COLORADO TITLE IV-E PREVENTION PLAN

I. Introduction

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 to appropriately meet their needs. This redirection has helped reduce deep child welfare system penetration and produced positive change for the state’s most vulnerable children, youth, and families.

The state’s population has grown rapidly in recent years, with a 13.2% increase since 2010. Over the last five years, there has been an almost 40% increase in the number of child welfare referrals across Colorado, and this appears to be driven both by the overall increase in population and by implementation of a statewide Child Abuse and Neglect Hotline. Despite these increases, the absolute number of out-of-home placements has remained relatively stable. Additionally, Colorado has made great progress in decreasing the length of stay in out of home care, and increasing the ratio of children in family-based care to those in congregate care.

In February 2018, 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 away from restrictive and potentially unnecessary out-of-home placements.

At the same time, Colorado views Family First as one 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 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.
A. The Vision

Colorado has created a bold vision for a 21\textsuperscript{st} 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 maltreatment. Thus, while Colorado is fully committed to and engaged in implementing Family First, we must simultaneously focus on activating all points along the continuum. Additionally, Colorado acknowledges that this vision cannot be realized through child welfare programs – or even human services programs – alone. The Colorado Department of Human Services (CDHS), county departments, and Tribes have been actively engaging and collaborating with partner agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, private providers, and community organizations.

![Prevention Services Continuum](draft)

Over the next five years, Colorado will continue to carefully assess where Family First interventions are most appropriate along this continuum, while also progressively expanding their reach – both in terms of at-risk populations served and variety of evidence-based practices tailored to the unique needs of Colorado communities. As will be discussed in this prevention plan, 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 formal involvement in the child welfare system.

B. The Foundation

Colorado has been building the groundwork for a 21\textsuperscript{st} century child welfare system over the past decade, and the opportunities and challenges of Family First must be viewed within the context of Colorado’s ongoing work with children, youth, and families. The following are four key components of this foundation, and each will serve 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 2 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, 29,382 distinct clients were served by the Core Services Program. Annual evaluations have shown that 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.¹

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**Core Services and Family First**

The Core Services Program has helped build 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. Family First will benefit from and build upon this existing network.

In 2018, county-designed services represented the most common type of service provided through Core funds, accounting for 35% of all service episodes statewide. County-designed services are innovative and/or otherwise unavailable services proposed by a county that 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 that meet the unique needs of local communities, while clarifying how these services will complement and align with Family First.

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**Title IV-E Waiver Demonstration Project**

In October 2012, the Children’s Bureau awarded CDHS, Division of Child Welfare (DCW), a Title IV-E Waiver Demonstration Project. 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 intentionally designed to support children, youth, and families throughout the various levels of child welfare involvement.

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¹ Core Services Program Annual Evaluation Report Calendar Year 2018. Colorado State University, School of Social Work, October 1, 2019.
Colorado’s Waiver interventions were far-reaching, with 53 of 64 counties in 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.2

**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 Colorado 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.

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.

**Human Services Approach**

Colorado is a state-supervised, county-administered human services system consisting of 64 counties and two federally recognized Tribes with reservation lands. 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 to Needy Families, 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. Thus “child welfare” means something much broader in this state – through a wide array of supports, Colorado aims to address the root causes of crisis and instability through integrated service delivery focused on supporting whole families and individuals across generations.

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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 getting 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/mental 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.

There are 10 mandated system partners to the program including Human Services, Courts, Probation, School Districts, Public Health, Mental Health Centers, Domestic Violence Provider, Management 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 indicated 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, in 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 its Child Maltreatment Prevention Framework for Action as a road map for the development of local child abuse prevention plans. The Prevention 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 at the US Department of Health and Human Services, and numerous Colorado agencies and partners. The Prevention Framework has helped guide investments, programs, and policy under the purview of CDHS. The Colorado Department of Public Health and Environment (CDPHE) has also adopted the Prevention Framework to inform its child maltreatment prevention efforts.

Colorado’s Child and Family Services Plan (CFSP) requires supporting all counties and Tribes in developing and implementing local child abuse prevention plans using the Prevention Framework.
Furthermore, in response to Family First requirements, Colorado’s CFSP calls for revisions to the Colorado Child Maltreatment Prevention Framework for Action 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 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 collaborative 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 three 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 its efforts on significantly reducing child fatalities and child maltreatment for all children ages zero to five.

The Partnership has begun to include housing/homeless experts in their work, which provides a great opportunity for integration of this work, specifically addressing housing security as a prerequisite to socio-economic mobility for families.
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 at-risk youth population. Often the same agencies surface at multiple intervention points while working with this population. Likewise, a youth and his/her family can 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, that 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, we have explicitly included a Juvenile Justice workgroup in our Family First planning. This group is providing recommendations on specific evidence-based placement prevention services that are well suited for this population, as well as possible current 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 with a juvenile justice lens, including delinquency judicial officers, probation officers, client manager/parole officers, public defenders, 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.

II. Target Population and Eligibility

As described above, 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 allowed 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. These services are referenced as Program Area Three (PA3).

PA3 services can be provided after a referral has been screened out, when a case is assessed as not requiring child protection services, or when a child welfare case is closed but additional supports would 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 is optional, based on county by county available funding and ability to provide preventative services, and these services are offered as 100% voluntary to a family. In SFY18, 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.

We believe that 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. In order to achieve true change and improve outcomes, we cannot simply tweak our existing system – we need to fundamentally shift how we think about service delivery and supporting families. Our definition below describes the circumstances and characteristics that we know from years of research and experience put children and youth at serious risk of entering or re-entering foster care. Our 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 service 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 he/she is at serious risk of entering or re-entering foster care but is 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. Foster youth who are pregnant or parenting are also candidates.

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 disorder
- 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
- Parental protective capacity compromised by basic needs challenges, i.e. homelessness, food insecurity, etc.
- Developmental delays
- Reunification, adoption or guardianship arrangements that are at risk of disruption

Kin, as defined in Colorado’s Code of Regulations, means a relative of the child/youth, a person ascribed by the family as having a family-like relationship with the child and/or youth, or a person that has a prior significant relationship with the child/youth.
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 have already touched the child welfare system and those who have not touched the child welfare system but share characteristics that deem them at serious risk of out-of-home placement. This approach will require the development of coordinated systems, processes, and infrastructure related to identifying candidates and determining their eligibility, creating and maintaining prevention plans, and monitoring safety of candidates while on a prevention plan. Colorado is exploring with partner agencies the systems and processes currently in place that can contribute to this development while simultaneously working with youth, families, counties, and other stakeholders to identify needs and resources in order to realize Colorado’s bold vision.

The table below includes some of the key characteristics from Colorado’s candidacy definition, along with state-level data describing the targeted population:

<table>
<thead>
<tr>
<th>Candidacy Element</th>
<th>Colorado Population-Level Data</th>
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| Substance Use – Parents         | 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).  
| Substance Use – Infants Exposed | Parental substance use may be impacting newborn development in the state as well.  
  • According to Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2018, an estimated 7.1% of mothers smoked during the last month of pregnancy, and an estimated 14.4% of mothers drank alcohol during the last three months of pregnancy.  
  • 8.2% of the population of mothers used marijuana at any time during pregnancy in 2018.                                                                                     |
| Mental Health – Parents         | Many Colorado adults report to have 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.  
  • 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  | 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.  
  • In 2016-2017, an estimated 59,000 youth aged 12-17 experienced a major depressive episode in the state ("2016-2017 NSDUH State-Specific Tables," SAMSHA). |
| Lack of Parenting Skills        | 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).  
  • 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. |
| Limited Capacity to Function in Parenting | • In CY 2018, there were 13,535 substantiated allegations of abuse/neglect in Colorado.  
  • In CY 2018, there were 22,997 parents opened to a child welfare case for services or |
<table>
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<tr>
<th>Roles</th>
<th>identified as the perpetrator of a founded allegation in a child welfare referral/assessment.</th>
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<tbody>
<tr>
<td>Delinquent Youth</td>
<td>CDHS operates detention and commitment centers for youth involved with the justice system.</td>
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<tr>
<td></td>
<td>• In FY 2018-2019, there were 3,137 unique youth served in state-operated and contract secure detention, and 1,171 unique youth served in commitment.</td>
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<tr>
<td>Youth Beyond Control of the Parent</td>
<td>• In CY 2018, there were 1,408 youth who had Program Area 4, Youth in Conflict status during the year.</td>
</tr>
<tr>
<td>At Risk of Re-Entry</td>
<td>• In CY 2018, 2,699 children/youth exited foster care to reunification, guardianship, or adoption.</td>
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<td>• Of those children/youth, there were 580 instances of re-entry into out of home placement.</td>
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<tr>
<td>Substantiated Maltreatment – In-Home Services</td>
<td>In some cases of substantiated maltreatment, existing safety and risk factors can be mitigated by provision of in-home services.</td>
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<tr>
<td></td>
<td>• In CY 2018, 14,222 children/youth were served in-home.</td>
</tr>
</tbody>
</table>

By continuing to analyze the demographics and characteristics of children, youth, and families in each of these categories, we 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). Colorado has access to large amounts of data on who is currently accessing these services, and we will continue to study these cases to inform the implementation of our bold definition of candidacy.

**A. 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 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 that is closely aligned to Colorado’s proposed definition of candidacy. Other counties are providing more traditional placement prevention services by focusing on those families that have already touched their child welfare systems.

In order to honor the range of needs and practices across the state, our 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 largest county in Colorado and part of the Denver metro area. Arapahoe County is already successfully connecting children, youth, and families who would 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. DHS has a liaison co-located at the FRP and when a family either walks in seeking assistance or is referred by DHS, probation, schools, or another entity, the DHS liaison assists with determining what services are most appropriate for the family. This may or may not involve a formal referral to DHS. There is also a short term respite program on campus that serves approximately 120 youth annually.
- Arapahoe DHS partners with the Arapahoe County Early Childhood Center (ACECC) for the provision of SafeCare® to families referred both by DHS and by the community without DHS involvement. SafeCare® is an evidence-based placement prevention service included in this plan.
- Currently, about 55% of 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 those screened out referrals are sent directly to DHS’ Community Development and Prevention Team (CDP) 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 Garfield DHS 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 served in the 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. Huerfano DHS 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 DHS for PA3 assistance. DHS can then set them up for short-term ongoing support through the FRP. When a service is needed, DHS follows up with the family and the provider every 60 to 90 days to determine whether the service is still needed and whether the family/child is progressing.

Since May 2019, there have been 50 non-child welfare Application for Services submitted to the Huerfano County FRP. 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 daycare centers in the community so they can also provide referrals to families in need of services.
B. Candidacy Determination

For open cases within the child welfare system, caseworkers will use information from the Colorado Family Safety and Risk Assessments, periodic case reviews, as well as information gained from engaging with the family and other collaterals to determine IV-E prevention candidacy. A IV-E Prevention Candidacy Determination page will be created in Colorado’s automated case management system, Trails, where 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 have touched 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 yet touched 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 also building 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.

III. Title IV-E Prevention Services Array

One of the key workgroups of the Colorado Family First Implementation Team (discussed in Section VIII) is the Services Continuum Workgroup, made up of diverse members from CDHS, counties, service providers, and community partners. The long-term objective of the workgroup is to define a comprehensive continuum of care in Colorado spanning primary prevention, early intervention, stabilization, permanency, reunification, and re-entry. In the short-term, the purpose of the workgroup was more narrowly focused on understanding and identifying opportunities for Colorado to access IV-E funding for current and future placement prevention services. Additionally, with the support of Casey Family Programs, the workgroup has mobilized research and university partners statewide in developing a coordinated Colorado research agenda to strategically build evidence for prevention services.

The workgroup strongly recommended that the state prioritize the evidence-based services that are currently in place and being implemented successfully in Colorado. This strategy will allow the state to build upon existing capacity, continue to assess program efficacy, take efforts to scale where appropriate, and minimize start-up costs for initial implementation. All of Colorado’s proposed prevention services, therefore, are currently being implemented in the state, although to varying degrees. Simultaneously, we will continue to look at evidence-based services that are not currently present in Colorado to understand how they align with the state’s resources and the needs of target populations.

The workgroup compiled a snapshot of all the approved services in the Title IV-E Prevention Services Clearinghouse (“Clearinghouse”) being provided in Colorado – both in terms of prevalence and geographic reach. Currently, nine of the ten rated Clearinghouse services (as of February 2020) are being implemented in Colorado. We are formally proposing seven Well-Supported practices in this initial five-year plan. Colorado is continuing to develop rigorous evaluation plans for the two Promising services, and hopes to include three additional services for transitional payment in the near future.
**A. The Most Vulnerable – Children Zero to Five**

Collectively, we understand 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, we know 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 9 per 1,000 children.\(^4\)\(^5\) 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.\(^6\)

At the same time, we know that children 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, 43.9% were under the age of five.
- Over 30% of all open cases were children under the age of one, 51.3% were under the age of five.\(^7\)

Thus, it is incumbent upon us to proactively identify and support families with infants and young children who are at risk of maltreatment and/or out-of-home removal. The child welfare system cannot prevent maltreatment alone, but through multi-system coordination, we can make substantial progress. Up to 88% of all child deaths were not known to child protective services, but many were seen by other professionals (e.g., health care).\(^8\)

Within the Family First context, Colorado’s initial proposed service array includes **Nurse-Family Partnership\(^8\) (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 (TMA) per Colorado statute, and three NFP sites in the Denver-Metro area also receive federal funding through the Maternal, Infant, and Early Childhood Home

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Visiting Program (MIECHV). 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 included Healthy Families America in its proposed service array as another home visiting model targeting at-risk families of infants and young children. Currently only one Colorado county is implementing this program, but we look forward to continuing to assess its efficacy and potential for expansion in the state.

Colorado is also considering additional evidence-based services to propose in the near future that are not currently rated by the Clearinghouse but undergoing independent systematic review. One such service is SafeCare®, which would 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 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).

B. Older Youth & Disrupting the Cycle

While the impacts of child maltreatment begin in childhood, the impacts on health and behavior continue through adulthood. Childhood trauma has detrimental consequences on the biological stress systems and cognitive and brain development. The impacts of childhood trauma have also been associated with worsened physical health, increased mental health problems, increased risky health behaviors, and increased violent and criminal behaviors.

In addition to focusing on infants and young children, Colorado will also prioritize at-risk youth through Family First as a strategy to disrupt the cycle of abuse and neglect. During CY 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 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 2018 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 at-risk children
and delinquent youth to overcome behavior problems, conduct disorder, substance abuse, and
delinquency. This service is currently implemented in 10 Colorado counties.

Colorado is conducting an independent systematic review and hopes to eventually propose **High Fidelity Wraparound** as another service targeting older youth. High Fidelity Wraparound 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, High Fidelity Wraparound is implemented in 13 counties. Between October 1, 2016 and September 30, 2018, a total of 290 individuals participated in High Fidelity Wraparound. Subsequently, children/youth involved in Wraparound saw a 63% reduction in the total number of nights spent in out of home care.  

While **Methadone Maintenance Therapy (MMT)** is currently being utilized in Colorado, we are continuing to assess whether there is enough usage to invest in ongoing rigorous evaluation and formally propose this service in our prevention plan.

**C. 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. For example, some judicial districts in the state require probation officers to receive training and use MI in interactions with probationers. At the same time, Colorado is actively assessing how to incorporate 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.

**D. Comprehensive Continuum of Care**

To round out Colorado’s proposed service array, we are including **Parent-Child Interaction Therapy (PCIT)** in this plan, developing a rigorous evaluation plan for **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** for future submission, and conducting an independent systematic review of **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 Colorado State University. CCR completers 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/

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Knowledge of Parenting increased for participating families.\textsuperscript{10} There is already a plan in place for ongoing evaluation of CCR in Colorado.

In selecting services to propose for Colorado’s initial five-year plan, it was important to look at them 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 visual below represents both the prevention continuum and the life span continuum, and where Colorado’s current proposed and future services align.

![Service Continuum Diagram]

The following table provides an overview of Colorado’s proposed service array – including the target population for each service, level of effectiveness assigned by the Clearinghouse, and intended outcomes. We have also included those services that we hope to include in a revised version of this plan in the near future.

\begin{tabular}{|c|c|c|}
\hline
Service & Population & Effectiveness Level & Outcomes \hline
NFP, PAT, Healthy Families America, SafeCare & Birth - 5 years & High & Improved parenting, reduced risk of maltreatment \hline
PCIT, MI, TF-CBT, CCR & Ages 3-12 & Medium & Improved parent-child interaction, reduced child maltreatment \hline
MST, FFT, MMT, High Fidelity Wraparound & Ages 13-21 & Low & Improved family functioning, reduced risk of homelessness \hline
\end{tabular}

<table>
<thead>
<tr>
<th>Program or Service</th>
<th>Target Population</th>
<th>Program or Service Delivery and Implementation</th>
<th>Evidence Rating</th>
<th>(Select) Intended Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLORADO INITIAL PROPOSED SERVICE ARRAY</strong></td>
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<tr>
<td><strong>In-Home Parent Skill-Based Programs and Services</strong></td>
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</tbody>
</table>
| 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 | • Improve child health, development, and safety by promoting competent caregiving  
• Enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment |
| Parents as Teachers (PAT)                   | Families with an expectant mother or parents of children up to kindergarten entry (usually 5 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 2 years. | Well-Supported | • Increase parent knowledge of early childhood development and improve parenting practices  
• Prevent child abuse and neglect |
| 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 3 to 5 years old. | Well-Supported | • Cultivate and strengthen nurturing parent-child relationships  
• Enhance family functioning by reducing risk and building protective factors |
| **Substance Abuse Programs and Services**    |                                                                                   |                                                                                                                  |                 |                                                                                                                                                          |
| Multi-Systemic 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 3 to 5 months. Intensity of services varies based on clinical needs. | Well-Supported | • Decrease youth criminal behavior and out-of-home placements  
• Increase parent ability to address parenting difficulties and empower youth. |
|---|---|---|---|---|
| Motivational Interviewing (MI) | Can be used to promote behavior change with a range of target populations and for a variety of problem areas. Usually used with caregivers or adolescents. | Typically delivered over one to three sessions with each session lasting about 30 to 50 minutes. Sessions are often used prior to or in conjunction with other therapies or programs. No minimum qualifications for MI providers and can be used by a variety of professionals. | Well-Supported | • Enhance client motivation for behavior change  
• Improve engagement in other treatment modalities  
• Decrease substance use |
| **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 3 to 5 months. | Well-Supported | • Eliminate youth referral problems (e.g., delinquency, oppositional behaviors, violence, substance use)  
• Improve family and individual skills |
| Parent-Child Interaction Therapy (PCIT) | Children ages 2 to 7 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. | Well-Supported | • Build close relationships between parents and their children  
• Help children feel safe and calm by fostering warmth and security between parents and their children |
<table>
<thead>
<tr>
<th>SERVICES PENDING EVALUATION PLAN OR FURTHER ASSESSMENT</th>
</tr>
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<tbody>
<tr>
<td><strong>Trauma-Focused Cognitive Behavioral Therapy</strong></td>
</tr>
<tr>
<td>Children and youth (ages 3 to 18) who have experienced trauma and their caregivers</td>
</tr>
<tr>
<td>Includes separate and then conjoint psychotherapy sessions for child and parent. Weekly sessions over 12 to 18 weeks.</td>
</tr>
<tr>
<td>Promising</td>
</tr>
<tr>
<td>• Improve child PTSD, depressive and anxiety symptoms</td>
</tr>
<tr>
<td>• Improve parenting skills and parental support of the child, and reduce parental distress</td>
</tr>
<tr>
<td>• Enhance parent-child communication, attachment, and ability to maintain safety</td>
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<table>
<thead>
<tr>
<th><strong>Methadone Maintenance Therapy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who have an opioid use disorder, typically at least 18 years old.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Promising</td>
</tr>
<tr>
<td>• Reduce parent/caregiver substance use</td>
</tr>
<tr>
<td>• Improve family functioning</td>
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</tbody>
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<tr>
<th>SERVICES PENDING INDEPENDENT SYSTEMATIC REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SafeCare</strong></td>
</tr>
<tr>
<td>Parents with young children ages 0 to 5 at-risk for or with a history of child neglect and/or abuse.</td>
</tr>
<tr>
<td>In-home parent training program with weekly sessions of approximately 1-1.5 hours each. Recommended duration is 18-20 weeks.</td>
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<tr>
<td>TBD</td>
</tr>
<tr>
<td>• Increase positive parent-child interaction</td>
</tr>
<tr>
<td>• Improve how parents care for their children’s health</td>
</tr>
<tr>
<td>• Enhance home safety and parent supervision</td>
</tr>
</tbody>
</table>
| High Fidelity Wraparound | Children, youth, and families with complex needs who are involved in multiple systems. | Team-based, collaborative model that includes a family driven planning and implementation process and emphasizes natural and informal supports. Team is guided by a trained Wraparound Facilitator and Family Advocate. | TBD | • Reduce out-of-home placement  
• Reduce youth homelessness  
• Improve behavior, functioning, and satisfaction |
|--------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | • Strengthen families’ protective factors  
• Build social capital  
• Increase financial stability and self-sufficiency  
• Improve family functioning and well-being |
As we are 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 do not adequately address all the nuances in a full continuum of care. However, implementation is an ongoing process. It is a given 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 our 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. The workgroup will be addressing three primary questions: For the nine services currently being implemented in the state, how do we strategically increase capacity, expand their reach, and take them to scale when appropriate? Where are there gaps in services (along the prevention services continuum, life span continuum, and/or geographically) and how are these best addressed? 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. These data are 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.

### E. 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, we 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 partners held a Family First Evidentiary Review webinar followed by an in-person Transitional Evidentiary Review training in January 2020.

### F. 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 as well as 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 (see Appendix XX for the Statewide Trauma-Responsive Theory of Change Toolkit – Executive Summary).

- 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.

**IV. Child-Specific Prevention Plans & Monitoring Child Safety**

As required in the Family First Act, 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 sixty 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 as well. 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.
A. Plan Review and Monitoring Safety

Continuing reassessment of the prevention plan and progress toward meeting 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 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;
- 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 towards 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 assure the safety, permanency and well-being of the children/youth.

For candidates that do not have an open child welfare case, detailed processes will be developed to ensure 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 monitor processes and reporting.

V. Evaluation Strategy and Waiver Request

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. Our 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 (C-Stat) to monitor outcomes of children, youth, and families at the county and state level.

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

A. 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 & 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 and providers for participation in on-going 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 and prioritize data requests for Family First evaluations with external teams.
• Project 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 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 provide 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:
  o Build on the existing evidence base for a given intervention;
  o Prioritize opportunities to understand cultural relevance to Colorado communities;
  o Leverage administrative data to minimize the burden on providers and minimize costs;
  o Consider the potential for cross-system benefit; and
  o Be pre-registered to ensure transparency.
• Convene research teams to conduct the program or service-specific rigorous process and outcome studies by:
  o 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
  o Creating efficiencies across individual program evaluations and research teams.
• Provide secure data infrastructure to research teams.
• Coordinate with designated CDHS leadership to project 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 is staffed with expert knowledge of evaluation design and methodology. The Lab’s 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 Lab will function as the umbrella for rigorous evaluations and facilitate sub-contracts for specific projects and scopes of work to organizations throughout Colorado. Under this model, less than half of the cost associated with evaluation stays at
the Lab and the majority of the funding for evaluation is dispersed to research teams, which ensures independence of research and evaluation. The volume of rigorous 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 TAM scores and support providers in effectively delivering the intervention).

### B. 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.

**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 and providers are clear about expectations and requirements are reasonable.

The outcome 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 and providers are clear. The goal is for providers 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 families within the target population, who are eligible, are receiving each service (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.

**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 eligible 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 ACF’s 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 ensure are included 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 we begin to learn what is promising when delivered in unique cultural contexts, may not have a control group or perhaps the comparison condition will be an alternative practice. All causal studies will be pre-registered on the Open Science Framework to ensure transparency. All descriptive or inferential research designs will be made available publicly on a Colorado website or clearinghouse.

C. Program-Specific CQI 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 Appendix XX 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 Colorado samples. There is a strong partnership in place among CDHS, the Nurse-Family Partnership National Service Office (NFPNSO), the University of Colorado, and Invest in Kids (IIK) to implement this program. Thus, Colorado requests 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 is collected, IIK assists NFP teams to use 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, CDHS, and the Parents as Teachers National Center. Thus, we request a waiver of the rigorous evaluation requirement and propose 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 plan 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 Grampsas Youth Services program, and private funding from foundations.

Healthy Families America (HFA)

HFA is a practice that is currently implemented in one rural county in Colorado. Approximately ___ families were served during CY 2019. We expect that in the near-term there is potential for ____ additional rural counties to implement the service. 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, we are requesting a waiver of the rigorous evaluation process.

HFA has an accreditation process through which site visitors assess adherence to the model. We propose 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 their 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.
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.

We request 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. We propose 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 monthly thereafter. The TAM-R contains 28 items that assess the primary caregiver’s perception of treatment. Each item is rated on a 1 (not at all) to 5 (very much) scale. 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 0-1, with a score of .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.

Other Mental Health Services: Functional Family Therapy (FFT), Parent-Child Interaction Therapy (PCIT), 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, we request 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).

We propose 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. We will explore the need for HIPAA secure audio recording of sessions and transcription for purposes of 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. We 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 FFT LLC or PCIT International Support for specific providers. The measures for specific inventions are 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.

VI. Child Welfare Workforce Training and Support

The CDHS, Division of Child Welfare’s Training Unit was recently renamed the Learning and Development (L&D) Unit. 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. The L&D Unit’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 Unit 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.

A. Colorado’s Workforce Development Infrastructure

DCW’s L&D Unit 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 Unit formally ensures consistency and collaboration by chairing the Training Steering Committee (TSC). This committee is comprised 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 Unit also oversees training and certification of caseworkers and casework supervisors. Each type of certification has requirements for minimum education, initial training, and annual continuing education. Finally, the L&D Unit provides oversight and monitoring of the Child Welfare Training System (described below) and IV-E reimbursable training activities.

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 RFP process to 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 sub-contract 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
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 SOGIE 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 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 redisesigns of existing courses.

### B. 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 Unit 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 across the child welfare system. When new training and/or learning activities are warranted, the groups are carefully considering which delivery methods would be most effective.

**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 Unit 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 Unit 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 Unit 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-serviced) classroom training for all caseworkers. The L&D Unit will build upon existing training to ensure caseworkers are evaluating the ongoing appropriateness of fit of the referral, assessing ongoing safety and risk, and determining if modification to a child’s prevention plan are warranted to support child and caregiver well-being.

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.

C. EBP Provider Workforce

Colorado’s evidence-based practices (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. See Section III(F) for more information.
VII. Prevention Caseloads

In August 2014, the 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 in order 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 county child welfare FTE 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 Case Worker Allocation Tool (DCAT). The DCAT tool provides a framework for determining the allocation of appropriated funds to the counties and for county child welfare FTE 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 allocating 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. 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, case workers.

VIII. Colorado’s Family First 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 and stakeholders.

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, timeframes, 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 size across the state), CDHS, public health, Health Care Policy and Financing, state judicial/legal, providers, constituents,
research/evaluation, and a representative to ground the team in remembering the family voice. 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.

**Colorado’s 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

**A. 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, 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 with Colorado’s planning for Family First implementation. This will continue beyond implementation to ensure accessibility of services and avoid duplication.

**Children, Youth, and Families Oversight Council**

To ensure collaboration at a broader level, CDHS’s Office of Children, Youth and Families intends to make significant changes to its existing Child Welfare Executive Leadership Council (CWELC), as outlined in the state’s CFSP. To capitalize on the transformational opportunities of Family First and maximize CDHS’s robust collaboration efforts already in place, CWELC will be redesigned to create an interagency oversight group of specifically identified state agencies, community stakeholders, and constituents. This group will be renamed the Children, Youth, and Families Oversight Council (CYFOC).

The revamped CYFOC will strengthen policies and systems to influence change, leverage existing oversight boards at both the state and local levels, build capacity to address system gaps, engage communities to implement evidence-based practices, and support a strong state and local partnership. The CYFOC will identify and address the need for services across state agencies in regard to family needs for food, health care, mental health, housing, employment, economic security, and education and a community free of violence and substance abuse. Ultimately, the CYFOC will be able to identify and
address high level systems issues that impede prevention efforts that support families thriving and allow children and youth to safely remain home or in family-like settings.

**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, Health Care Policy and Financing, Judicial, 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 in order to live safe, productive lives in their own communities. Specifically, the 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 to address how the state delivers and manages children’s behavioral health.

**IX. Assurance on Prevention Program Reporting**

See Appendix XX 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.