

Colorado Family First Prevention Plan

Draft submitted for review August 2020



COLORADO
Department of Human Services



Introduction & Foundation

Colorado's child welfare system is in the midst of a significant transformation. Over the last several years, there has been an intentional shift to focus on proactively strengthening families through prevention and early intervention strategies, on keeping families together safely, and when necessary, placing children and youth in family-like settings. This redirection has helped reduce deep child welfare system penetration and produced positive change for the state's most vulnerable children, youth, and families. Colorado is committed to continuing this trajectory and ensuring that all children, youth, and families have timely access to community services and supports that meet their needs and promote safety and well-being.

Colorado's population has grown rapidly in recent years, with a 13.2% increase since 2010. As shown in the graph below, over the last five years, there has been an almost 40% increase in the number of child welfare reports across Colorado, which appears to be driven both by the overall increase in population and by implementation of a statewide Child Abuse and Neglect Hotline. Despite increases in the number of reports, the absolute number of out-of-home placements has remained relatively stable. Additionally, Colorado has decreased the length of stay in out-of-home care, decreased the number of children/youth in congregate care, and increased the percentage of children/youth in family-like or kinship care.

In February 2018, the U.S. Congress passed the landmark bipartisan Family First Prevention Services Act (Family First). Family First offers an exciting opportunity to accelerate Colorado's progress toward greater investment in prevention

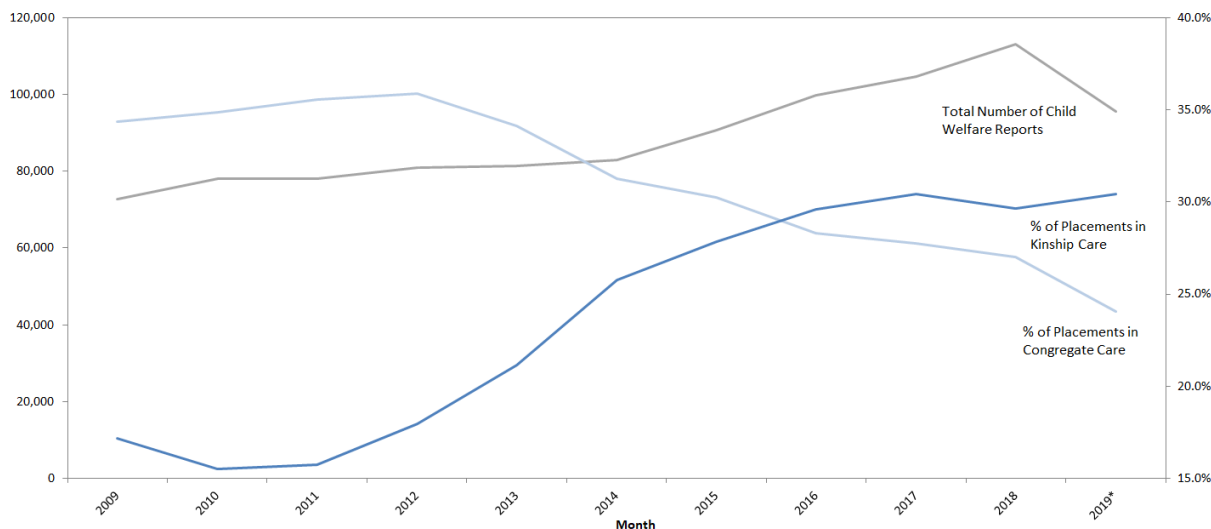
services and increased capacity to ensure that, when necessary, children are placed in the least restrictive, most family-like setting possible.

At the same time, Colorado views Family First as an important piece of a broader strategy to further evolve the child welfare system into one that truly improves the safety, permanency, and well-being of all children, youth, and families through a continuum of community-based prevention services and supports. Colorado's five-year prevention plan reflects this broader vision and is deeply rooted in a strong foundation of practices and principles that have been honed and tailored in Colorado over the last decade.

The Vision

Colorado has created a bold vision for a 21st century child welfare system that positively and proactively supports children and youth through strong and healthy family formation with a continuum of community-based, prevention-focused services. While Family First centers on evidence-based secondary and tertiary prevention services, Colorado sees this as one component of a more comprehensive approach to preventing child/youth maltreatment. Thus, while Colorado is fully committed to and engaged in implementing Family First, it must simultaneously focus on activating all points along the prevention services continuum. Critical elements of this strategy include continuing to invest in robust primary prevention efforts, building multi-sector partnerships under a common vision, maximizing Medicaid and Title IV-E reimbursements for effective

Trends in Referrals, Congregate Care, and Kinship



practices, and utilizing state and local resources to build capacity in evidence-based services. This multi-layered strategy requires leveraging diverse funding streams alongside Family First.

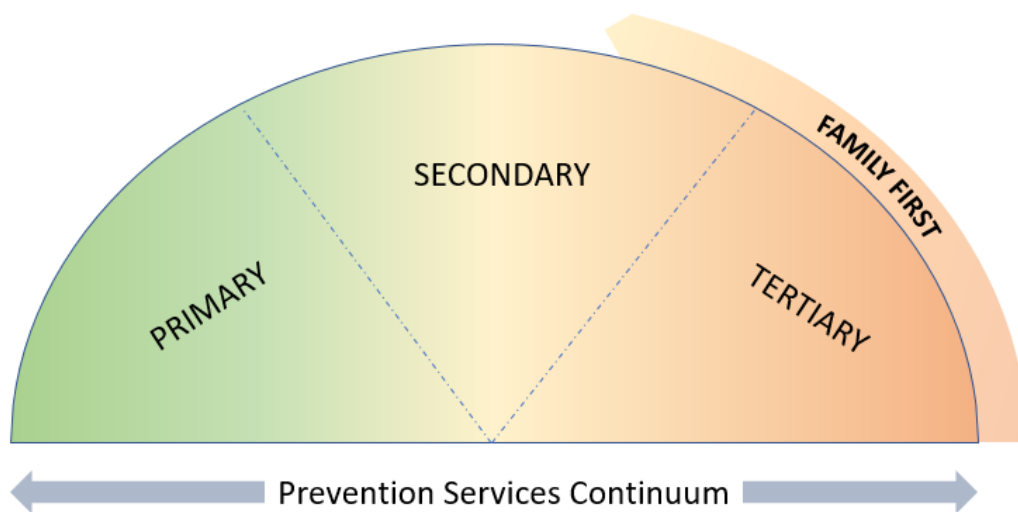
Additionally, Colorado acknowledges this vision cannot be realized through child welfare programs alone. Colorado has approached Family First implementation as a broad system transformation effort that cuts across multiple offices within the Colorado Department of Human Services (CDHS), including the Division of Child Welfare (DCW), Office of Behavioral Health (OBH), Office of Early Childhood (OEC), and Office of Economic Security (OES). As a state-supervised, county-administered human services system, our 64 county departments of human services have been critical partners in co-designing the future of child welfare. CDHS and county departments are also actively engaging and collaborating with partner agencies responsible for administering health programs, including mental health

and substance abuse prevention and treatment services, public health agencies, private providers, and community organizations.

Over the next five years, Colorado will continue to carefully assess where Family First interventions are most appropriate along the prevention services continuum, while also progressively expanding their reach—both in terms of at-risk populations served and the variety of evidence-based practices tailored to the unique needs of Colorado communities and Tribes. Colorado has intentionally designed a broad definition of candidacy for placement prevention services that pushes to serve children, youth, and families as early as possible and, ideally, before a report is made to the child welfare system.

Colorado has been building the groundwork for a 21st century child welfare system over the past decade, and the opportunities and challenges of Family First must be viewed

The Prevention Services Continuum and Family First¹



1. In this context, primary (universal) prevention includes services aimed broadly at the general population (e.g., public awareness campaigns about the scope and effects of child maltreatment, parenting classes, efforts to educate children about safety). Secondary prevention includes services, such as home-visiting programs, parenting classes, or respite care, that are targeted to populations at higher risk for maltreatment. Tertiary prevention includes services for families already affected by maltreatment (e.g., family preservation services, parent mentoring and support groups, and mental health services).

within the context of Colorado's ongoing work with children, youth, and families. The following are four key components of this foundation, each serving to strengthen and amplify the impact of Family First implementation.

Core Services Program

The Core Services Program was established within CDHS in 1994 to provide strength-based resources and support to families. The program's goals are to safely maintain children and youth in the home, return children and youth home, promote the least restrictive setting for children and youth, and provide services for families at risk of involvement or further involvement in the child welfare system. Each of the state's 64 counties and two Tribes develops a plan annually to address program goals through locally tailored strategies and services. The Core Services Program is a \$55-million distinct funding stream, essential to the current continuum of care in Colorado.

In calendar year (CY) 2018, a total of 29,382 distinct clients were served by the Core Services Program. Annual evaluations have shown the Core Services Program is an effective approach to strengthening families and keeping children and youth at home. Without it, Colorado counties would have spent an additional estimated \$46 million in CY 2018 on out-of-home placements for children and youth.²

Core Services and Family First: The Core Services Program has helped build a prevention infrastructure across the state, by enhancing collaboration with community partners and providers, and expanding intensive in-home therapeutic services, substance abuse treatment and mental health services, and innovative county-designed services. The implementation of Family First in Colorado will benefit from and build upon this existing network.

In 2018, county-designed services represented the most common type of service provided through Core funding, accounting for 35% of all service episodes statewide. County-designed services are innovative and/or otherwise unavailable services proposed by a county to meet the special needs of children, youth, and families. Examples of county-designed services include family group decision-making, domestic violence interventions, and family support services. Many of these services will likely not meet the Family First evidence standards and qualify for federal reimbursement in the near future. At the same time, not all families will benefit from the limited set of evidence-based interventions approved by the Family First Title IV-E Prevention Services Clearinghouse. Thus, Colorado has prioritized continuing

to maintain, evaluate, and adapt county-designed prevention services to meet the unique needs of local communities, while clarifying how these services will complement and align with Family First. Additionally, Colorado will continue to collaborate with the Southern Ute Indian and Ute Mountain Ute Tribes individually to evaluate and adapt prevention services to the needs of their communities.

Title IV-E Waiver Demonstration Project

In October 2012, the Children's Bureau, an office of the Administration for Children & Families, awarded the CDHS Division of Child Welfare (DCW) a Title IV-E Waiver Demonstration Project (Waiver). The Colorado Waiver focused on five interventions to build on existing child welfare practice: Family Engagement, Permanency Roundtables, Trauma-Informed Assessment, Trauma-Informed Treatment, and Kinship Supports. Collectively, the interventions were designed to support children, youth, and families throughout the various levels of child welfare involvement.

Colorado's Waiver interventions were far-reaching, with 53 of 64 counties across the state receiving funds to implement one or more of the five interventions during the initial five-year Waiver period and almost 30,000 children and youth receiving one or more interventions. Overall, the independent, third-party evaluation findings indicate that the percentage of all out-of-home removal days in kinship care increased, while the percentage of foster and congregate care days, as well as the total expenditures for out-of-home care, decreased. At the same time, children and youth who received the interventions generally had better permanency and safety outcomes than matched children and youth who did not receive the interventions.

IV-E Waiver and Family First: Colorado's IV-E Waiver design was not merely a collection of individual interventions, but rather the beginnings of a uniquely Coloradan child welfare model. Family engagement and kinship supports in particular have become engrained in statewide practice. During the 2019 legislative session, \$9.7 million was appropriated specifically to extend Title IV-E Waiver interventions, with the requirement that CDHS develop a detailed plan for long-term sustainability. Thus, similar to Core Services, the question is not how Family First will replace the Waiver, but rather how Family First will align with and continue to strengthen Colorado's current approach to promoting child and family well-being.

2. Colorado Title IV-E Waiver Final Evaluation Report. Human Services Research Institute, December 2018.

Colorado’s Waiver experience offers lessons learned that can be applied to Family First implementation. Overall, the approach was to have consistent parameters around a common set of interventions statewide and to allow flexibility in county implementation. For example, with facilitated family engagement, counties determined which established model fit county-specific philosophy and goals, with all models having the same basic components. (The most commonly implemented model was Family Team Meetings, followed by Team Decision-Making.) Similarly, Colorado’s Family First statewide planning efforts have resulted in a common set of key values, definitions, and policies, while embracing the fact that local implementation will look different county to county.



The Social Determinants of Health

Human Services Approach

Colorado is a state-supervised, county-administered human services system consisting of 64 counties and 22 judicial districts. Under this system, county departments are the main provider of direct services to Colorado’s families. County human services departments are not only responsible for overseeing traditional child welfare services, but also a broad range of other programs from food assistance and low-income child care to health coverage, Temporary Assistance for Needy Families (TANF), child support services and employment development programs. Human services are viewed through a Social Determinants of Health lens that informs both the variety of services that county departments provide directly

and the coordination across sectors and agencies, such as the Department of Public Health and Environment (CDPHE) and the Department of Health Care Policy and Financing (HCPF). Thus “child welfare” means something much broader in this state; with a wide array of supports, Colorado aims to address the root causes of crisis and instability through integrated prevention and service delivery focused on supporting whole families and individuals across generations.

Human Services Approach and Family First: In 2019, the Colorado Human Services Directors Association (CHSDA), which represents 63 counties from all regions across the state, identified Child Maltreatment Prevention through Early Childhood Investments as a critical focus area. The priority is to provide services to those in need as early as possible to strengthen families, boost health and well-being, and avoid more difficult and costly crises later. It is clear that Colorado human services is on a path that is fully aligned with the vision of the Children’s Bureau and Family First to keep families healthy, together, and strong.

Collaborative Management Program

The Collaborative Management Program (CMP), administered by CDHS, was created in 2004 and establishes a collaborative approach at the county level to improve outcomes for children, youth, and families involved with multiple systems, including child welfare, juvenile justice, education and health/behavioral health. Through incentive funds and grants, local CMPs improve service delivery by facilitating cross-agency coordination and creating a tailored collective community approach to serving children and youth with complex needs.

CMP has 10 mandated system partners, including human services, courts, probation, school districts, public health, mental health centers, domestic violence provider, managed service organizations for the treatment of drugs and alcohol, and behavioral health organizations. Forty-six Colorado counties are currently implementing CMP.

Collaborative Management Program and Family First: Findings from the 2018 independent evaluation of CMP indicate multiple benefits to structured collaboration, including efficacy in coordination of resources and serving multi-system-involved families, staying informed on community-specific practices, and learning from other partner agencies regarding shared successes and challenges. As such, CMP will be a critically valuable asset to implementing approved Family First practices in coordinated and

meaningful ways, with a shared commitment to keeping families together.

In addition to these four foundational components of Colorado’s child welfare system, the state has promising initiatives underway that focus specifically on strengthening and integrating primary prevention strategies. Two of these initiatives are highlighted below.

Colorado Child Maltreatment Prevention Framework for Action

Colorado uses the Child Maltreatment Prevention Framework for Action (Framework) as a road map for the development of local child abuse prevention plans. The Framework and accompanying community planning toolkit were jointly developed by CDHS’s Office of Early Childhood, the Chapin Hall Center for Children at the University of Chicago, the Children’s Trust of South Carolina, the Children’s Bureau, and numerous Colorado agencies and partners. The Framework has helped guide investments, programs, and policy under the purview of CDHS. CDPHE has also adopted the Framework to inform its child maltreatment prevention efforts.

Colorado’s Child and Family Services Plan (CFSP) requires support for counties to develop and implement local child abuse prevention plans using the Framework. Tribes will be consulted to explore prevention practices within their communities

should CDHS consider funding toward this end. Furthermore, in response to Family First requirements, Colorado’s CFSP calls for revisions to the Framework to include additional strategies needed to serve as the state’s Child Maltreatment Fatality Prevention Plan.

Colorado Partnership for Thriving Families

The Colorado Partnership for Thriving Families (Partnership) is a multi-sector, multi-community partnership that bridges public health, health care systems, human services systems, and community-based organizations—the first of its kind in Colorado—focused on the primary prevention of child maltreatment. The Partnership currently consists of seven counties in the Denver metro area that are home to the largest concentration of children, youth, and families in Colorado, totaling over 3 million residents (60% of the state population). The goal over the next five years is to strengthen and formalize this regional integration and promote a statewide vision around primary prevention. Together, the Partnership will target efforts to significantly reduce child fatalities and child maltreatment for children ages zero to five.

The Partnership has begun to include housing/homeless experts in their work, which provides an opportunity for integration of this work, specifically addressing housing security as a prerequisite to socioeconomic mobility for families.



In Focus: Juvenile Justice in Colorado

The juvenile justice system in Colorado is unique. Youth are served in a trifurcated system between county government, the judicial branch, and multiple state executive branch agencies. This complex, multidisciplinary service network requires ongoing collaboration to effectively serve the state's youth who are involved in the juvenile justice system. Often, the same agencies surface at multiple intervention points while working with this population, causing a youth and his/her family to be simultaneously served by multiple systems/agencies.

The Division of Youth Services (DYS) within CDHS is responsible for juvenile detention, state delinquency institutions, and juvenile parole. A youth who commits a delinquent act is first served by the pre-trial and detention services overseen and provided by DYS. However, if a youth in the juvenile justice system needs out-of-home placement, placement is coordinated by the local county department of human services; these youth are considered in "foster care."

Colorado sees Family First as an important opportunity to ensure youth who are at risk of or involved with the juvenile justice system and their families have access to prevention services and quality placements if they cannot remain safely at home. Due to Colorado's unique system, a Juvenile Justice workgroup is explicitly included in Family First implementation planning. This group is providing recommendations on specific evidence-based placement prevention services that are well suited for this population, as well as possible services that Colorado would like to explore as being evidence-based. The workgroup is also ensuring that other stakeholders are well informed on Family First through a juvenile justice lens, including delinquency judicial officers, probation officers, client manager/parole officers, defense attorneys, prosecutors, and district attorneys.

Alignment and coordination with Colorado's Juvenile Justice Reform Act Task Force has been essential. The Juvenile Justice Reform Act (Senate Bill 108) was signed into law in May 2019 to help improve outcomes for youth, strengthen public safety, and use resources more efficiently. Among other things, the legislation expands opportunities to divert youth from the juvenile justice system, and requires implementation of a validated risk and needs assessment tool to inform court decision-making and case planning.

Colorado is working closely with the Colorado Evaluation and Action Lab to determine the best way to measure and ensure youth are not pushed into the juvenile justice system as a result of a lack of other available placements, per the Family First Act.



Target Population and Eligibility

Historically, Colorado's child welfare system has provided services and support to children, youth, and families through three different program areas:

- Program Area 4: Youth in conflict services are provided to reduce or eliminate conflicts between a child/youth and their family members, which may include the community, when those conflicts affect the child/youth's well-being, the normal functioning of the family, or the well-being of the community.
- Program Area 5: Child protection services are provided to protect children/youth whose physical, mental, or emotional well-being is threatened by the actions or omissions of parents, legal guardians or custodians, or persons responsible for providing out-of-home care.
- Program Area 6: Services to children/youth and families in need of adoption assistance, relative guardianship assistance, or Medicaid-only services, or to children/youth for whom the goal is no longer reunification.

As previously described, Colorado has a strong foundation and history of providing prevention and early intervention services through the use of Core Services, IV-E Waiver interventions, CMPs, and integrated human services delivery. In addition, during Colorado's 2011 legislative session, House Bill 11-1196: Flexible Funding for Families, was passed into law, redefining family preservation services to serve "appropriate families who are involved in, or who are at risk of being involved in the child welfare, mental health, and juvenile justice systems." This created a new program area (Program Area 3) that allows county departments to provide prevention and early intervention services with existing state funding sources, such as the State Child Welfare Block and Core Services Program allocations.

Program Area 3 (PA3) services can be provided after a referral has been screened out, when an assessment does not require child protection services, or when a child welfare case is closed but additional supports are needed to improve a family's protective factors, reduce the possibility of recurrence of abuse or neglect, and prevent the family's deeper involvement in the child welfare system. PA3 services are optional, offered as 100% voluntary to a family, and based on county-by-county available funding and ability to provide preventive services. While the legislation was similar to Family First in its approach, no additional funds were allocated by the state legislature so the impact of PA3 has been somewhat limited and inconsistent across the state. Colorado sees Family First as a means to considerably expand this prevention work.

In state fiscal year (SYF) 2018, 6,518 children, youth, and families received PA3 services in Colorado. Within this context of successfully serving PA3 children, youth, and families, and a history of providing prevention and early intervention services, Colorado sees Family First as an opportunity to extend services even further upstream through a bold definition of candidacy.

In Colorado, the intent of placement prevention services is to proactively strengthen and support families as early as possible, before they are in crisis, regardless of whether they are formally involved with the child welfare system or not. In order to achieve true change and improve outcomes, the existing system cannot just be modified; rather, a fundamental shift in service delivery and support to families must occur. The definition below describes the circumstances and characteristics that put children and youth at serious risk of entering or re-entering foster care as identified by research and experience. The definition intentionally does not designate specific pathways to becoming a candidate for Title IV-E prevention services. Colorado is committed to working closely with partner agencies and community providers to ensure robust monitoring processes and reporting, as child/youth safety is of utmost importance.

Colorado's Proposed Definition of Candidacy

A child/youth is a candidate to receive Title IV-E prevention services when they are at serious risk of entering or re-entering foster care but able to remain safely at home with the provision of mental health, substance use treatment, or in-home parenting services for the child/youth, parent, or kin caregiver. To be eligible, the child/youth's candidate status must be designated in the child/youth's prevention plan, and services must be directly related to the safety, permanence, or well-being of the child/youth. A child/youth in foster care who is a pregnant or parenting foster youth are also candidates.

A child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of individual parents or children that may affect the parents' ability to safely care for and nurture their children.

Colorado's proposed definition of candidacy includes the following circumstances or characteristics of the child/youth, parent, or kin caregiver that could put a child/youth at risk of entering or re-entering foster care:

- Substance use disorder or addiction
- Mental illness
- Lack of parenting skills
- Limited capacity or willingness to function in parenting roles
- Parents' inability, or need for additional support, to address serious needs of a child/youth or related to the child/youth's behavior or physical or intellectual disability
- Developmental delays
- Reunification, adoption or guardianship arrangements that are at risk of disruption

"Kin" may be a relative of the child, a person ascribed by the family as having a family-like relationship with the child, or a person that has a prior significant relationship with the child. These relationships take into account cultural values and continuity of significant relationships with the child.

ICWA Kin Caregiver as defined in 25 U.S.C. Sec. 1903 includes an "extended family member" as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, is a person who has reached the age of 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent.

Notes on Colorado's Proposed Definition of Candidacy

Colorado's vision is that all children, youth, parents, or kin caregivers with these risk factors will be eligible for Title IV-E prevention services—both those who are involved in the child welfare system and those who have not been the subject of a child maltreatment report but share characteristics that deem them at serious risk of out-of-home placement. This approach requires the development of coordinated systems, processes, and infrastructure related to the identification of candidates and determining eligibility, creating and maintaining prevention plans, and monitoring safety of candidates while on a prevention plan. Colorado and partner agencies are exploring the systems and processes currently in place that can contribute to this development, while simultaneously working with youth, families, counties, Tribes, and other stakeholders to identify needs and resources in order to realize Colorado's bold vision.

CDHS is keenly aware that, with such a bold definition of candidacy, there is a risk of further stigmatizing and unintentionally increasing child welfare involvement based on systemic inequalities such as race and poverty factors. CDHS is

committed to monitoring data statewide for increased impact on disproportionality as a result of identifying at-risk children, youth, and families further upstream.

The table on the following pages include some of the key characteristics from Colorado's candidacy definition, along with state-level data describing the targeted population.

"The intent of placement prevention services is to proactively strengthen and support families as early as possible, before they are in crisis."

Candidacy Element	Colorado Population-Level Data
Substance Use - Parents	<p>In Colorado, a sizable amount of the adult population is engaged in substance use behaviors that could put families at risk of becoming involved in the child welfare system. It is estimated that almost one-fifth of the adult population engages in binge drinking, according to 2018 data ("BRFSS Prevalence & Trends Data," CDC).</p> <p>From the 2016-2017 NSDUH State-Specific Tables (SAMSHA):</p> <ul style="list-style-type: none"> • An estimated 143,000 adults in Colorado had an illicit drug use disorder in 2016-2017. • An estimated 13,000 adults in Colorado had past-year heroin use in 2016-2017. • An estimated 39,000 adults in Colorado had past-year methamphetamine use in 2016-2017 • An estimated 210,000 adults in Colorado had past-year misuse of pain relievers in 2016-2017.
Substance Use - Infants Exposed	<p>Parental substance use is impacting newborn development in Colorado as well. According to Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2018, an estimated 7.1% of mothers smoked during the last three months of pregnancy, an estimated 14.4% of mothers drank alcohol during the last three months of pregnancy, and an estimated 4.0% of mothers used marijuana or hashish during the last three months of pregnancy.</p> <p>In Colorado in 2016, there were 290 cases of infants born with neonatal abstinence syndrome (NAS), which is a syndrome that occurs when a newborn was exposed to addictive opiate drugs while in the womb (Heroin in Colorado Report prepared by the Heroin Response Work Group (page 16).</p> <p>In August 2019, CDHS began tracking infant exposure. From August 2019 through December 2019, there were 392 referrals that were flagged with an infant born exposed to one or more substances. The majority of these referrals (272) included a concern that an infant was born exposed to marijuana. The second largest category of referrals (115) included a concern that the infant was born exposed to methamphetamines. The remaining largest categories of concern were heroin (37 referrals), other opiates (37 referrals), and stimulants/amphetamines (29 referrals).</p>
Mental Health - Parents	<p>Many Colorado adults report a mental illness, but many of these adults also report that they do not receive mental health services. According to National Survey on Drug Use and Health data from 2016-2017, 838,000 adults in Colorado reported having a mental illness in the past year, but only 659,000 of adults reported receiving mental health services in that same year.</p> <ul style="list-style-type: none"> • 214,000 adults in Colorado reported experiencing a serious mental illness in the past year, and 325,000 reported experiencing a major depressive episode ("2016-2017 NSDUH State-Specific Tables," SAMSHA).
Mental Health - Children/ Youth	<p>Children and youth in the state are experiencing mental health issues as well, which may create parenting challenges for parents not yet trained in how to respond to mental health issues.</p> <ul style="list-style-type: none"> • In 2016-2017, an estimated 59,000 youth ages 12-17 experienced a major depressive episode ("2016-2017 NSDUH State-Specific Tables," SAMSHA).
Lack of Parenting Skills	<p>The following indicators provide information about the scope of the population in Colorado that may need parenting skills support ("2017-2018 National Survey of Children's Health", Data Resource Center for Child and Adolescent Health).</p> <ul style="list-style-type: none"> • An estimated 10,640 parents in Colorado think that they handle the day-to-day demand of raising children "not very well" or "not very well at all." • An estimated 54,752 parents in Colorado felt aggravation "usually" or "always" in the past month from parenting in 2017-2018.

Candidacy Element	Colorado Population-Level Data
Limited Capacity to Function in Parenting Roles	<ul style="list-style-type: none"> In CY 2018, there were 13,353 substantiated allegations of abuse/neglect in Colorado. In CY 2018, there were 24,323 parents or caretakers in an open child welfare case for services or identified as the perpetrator of a founded allegation in a child welfare referral/assessment.
Youth involved in the juvenile justice/delinquency system	<p>CDHS operates detention and commitment centers for youth involved with the justice system.</p> <ul style="list-style-type: none"> In FY 2018-2019, there were 3,137 unique youth served in state-operated and contract secure detention. In FY 2018-2019, there were 1,171 unique youth served in commitment.
Youth Beyond Control of the Parent	In CY 2018, there were 1,408 youth who had Program Area 4, Youth in Conflict status during the year.
At Risk of Re-Entry	<ul style="list-style-type: none"> In CY 2018, 2,699 children/youth exited foster care to reunification, guardianship, or adoption. Of those children/youth, there were 580 instances of re-entry into out-of-home placement.
Substantiated Maltreatment - In-Home Services	<p>In some cases of substantiated maltreatment, existing safety and risk factors can be mitigated by provision of in-home services.</p> <ul style="list-style-type: none"> In CY 2018, 14,222 children/youth received in-home services.

By continuing to analyze the demographics and characteristics of children, youth, and families in each of these categories, Colorado can understand more about those who may be at risk of entering the child welfare system and how to reach them prior to involvement. Colorado has invested in rigorous evaluation studies of its Core Services Program, Title IV-E Waiver interventions, and specific PA3 services such as SafeCare® and Colorado Community Response (described in Section III). CDHS has access to large amounts of data through these studies, our research partners, and sister agencies such as CDPHE, and will continue to utilize this information to guide implementation of its bold definition of candidacy. At the same time, Colorado is sensitive to the risks of furthering systemic disproportionality by using historical data to predict future need, but CDHS is committed to addressing these concerns by ensuring that our communities participate in all levels of candidacy implementation. We strive to be leaders in equitable access to services for communities and families across our state.



Candidacy in Practice

To understand how Colorado’s candidacy definition will be operationalized, it is important to recognize that Colorado is a local-control, county-administered, state-supervised system. This means that 64 unique county departments and 22 judicial districts will be implementing Colorado’s definition in ways that respond to the array of families, services, providers, partners, and funding streams in their communities. Some county human services departments are already implementing prevention and early intervention services in the broadest manner and are closely aligned with Colorado’s proposed definition of candidacy. Other counties are providing more traditional placement prevention services by focusing on families who are already involved in the child welfare system.

To honor the range of needs and practices across the state, the candidacy definition is intentionally broad and flexible enough to capture a variety of approaches. Below are descriptions of three unique communities in Colorado and their current and planned approaches to placement prevention services under Family First.

Arapahoe County

Arapahoe County is the third most populous county in Colorado and part of the Denver metro area. Arapahoe County is already successfully connecting children, youth, and families who meet the state’s broad definition of candidacy with prevention services. For example:

- The Family Resource Pavilion (FRP) was designed to offer support as early as possible to families struggling with adolescents who, without proper intervention, are not only at risk of child welfare involvement but juvenile justice as well. The Arapahoe County Department of Human Services (ACDHS) has a liaison co-located at the FRP and, when a family either walks in seeking assistance or is referred by ACDHS, probation, schools, or another entity, the ACDHS liaison assists with determining what services are most appropriate for the family. This may or may not involve a formal referral to ACDHS. There is also a short-term respite program on campus that serves approximately 120 youth annually.
- ACDHS partners with the Arapahoe County Early Childhood Center (ACECC) for the provision of SafeCare® to families referred both by ACDHS and by the community without DHS involvement. SafeCare® is an evidence-based placement prevention service included in this plan.
- Currently, about 55% of child abuse/neglect referrals reviewed in Arapahoe County are screened out due to not reaching the threshold defined by law as potential abuse or neglect. About 30% of screened out referrals are sent directly to ACDHS’ Community Development and Prevention Team for response.

Garfield County

Garfield County is considered a medium-sized county located in Northwest Colorado. Garfield County utilizes Individual Services and Support Teams (ISST) as a collaborative, cross-systems approach to staffing cases for service provision. There are three ISST groups – preschool, school-aged, and delinquency involved – and the Garfield County Department of Human Services is a participant in each group. For the two younger groups, under Family First, the goal will be for candidates to receive prevention services and not permeate further into child welfare involvement. For delinquency-involved cases, the goal will be for candidates to spend less time in detention, access prevention services in the community, and stay out of congregate care through the child welfare or DYS system. In FY 2020, there were 41 ISST referrals and 65 clients who were served in Garfield County.

For those families with child welfare referrals that are screened out, but who could still benefit from intervention, Garfield County utilizes Colorado Community Response (CCR), an evidence-based service that will be discussed later in this plan.



Huerfano County

Huerfano County is located in the Southeast region of Colorado and is one of the state's smaller counties in terms of population. Huerfano County Department of Human Services (HCDHS) plans to continue close collaboration with its Family Resource Center (FRC) in both identifying candidates and connecting them to prevention services. When a candidate for placement prevention services is identified, they will be referred to HCDHS for PA3 assistance. HCDHS can then set them up for short-term ongoing support through the FRC. When a service is needed, HCDHS follows up with the family and the provider every 60 to 90 days to determine whether the service is still needed and whether the child/youth/family is progressing.

Since May 2019, there have been 50 non-child welfare Applications for Services submitted to the Huerfano County FRC. These referrals have come from a community playgroup, probation, and from FRC walk-ins. The county plans to grow the FRC's relationship with the school districts, Head Start, and child care centers in the community so they can also provide referrals to families in need of services.

Candidacy Determination

For open cases within the child welfare system, caseworkers use information from the Colorado Family Safety and Risk

Assessment tools, periodic case reviews, as well as information gained from engaging with the family and other collaterals to determine IV-E prevention candidacy. A new IV-E Prevention Candidacy Determination page will be created in Colorado's Comprehensive Child Welfare Information System (Trails), and caseworkers will document children and youth who are eligible for IV-E prevention services. Once this determination is made, the caseworker will be allowed to create the required prevention plan, linking the candidate to appropriate services.

For those without an open case, but who are involved in the child welfare system and have risk factors present, the process will look similar to current PA3 cases. A candidate and prevention plan will be documented in Trails, and the county department will contract with community-based agencies to provide appropriate prevention services.

For those who have not been the subject of a child maltreatment referral and, thus, not known to the child welfare system, but have risk factors present, Colorado is continuing to work with partner agencies and community providers to build capacity in targeting and identifying eligible IV-E prevention candidates. Colorado is building the technological solutions necessary to ensure sufficient safeguards around client data while allowing CDHS, as the IV-E agency, to track and report on prevention activities provided outside of child welfare.

"To honor the range of needs and practices across the state, the candidacy definition is **intentionally broad and flexible** enough to capture a variety of approaches."



The Most Vulnerable: Children Ages Zero to Five

Collectively, Colorado understands a great deal regarding the specific risk factors that increase children and youth's vulnerability to maltreatment and subsequent removal, including age (younger than four), parental challenges (substance abuse, mental health issues, intimate partner violence), parental characteristics (young age, low income, low education), and social isolation. Most notably, Colorado knows that infants and young children are the most vulnerable. Nationally, children in their first year of life have the highest rate of victimization at 24.8 per 1,000 children.³ In comparison, the national rate of child maltreatment victimization across all ages is nine per 1,000 children. Children who die from abuse and neglect are overwhelmingly young. For SFY 2017-2018 in Colorado, 41.9% of maltreatment fatalities were under the age of one and 64.5% were under the age of five; 56.5% of near fatalities were under the age of one and 87% under the age of five.⁴

Data show that children ages zero to five are disproportionately represented deeper in the child welfare system:

- In Colorado SFY 2017-2018, of 109,795 referrals to counties, 12.9% were for children under the age of one and 32.6% were under five.
- 20.3% of assessments were for children under the age of one and 43.9% were under the age of five.
- Over 30% of all open cases were children under the age of one and 51.3% were under the age of five.⁵

Thus, it is vital to proactively identify and support families with infants and young children who are at risk of maltreatment and/or out-of-home placement. The child welfare system cannot prevent maltreatment alone, but through multi-system coordination, substantial progress can be made. Up to 88% of all child fatalities were not known to child protective services before death, but many were seen by other professionals (e.g., health care).⁶

Within the Family First context, Colorado's initial proposed service array includes **Nurse-Family Partnership® (NFP)** and **Parents as Teachers (PAT)**. Both interventions are well-supported home visiting programs, targeting at-risk families with infants or young children under five years old. Both programs, however, will require additional state efforts to fully align with the requirements of Family First. NFP has already been brought to scale in Colorado, with more than 25,000 families served since 1998. The program is currently available in all of Colorado's 64 counties. NFP sites in the state receive funding from the Tobacco Master Settlement Agreement per Colorado statute, and three NFP sites in the Denver metro area also receive federal funding through the Maternal, Infant, and Early Childhood Home Visiting Program. The voluntary program has strict eligibility standards, and a majority of participants are not involved with the child welfare system and therefore do not have client data in Colorado's Trails system. PAT is currently provided in 10 Colorado counties with similar technical challenges regarding implementation to populations outside child welfare. For both programs, Colorado is actively developing technological solutions to ensure sufficient safeguards around client data while allowing CDHS, as the IV-E agency, to track and report on prevention activities provided outside the child welfare system.

Colorado is including **Healthy Families America** in its proposed service array as another home-visiting model targeting at-risk families of infants and young children. Currently, only two Colorado counties are implementing this program, but Colorado

3. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). Child maltreatment 2016. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

4. Extracted from the CDHS Child Fatality Review Team data, November 2019.

5. Data analyzed from TRAILS, Colorado's Child Welfare State Automated Child Welfare Information System (SACWIS), February 2019.

6. Commission to Eliminate Child Abuse and Neglect Fatalities (2016). Within our reach: A national strategy to eliminate child abuse and neglect fatalities. Washington, DC: Government Printing Office. Available from https://www.acf.hhs.gov/sites/default/files/cb/cecanf_final_report.pdf.

looks forward to continuing to assess its efficacy and potential for expansion in the state.

SafeCare® is also being proposed, pending acceptance of Colorado's rigorous ongoing evaluation plan. SafeCare® was rated as a supported practice by the Clearinghouse and will complement NFP, PAT, and Healthy Families America well with this target population. SafeCare® is a nationally recognized, evidence-based, in-home parent education program that provides direct skills training to parents and caregivers in the areas of parenting, home safety, and child health. SafeCare® is being implemented in Colorado through a partnership between the Office of Early Childhood and county departments of human/social services. The program is a voluntary service for families aimed to prevent entry or re-entry into the child welfare system for families with children ages zero to five who are at risk of abuse or neglect. Thirty counties in Colorado and one Tribe currently provide SafeCare® as a resource for families. One difference between SafeCare® and NFP/PAT is that, in Colorado, SafeCare® was specifically designed to serve the PA3 population (screened out referrals and closed child welfare cases). While the program currently serves a broader population, about 50% of SafeCare® clients are child welfare referrals with data already in Trails.

Finally, Colorado is striving to diversify the services provided to at-risk families with infants or young children under five years old to minimize risk to the child and prevent out-of-home placement. For example, beyond intensive home-visiting models, Colorado is assessing a variety of other programs that provide a "lighter touch" to families by building parenting skills (e.g., Nurturing Parenting).

Reducing the Negative Effects of Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance misuse or mental health issues. ACEs can have lasting, negative effects on health, well-being, and opportunity. These effects can also be passed on to future generations.

In addition to focusing on infants and young children, Colorado will also prioritize children and youth who are at risk of entering or re-entering foster care, many of whom have experienced multiple ACEs. During CYs 2014-2018, there were 15,874

removals related to substance use, and this represents a specific area Colorado intends to target through prevention services. Colorado has further identified runaway youth as a subcategory of youth at high risk of entry into the child welfare or juvenile justice system. Through an analysis of a statistically significant random sample of runaway youth between the ages of 10 and 17, Colorado found that approximately 55% of youth who run away are not system involved at the time of the run. However, of those "non-system"-involved youth, half go on to formally enter the child welfare or juvenile justice system within 18 months.

Colorado is proposing to include **Multi-Systemic Therapy (MST)** in its service array to provide evidence-based treatment for youth between the ages of 12 and 17. MST aims to promote pro-social behavior and reduce criminal activity, mental health symptomatology, out-of-home placements, and illicit substance use. Colorado will be able to leverage an MST pilot that was launched in 2019 to expand the availability of the intervention to underserved regions of Colorado.

Additionally, Colorado has included **Functional Family Therapy (FFT)** in its service array to serve this population. FFT is a well-supported, short-term family therapy intervention that helps children who are at risk and supports young people to overcome behavioral problems, conduct disorder, substance abuse, and delinquency. This service is currently implemented in 10 Colorado counties.

Colorado has conducted an independent systematic review of **High Fidelity Wraparound (HFW)** and has found it to meet evidence standards of a promising practice. (*Please see attachment for full documentation of this review.*) HFW is an evidence-based team process to manage care for families with complex needs who are involved in multiple systems. It is designed for the most complex families to reduce out-of-home placement and youth homelessness. In the wraparound process, the child, youth, and family vision is what drives the plan; it is not just about agencies deciding how to work together to coordinate the family's services. Emphasis is placed on natural and informal supports and the goal is to have a single, unified plan for the family that everyone on the team works together to achieve. Currently, HFW is implemented in 13 counties. Between October 1, 2016, and September 30, 2018, a total of 290 individuals participated in HFW. Subsequently, children and youth involved in HFW saw a 63% reduction in the total number of nights spent in out-of-home care.⁷

7. COACT Colorado Evaluation Report: Keeping Youth at Home, In School, and Out of Trouble. Detre Godinez, PhD, January 2019.

While **Methadone Maintenance Therapy (MMT)** is currently being utilized in Colorado, assessment continues to determine whether there is enough usage to invest in ongoing rigorous evaluation and formally propose this service in the prevention plan.

Focus on Engagement

To truly realize the sustained impact of Title IV-E prevention services, effective family engagement strategies will be critically important. Colorado is currently utilizing **Motivational Interviewing (MI)** in various ways throughout the child welfare system, and some EBPs included in this plan incorporate MI training for providers. In addition, Colorado is actively assessing how to integrate this well-supported practice more intentionally and consistently as a key component of casework practice in the state. While Colorado is starting from a strong foundation of existing evidence-based prevention services, MI would help ensure that families have the support and motivation needed to sustain engagement in these service interventions and achieve lasting behavior change.

Colorado is also conducting an independent systematic review and hopes to eventually propose the **Colorado Differential Response Model (DR)**, which is an innovative system reform that allows for more than a one-size-fits-all approach to families who become involved with child welfare. DR offers a dual track response when counties receive allegations of abuse and neglect: a family assessment response (FAR) and a high risk assessment (HRA). Colorado has found that the DR philosophy and model creates more opportunity to engage and work with families to identify support systems and services and prevent deeper penetration into the child welfare system. This is a shift in practice from being incident-focused and compliance-driven to being behaviorally based and solution-focused.

Colorado has worked with Colorado State University (CSU) to provide ongoing research of its DR model. CSU has completed three studies since the 2009 DR pilot. Each of the studies has evaluated the same outcomes over time, including Child Safety, Family Well-being, Family Engagement, Caseworker satisfaction, Cost and Community Buy-in. The Colorado DR model aligns with Family First as an in-home parent skills-based program. Often the caseworker is the “intervention” that helps connect the family with services and supports to build strengths and protective capacities. DR can also provide case management while other prevention services are being provided to families. In Colorado, there are currently 41 counties that use the DR

practice model when dispositioning allegations of abuse and neglect with low to moderate risk, and nine additional counties are in the process of adopting this practice. Furthermore, Colorado’s Child and Family Services Plan promotes expanding DR as a statewide intervention.

Comprehensive Continuum of Care

To round out Colorado’s proposed service array, **Parent-Child Interaction Therapy (PCIT)** is included in this plan and a rigorous evaluation plan for **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** is being developed for future submission. In addition, Colorado is committed to building evidence for **Colorado Community Response (CCR)**. CCR is currently provided as a prevention service for screened-out referrals and offers comprehensive family-focused services that include family engagement, case management, direct services, resource referral, home visits, collaborative goal-setting, financial decision-making assistance and coaching, and group-based parent education. It is currently being delivered at 24 sites encompassing 34 counties in rural and suburban areas across the state.

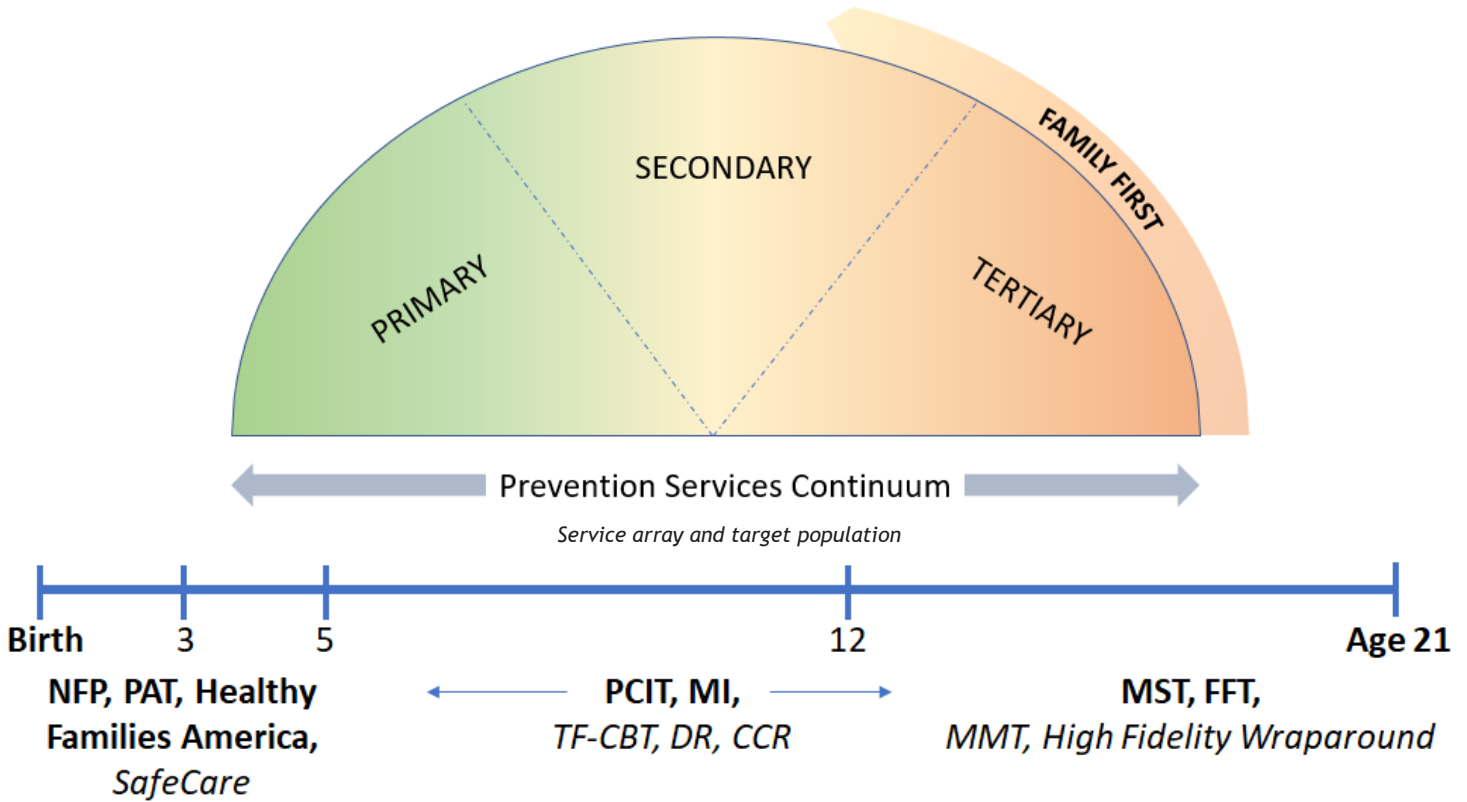
An evaluation of CCR in Colorado was completed by the Kempe Center at the University of Colorado Denver, under subcontract to CSU. CCR participants had significantly fewer founded assessments and out-of-home placements during a one-year follow-up period than did families with similar demographics and case characteristics who did not complete CCR. The protective factor domains of Resiliency, Social Support, Concrete Support, Nurturing and Attachment, and Child Development/Knowledge of Parenting increased for participating families.⁸ There is already a plan in place for further evaluation of CCR in Colorado, with a randomized controlled trial currently underway.

In selecting services to propose for Colorado’s initial five-year plan, it was important to look at these services collectively as part of a broader continuum of care. While Colorado’s proposed service array focuses on the early critical years, Colorado also acknowledges that evidence-based prevention services are needed at every life stage for families. The Prevention Services Continuum represents both the prevention continuum and the life span continuum, and where Colorado’s current proposed and future services align.

The chart that begins on page 20 provides an overview of Colorado’s proposed service array, including the target population for each service, level of effectiveness assigned

8. Colorado Community Response Final Evaluation Report, 2014-2018. Colorado State University, Social Work Research Center. June 2018.

The Prevention Services Continuum and Family First



by the Clearinghouse, and intended outcomes. Also included are those services that Colorado hopes to include in a revised version of this plan in the near future.

As Colorado is limited to the services currently rated by the Clearinghouse and those that meet the standards of evidence for transitional payment, the collection of services presented here does not adequately address all the nuances in a full continuum of care. However, implementation is an ongoing process. Colorado is certain that the current landscape will continue to change as services are added to the Clearinghouse, Family First is implemented across the state, and the makeup and needs of children, youth, and families evolve. Moving forward, Colorado’s Services Continuum workgroup will continue to meet to evaluate and build upon the current service array, and CDHS will submit amendments to this initial plan to add services as they are approved by the Clearinghouse. The workgroup will be addressing three primary questions:

1. For the 10 rated services currently being implemented in the state, how does Colorado strategically increase capacity and expand service reach across the state?
2. Where are there gaps in services (along the prevention services continuum, life span continuum, and/or geographically) and how are these best addressed?

3. In addition to the services being reviewed by the Clearinghouse, in which services does Colorado want to invest additional research and evaluation to build evidence for eventual federal financial reimbursement?

One data source that the workgroup will draw on is the annual report that counties and Tribes submit as part of Colorado’s Core Services Program. Each year, counties and Tribes are asked about the availability, capacity, and accessibility of services in their communities. This data is helpful for identifying gaps in services, inequities in access, and opportunities for expansion. For example, based on preliminary data from CY 2018, over 20% of participating counties and Tribes reported that they had inadequate capacity for substance abuse treatment, 17% had inadequate capacity for mental health services, and 28% reported a lack of day treatment facilities/services.

Colorado Research Agenda

Following initial Family First implementation with the prevention services array listed above, Colorado will continue to approach the design process as an ongoing, continuous effort. Colorado is committed to building the evidence base for strategically selected programs that do not currently meet Clearinghouse standards and expanding the service array to meet the needs

of Colorado's diverse communities throughout all regions of the state.

In September 2019, Colorado, in partnership with Casey Family Programs, held a Family First research summit for research and evaluation partners, as well as child welfare leaders and practitioners from across the state and country. The overall purpose was to gain alignment around a coordinated approach to investing in evidence-based practices. During the summit, Colorado gained a clearer picture of the various research efforts already underway in Colorado and other states, discussed a decision-making model for investing in evidence-based practice, and began to organize a strategy for launching technical reviews for Family First transitional payments.

In December 2019, the Colorado Evaluation and Action Lab and its partners held a Family First Evidentiary Review webinar followed by an in-person Transitional Evidentiary Review training in January 2020.

Trauma-Informed Approach to Service Delivery

Colorado is fully committed to ensuring that children, youth, and families not only receive the highest quality evidence-based prevention services, but also that these services are delivered in a manner that addresses trauma's consequences and facilitates healing. Colorado's trauma-informed definition comes from the National Child Traumatic Stress Network (NCTSN):

"A trauma-informed service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, adolescents and adults, caregivers and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with their clients, using the best available science, applied in a culturally sensitive manner, to facilitate and support recovery, developmental growth, and resiliency."

Through the Office of Behavioral Health (OBH) within CDHS, Colorado has the infrastructure and expertise to ensure that Title IV-E prevention services are provided under a trauma-informed organizational structure and treatment framework:

- **COACT Colorado**, Colorado's Trauma-Informed System of

Care, is an initiative of OBH and is federally sponsored by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Under the leadership of COACT Colorado, a Statewide Trauma-Responsive Theory of Change was developed by a diverse team of stakeholders from state agencies and multiple systems, including behavioral health, child welfare, juvenile justice, medicine, education, and early childhood. COACT Colorado recently developed a toolkit that provides an action-oriented guide for all systems in the community that serve children, youth, and families to apply the Statewide Trauma-Responsive Theory of Change and meet evidence-based practice standards in creating trauma-responsive systems. The toolkit aims to integrate knowledge about trauma into policies, procedures, and practices, as well as to avoid re-traumatization.

- **The Colorado Cross-Systems Training Institute (CSTI)** is a partnership between OBH and the University of Colorado Denver, in collaboration with the Kempe Center Trauma Informed Practice Team and Partners for Children's Mental Health. CSTI was developed to better address the professional development needs of those who work with families with complex needs across systems, with a particular focus on being trauma-informed. CSTI currently manages the training, coaching, and credentialing for the High Fidelity Wraparound workforce in Colorado and has developed approximately 50 hours of training curricula on trauma-informed care. CSTI also maintains a trauma-informed care clinical consultation group, which provides coaching and technical assistance to providers across the state.

Colorado is committed to ensuring a trauma-informed and trauma-responsive child welfare system. For Title IV-E prevention service providers, Colorado is considering requiring a minimum number of staff training hours completed through CSTI. Providers would be able to select from a menu of training options around delivering trauma-informed care. In addition, to ensure that the core principles of trauma-informed care are being effectively translated into practice, OBH will assist in developing a family feedback mechanism, similar to current practice for High Fidelity Wraparound. Service providers would also have access to ongoing coaching and technical assistance through CSTI's clinical consultation group.

See the attachment for the state's assurance of trauma-informed service-delivery.

COLORADO INITIAL PROPOSED SERVICE ARRAY

Program or Service	Target Population	Program or Service Delivery and Implementation	Evidence Rating	(Select) Intended Outcomes
In-Home Parent Skill-Based Programs and Services				
Nurse-Family Partnership (NFP)	First-time, low-income mothers. Participation of fathers and other family members encouraged.	Mothers enroll early in pregnancy and may continue until child turns two. One-on-one visits by registered nurses in the home or a location of the mother's choice. Goal is to complete 60 visits, lasting 60-90 minutes each.	Well-Supported	<ul style="list-style-type: none"> Child safety Child well-being: Cognitive functions and abilities Child well-being: Physical development and health Adult well-being: Parent/caregiver physical health
Parents as Teachers (PAT)	Families with an expectant mother or parents of children up to kindergarten entry (usually five years) in possible high-risk environments.	Starts prenatally and continues until child reaches kindergarten. Parent educators meet with families, usually in the home, biweekly to monthly based on need. Recommended duration is at least two years.	Well-Supported	<ul style="list-style-type: none"> Child safety Child well-being: Social functioning Child well-being: Cognitive functions and abilities
Healthy Families America	New and expectant families with children at risk for maltreatment or adverse childhood experiences.	Home-visiting services begin as early as prenatally and continue until child is three to five years old.	Well-Supported	<ul style="list-style-type: none"> Child safety Child well-being: Behavioral and emotional functioning Child well-being: Cognitive functions and abilities Child well-being: Educational Achievement and Attainment Adult well-being: Positive parenting practices Adult well-being: Parent/caregiver mental or emotional health Adult well-being: Family functioning

COLORADO INITIAL PROPOSED SERVICE ARRAY

Program or Service	Target Population	Program or Service Delivery and Implementation	Evidence Rating	(Select) Intended Outcomes
SafeCare® <i>*Pending finalization and acceptance of rigorous ongoing evaluation plan</i>	Parents of children ages zero to five at risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse.	Weekly sessions of approximately one to 1.5 hours for a duration of 18-20 weeks. Typically conducted in the home.	Supported	<ul style="list-style-type: none"> Child safety Child well-being: Behavioral and emotional functioning Child well-being: Cognitive functions and abilities Child well-being: Educational Achievement and Attainment Adult well-being: Positive parenting practices Adult well-being: Parent/ caregiver mental or emotional health Adult well-being: Family functioning
Substance Abuse Programs and Services				
Multisystemic Therapy (MST)	Youth between the ages of 12 and 17 and their families. Youth have possible substance abuse issues and are at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system.	Intensive family and community-based treatment. Multiple weekly visits between the therapist and family, over an average of three to five months. Intensity of services varies based on clinical needs.	Well-Supported	<ul style="list-style-type: none"> Child permanency Child well-being: Behavioral and emotional functioning Child well-being: Delinquent behavior Adult well-being: Positive parenting practices Adult well-being: Parent/ caregiver mental or emotional health Adult well-being: Family functioning
Cross-Cutting Programs and Services				
Motivational Interviewing (MI)	Colorado considers MI a cross-cutting intervention that can be used to promote behavior change with a range of target populations and for a variety of problem areas.	MI is typically delivered over one to three sessions, and ongoing through the life of a case. There are no minimum qualifications, and MI can be used by a variety of different professionals.	Well-Supported	<ul style="list-style-type: none"> Adult well-being: Parent/ caregiver mental or emotional health Adult well-being: Parent/ caregiver substance use

COLORADO INITIAL PROPOSED SERVICE ARRAY

Program or Service	Target Population	Program or Service Delivery and Implementation	Evidence Rating	(Select) Intended Outcomes
Mental Health Programs and Services				
Functional Family Therapy (FFT)	At-risk youth ages 11 to 18 who have been referred for behavioral or emotional problems, and their families.	Therapists spend 90 minutes face-to-face and 30 minutes over the phone with each family weekly. Average duration is three to five months.	Well-Supported	<ul style="list-style-type: none"> Child well-being: Behavioral and emotional functioning Child well-being: Substance use Child well-being: Delinquent behavior Adult well-being: Family functioning
Parent-Child Interaction Therapy (PCIT)	Children ages two to seven with behavior and parent-child relationship problems.	Typically delivered in playroom settings where therapists can observe behaviors via one-way mirror and provide verbal direction and support to caregiver. Average number of sessions is 14.	Well-Supported	<ul style="list-style-type: none"> Child well-being: Behavioral and emotional functioning Adult well-being: Positive parenting practices Adult well-being: Parent/caregiver mental or emotional health
High Fidelity Wraparound (HFW) <i>*Pending approval of independent systematic review and ongoing rigorous evaluation plan</i>	Children and youth (ages four to 17) with severe emotional, behavioral, or mental health difficulties and their families.	Typically delivered in home, foster care, or community-based organization over an average of 14 months. Engagement is more intensive in the early stages (one or more meetings per month) and decreases thereafter.	Promising	<ul style="list-style-type: none"> Adult well-being: family functioning
SERVICES PENDING EVALUATION PLAN OR FURTHER ASSESSMENT				
Trauma-Focused Cognitive Behavioral Therapy	Children and youth (ages three to 18) who have experienced trauma and their caregivers.	Includes separate and then conjoint psychotherapy sessions for child and parent. Weekly sessions over 12 to 18 weeks.	Promising	<ul style="list-style-type: none"> Child well-being: Behavioral and emotional functioning Child well-being: Social functioning Adult well-being: Positive parenting practices Adult well-being: Parent/caregiver mental or emotional health

COLORADO INITIAL PROPOSED SERVICE ARRAY

Program or Service	Target Population	Program or Service Delivery and Implementation	Evidence Rating	(Select) Intended Outcomes
Methadone Maintenance Therapy	Individuals who have an opioid use disorder, typically at least 18 years old.	Medication-assisted treatment that must be administered by clinicians in federally certified and licensed treatment programs. Includes counseling and social support services. Methadone dosage and the length of treatment vary according to needs. Most people receive methadone once per day for at least one year.	Promising	<ul style="list-style-type: none"> Adult well-being: Parent/caregiver substance use

SERVICES PENDING FURTHER EVALUATION/INDEPENDENT SYSTEMATIC REVIEW

Colorado Differential Response (DR)	Families (with children under the age of 18) who were reported for child abuse or neglect and have a low to moderate risk of maltreatment.	Provides comprehensive case management by connecting the family with services and supports to build strengths and protective capacities. The seven key organizational processes and social work practices of DR include: support planning, group supervision, enhanced screening, solution-focused engagement skills, front-loaded services, facilitated family engagement, and RED Teams.	Pending	<ul style="list-style-type: none"> Child safety Adult well-being: family functioning Adult well-being: Parent/caregiver mental or emotional health
Colorado Community Response (CCR)	Families that have been reported for child abuse or neglect but are either screened out or have their cases closed following assessment.	Comprehensive case management services with a focus on assisting families to access concrete services, including one-time cash assistance (i.e., flex funds), by leveraging both formal systems and informal resources.	TBD	<ul style="list-style-type: none"> Child safety Adult well-being: family functioning Adult well-being: Parent/caregiver mental or emotional health

Child-Specific Prevention Plans & Monitoring Child Safety

As required in Family First, a child-specific prevention plan will be developed to establish that each child/youth is eligible to receive Title IV-E prevention services and to articulate an associated foster care prevention strategy. For open child welfare cases, the child-specific prevention plan will be one piece of the broader Family Services Plan (FSP). An FSP is developed in any open case when services are warranted. Under Family First, the FSP will include a prevention plan section that details placement prevention strategies to allow the child/youth to remain safely at home or with kin.

Prevention plan documentation must be completed within 60 calendar days of the referral date in Trails. Safety and risk assessments completed in the assessment portion of Trails will automatically become a part of the case if a case is opened. This will allow the caseworker to refer to assessment results when determining eligibility, developing the foster care prevention strategy, selecting appropriate services, and developing the prevention plan objectives.

Since the child-specific prevention plan will be integrated within the larger FSP, it will also link to other levels of case plans. This will allow caseworkers to ensure that the prevention plan aligns with broader case and service planning efforts.

For candidates who do not have an open child welfare case, a mechanism will be created to allow for the development of prevention plans within Trails using a similar FSP template.

Plan Review and Monitoring Safety

Continuing reassessment of the prevention plan and progress toward meeting the child, youth, and families' stated goals will be completed every 90 days using information gathered from the family, their supports, collaterals, and involved

service providers. If there is a significant change in need, a redetermination of eligibility and/or a reassessment of services will occur and the plan will be amended, if applicable.

The prevention plan will be reviewed in conference with the caseworker and the supervisor to address several items, including but not limited to the following:

- The safety needs of the child/youth, including if a new referral was received or a new assessment was completed;
- The appropriateness of the child/youth's current residence and how it meets the child/youth's needs;
- The stated needs/goals of the child, youth, and/or family;
- Whether the child/youth and family members are receiving the specific services included in the prevention plan, services are appropriate, time frames are current, and progress is being made toward the specific objectives identified in the plan; and,
- Identification of the barriers hindering progress and how they are being addressed.

For any open cases, monthly case contacts will also help ensure child/youth safety and well-being and move the case toward achieving stated goals. The county department will have face-to-face contact with the children/youth, parents, and relevant collateral contacts as often as needed (while meeting the minimum monthly expectation) to reasonably attempt to ensure the safety, permanency and well-being of the child/youth.

For candidates that do not have an open child welfare case, detailed processes will be developed to facilitate the appropriate and timely review and monitoring of safety for children/youth with a prevention plan. Colorado is partnering with relevant agencies and community service providers to ensure robust monitoring processes and reporting are in place.



Evaluation Strategy & Waiver Requests

As reflected previously in this five-year prevention plan, Colorado proposes to offer a broad array of evidence-based prevention services to children, youth, and families. This initial plan includes programs that are currently being implemented and that have been rated as well-supported in the Title IV-E Prevention Services Clearinghouse. Colorado is seeking an evaluation waiver for these services and, upon approval, will assess program implementation and fidelity through a robust continuous quality improvement (CQI) process rather than through formal, independent evaluation. In addition to intervention-specific CQI, CDHS will leverage its existing performance management system to monitor outcomes of children, youth, and families at the county and state levels.

Below is Colorado's general approach to evaluation and CQI efforts as required in Family First, followed by a description of robust CQI processes specific to the prevention services being proposed in this initial plan.

Evaluation and CQI Capacity and Approach

Colorado is planning to use the following internal and external resources for completing rigorous evaluations of programs and robust CQI as part of Family First.

CDHS Family First Evaluation Team (Formal Evaluation and Evaluation Waiver): CDHS's internal Family First evaluation team will consist of the following roles and responsibilities:

- Designated leadership within CDHS to prioritize research and evaluation efforts and serve as a liaison with counties, Tribes, and providers for participation in ongoing evaluation.
- Designated leadership to serve as the agency point of contact for external partners coordinating the rigorous evaluations and providing CQI support.
- Develop a master data-sharing agreement for Family First evaluation.
- Provide timely access to administrative data for external evaluation teams. Colorado has built a standard child welfare extract that can be routinely generated by internal research and evaluation staff. Internal leadership will need to coordinate with external teams to prioritize data requests for Family First evaluations.
- Manage evaluations that are already underway with contracts established for independent research.

Partnership with the Colorado Evaluation and Action Lab (Formal Evaluation): The Colorado Evaluation and Action Lab

(Colorado Lab) is a strategic research partner for Colorado government that works under the Governor's priorities to perform policy and program evaluations. CDHS will partner with the Colorado Lab to function as a coordinating hub for rigorous evaluations of promising and supported practices. The Colorado Lab will do the following:

- Build capacity within the Colorado research community to conduct rigorous evaluation studies to move promising or supported programs along the evidence continuum toward the well-supported criteria outlined in the Prevention Services Clearinghouse Standards Handbook.
- Facilitate the design of rigorous within and across-site evaluations for each promising or supported practice that does not already have a study underway. Evaluation designs will:
 - Build on the existing evidence base for a given intervention;
 - Prioritize opportunities to understand cultural relevance to Colorado communities;
 - Leverage administrative data to minimize the burden on providers and minimize costs;
 - Consider the potential for cross-system benefit; and
 - Be pre-registered to ensure transparency.
- Convene research teams to conduct the program or service-specific rigorous process and outcome studies by:
 - Leveraging the expertise of the state first (e.g., Center for Social Work Resource Center, Kempe Center, Colorado Applied Research and Action Network fellows) and national organizations second; and
 - Creating efficiencies across individual program evaluations and research teams.
- Provide secure data infrastructure to research teams.
- Coordinate with designated CDHS leadership to manage the intersection of implementation science, CQI work, and rigorous outcome evaluations.
- Develop and implement communication plans that ensure the findings are well positioned to inform policy and practice.

The Colorado Lab's staff are experts in evaluation design and methodology, and its approach is to serve as a bridge between the decision-making goals of government and the academic and scientific community. It is anticipated that the Colorado Lab will function as the umbrella for rigorous evaluations and facilitate subcontracts for specific projects and scopes of work to organizations throughout Colorado. The volume of rigorous

"Close attention will be paid to the **contexts and settings** in which each program or service is expected to be implemented."

evaluation can be scaled up or down throughout the first five years of the prevention plan.

Program or Service-Specific Rigorous Evaluation Teams

(Formal Evaluation): As noted above, the Colorado Lab will convene program- or service-specific evaluation teams. These teams will be developed in response to where the program or service is currently on the evidence continuum, and the unique capacity of individuals or organizations to support movement toward a well-supported practice and/or better understand implementation in the context of unique Colorado communities.

CQI Support from Program-Specific Providers (Evaluation Waiver):

For well-supported practices with an evaluation waiver, CDHS will contract for CQI support to ensure that the implementation science and fidelity monitoring is provided by individuals or organizations with expertise and capacity in the delivery of a given service (e.g., CQI for MST will be conducted by an organization with capacity to monitor Therapist Adherence Measure (TAM) scores and support providers in effectively delivering the intervention).

Evaluation Design

Following a building period, the evaluation of each supported and promising program will consist of two studies: a process evaluation and an outcomes evaluation. Descriptions of both are provided below.

Building Period: The building period will begin by setting a broad Colorado research agenda and priorities. Colorado has

already begun this work by gathering data on existing evidence for programs in our proposed service array, documenting delivery sites, and hosting a research summit to orient the academic community to opportunities for supporting Family First work in the state.

CDHS, with support from the Colorado Lab, will engage stakeholders in prioritizing process and outcome questions so that evaluation findings are tailored to Colorado's learning and decision-making goals. Close attention will be paid to the contexts and settings in which each program or service is expected to be implemented in Colorado. Furthermore, the research planning process will balance the requirement that each intervention be evaluated individually, while recognizing that these services are delivered within the broader context of the child welfare landscape.

Then, program- or service-specific rigorous evaluation teams will develop and publicly register a well thought out and rigorously designed evaluation plan for each promising or supported practice. CDHS and the Colorado Lab will ensure that there is coordination across the multitude of rigorous evaluations and CQI initiatives so that counties, Tribes, and providers are clear about expectations and requirements are reasonable.

The outcomes of the building period will be: (1) evaluation plans for each promising or supported program or service, and (2) a coordinated approach for launching those evaluations in Colorado.

Process Evaluation: For each supported and promising program, a process evaluation will be conducted.

Research Question 1: Was each program implemented as the model intended? [For all promising and supported programs/services]

- Each program-specific research team will liaise with model developers to obtain measures, specific methodology, and tools for assessing model fidelity, and propose processes and systems for monitoring fidelity of each program on a periodic basis.
- CDHS-designated leadership and the Colorado Lab will ensure that fidelity monitoring strategies are well coordinated across programs and services, and communication and expectations of counties, Tribes, and providers are clear. The goal is for providers, Tribes, and counties to have clear, consolidated information about what is required to track and report rather than having multiple messages from several research teams.
- Program-specific research teams will have responsibility for implementing fidelity monitoring, and making referrals, as needed, to implementation scientists to support shoring up implementation when there is evidence.

Findings from Research Question 1 will be used to inform training and supervision to ensure that the proven benefits of the model are realized through faithful implementation, and to ensure that outcomes can accurately be attributed to the model.

While ongoing fidelity monitoring will be the foundation for our process evaluation, additional questions may be established during the building period or in response to implementation fidelity findings. Sample questions are below:

Research Question 2: To what extent did each program reach the intended target population? [For select promising and supported programs/services]

This component of the process evaluation will assess the degree to which eligible families within the target population are receiving each service (i.e., reach). Furthermore, it will elucidate barriers to reach and generate strategies to expand it. This information will be viewed in the context of the overall successes and challenges of implementation and the related competency, organization, and leadership drivers that may have influenced referrals, service uptake, and service completion for each program.

Research Question 3: What leadership, cultural, or capacity-building supports are needed to shore up implementation or deliver a given service outside of the Denver metro area or to a historically marginalized population? [For select promising and supported programs/services]

Colorado is a diverse state and residents have uneven access to evidence-based services. Process evaluations may generate insight into delivery methods that are feasible in rural communities or identify minor adaptations that ensure culturally responsive delivery. Colorado and CDHS are committed to culturally responsive practices.

Outcomes Evaluation: The outcomes evaluation will assess the degree to which the supported and promising programs achieve the intended outcomes for children, youth, and families associated with each individual program model, as well as distal outcomes related to reduced repeat maltreatment and reduced foster care entry and re-entry. The outcomes measured will be informed by:

- The context in which the service is being implemented in Colorado (i.e., what are the goals of serving a given target audience, with a given promising or supported practice);
- The theory or logic model underpinning the program or service, as articulated by developers in books, manuals, or writings; and
- Prior evidence and what is expected to be realized that is relevant to Family First outcomes and Colorado's overarching vision for healthy families.

The research questions and designs will be fully scoped out during the building period and address the relevant components of the Administration for Children and Families' Evaluation Plan Development Tip Sheet.

Research Question 4: To what extent did each of the evidence-based practices and other programs meet anticipated outcomes?

The evaluation design will be tailored to the evidence base for a given intervention and an assessment of what information would be needed to move along the evidence continuum. All evaluation designs will be informed by the Prevention Services Clearinghouse Standards Handbook. For example:

- Is a focus on sustained effects important to determine if a program could become a well-supported practice? Or is a

rapid-cycle model more conducive to advancing Colorado's learning goals for a given program or service?

- Are the samples in prior evaluations similar to Colorado's target population or are there specific—perhaps historically marginalized—populations that are important to include in the evaluation?
- Are there internal validity limitations in prior research that can be mitigated in future studies?
- Are there delivery settings that may be particularly important to assess outcomes?

The evaluations will use a rigorous approach that is practical, ethical, and actionable. It is anticipated that some designs will be quasi-experimental designs and randomized controlled trials aligned fully to the Prevention Services Clearinghouse Standards. It is also anticipated that some evaluations, particularly as Colorado begins to learn what is promising when delivered in unique cultural contexts, may not have a control group or may have an alternative practice as the comparison condition. All causal studies will be pre-registered on the Open Science Framework to ensure transparency. All descriptive or inferential research designs will be made publicly available on a Colorado website or clearinghouse.

Program-Specific CQI, Evaluation Plans and Waiver Requests

As detailed below, for each well-supported program proposed in this initial five-year prevention plan, Colorado will assess program implementation and fidelity through a robust CQI process. Additionally, please see the attachment for Colorado's Request for Waiver of Evaluation Requirements for each well-supported practice.

Nurse-Family Partnership (NFP): Much of the national research demonstrating NFP's efficacy has included samples from Colorado. There is a strong partnership in place between the Nurse-Family Partnership National Service Office (NFPNSO), the University of Colorado, Invest in Kids (IIK), and CDHS to implement this program. Thus, Colorado is requesting a waiver of the rigorous evaluation requirement and proposes utilizing a well-established CQI process for ongoing monitoring.

The partnership, named the Colorado Coordination Team (CCT), has well-established processes for monitoring fidelity and engaging in continuous quality improvement in metro and rural areas. IIK is charged with ensuring all 22 NFP implementing agencies accurately input data from every home visit into a

national data-collection system. Once the data are collected, IIK assists NFP teams in using the data to assess their program fidelity according to 19 model elements and to track progress toward outcome achievement. IIK employs a full-time data analyst to oversee this work. IIK also employs a program director and two nurse consultants to work with NFP teams daily on all aspects of implementation, including using the data to guide nursing practice given individual NFP site context.

Per Colorado statute, all NFP teams submit a progress report to the CCT for review annually. This review results in a feedback letter to every NFP team detailing their successes on maintaining fidelity and achieving outcomes, as well as guidance to improve areas of fidelity and progress toward outcomes that IIK will support them with throughout the following year. IIK's work to support fidelity is financed through two contracts with the University of Colorado, with the funding coming from the administrative portion of the Master Tobacco Settlement to the Nurse Home Visitor Program and a smaller portion from the administrative portion for Colorado's Maternal Infant and Early Childhood Home Visitation funding.

Parents as Teachers (PAT): PAT is administered by 26 local organizations and available in 37 counties in Colorado. The program was established in Colorado in the mid-1980s and serves approximately 2,400 children each year. PAT in Colorado relies on the close partnerships between local sites, Parent Possible, the Parents as Teachers National Center, and CDHS. Thus, Colorado is requesting a waiver of the rigorous evaluation requirement and proposes utilizing a well-established CQI process.

Parent Possible, the state intermediary for PAT, has a well-established process for monitoring fidelity and ensuring sites engage in continuous quality improvement throughout the state. Parent Possible ensures that all 26 implementing agencies accurately input data from every home visit into the statewide data collection system. Once the data is collected, Parent Possible uses the data along with each site's Annual Performance Report and in-person site visits to assess program fidelity and adherence to PAT's 21 Essential Requirements. In addition to fidelity monitoring, Parent Possible has a well-established evaluation process that tracks parent growth, literacy, school readiness, and parent-child interaction. Parent Possible employs a director of research and evaluation, a data manager, and a program director to work with PAT sites on a daily basis on all aspects of implementation, data collection, and evaluation. All PAT sites set CQI goals annually and those not meeting all of the



PAT Essential Requirements are required to create Success Plans that formally lay out their goals and plans for meeting the goals.

Parent Possible's work to support PAT fidelity is funded through the federal Maternal Infant Early Childhood Home Visiting program, the state Tony Grampas Youth Services program, and private funding from foundations.

Healthy Families America (HFA): HFA is a practice that has been implemented in one rural county in Colorado since 2016 and served approximately 76 families in CY 2018. A second Colorado county is in the beginning stages of implementing HFA with the goal of serving approximately 40 families. Given the small size of the population served, it is not practical to generate actionable and timely information through a rigorous evaluation such as a quasi-experimental design or randomized controlled trial for HFA. However, the accreditation process offers a foundation for CQI. Thus, Colorado is requesting a waiver of the rigorous evaluation process.

HFA has an accreditation process through which site visitors assess adherence to the model. Colorado proposes a CQI process that is focused explicitly on the recommendations by the accreditation team and uses performance management data to track outcomes the intervention is intended to drive. For the county currently implementing HFA, the accreditation site visit took place in October 2019, and the county received the team's report in January 2020. The CQI process will include quarterly learning calls to: (1) review, strategize, and support progress toward addressing recommendations made by the site team and challenges identified by the sites, and (2) review child safety

performance management data that are routinely collected and opportunities to build capacity for routinely collecting and using child and adult well-being data.

SafeCare®: Colorado State University (CSU) Social Work Research Center (SWRC) serves as the independent evaluator for SafeCare Colorado (SCC). CSU/SWRC, in collaboration with the CDHS Office of Early Childhood (OEC) SCC Program Administrators, are crafting a new evaluation design for Fiscal Year 2021 and beyond that reflects stakeholder envisioned directions for SCC research innovations as well as the emergent requirements for ongoing rigorous evaluation in light of the Family First designation of SafeCare as a "supported" practice. The evaluation will use a quasi-experimental design (QED) measuring at least two contrasts from eligible outcome domains (namely, child well-being and adult well-being), per the Title IV-E Prevention Services Clearinghouse standards and procedures handbook. Eligible contrasts included in the QED will be prioritized for follow-up measurement at 12-months after program completion in order to examine sustained effects of SCC and build the evidence base for SafeCare as a "well supported" practice. The full evaluation plan will be provided to CDHS/OEC on 6/30/2020 and upon approval by SCC program administrators, the evaluation plan will become available for inclusion in the Colorado Title IV-E Prevention Services Plan.

Multi-Systemic Therapy (MST): MST has a well-established Therapist Adherence Measure (TAM) that has repeatedly predicted intended outcomes in clinical trials. In fact, Schoenwald and colleagues (2003) found a near linear relationship between fidelity to the MST model and treatment outcomes. Those therapists with the highest fidelity scores had dramatically better outcomes for their clients than those with the lowest fidelity scores. Specifically, two years post-treatment, criminal recidivism was 36% lower for the youth whose therapists had the highest fidelity ratings compared to those with the lowest ratings.

Colorado is requesting a waiver of rigorous evaluation of MST because most MST providers in Colorado are already participating in this CQI and regular fidelity monitoring through contracts with the Center for Effective Interventions at the University of Denver. Colorado proposes to engage the Center for Effective Interventions in providing CQI support to all providers for whom MST reimbursement is requested under Family First.

Fidelity to MST will be assessed by the Therapist Adherence Measure - Revised (TAM-R). The first measure is administered in

the first two weeks of treatment and then monthly thereafter. The TAM-R contains 28 items that assess the primary caregiver's perception of treatment. Each item is rated on an adherence scale from 1 (not at all) to 5 (very much). The adherence score is calculated by the number of items rated as adherent (i.e., a 5) divided by the number of items that can be scored. Thus, adherence scores can range from 0 to 1, with a score of 0.61 considered the threshold for fidelity.

Under Family First, the TAM-R will be administered by an independent call center and the call center will enter all data into a database that will be used to create a feedback loop to providers and support the CQI process.

High Fidelity Wraparound: CDHS' Office of Behavioral Health, in partnership with the Office of Children, Youth and Families and other partners, has implemented a four-year initiative called COACT Colorado supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the system of care approach for children and adolescents with serious behavioral health challenges and their families. The associated outcome evaluation can be found in the attachment, which focuses on assessing outcomes related to the goals of keeping youth at home, in school, and out of trouble. There will be a final evaluation analysis and written report completed for Year 4, which will be available at the end of the calendar year.

Ongoing evaluation of High Fidelity Wraparound in Colorado will be supported and continued if OBH is awarded another 4 year grant cycle, which will be announced in the near future. The current evaluation is a pre-test/post-test design and compares outcomes at the time of admission to outcomes at discharge. Moving forward, the Colorado Client Assessment Record (CCAR) will be replaced by the Child and Youth Assessment, which incorporates the CANS (Child & Adolescent Needs and Strengths) and multisystem involvement.

Other Mental Health Services: Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), and Motivational Interviewing (MI): Mental health services such as FFT, PCIT, and MI are delivered by providers throughout the state via contracts with counties. Colorado believes that investing in program implementation fidelity monitoring and CQI support is a precursor to considering further rigorous evaluations of these programs. Ensuring fidelity to the model is essential before launching RCTs or QEDs. Therefore, Colorado is requesting a rigorous evaluation waiver for these programs and may propose rigorous evaluations in the future that are targeted to learning

goals (e.g., serving priority populations, delivery in rural settings).

Colorado proposes to develop a web-based platform to collect program implementation fidelity metrics for mental health services. The web-based platform will be designed for providers or supervisors to input implementation fidelity measures specific to a given program. Sampling approaches will follow best practices. Colorado will explore the need for HIPAA-compliant secure audio recording of sessions and transcription for purposes of long-distance supervision. Standard CQI reports will be developed that aggregate the data by service and provider. Dedicated staff will review these data, engage counties and providers in review of those reports, and target implementation support to support continuous improvement. Colorado will use the quality assurance processes Washington State developed for PCIT as a guide for structuring the CQI process for mental health services. Implementation support will be tailored to the root cause of gaps in program implementation fidelity and may include activating specialty supports, such as FFT LLC or PCIT International Support, for specific providers. The measures for specific interventions are described below.

FFT Fidelity Measures:

- Weekly Supervision Checklist completed by a clinical supervisor after clinical staffing that reflects the degree of adherence and competence for a therapist's work on a specific case.
- Global Therapist Ratings that provide an overall adherence and competence in FFT (3x/year).

PCIT Fidelity Measures:

- Standard PCIT protocol clinical fidelity tools.

MI Fidelity Measures:

- The Motivational Interviewing Treatment Integrity (MITI) is an instrument that yields feedback that can be used to increase clinical skill in the practice of MI. The MITI measures how well or how poorly a practitioner is using MI and can be found at: casaa.unm.edu/download/miti.pdf. Coding resources to measure fidelity can be found at: <http://casaa.unm.edu/codinginst.html>.

Child Welfare Workforce Training & Support

The CDHS Division of Child Welfare (DCW)'s Training Unit was recently renamed the Learning and Development (L&D) team. This holds significance beyond a simple name change; it represents DCW's philosophy and approach to developing a competent, skilled, and professional child welfare workforce with a priority focus on equity and inclusion. The L&D team's goal is not just information sharing, but rather creating true learning opportunities that lead to long-term behavior change. Colorado has a robust workforce development infrastructure, and the L&D team is working with multiple stakeholders to integrate additional learning and development opportunities that will translate the values and vision of Colorado's Family First model into day-to-day child welfare practice.

Colorado's Workforce Development Infrastructure

DCW's L&D team serves as the conduit of collaboration to ensure that needs throughout Colorado are consistently assessed and met. In addition to informal activities, such as meeting regularly with stakeholders and partners, the L&D team formally ensures consistency and collaboration by chairing the Training Steering Committee (TSC). This committee is composed of representatives from CDHS, county departments, county commissioners, foster parents, the judicial system, and other partners. The TSC will expand to include parents, kinship providers, and youth representation in 2019-2020. The TSC reviews and approves any major changes to rules and activities related to training.

The L&D team also oversees training and certification of caseworkers, casework supervisors, and hotline workers. Each type of certification has requirements for minimum education, initial training, and annual continuing education. The L&D team also provides training opportunities to both the Southern Ute Indian and Ute Mountain Ute Tribes. Finally, the L&D Team provides oversight and monitoring of the Child Welfare Training System (described below) and IV-E reimbursable training activities.

Colorado Child Welfare Stipend Program: Beginning in 1995, the DCW Training Unit (now the L&D team) contracted with established social work programs at Metropolitan State University of Denver and the University of Denver to offer Child Welfare Stipends to students interested in the child welfare field. This effort focused on recruiting well educated and trained child welfare workers who are working toward a degree in social work to then be employed in one of the 64 Colorado county departments of human services. In July 2016, two additional universities—Colorado State University at Ft. Collins and Colorado State University at Pueblo—joined the program. Currently, 60 to 70 stipends are awarded each state fiscal year amongst all four universities.

Beginning in 2019, DCW and Metropolitan State University of Denver are piloting a process of drawing down additional Title IV-E training dollars in an effort to maximize the number of stipends awarded to qualifying students. Colorado is also conducting research related to the effectiveness of this model in child welfare recruitment and retention. Current research shows that a higher percentage of BSW students stay longer in a child welfare position when employed by a county department



of human services. Additionally, about 45% of the Colorado stipend awardees stay in a county department of human services for at least three years. Longer-term goals for Colorado will be identifying ways to support and build resilience within child welfare staff in an effort to retain them in the field and, in particular, in a Colorado county department of human services.

The Child Welfare Training System (CWTS): The CWTS was created by DCW in partnership with county departments to ensure consistent and comprehensive initial and ongoing training and professional development for child welfare workers in Colorado. In 2012 and again in 2017, the award to manage the CWTS was made through a competitive Request for Proposal (RFP) process managed by the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect (Kempe) at the University of Colorado Denver. While the majority of CWTS activities are completed by Kempe, they also subcontract with partner agencies, such as Illuminate Colorado and the University of Denver. Kempe also maintains an extensive learning and development pool of training facilitators, mentors, and coaches who currently work in the child welfare field in Colorado.

CWTS provides training to over 8,000 child welfare professionals, service providers, and foster and kin families each year. Standardized training provided by CWTS includes:

- Pre-service training for new caseworkers and new supervisors;
- Transfer of Learning (TOL) activities that new learners complete for caseworker and supervisor certification;
- An online Learning Management System (LMS);
- Practice and organizational coaching services;
- Web-based training;
- Non-traditional learning opportunities; and
- An extensive selection of in-service training.

CWTS offers more than 140 courses in its in-service library and maintains four regional training centers. All training is reviewed using an established matrix to ensure that it is in alignment with trauma-informed practices, inclusive of sexual orientation, gender identity and gender expression language and best practices, and representative of diverse cultural perspectives.

CWTS is engaged in continuous quality improvement activities, including the following:

- Reviewing existing curricula whenever a rule or law is passed to determine what updates are needed and what

Creating true
learning
opportunities
that lead to
long-term
behavior
change.

- new course(s) may need to be developed;
- Reviewing state-wide annual reports, such as the Child Fatality Review Team and the Child Fatality Prevention System annual reports, to identify opportunities to enhance existing courses; and/or
- Utilizing learner feedback and evaluation to explore possible enhancements and/or redesigns of existing courses.

Family First-Related Training Plan and Strategy

Colorado currently offers specific learning opportunities that are in alignment with Family First requirements. In addition, the L&D team is in the process of working with the Family First Implementation Team and Workgroups and with CWTS to both revise existing offerings and design new learning opportunities for those across the child welfare system, including mandatory reporters, those who screen referrals of child abuse and neglect, child welfare supervisors/managers/administrators, and those whose role will be primarily focused on prevention casework.

Identifying candidates and developing child-specific prevention plans. Colorado will be developing a learning activity for workers and supervisors to understand the purpose of prevention candidacy, how to identify candidates, and what is required for prevention candidacy. The learning may include a classroom-based learning event, a web-based training event, and/or Transfer-of-Learning activities.

Colorado is choosing to use its existing treatment plan as the format for the child-specific prevention plan. Therefore, existing training related to treatment planning will be updated to include information about prevention plans.

Conducting risk and safety assessments. Assessing family safety and risk is a fundamental component of Colorado's child welfare system and will continue to be under Family First. Implementing Colorado's standardized Family Safety and Risk Assessment tools is included in the Fundamentals (pre-service) classroom training for all caseworkers, and a web-based refresher course is available at any time for any caseworker or casework supervisor.

With the new documentation requirements outlined in the Family First legislation, the L&D team will enhance existing training to emphasize the following:

- How to use the Family Safety and Risk Assessment tools to inform and document a child-specific prevention plan;

- How and when to conduct ongoing safety and risk assessments for families receiving prevention services; and
- The process and documentation required for making updates or changes to a child's prevention plan.

Engaging families in the assessment of strengths, needs, and the identification of appropriate services. Engaging children, youth, and families to comprehensively assess their unique strengths and needs is included in the Fundamentals (pre-service) classroom training for all caseworkers. The L&D team is looking at ways to enhance learning around how caseworkers can utilize the results from assessments and screening tools to effectively plan for and connect families with appropriate prevention services that meet the identified needs.

Linking families with appropriate, trauma-informed, evidence-based services to mitigate risk and promote family stability and well-being. These topics are included in the Fundamentals (pre-service) classroom training for all caseworkers. In addition, numerous in-service trainings are available that focus on supporting families when specific issues are present, such as substance use, housing insecurity, domestic violence, and sexual abuse. The L&D team is exploring ways to further bolster current training offerings to ensure effective family-centered prevention planning, appropriate referrals to evidence-based services, and coordination with other child and family services.

Oversight and evaluation of the continuing appropriateness of the services. This topic is included in the Fundamentals (pre-service) classroom training for all caseworkers. The L&D team will build upon existing training to ensure caseworkers are evaluating the ongoing appropriateness of fit of the referral, assessing ongoing safety and risk, determining if modification to a child's prevention plan are warranted to support child and caregiver well-being and determining if the child/youth/family are meeting the goals they identified and meeting their full potential.

Colorado's training plan that was submitted in 2019 with Colorado's Child and Family Services Plan included language that will allow Colorado to identify and draw-down federal reimbursement for prevention-related training.

Judicial and Court Partners: The Court Improvement Program (CIP) is working collaboratively with CDHS, assistant county/city attorneys, the Office of Respondent Parent Council, and the Office of the Child's Representative to maintain alignment and consistent messaging with Family First requirements.

CIP is creating milestone videos to educate judicial officers, attorneys, and the multidisciplinary members who participate on a Best Practice Court Team. The first video released provided information on what Family First is, why it is important, and how to prepare for implementation in Colorado. In addition to these videos, CIP will be developing a training schedule and creating a curriculum that will train judicial officers on each facet of Family First.

Evidence-Based Practice (EBP) Provider Workforce

Colorado’s EBPs are provided by community-based agencies that receive their training either from the developer of the EBP or someone officially trained as a trainer. Although CDHS is not the direct purveyor of training to providers, Colorado nonetheless wants to ensure that all EBP providers for Family First have the skills and capacities necessary to deliver the selected EBPs as well as an understanding of the broader human services approach to serving children, youth, and families. Each EBP selected for this five-year plan has its own staff qualifications

and training requirements specific to the intervention’s service delivery model. CDHS expects that all EBP providers working with Colorado families under Family First uphold the staffing and training requirements specified by each EBP model. Additionally, CDHS will provide guidance to county departments on how to hold all EBP service providers accountable through contracts to implement each intervention to fidelity, including requirements of staff training.

Ensuring the provider workforce is trauma-informed. As part of the procurement process, county departments will specify the requirement to incorporate trauma-informed service delivery into all Family First EBP services.



In Focus: Prevention Caseloads

In August 2014, Colorado's Office of the State Auditor (OSA) released the Colorado Child Welfare County Workload Study. The purpose of the study was "to establish a comprehensive picture of the state's county child welfare workload, case management, and staffing levels and identify estimated workload and staffing levels to accomplish child welfare goals." It focused on actual time spent by case aides, caseworkers, and supervisors on tasks to evaluate efficiencies, develop workload standards, and determine the need for additional resources. The study concluded that counties would need 610 additional child welfare staff to meet program goals and achieve outcomes. The Colorado legislature has worked to address this shortage of child welfare staff over the last five years. To date, 420 new full-time equivalent (FTE) county child welfare positions have been appropriated and funded.

In 2016, the state contracted with ICF International to conduct a study concerning the child welfare caseload by county, as opposed to the OSA workload study, which provided estimated hours per case by service for county child welfare caseworkers. The 2016 Child Welfare Caseload Study built upon the workload study results by further supporting the need for additional child welfare staff, creating a framework for requesting additional resources, and providing suggested caseload ratios. This study created the Colorado Division of Child Welfare Caseworker Allocation Tool (DCAT). The DCAT tool provides a framework for determining the allocation of appropriated funds to the counties and for county child welfare positions based upon allocation formula factors such as referrals, assessments, out-of-home placements, and in-home services.

The 2016 caseload study also recommended specific ratios of supervisor to caseworker (1:5) and caseworker to case (1:10). CDHS uses these ratios to justify funding requests and allocate new child welfare staff to counties. Colorado believes that these ratios will continue to support effective and engaging casework practice moving forward under Family First, and therefore intends to use this established caseload ratio for prevention cases unless otherwise specified by the evidenced-based service provider. Once Family First is fully implemented, it is likely that Colorado will update its workload and caseload studies to determine any significant shifts that would result in different ratios. For the purposes of this five-year plan, all caseworkers are considered prevention caseworkers and may work with Family First prevention-eligible children, youth, and caregivers.

In addition to monitoring caseloads at the county level, CDHS responds to a Request for Information (RFI) to the Joint Budget Committee every November 1 with this data. The data reported is derived from a survey sent to counties in the spring of each year. The survey asks for information relating to caseload ratios by county, actual staffing levels, new hires, workload and funding allocation comparisons by county, and performance metrics concerning the training of, and support for, caseworkers.



Implementation Planning Efforts

From the beginning, Colorado’s approach to planning for Family First implementation has been an inclusive and integrated one that fully leverages the interest, experience, and expertise of a broad-based and diverse group of state and county staff, Tribes, and stakeholders, including families.

Beginning in March 2018, Colorado mobilized a collaborative effort, with facilitation and support from Casey Family Programs, to create a Family First roadmap that identifies critical decisions, actions, time frames, and recommendations around the state’s initial implementation. In early 2019, a statewide Family First Implementation Team was launched with the responsibility of further defining and prioritizing areas of focus and developing and implementing a detailed action plan aligned with Colorado’s Family First roadmap. The 27-member Implementation Team includes representatives from multiple county departments of human services (reflecting diversity of regions and sizes across the state), CDHS, CDPHE, HCPF, judicial/legal, providers, constituents, and research/evaluation.

The main challenge of the Implementation Team was to strive toward the visionary goal of system transformation, while simultaneously attending to the technical details of implementation requirements. In order to delve deeper into the details of Family First, the team initially prioritized six key

implementation workgroups: Assessment, Qualified Residential Treatment Programs (QRTP), Services Continuum, Child and Family Plans, Juvenile Justice, and Communications. Because Colorado views implementation as a long-term, iterative process, the Implementation Team and workgroups will continue to meet through 2020.

Colorado’s Family First Implementation Core Values

Road Map development included a process of articulating a set of values that would ground Colorado’s Family First discussion, decisions, and recommendations:

- Family and youth voices are the loudest—heard, considered, and respected.
- Children, youth, and families are best served by a systemic and community-engaged, integrated approach to identify and meet their needs.
- Children, youth, and families are served through collaboration, partnership, and engagement with all parties and human services programs.
- Shared accountability and responsibility by an integrated community of care that surrounds youth and family to support success.
- Improve policy, practice, and quality of services based on scientific evidence.



- Strengthen and embrace natural supports.

Continued Engagement with Partner Agencies, Private Providers, and Community Organizations

To make bold and sustainable improvements to the larger child welfare system, deepening collaboration with sister agencies, providers, judicial/legal partners, and community-based organizations will continue to be a high priority at the state and county levels. Collaboration and consultation with other state agencies responsible for administering mental health services, substance abuse prevention and treatment, and in-home parenting services, and with other public and private agencies, began early on in Colorado's planning for Family First implementation. This will continue beyond initial implementation to ensure accessibility of services, avoid duplication, and maximize and leverage resources.

Delivery of Child Welfare Services Task Force: In May 2018, Colorado's General Assembly showed significant support for Family First with the passage of the Child Welfare Reform Bill, which created the Delivery of Child Welfare Services Task

Force within CDHS. The Task Force includes representatives from CDHS, county departments of human services, HCPF, the Colorado Judicial Branch, and providers of behavioral health services, prevention services, and out-of-home placements. Among other things, the Task Force will be making recommendations on a child welfare funding model, incentives structure, and performance and outcome measures. It is also responsible for ensuring child welfare laws and rules align with Family First, and for determining methods through which the state can maximize federal revenue to support Colorado's children, youth, and families. In addition, the Child Welfare Reform Bill created a cash fund that can be used by child welfare agencies to fund prevention and intervention services.

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

To make **bold and sustainable improvements** to the larger child welfare system, deepening collaboration will continue to be a **high priority.**

Governor requested that the Task Force evaluate current funding streams and recommend changes to ensure the behavioral health system is transformed into an integrated, accessible, accountable, efficient, and high-quality behavioral health care system; identify systemic gaps and enhancements in access to behavioral health services, especially for vulnerable or underserved populations; and evaluate, recommend, and adopt proven strategies to drive efficiency and desired results. The Task Force will develop Colorado's "Behavioral Health Blueprint" by June 2020, which will outline detailed steps to ensure the goals established by the Task Force are clearly communicated to relevant stakeholders, service providers, and individuals. A Children's Behavioral Health subcommittee will develop a plan specifically addressing how the state delivers and manages children's behavioral health.

Regional Partnership Grant: In 2019, the Colorado Judicial Department and CDHS were awarded a five-year, Round 6 Regional Partnership Grant through the Children's Bureau. This grant, which is currently in the planning phase, will evaluate the effectiveness of the Circle of Parents Expansion (COPE) intervention in increasing family well-being, improving permanency, and enhancing the safety of children who are in, or at risk of, an out-of-home placement due to a parent's or caregiver's opioid or other substance abuse. The COPE intervention integrates Circle of Parents in Recovery—an evidence-informed model that strengthens families, prevents child maltreatment, and supports recovery through a pro-social peer network—within counties that have implemented the Dependency and Neglect System Reform Program (DANSR) to manage dependency and neglect cases following the principles of Family Treatment Drug Courts. The work of COPE includes those within the child welfare court system, but it may be utilized for prevention or as a support to help prevent re-entry.

Collaboration with Tribes: CDHS consults, collaborates, and coordinates with both federally recognized Tribes within Colorado, as well as with Colorado-based organizations that serve the state's American Indian urban communities. There are two federally recognized Tribes with land bases in Colorado. The Southern Ute Indian Tribe (SUIT) is located primarily in La Plata County and includes approximately 1,510 enrolled members. The Ute Mountain Ute Tribe (UMUT) is located primarily in Montezuma County with another community in White Mesa, Utah, and includes approximately 2,143 enrolled members. In addition to the two federally recognized tribes, CDHS partners with organizations such as the Colorado Commission of Indian

Affairs, the Denver Indian Family Resource Center, and Denver Indian Health and Family Services to address ongoing and emerging human services concerns for the state's American Indian urban populations. To facilitate communication and collaboration, CDHS employs a Tribal Liaison, an Indian Child Welfare Specialist, and a Behavioral Health Tribal Liaison who are responsible for nurturing and strengthening the department's relationship with the Tribes and organizations that serve the state's American Indian urban communities.

To support both Tribes in providing direct services to children, youth, and families before Family First was enacted, contracts were executed between the Tribes and CDHS to provide funding for service provision. Through these contracts, the Tribes are able to provide services they feel best meet the needs of their communities. With the passage of Family First, Tribes with IV-E plans will also be able to draw down IV-E funding for prevention services. The State of Colorado and the Tribal governments within the state see Family First as an opportunity to further build on their relationships in order to support Tribal youth and families. CDHS and both Tribes have expressed interest in holding a consultation about the impact of Family First and opportunities for future collaboration.

Assurance on Prevention Program Reporting

See the attachment for assurance that CDHS will report to the Secretary such information and data as the Secretary may require with respect to the Title IV-E prevention program, including information and data necessary to determine the performance measures.