
Representative Timothy Leonard, 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 Stephen 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 Janet P. Buckner, 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  
2016 Annual Report**

**Tyler Allen  
Title IV-E Waiver Program Administrator  
December 31, 2016**

**Title IV-E Waiver Demonstration Project**  
**26-5-105.4(8)(a), C.R.S. (2016)**  
**12/31/2016**

**Statutory Reporting Requirement**

This report is provided pursuant to 26-5-105.4 (8) (a) C.R.S. (2016), that requires the Colorado Department of Human Services (CDHS) to report on the status of the Title IV-E Waiver Demonstration Project (the Waiver):

“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**

A total of \$18,225,493 was awarded to counties in FY 2016-17 to implement or administer the IV-E Waiver interventions and related projects. Of this \$18,225,493, forty-nine counties were awarded \$14,276,253 for FY 2016-17 to implement or administer five interventions: Family Engagement, Permanency Roundtables, Kinship Supports, Trauma Informed Assessment and Trauma Focused Treatment. The remaining \$3,949,240 has been awarded to nine counties participating in intervention expansion projects. Of this \$3,949,240:

- \$1,461,335 has been awarded to the seven counties participating in the Resiliency Center project;
- \$517,500 has been awarded to the eight counties participating in the Level of Need Tool pilot;
- \$375,000 has been awarded to one county participating in a Family Engagement expansion project;
- \$580,439 has been awarded to two counties participating in Kinship Supports expansion projects; and,
- \$1,014,966 has been awarded to the two counties participating in Trauma Focused Treatment expansions.

Waiver implementation began in July 2013 with the Family Engagement, Kinship Supports and Permanency Roundtables interventions. Implementation of Trauma Informed Assessment and Trauma Focused Treatment interventions began in July 2014, and implementation of the Resiliency Center and Level of Need Tool pilot began in July 2015. Implementation of the Family Engagement, Kinship Supports and Trauma Focused Treatment expansion projects began in July 2016. There has been no reduction in the number of interventions occurring since the beginning of the Waiver. The counties coming onboard or expanding their interventions have engaged in new intervention

rollout 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. Currently, forty-one (41) 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-three (33) counties are currently 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. Currently, thirty-four (34) counties are participating in this intervention.

### Trauma Informed Assessment

Trauma Informed Assessments utilize trauma exposure and symptom screens, as well as trauma specific assessment tools, to identify traumatic exposure and develop appropriate service plans for those children and youth affected by trauma. Twenty (20) counties are currently participating in this intervention.

### Trauma Focused Treatment

The Trauma Focused Treatment intervention supports the treatment services plan recommended by the trauma specific assessment tools through service coordination efforts, and supplementation of other payment sources. Twenty (20) counties are currently participating in this intervention.

### Family Engagement, Kinship Supports and Trauma Focused Treatment Expansions

The intervention expansion projects increase the scope, while maintaining the intended outcome of one or more of the original interventions. Three (3) counties are currently participating in expansion projects.

### Resiliency Center

The Resiliency Center project is an expansion of the existing Trauma Informed Assessment and Trauma Focused Treatment interventions. A seven (7) county consortium developed the project to enhance the impact of the trauma assessment and treatment interventions.

### Level of Need Tool Pilot

The Department proposed the Level of Need Tool Pilot project to develop a tool that will uniformly identify the needs of children and youth in care across the State. The intended outcome would be an overall statewide reduction of out-of-home placements in higher levels of care (e.g., residential facility and group home), by placing children in the least restrictive and most appropriate environment to meet their safety and wellbeing needs. Eight (8) counties are currently collecting data from the use of two (2) different nationally recognized tools.

### III. INTERVENTION IMPLEMENTATION BY COUNTY

Table 1 indicates which interventions have been implemented in each of the forty-nine participating counties.

Table 1- Intervention Implementation by County

COUNTY	Family Engagement	Family Engagement Expansion	Permanency Roundtables	Kinship Supports	Kinship Supports Expansion	Trauma Informed Assessment	Trauma Focused Treatment	Resiliency Center	Level of Need Tool Pilot	Trauma Focused Treatment Expansion
Adams	X		X	X						
Alamosa						X	X			
Arapahoe	X			X		X	X	X	X	
Archuleta	X		X	X						
Baca	X		X							
Bent			X	X						
Boulder	X		X	X		X	X	X	X	
Broomfield	X		X	X						
Chaffee	X			X		X	X			
Cheyenne	X					X	X			
Conejos						X	X			
Costilla						X	X			
Crowley	X		X	X						
Custer	X		X							
Denver	X		X	X		X	X	X	X	
Douglas	X		X			X	X	X	X	
Eagle	X		X			X	X	X	X	
El Paso	X	X		X	X	X	X			X
Elbert	X		X	X		X	X			
Fremont	X		X	X						
Garfield	X			X						
Huerfano	X		X							
Jefferson	X		X	X		X	X	X	X	
Kiowa	X		X							
Kit Carson	X		X	X						
La Plata	X		X	X						

Table 1 - Intervention Implementation by County (continued)

COUNTY	Family Engagement	Family Engagement Expansion	Permanency Roundtables	Kinship Supports	Kinship Supports Expansion	Trauma Informed Assessment	Trauma Focused Treatment	Resiliency Center	Level of Need Tool Pilot	Trauma Focused Treatment Expansion
Larimer	X			X		X	X	X	X	X
Las Animas			X	X						
Lincoln	X		X	X		X	X			
Logan	X		X	X	X	X	X			
Mesa	X		X	X						
Moffat	X			X						
Montrose	X		X	X		X	X			
Morgan				X						
Otero	X		X	X						
Ouray	X		X	X						
Park	X									
Pitkin	X		X							
Prowers	X		X	X						
Pueblo	X		X	X						
Rio Blanco	X		X	X						
Rio Grande						X	X			
Saguache						X	X			
San Juan	X		X	X						
San Miguel	X		X	X						
Summit	X									
Teller	X		X	X						
Weld	X			X		X	X		X	
Yuma	X		X	X						
Total	41	1	33	34	2	20	20	7	8	2



#### IV. OUTCOMES ACHIEVED BY THE PROJECT AS REPORTED TO THE FEDERAL ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

##### Waiver Evaluation

The evaluator, Human Services Research Institute (HSRI), began work on August 30, 2013. The evaluation is an ongoing effort to determine systemic impact, as well as outcomes related to the Waiver interventions, for children, youth and families during their involvement with the child welfare system.

In February 2016, HSRI completed an Interim Evaluation Report. This report includes the sum total of all of the evaluation methodology and findings from the first two years of the Waiver. The report and its appendices are publicly available at:

<https://sites.google.com/a/state.co.us/cdhs-dcw/data-accountability/publications>. HSRI also published a report brief that highlights key findings from the Interim Evaluation Report. The brief is attached to this report as Appendix A.

The following steps were completed to assist the evaluation process:

- Two batches of case level data on delivered Waiver interventions have been provided to HSRI. The most recent batch is currently undergoing analysis for outcomes and intervention fidelity.
- HSRI and the Department performed nine site visits to the counties/regions between April and August 2016 with the intent of understanding the local level administration of the Waiver interventions.
- In March 2016, HSRI administered the third annual Implementation Index survey to all counties regarding their effectiveness to implement the Waiver interventions. The Implementation Index survey will be administered annually for the duration of the Waiver.

V. MONEYS EXPENDED FOR THE PROJECT

A. Moneys Expended to Counties:

Table 2 indicates which counties have been awarded funding for each Waiver interventions and related projects.

Table 2- Moneys Expended to Counties

County	Family Engagement	Family Engagement Expansion	Permanency Roundtables	Kinship Supports	Kinship Supports Expansion	Trauma Informed Assessment	Trauma Focused Treatment	Resiliency Center	Level of Need Tool Pilot	Trauma Focused Treatment Expansion	Total Approved
Adams	\$215,417		\$134,624	\$245,600							\$595,641
Alamosa*						\$20,166	\$20,166				\$40,332
Arapahoe	\$215,154			\$158,880		\$7,532	\$65,332	\$76,600	\$128,804		\$652,302
Archuleta				\$10,000							\$10,000
Boulder	\$166,530			\$308,523		\$113,363	\$51,713	\$202,500	\$17,500		\$860,129
Broomfield	\$63,600			\$6,000							\$69,600
Chaffee	\$50,872			\$15,000							\$65,872
Crowley*	\$79,000										\$79,000
Denver	\$585,880		\$221,555	\$1,568,915		\$0	\$0	\$207,600	\$130,032		\$2,713,982
Douglas	\$137,891		\$36,598			\$42,976	\$42,975	\$135,900	\$72,781		\$469,121
Eagle	\$10,000							\$87,700	\$11,124		\$108,824
El Paso	\$517,500	\$375,000		\$869,000	\$450,000	\$22,500	\$122,500			\$500,000	\$2,856,500
Elbert*	\$34,700		\$13,500	\$32,000		\$10,900	\$15,900				\$107,000
Fremont*	\$76,000		\$76,600	\$179,650		\$59,250	\$59,250				\$450,750
Garfield	\$122,000			\$105,400							\$227,400
Huerfano	\$64,409		\$16,029								\$80,438
Jefferson	\$178,733		\$98,733	\$443,325			\$288,000	\$593,950	\$98,739		\$1,701,500
Kit Carson	\$15,000		\$7,200	\$15,000							\$37,200
La Plata*	\$208,323		\$18,619	\$27,510							\$254,452
Larimer	\$470,950			\$235,726		\$504,062	\$1,054,080	\$157,085	\$58,500	\$514,966	\$2,995,369
Las Animas			\$18,868	\$50,661							\$69,529
Lincoln	\$1,800		\$18,500	\$5,680							\$25,980
Logan	\$65,997		\$22,401	\$22,400	\$130,439	\$13,500	\$59,400				\$314,137
Mesa	\$289,614		\$166,484	\$271,919							\$728,017

Table 2- Moneys Expended to Counties (continued)

County	Family Engagement	Family Engagement Expansion	Permanency Roundtables	Kinship Supports	Kinship Supports Expansion	Trauma-Informed Assessment	Trauma-Focused Treatment	Resiliency Center	Level of Need Tool Pilot	Trauma Focused Treatment Expansion	Total Approved
Moffat	\$88,236			\$34,802							\$123,038
Montrose*	\$132,717		\$34,814	\$20,000							\$187,531
Morgan				\$41,028							\$41,028
Otero*				\$82,880							\$82,880
Park	\$50,239										\$50,239
Pitkin	\$59,275		\$5,700								\$64,975
Provers			\$74,129	\$19,300							\$93,429
Pueblo	\$144,613		\$134,413	\$98,000							\$377,026
Rio Blanco	\$23,500		\$3,200	\$35,000							\$61,700
Summit	\$54,750										\$54,750
Teller	\$51,448		\$21,649	\$8,500							\$81,597
Weld	\$736,900			\$624,600		\$47,550	\$47,550				\$1,456,600
Yuma	\$12,925		\$0	\$24,700							\$37,625
<b>TOTAL</b>	<b>\$4,923,973</b>	<b>\$375,000</b>	<b>\$1,123,616</b>	<b>\$5,559,999</b>	<b>\$580,439</b>	<b>\$841,799</b>	<b>\$1,826,866</b>	<b>\$1,461,335</b>	<b>\$517,500</b>	<b>\$1,014,966</b>	<b>\$18,225,493</b>

\* Counties acting as a regional fiscal officer (for those counties that chose to collaborate using a regional model, a single designated county received the funding/resources and is charged with allocating resources or services to the other participating counties in their collaboration). For example, Alamosa is the regional fiscal officer for Alamosa, Conejos, Costilla, Rio Grande, and Saguache counties. The table illustrates funds allocated to Alamosa on behalf of these counties, but does not show how funds were allocated to each individual county.

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

<b>INVOICE</b>	<b>AMOUNT</b>
December 2015	\$41,667
January 2016	\$41,667
February 2016	\$41,667
March 2016	\$41,667
April 2016	\$41,667
May 2016	\$41,667
June 2016	\$41,663
July 2016	\$41,667
August 2016	\$41,667
September 2016	\$41,667
October 2016	\$41,667
November 2016	\$41,667
<b>TOTAL</b>	<b>\$500,000</b>

C. Savings from the project:

During FY 2015-16, counties, as a collective, did not earn additional Title IV-E savings by reducing out-of-home placement costs among the IV-E eligible population. Those counties that had earned savings prior to FY 2015-16 have until the end of the Waiver to spend those funds.

VI. 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.

VII. ADDITIONAL INFORMATION

Efforts to ensure the Waiver's success include:

- The use of the Title IV-E Waiver Executive Oversight Committee consisting of 24 members representing the Department, counties, families, and community stakeholders. The oversight committee meets quarterly, and is informed by the work of four subcommittees: three of which convene monthly (Planning, Operations and Finance; Evaluation; and Level of Need); and two that may convene as needed (Judicial/Legal and Communication).
- The continued administration of a comprehensive communication plan that includes:
  - Informational memorandums with opportunity updates;
  - Operation and intervention-specific teleconferences; and,
  - Regional convening and training both ongoing and as needed by participant counties.

- Hosting two separate Waiver convenings; one specific to the Kinship Supports intervention, and a second statewide Waiver convening to disseminate findings and begin strategizing long-term intervention sustainability.

#### VII. EXPECTATIONS FOR FY 2016-17

Counties will continue to align their child welfare services and expenditures to prevent and reduce congregate care as well as out-of-home placement. In the coming year, the Department will work with the Title IV-E Waiver Executive Oversight Committee workgroups to support participating counties in developing intervention sustainability plans.

#### VIII. CONTACT INFORMATION

For additional information regarding Colorado's Title IV-E Waiver, please contact Tyler Allen, Title IV-E Waiver Administrator at [tyler.allen@state.co.us](mailto:tyler.allen@state.co.us).

Appendix A

Human Services Research Institute's Colorado's IV-E Waiver Demonstration:  
Interim Evaluation Report Brief

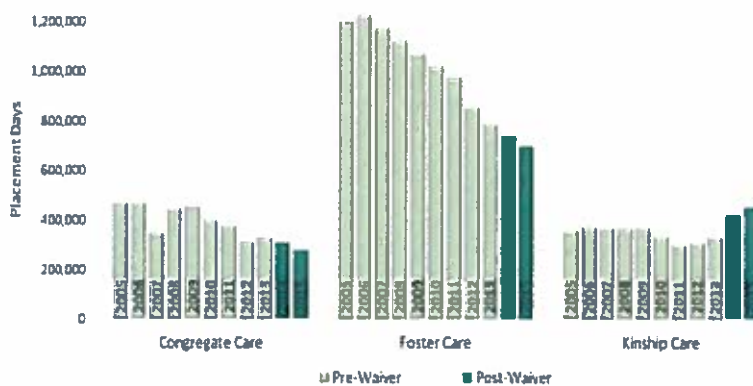
# COLORADO TITLE IV-E WAIVER: FINDINGS FROM THE FIRST TWO YEARS

The state of Colorado hired HSRI, an independent evaluator, to examine its five-year Title IV-E Waiver child welfare demonstration project, which began on July 1, 2013.

Counties that choose to participate in Colorado's Waiver demonstration can apply for and use federal IV-E dollars, which can normally be spent only on foster care, toward prevention and reunification services instead—specifically, one or more of five chosen interventions (see sidebar). In this way, they can test new approaches to improve the safety, permanency, and well-being of children and families. Of Colorado's 64 counties, 41 joined in the first year of the Waiver, and 7 more joined in the second year. In examining the interim effects of the project across participating counties, HSRI found:

- An overall decrease in foster and congregate care use, and an increase in kinship care use, particularly non-certified kinship care (see chart below)
- An overall decrease in out-of-home expenditures
- Waiver intervention services were associated with increased safety and permanency of child welfare-involved children and youth
- Enhanced communication and relationships between CDHS, counties, courts, and child welfare community partners
- Reach and implementation of the Waiver interventions varied

Among counties participating in Colorado's IV-E Waiver demonstration project, placement days in restrictive care have decreased and placement days in kinship care have increased



## Colorado's IV-E Waiver

The Colorado Department of Human Services (CDHS) initiated its Title IV-E Waiver on the heels of a statewide Child Welfare 2.0 plan that increased state-level funding and emphasis on in-home child welfare services. The Division of Child Welfare within the Office of Children, Youth, and Families oversees the Waiver.

Waivers allow states the flexibility to use federal IV-E funds, which can normally be spent only on foster care, for prevention and reunification services. This shift in spending is expected to improve safety, permanency, and well-being outcomes for children and families. To increase the likelihood of achieving these goals, CDHS employs five distinct interventions that, together, address the most prominent needs of the child welfare population in the state; the five interventions are family engagement meetings, kinship supports, Permanency Roundtables, trauma-informed screening, and trauma-informed assessment and treatment.



# Waiver Interventions

## Family Engagement

The philosophy and practice of family engagement calls for child welfare staff to work collaboratively with families to establish common goals for safety, well-being, and permanency. Family engagement meetings, led by a neutral facilitator, are held on a regular and ongoing basis over the life of the case; these meetings are where goals are established and families are linked with services. The target population for this intervention is all families with open child welfare cases.

In the first two years of the Waiver:

- 3,936 families (59% of the target population) across the state received family engagement meetings
- Compared to similar children and youth whose families did not receive the intervention, children and youth whose families received family engagement:
  - Were safer
  - Experienced greater placement stability
  - Spent, on average, more days with kin
  - Spent, on average, fewer days in congregate and foster care (children in families that received all meetings on time with all required attendees present)
  - Were more likely to have permanency at case closure

*"One of the coolest things about the meetings is that they [staff] are very much there for us as parents, but at the same time they [the meetings] are all about our children."*

*- Parent involved in family engagement meetings*



## Permanency Roundtables

Permanency Roundtables (PRT) foster collaborative and creative approaches to achieving permanency for children and youth who no longer have the option of returning home and/or have been in out-of-home care for lengthy periods of time. Youth are present or represented at each PRT and are given a voice, as are community partners and child welfare staff. Meetings are led by a neutral facilitator. During the first year of the Waiver, PRT meetings and services targeted youth age 16 and older with an OPPLA (other planned permanent living arrangement) goal. Beginning in year two, PRT also targeted all children and youth in out-of-home care for longer than 12 months and all children and youth age 16 and under with an OPPLA goal.

*"They [county department of human/social services] encouraged me to identify anyone who I wanted to have that relationship with... They said they would help find people if I didn't have a way to get in touch with them. They offered to help me find my dad; I only knew his name. I didn't know my dad until my first PRT."*

*- Youth involved in PRT*

In the first two years of the Waiver:

- 239 youth age 16 and older with an OPPLA goal (78% of the target population) received at least one PRT
- 335 children and youth in care longer than 12 months and/or under age 16 with an OPPLA goal (26% of the target population) received at least one PRT
- Compared to similar youth who did not receive the intervention, youth 16 and older with an OPPLA goal who received PRT spent, on average, more days with kin
- There was a marked increase in the number of permanent connections among all children and youth who received the intervention



## Kinship Supports

The kinship supports intervention is designed to support kin caregivers, including non-certified kin caregivers, across the state. This intervention includes administration of a kinship supports needs assessment and coordination of corresponding services and supports so that children can remain with kin. These services may include hard goods, such as food, clothing, cribs and car seats; utility or rent assistance; mental health services; funds for child activities or extracurricular fees; and support groups. Kinship supports target all kin caring for children and youth for whom a referral has been made to the county department of human/social services.

In the first two years of the Waiver:

- 2,139 kinship caregivers (72% of the target population) received at least one service or support
- Compared to similar children and youth whose kin caregiver did not receive the intervention, children and youth whose kin caregiver received the intervention:
  - Were safer
  - Spent, on average, more days with kin
- Children in cases that received both kinship supports and family engagement were more likely to reunify with their parents than were children in cases that received only kinship supports



*"We have a lot of families who wouldn't be able to make it through the first two months without the kinship supports dollars."*

*- Kinship staff*

## Trauma-informed Screening, Assessment & Treatment

These interventions reflect a growing body of knowledge related to the short and long-term effects of adverse childhood experiences, as well as an understanding of the resiliency and healing that can come from trauma-related approaches and treatment. The trauma-informed interventions bring children and families access to trauma screening, assessment, and treatment tools. These cross-system interventions rely on collaboration between the county department of human/social services, the local community mental health center, and, in some counties, private mental health providers.



*"Caseworkers are using skills from their training, using trauma-informed language and looking at families holistically."*

*- County trauma-informed intervention lead*

In the second year of the Waiver:

- 1,388 children and youth were screened by child welfare staff for exposure to and symptoms of trauma
- 99% (548) of children or youth who were deemed to have trauma exposure and/or symptoms at the initial screening were referred to the Community Mental Health Center (CMHC) or a private provider for an additional assessment
- Trauma-related treatment was recommended for nearly all children and youth who received a trauma assessment
- Systems-level changes have occurred, including:
  - Strengthened relationships and communication between child welfare and behavioral health
  - Enhanced focus on what has happened to families, rather than what is wrong with them
  - Identification of gaps in service array so that families are better supported

## Waiver Cost Study

A cost study is also being conducted to see how the demonstration project affects foster care spending at the county level. If our hypothesis is correct, the flexible funding and programmatic changes brought about by the Waiver will lead to reduced spending on foster care.

In the first two years of the Waiver, participating counties:

- Experienced a 16% overall reduction in foster care spending (notably, nine of the ten large counties recorded decreases from their SFY 2013 levels)
- Underwent a shift in placement type mix from typically higher-cost, more restrictive placements in foster care and congregate care settings to lower-cost, less restrictive placements with kin (see *chart on page 1*)
- Saw a 15% overall decrease in average daily unit cost for out-of-home placement days

## Evaluator Recommendations

In the past decade, the culture and landscape of Colorado's child welfare system has shifted. County departments of human/social services have increasingly focused on family preservation, reunification, and the utilization of least restrictive settings for children and youth in care. The Title IV-E Waiver has allowed the state, and therefore counties, flexibility to pursue intervention practices that further those goals.

Based on the findings from the first two years of Colorado's Waiver demonstration project, the following recommendations for the state and counties are centered on enhancing the impacts of the Waiver:

- Plan ways to sustain the intervention practices, which are leading to positive outcomes for children and families, beyond the five-year demonstration period; intervention planning may be shaped by pending legislation, including the Family First Prevention Services Act of 2016
- Increase the reach of each Waiver intervention to ensure that eligible families have access to these services
- Because fidelity is related to positive outcomes, particularly for the family engagement intervention, continue to focus on implementing the interventions as intended
- Enhance intervention-specific training opportunities (in-person and/or online) across the state for county staff and community partners

To download a copy of the Colorado Title IV-E Waiver Interim Evaluation Report, visit <https://sites.google.com/a/state.co.us/cdhs-dcw/data-accountability/publications>

HSRI: Shaping Human Services Policy and Practice

*"We want to make sure that we keep kids healthy and safe and that we stabilize families because we know that stable families are the best launching pads there are for kids to have successful lives."*

*- Governor Hickenlooper, in 2013, on reformations made to Colorado's child welfare system*

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