

Colorado Five-Year Family First Prevention Services Plan

SUBMITTED AUGUST 23, 2022



COLORADO

Department of Human Services

Contents

Introduction	1
Colorado’s Prevention Landscape	3
Family First Planning	9
Implementation	18
Target Population	23
Statewide Monitoring and Oversight	24
Evaluation Strategy	28
Child Welfare Workforce Training & Support	31
Prevention Reinvestment and Capacity Building	35
Building Community Pathways Capacity	36
Conclusion	37
Appendix A: Child First	
Appendix B: Fostering Healthy Futures - Preteen	
Appendix C: Functional Family Therapy	
Appendix D: Healthy Families America	
Appendix E: Multisystemic Therapy (MST)	
Appendix F: Nurse-Family Partnership	
Appendix G: Parents as Teachers	
Appendix H: Parent-Child Interaction Therapy	
Appendix I: SafeCare	

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. This redirection has helped reduce deep child welfare system penetration and produced positive change for the state's most vulnerable children, youth and families. Colorado is committed to continuing this trajectory and ensuring that all children, youth and families have timely access to community services and supports that meet their needs and promote safety and well-being. Family First offers an exciting opportunity to accelerate

Colorado's progress toward greater investment in prevention services and increased capacity to ensure that, when necessary, children are placed in the least restrictive, most family-like setting possible.

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



THE VISION

Colorado has created a bold vision for a 21st century child welfare system that positively and proactively supports children and youth through strong and healthy family formation with a continuum of community-based, prevention-focused services. While Family First centers on evidence-based secondary and tertiary prevention services,¹ Colorado sees this as one component of a more comprehensive approach to preventing child/youth maltreatment. Thus, while Colorado is fully committed to and engaged in implementing Family First, it must simultaneously focus on activating all points along the prevention services continuum. Critical elements of this strategy include continuing to invest in robust primary prevention efforts, building multi-sector partnerships under a common vision, maximizing Medicaid and Title IV-E reimbursements for effective practices, and utilizing state and local resources to build capacity in evidence-based services. This multi-layered strategy requires leveraging diverse funding streams alongside Family First.

Additionally, Colorado acknowledges this vision cannot be realized through child welfare programs alone. Colorado has approached Family First implementation as a broad systems transformation effort that cuts across multiple offices within the Colorado Department of Human Services (CDHS), including the Division of Child Welfare (DCW), Office of Behavioral Health (OBH), Office of Early Childhood (OEC), and Office of Economic Security (OES). Other state agencies, including the Colorado Department of Health Care Policy and Financing (HCPF), judicial, and the Colorado Department of Public Health and Environment (CDPHE) have been essential in ensuring a holistic approach to

implementation. As a state-supervised, county-administered human services system, Colorado's 64 counties supporting 59 departments of human services have been critical partners in co-designing the future of child welfare, along with private providers and community-based organizations.

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

OUTCOMES

Colorado will incorporate the Family First prevention plan into a broader strategy to provide appropriate services to children, youth and families, at the appropriate level of intensity, for the appropriate length of time. Toward that end, Colorado has made efforts to ensure that families involved in our system have what they need to prevent maltreatment occurring in their homes and that families experience out-of-home care only when necessary to ensure safety or address acute clinical needs. Colorado strives to keep children/youth safely in their home or with family/kin whenever possible.

As a result of these measures, Colorado will see a decrease in the number of children/youth entering out-of-home care as measured by state data.

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

Colorado's Prevention Landscape

Colorado has been building the groundwork for a 21st century child welfare system over the past decade, and the opportunities and challenges of Family First must be viewed within the context of Colorado's ongoing work with children, youth and families. The following are key components of this foundation, each serving to strengthen and amplify the impact of Family First implementation.

HUMAN SERVICES APPROACH

Colorado is a state-supervised, county-administered human services system consisting of 64 counties and 22 judicial districts. Under this system, county departments are the main provider of direct services to Colorado's families. County human services departments are not only responsible for overseeing traditional child welfare services, but also a broad range of other programs from food assistance and low-income child care to health coverage, Temporary Assistance for Needy Families (TANF), child support services and employment development programs. Human services are viewed through a Social Determinants of Health lens that informs both the variety of services that county departments provide directly and the coordination across sectors and agencies. Thus "child welfare" means something much broader in this state; with a wide array of support, Colorado aims to address the root causes of crisis and instability through integrated prevention and service delivery focused on supporting whole families and individuals across generations.

Human Services Approach and Family First:

In 2019, the Colorado Human Services Directors Association (CHSDA), which represents counties from all regions across the state, identified Child Maltreatment Prevention through Early Childhood Investments as a critical focus area. The priority is to provide services to those in need as early as possible to strengthen families, boost health and well-being, and avoid more difficult and costly crises later. 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.

COLORADO'S FAMILY PRESERVATION ACT

Colorado's Family Preservation Act, known as Core Services, was passed by the Colorado General Assembly in 1994 to provide funding for 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 develops a plan annually to address program goals through locally tailored strategies and services. Colorado's two federally recognized Tribes can opt to submit a plan to access Core funding, and funds are set aside for them. The Core Services Program is a \$55-million distinct funding stream, essential to the service continuum in Colorado.

In calendar year (CY) 2020, a total of 24,829 distinct clients were served by the Core Services Program. Annual evaluations have shown the Core Services Program is an effective approach to strengthening families and keeping children and youth at home. According to the 2021 annual report, without this funding and service interventions, Colorado

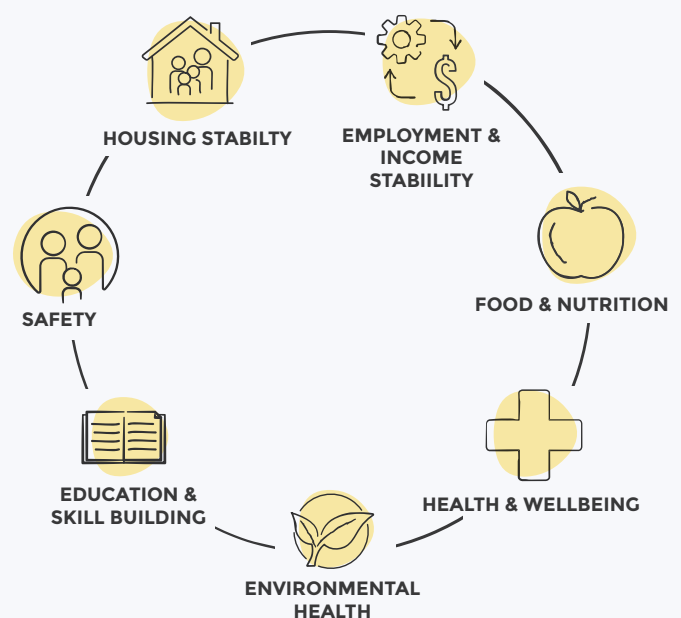


FIGURE 1: THE SOCIAL DETERMINANTS OF HEALTH

counties would have spent an estimated \$50 million in CY 2020 on out-of-home placements for children and youth.¹

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

In 2020, county-designed services represented the most common type of service provided through Core Services funding, accounting for 35% of all service episodes statewide. Examples of county-designed services include but are not limited to, 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 soon. At the same time, not all families will benefit from the limited set of evidence-based interventions approved by the Family First Title IV-E Prevention Services Clearinghouse. Thus, Colorado has prioritized continuing to maintain, evaluate and adapt county-designed prevention services to meet the needs of local communities, while clarifying how these services will complement and align with Family First. Additionally, Colorado will increase engagement with both Tribes, as one of the two Tribes did not submit a Core plan this year. CDHS is committed to collaborating with both the Southern Ute Indian and Ute Mountain Ute Tribes individually to evaluate and adapt prevention services to meet the needs of their communities.

TITLE IV-E WAIVER DEMONSTRATION PROJECT

In October 2012, the Children's Bureau, an office of the Administration for Children & Families, awarded

the CDHS Division of Child Welfare (DCW) a Title IV-E Waiver Demonstration Project (Waiver). The Colorado Waiver focused on five interventions to build on existing child welfare practice: Family Engagement, Permanency Roundtables, Trauma-Informed Assessment, Trauma-Informed Treatment, and Kinship Supports. Collectively, the interventions were designed to support children, youth and families throughout the various levels of child welfare involvement.

Colorado's Waiver interventions were far-reaching, with 53 of 64 counties across the state receiving funds to implement one or more of the five interventions during the initial five-year IV-E 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. 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

Waiver and Family First: Colorado's 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 support have become embedded 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 IV-E 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.

¹ Core Services Program Annual Evaluation Report: Calendar Year 2020. Social Work Research Center, Colorado State University, October 2021.

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

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. 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.

COLLABORATIVE MANAGEMENT PROGRAM

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

CMP has 10 mandated system partners, including human services, courts, probation, school districts, public health, mental health centers, domestic violence providers, managed service organizations for the treatment of drugs and alcohol, and behavioral health organizations. 46 Colorado counties are currently implementing CMP.

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

Consultation and Coordination

In addition to the building blocks described above, Colorado has a robust system across state agencies, departments, offices and community programs to define a continuum of programs and services to meet the needs of families through primary, secondary and tertiary prevention and early interventions. Colorado utilizes mixed funding streams to provide prevention services beyond those identified as IV-E reimbursable and included in the plan, creating a broader continuum of services.

CDHS's Office of Early Childhood (OEC) utilizes the Child Maltreatment Framework to guide its work. The Office's Division of Community and Family Support houses several of the state's secondary prevention programs, including many that are listed on the Title IV-E Clearinghouse. The OEC administers the federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) funding, Promoting Safe and Stable Families (PSSF) funding, Fatherhood Family-Focused, Interconnected, Resilient, & Essential (FIRE) funding, as well as the Community-Based Child Abuse Prevention (CBCAP) grant. In addition, there are state funding streams supporting home visiting, family resource centers, parenting education, and other child abuse and neglect prevention programs.

COLORADO CHILD MALTREATMENT PREVENTION FRAMEWORK FOR ACTION

Colorado uses the Child Maltreatment Prevention Framework for Action (Framework) as a road map for child abuse prevention strategies at the state and local level. This tool is used across the state, resulting in alignment of strategies to maximize the impact on shared outcomes. This includes the development of county level child abuse prevention plans. The Framework and accompanying community planning toolkit, were jointly developed by CDHS's OEC, the Chapin Hall Center for Children at the University of Chicago, the Children's Trust of South Carolina, the Children's Bureau, and numerous Colorado agencies and partners. The Framework has helped guide investments, programs and policies under the purview of CDHS. CDPHE has also adopted the Framework to inform its child maltreatment prevention efforts.

This year, the OEC is undertaking a process to develop a revised version of the Framework to center the road map from an equity lens and develop new tools for local communities to engage cultural brokers in the planning. In response to Family First requirements, Colorado's Child and Family Services Plan (CFSP) calls for revisions to the Framework to include additional strategies needed to serve as the state's Child Maltreatment Fatality Prevention Plan.

Colorado's CFSP also includes a goal to ensure that all counties have needed support to develop and implement local child abuse prevention plans using the Framework. Federal CBCAP funds are being used to support local planning and implementation of identified strategies. Tribes will be consulted to explore prevention practices within their communities should CDHS consider funding toward this end.

COLORADO PARTNERSHIP FOR THRIVING FAMILIES

The Colorado Partnership for Thriving Families (Partnership) is a multi-sector, multi-community partnership at the state and local level that bridges public health, health care, human services, and

nonprofit organizations—the first of its kind in Colorado—focused on the primary prevention of child maltreatment. The Partnership works collaboratively across Colorado to create the conditions for strong families and communities where children are healthy, valued, and thriving. The goal over the next five years is to strengthen and promote a statewide vision around primary prevention. Together, the Partnership will target efforts to significantly reduce child fatalities and child maltreatment for children ages zero to five with an initial focus on the well-being of families during the prenatal period through the first year of a child's life. The Partnership has identified strategies across three priority areas: community norms change around social support, expansion of an early touchpoints service array, and systems alignment in family strengthening investments (data sharing, braiding funding, policy development and leadership).

The Partnership is a systems change initiative that requires attention to the underlying conditions and root causes that maintain and perpetuate inequities and prevent families from receiving the support they deserve and need to thrive. Therefore, the Partnership prioritizes family voices and expertise of all kinds to drive systems change at every level and is committed to centering equity at every step along the way. The Partnership has begun to recruit housing/homeless experts in its work, which provides an opportunity for integration, specifically addressing housing security as a prerequisite to socioeconomic mobility for families.

REGIONAL PARTNERSHIP GRANT

In 2019, the Colorado Judicial Department and CDHS were awarded a five-year, Round 6 Regional Partnership Grant through the Children's Bureau. This grant will evaluate the effectiveness of the Circle of Parents Expansion (COPE) intervention in increasing family well-being, improving permanency, and enhancing the safety of children who are in, or at risk of, an out-of-home placement due to a parent's or caregiver's opioid or other substance use. The COPE intervention integrates Circle of Parents in Recovery—an evidence-informed model that strengthens families, prevents child maltreatment, and supports recovery through



a pro-social peer network—within counties that have implemented the Dependency and Neglect System Reform program (DANSR) to manage dependency and neglect cases following the principles of Family Treatment Drug Courts. The work of COPE includes those within the child welfare court system, and it may be utilized for prevention or as a support to help prevent re-entry.

COMMUNITY-BASED CHILD ABUSE PREVENTION

In FFY 2020, Community-Based Child Abuse Prevention (CBCAP) grant supports direct services in communities through evidence-based and evidence-informed parenting programs including: Nurturing Parenting Programs, The Incredible Years, and Circle of Parents. Other activities implemented through the child maltreatment prevention plans funded in Colorado, include increasing community and family awareness around Adverse Childhood Experiences (ACEs) to decrease intergenerational ACEs and maltreatment, two generational model of parent education and financial literacy, and the creation of a data sharing system to offer enhanced supportive services to families.

CBCAP and Family First. CBCAP grant supports programs at the local level, to create the foundation for building and delivering services identified in Colorado's Family First Prevention Plan.

PROMOTING SAFE AND STABLE FAMILIES (PSSF)

The OEC oversees Colorado's PSSF program. The overarching objectives for Colorado's program include:

- Secure permanency and safety for children by providing support to families in a flexible, family centered manner through collaborative community efforts.
- Enhance family support networks to increase well-being.
- Prevent unnecessary separation of children from their families.
- Reunite children with their parents or provide other permanent living arrangements through adoption or kin.
- Support preservation efforts for families in crisis who have children at risk for maltreatment or re-abuse.

These objectives are addressed through the provision of services in four service categories or areas through family support, family preservation, time-limited family reunification, and adoption promotion and support services. CDHS spends approximately 20 percent of PSSF funding in each of the four service categories, and 10 percent to support special projects, planning, training, and service coordination.

PSSF and Family First. Children and their families receive services through local sites after first engaging with PSSF providers to determine needs and goal setting with the family. Services are administered by county departments of human/social services and eligible American Indian Tribes through awarded grants. These grants allow for local control of selection and provision of services that contribute to the prevention continuum.

COLORADO'S DIFFERENTIAL RESPONSE (DR) MODEL

Child safety is the focus of Colorado's Differential Response (DR) Model, and partnership with families is a goal for all of Colorado's child welfare practices. These outcomes are achieved by maximizing Colorado's values for transparent communication and collaborative engagement with families. As of January 1, 2015, administrative rules (Volume 7) require all Colorado counties to have implemented two of the organizational processes of the DR model: enhanced screening, to increase detail in referrals taken by screeners, and Review, Evaluate and Direct (RED) Teams, to increase focus on danger/harm versus risk/protective factors at the point of screening.

Colorado's DR Model includes organizational shifts that affect the way the county's Children, Youth, and Families Division operates. These include the following:

- A series of organizational infrastructure changes to embed processes to create family centered practices to occur (i.e. individual and group supervision and family engagement processes throughout involvement). These



include reviewing and modifying county-level policies, procedures, and practices.

- A strengthened and enhanced set of social work practices to promote direct actions, supervision and support, and ongoing CQI process for reflection. Practices include engaging families in assessments, solution-focused planning practices and building support networks for workers, children, youth and families.

DR systems seek to shift from adversarial and punitive methods found in traditional child protective services, by separating screened-in referrals into two response tracks- family assessment response (FAR) or High-Risk Assessment (HRA). In both cases, the assessment response to an allegation is individualized and comprehensive with each family throughout the life of their child welfare involvement. Colorado counties are encouraged to accept and use

an approach referred to as Family Assessment Response (FAR) with families with low to moderate risk. When there are immediate concerns for safety, a family receives a traditional High-Risk Assessment (HRA). HRA includes a determination of evidence that a maltreatment incident occurred (findings) and an identified perpetrator of abuse/neglect. FAR allows workers to have flexibility in interviewing children with parents present, and FARs do not have a finding at the close of the assessment. Currently fifty-three of Colorado's sixty-four counties have fully implemented or are in the process of implementing Colorado's DR Model, with a statewide goal set for all counties to practice DR by the year 2024.

DR and Family First. A FAR provides an opportunity for short term involvement to create a plan to mitigate or reduce risks through services and support network building to avoid further child welfare involvement.

Family First Planning

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

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

The main challenge of the Implementation Team was to strive toward the visionary goal of system transformation, while simultaneously attending to the technical details of implementation requirements. To delve deeper into the details of Family First, the team initially prioritized six key implementation workgroups: Independent Assessment, Qualified Residential Treatment Programs (QRTF), Services Continuum, Child and Family Plans, Juvenile Justice and Communications. An American Indian/Alaska Native workgroup was added to ensure that all aspects of Family First implementation are culturally responsive and inclusive of community voice.

COLORADO'S FAMILY FIRST IMPLEMENTATION CORE VALUES

Development of the Road Map 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.
- Improved policy, practice, and quality of services based on scientific evidence.
- Strengthen and embrace natural supports.

Continued Engagement

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

DELIVERY OF CHILD WELFARE SERVICES TASK FORCE

In May 2018, Colorado's General Assembly showed significant support for Family First with the passage of the Child Welfare Reform Bill, which created the Delivery of Child Welfare Services Task Force. The Task Force includes representatives from CDHS, county departments of human services, HCPF, the Colorado Judicial Branch, and providers

of behavioral health services, prevention services and out-of-home placements. Among other things, the Task Force will be making recommendations on a child welfare funding model, incentives structure, and performance and outcome measures. It is also responsible for ensuring child welfare laws and rules align with Family First, and for determining methods through which the state can maximize federal revenue to support Colorado's children, youth and families. In addition, the Child Welfare Reform Bill created a cash fund that can be used by child welfare agencies to fund prevention and intervention services. Family First implementation efforts will continue to be a standing agenda item at all Task Force meetings.

BEHAVIORAL HEALTH TASK FORCE

In April 2019, Colorado Governor Jared Polis directed CDHS to spearhead the Governor's Behavioral Health Task Force (BH Task Force). The BH Task Force was charged with authoring a statewide strategic plan to transform Colorado's behavioral health system with the goal of enabling every Coloradan with a behavioral health condition or in crisis to receive the services and support they need to live safe, productive lives in their own communities. In September 2020, the BH Task Force released its "Behavioral Health Blueprint", which outlined detailed recommendations and goals established by the BH Task Force. A Children's Behavioral Health subcommittee developed recommendations specifically addressing how the state delivers and manages children's behavioral health. For Family First, substance use prevention and treatment efforts will be catalyzed by a new Behavioral Health Administration (BHA) and other behavioral health recovery efforts detailed in the Blueprint.

CHILD WELFARE PREVENTION TASK GROUP

In an effort to coordinate and streamline programs, services, and to develop processes for blending, and braiding funding sources, the Child Welfare Prevention Task Group (CW Task Group) was convened in Summer 2021. The purpose of the CW Task Group is to act as the child welfare prevention practice advisory group, to develop processes for expanding, implementing and identifying prevention programs and services, and to build a statewide cohesive prevention infrastructure.

Colorado utilizes a mix of state funds that can be used for services that prevent out-of-home placement and/or entry into the child welfare system. Family First and other funding processes make up a complex network of programs, services and funding streams to prevent entry into or deeper involvement with the child welfare and/or juvenile justice systems. For Family First specifically, the CW Task Group will be responsible for recommending updates to the five-year state prevention plan through the development of processes to equitably identify appropriate services and supports to be included



in future amendments. In addition, there are three subcommittees that have convened since June 2021 and are charged with making recommendations to streamline and align prevention processes, services and funding streams; inform prevention capacity-building, implementation and service delivery; and leverage data, research and evaluation in influencing prevention strategies. With nearly three years of prior planning for roll out of Family First, the Task Group is well positioned to build from a strong foundation of Colorado's established vision and many efforts to date, and will pave a path forward that takes Colorado's prevention efforts to the next level.

COLLABORATION WITH TRIBES

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

In addition to the two federally recognized tribes, CDHS partners with organizations such as the Colorado Commission of Indian Affairs, the Denver Indian Family Resource Center, Denver Indian Health and Family Services, Denver Indian Center, and Haseya Advocate Program to address ongoing and emerging human services concerns for the state's American Indian urban populations. To facilitate communication and collaboration, CDHS employs a County and Tribal Liaison, an Indian Child Welfare Specialist, and a Behavioral Health Tribal Liaison who are responsible for nurturing and strengthening the department's relationship with the Tribes and organizations that serve the state's American Indian urban communities.

To support both Tribes in providing direct services to children, youth and families, contracts are executed between the Tribes and CDHS to provide funding for service provision. Through these

contracts, the Tribes can provide services they feel best meet the needs of their communities. The implementation of Family First will not cause a change for Tribal Social Services and programs - both Tribes will continue forward with the Child Welfare contract as they have in previous years. Nonetheless, the State of Colorado and the Tribal governments within the state see Family First as an opportunity to further build on their relationships to support Tribal youth and families. SUIT and UMUT have had in the past and continue to have the option to opt into a State-Tribal IV-E agreement at any time, and continue to have the option to create a direct IV-E plan with the Federal government if they wish.

CDHS held a consultation with the Southern Ute Indian Tribe on the impacts of Family First and opportunities for future collaboration. CDHS will be delivering a second overview to Social Service and Behavioral Health staff later this fall, and is working to schedule a presentation to the Ute Mountain Ute Tribe as well.

JUVENILE JUSTICE IN COLORADO

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

Juvenile Justice Workgroup: Due to Colorado's unique system, a Juvenile Justice workgroup is explicitly included in Family First implementation planning. This group is providing recommendations on specific evidence-based placement prevention services that are well suited for this population. 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 so youth can remain safely at home.

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

Juvenile Justice Reform Act: 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.

CDHS is also working with partners to connect information across the child welfare and court systems to help inform policies and practices aimed at serving crossover youth. This data will help measure and ensure youth are not pushed into the juvenile justice system.

Data to Inform Decisions

As shown in the graph below, between 2014-2019, there has been a nearly 27% increase in the number of child welfare reports across Colorado, which appears to be driven both by the overall increase in population and by implementation of a statewide Child Abuse and Neglect Hotline. Despite increases in the number of reports, the number of out-of-home placements is slowly declining. Additionally, Colorado has decreased the length of stay in out-of-home care, decreased the number of children/youth in congregate care, and increased the percentage of children/youth in family-like or kinship care.

This reflects an ongoing decline in the number of children/youth entering foster care as a result of Colorado's prevention foundations laid through previous initiatives implemented over the past several years. As additional prevention services are implemented and scaled through Family First, protective factors for Colorado families will increase and the well-being of children and youth will be reflected in a further decline in the need for foster care to ensure the safety of children and youth.

The table on the following pages includes some of the key characteristics describing families who may benefit from prevention services, along with state-level data describing the targeted population.

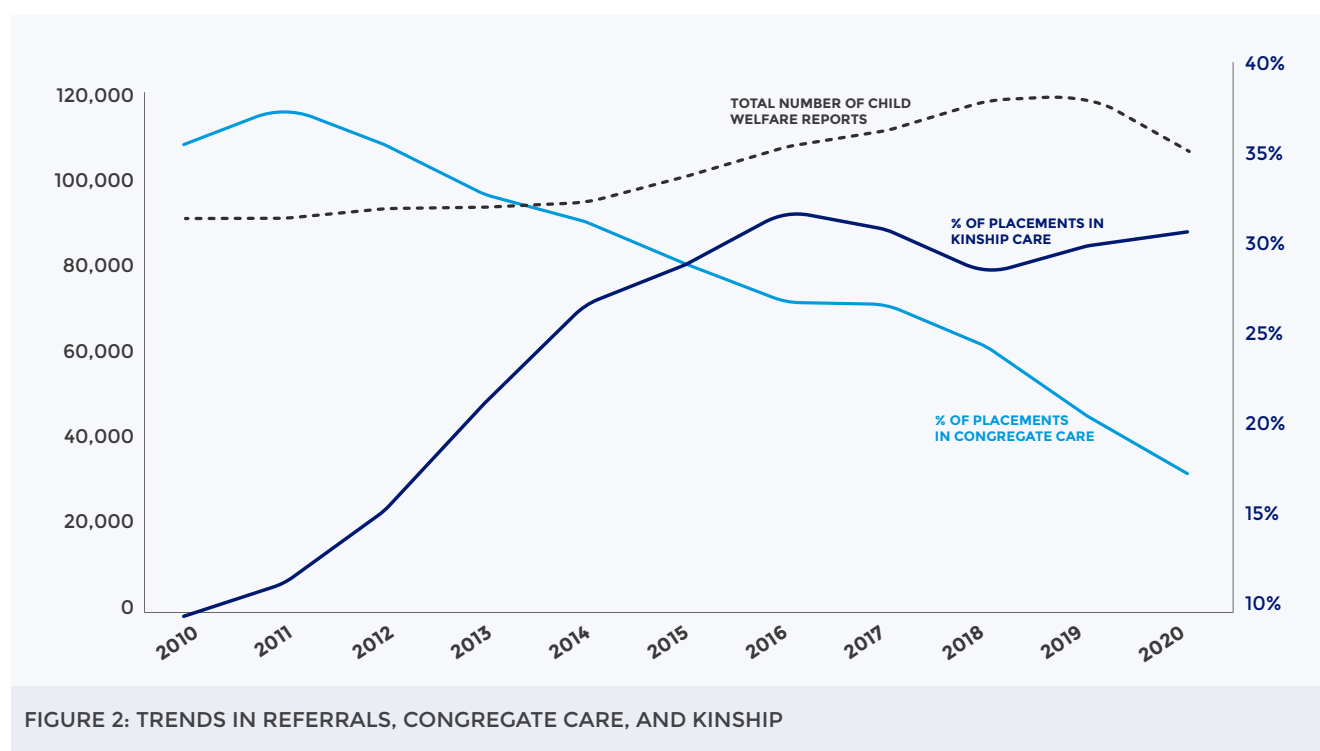


TABLE 1: CHARACTERISTICS AND DATA

Characteristics	Colorado Population-Level Data
Substance Use – Parents	<p>In Colorado, a sizable amount of the adult population is engaged in substance use behaviors that could put families at risk of becoming involved in the child welfare system.</p> <ul style="list-style-type: none"> • It is estimated that almost one-fifth of the adult population engages in binge drinking, according to 2018 data (“BRFSS Prevalence & Trends Data,” CDC). • From the 2016-2017 NSDUH State-Specific Tables (SAMSHA): <ul style="list-style-type: none"> • An estimated 143,000 adults in Colorado had an illicit drug use disorder in 2016-2017. • An estimated 13,000 adults in Colorado had past-year heroin use in 2016-2017. • An estimated 39,000 adults in Colorado had past-year methamphetamine use in 2016-2017 • An estimated 210,000 adults in Colorado had past-year misuse of pain relievers in 2016-2017.
Substance Use – Infants Exposed	<p>Parental substance use is impacting newborn development in Colorado as well.</p> <ul style="list-style-type: none"> • According to Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2018, an estimated 7.1% of mothers smoked during the last three months of pregnancy, an estimated 14.4% of mothers drank alcohol during the last three months of pregnancy, and an estimated 4.0% of mothers used marijuana or hashish during the last three months of pregnancy. • In Colorado in 2016, there were 290 cases of infants born with neonatal abstinence syndrome (NAS), which is a syndrome that occurs when a newborn was exposed to addictive opiate drugs while in the womb (Heroin in Colorado Report prepared by the Heroin Response Work Group (page 16). • In August 2019, CDHS began tracking infant exposure. From August 2019 through December 2019, there were 392 referrals that were flagged with an infant born exposed to one or more substances. Most of these referrals (272) included a concern that an infant was born exposed to marijuana. The second largest category of referrals (115) included a concern that the infant was born exposed to methamphetamines. The remaining largest categories of concern were heroin (37 referrals), other opiates (37 referrals), and stimulants/ amphetamines (29 referrals).

Characteristics	Colorado Population-Level Data
Mental Health – Parents	<p>Many Colorado adults report a mental illness, but many of these adults also report that they do not receive mental health services.</p> <ul style="list-style-type: none"> • 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	<p>Children and youth in the state are experiencing mental health issues as well, which may create parenting challenges for parents not yet trained in how to respond to mental health issues.</p> <ul style="list-style-type: none"> • In 2016-2017, an estimated 59,000 youth ages 12-17 experienced a major depressive episode (“2016-2017 NSDUH State-Specific Tables,” SAMSHA).
Lack of Parenting Skills	<p>The following indicators provide information about the scope of the population in Colorado that may need parenting skills support (“2017-2018 National Survey of Children’s Health”, Data Resource Center for Child and Adolescent Health).</p> <ul style="list-style-type: none"> • An estimated 10,640 parents in Colorado think that they handle the day-to-day demand of raising children “not very well” or “not very well at all.” • An estimated 54,752 parents in Colorado felt aggravation “usually” or “always” in the past month from parenting in 2017-2018.
Limited Capacity to Function in Parenting Roles	<ul style="list-style-type: none"> • In CY 2018, there were 13,353 substantiated allegations of abuse/neglect in Colorado. • In CY 2018, there were 24,323 parents or caretakers in an open child welfare case for services or identified as the perpetrator of a founded allegation in a child welfare referral/assessment.
Youth involved in the juvenile justice/delinquency system	<p>CDHS operates detention and commitment centers for youth involved with the justice system.</p> <ul style="list-style-type: none"> • In FY 2018-2019, there were 3,137 unique youth served in state-operated and contract secure detention. • In FY 2018-2019, there were 1,171 unique youth served in commitment.
Youth Beyond Control of the Parent	<ul style="list-style-type: none"> • In CY 2018, there were 1,408 youth who had Program Area 4, Youth in Conflict status during the year.
At Risk of Re-Entry	<ul style="list-style-type: none"> • In CY 2018, 2,699 children/youth exited foster care to reunification, guardianship, or adoption. • Of those children/youth, there were 580 instances of re-entry into out-of-home placement.

Characteristics	Colorado Population-Level Data
Substantiated Maltreatment –In-Home Services	<p>In some cases of substantiated maltreatment, existing safety and risk factors can be mitigated by provision of in-home services.</p> <ul style="list-style-type: none">· In CY 2018, 14,222 children/youth received in-home services

By continuing to analyze the demographics and characteristics of children, youth and families in each of these categories, Colorado can understand more about those who may be at risk of entering the child welfare system and how to reach them prior to involvement. Colorado has invested in rigorous evaluation studies of the Core Services Program, the Collaborative Management Program, Title IV-E Waiver interventions, and specific PA3 services such as SafeCare® and has access to large amounts of data through these studies. Research partners, and sister agencies such as CDPHE, and will continue to utilize this information to guide implementation of its bold definition of candidacy. At the same time, Colorado is sensitive to the risks of furthering systemic disproportionality by using historical data to predict future needs. CDHS is committed to addressing these concerns by ensuring that communities participate in all levels of candidacy implementation and by including family and community stakeholder voice when using data to inform investments. Colorado strives

to be a leader in equitable access to services for communities and families.

DESIRED OUTCOME

Over the next five years, Colorado will safely reduce the number of children/youth entering out-of-home care as measured by state data, starting with a baseline of 4,123 children/youth in out-of-home placement on October 1, 2021.

Bold Definition of Candidacy

A child/youth is a candidate to receive Title IV-E prevention services when they are at serious risk of entering or re-entering foster care and who can remain safely at home or with kin, with the support and provision of mental health, substance use treatment, or in-home parenting services for the child/youth, parent or kin caregiver. Youth in foster care who are pregnant or parenting are also candidates.



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

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

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

*For purposes of the provision of services, "Kin" is defined as a relative of the child/youth, a person ascribed by the family as having a family-like relationship with the child/youth, or a person that has a prior significant relationship with the child/youth. These relationships take into account cultural values and continuity of significant relationships with the child/youth.

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

Colorado's vision is that all children, youth, parents or kin caregivers with these risk factors will be eligible for prevention services—both those who are involved in the child welfare system and those who have not been the subject of a child maltreatment report but share characteristics that deem them at serious risk of out-of-home placement.

CDHS is keenly aware that, with such a bold definition of candidacy, there is a risk of further stigmatizing and unintentionally increasing child welfare involvement based on systemic inequalities such as race and poverty factors. CDHS is committed to monitoring data statewide for increased impact on disproportionality because of identifying at-risk children, youth and families. To honor the range of needs and practices across the state, Colorado's candidacy definition is intentionally broad and flexible enough to capture a variety of approaches.

Colorado acknowledges that broad definitions of candidacy require greater intentionality in building systems and structures that allow the state and its component systems to successfully implement this definition. Accordingly, Colorado plans to ultimately achieve full implementation of this definition through an iterative approach, detailed below in the "Implementation" section. Of note, this entails initially operationalizing a narrower version of candidacy while working towards continuous breadth and improvement.

Prevention in Practice

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

Below are descriptions of three unique communities in Colorado and their current and planned approaches to placement prevention service.

ARAPAHOE COUNTY

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

1. 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 involvement as well. The Arapahoe County Department of Human Services (ACDHS) has a liaison co-located at the FRP and, when a family either walks in seeking assistance or is referred by ACDHS, probation, schools, or another entity, the ACDHS liaison assists with determining what services are most appropriate for the family. This may or may not involve a formal referral to ACDHS.
2. ACDHS partners with the Arapahoe County Early Childhood Center (ACECC) for the provision of SafeCare® to families referred both by ACDHS and by the community without DHS involvement. SafeCare® is an evidence-based placement prevention service included in this plan.
3. Currently, about 55% of child abuse/neglect referrals reviewed in Arapahoe County are screened out due to not reaching the threshold defined by law as potential abuse or neglect. About 30% of screened out referrals are sent directly to ACDHS' Community Development and Prevention Team for response.

GARFIELD COUNTY

Garfield County is considered a medium-sized county located in Northwest Colorado. Garfield County utilizes Individual Services and Support Teams (ISST) as a collaborative, cross-systems approach to staffing cases for service provision.

There are three ISST groups — preschool, school-aged and delinquency involved — and the Garfield County Department of Human Services is a participant in each group. For the two age-based 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 juvenile justice system. In FY 2020, there were 41 ISST referrals and 65 clients who were served in Garfield County.

HUERFANO COUNTY

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

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

Implementation

As the IV-E agency, CDHS is responsible for ensuring that all requirements for monitoring, implementing and reporting are met. CDHS is responsible for ensuring data accuracy and transferring data files to the Children's Bureau as required by the federal legislation. Annual updates will be included in the Annual Progress Services Report (APSR) or other reports as determined through federal program instructions. CDHS will be responsible for state level program implementation, fidelity and CQI. CDHS will update and amend Colorado's Family First Five Year Prevention Plan as necessary including any program, service additions, or changes in protocols. The following describes Colorado's implementation processes for required activities.

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 (See the Attachment IV for the assurance).

PHASED APPROACH

Colorado will implement Family First Prevention in a phased approach.

Initial Implementation- phase one: To build and test reporting and claiming processes and structures, Colorado will define initial candidates for reimbursable Family First services as those families with open child welfare or juvenile justice involvement.

Expanding Implementation- phase two: To extend the ability for Colorado to claim IV-E prevention funds for non-child-welfare and juvenile justice involved families in future plans, Colorado is developing coordinated systems, data sharing related to the identification of candidates and determining eligibility, and robust processes to monitor safety of candidates while receiving an individualized child-specific prevention plan. Colorado and partner agencies will continue exploring the systems and processes to extend services to families without open child welfare or juvenile justice involvement, while simultaneously

working with youth, families, counties, Tribes and other stakeholders to identify resources needed in order to fully realize Colorado's bold vision.

Adding Evidence-Based Services and Programs- phase three: Colorado will continuously evaluate community needs, service gaps and opportunities, and service capacity to add programs and services to the prevention plan. Colorado will continue to make technical modifications to support appropriate data collection as new services, sub-populations, and programs are incorporated. The CW Task group is developing processes to recommend additions which will be submitted through a Plan amendment request.

Evidence-Based Service Array

One of the key workgroups of the Colorado Family First Implementation Team was the Services Continuum workgroup, made up of diverse members representing CDHS, counties, service providers and community partners. The primary purpose of the workgroup was focused on understanding and identifying opportunities for Colorado to access IV-E reimbursement for current and future prevention services. Colorado's criteria for selecting services to propose for Colorado's initial five-year plan, it was important to look at these services collectively as part of a broader continuum of care. The state prioritized the evidence-based services that are currently in place and being implemented successfully in Colorado. This strategy allows Colorado to build upon existing capacity, continue to assess program efficacy, make efforts to scale where appropriate, and minimize start-up costs for initial implementation. Colorado's proposed prevention services are currently being implemented in communities across the state, although to varying degrees.

CDHS contracted with the Colorado Evaluation and Action Lab (CO Lab) to provide recommendations for short- and long-term strategies for implementing and scaling evidence-based practices that both meet the unique needs of Colorado communities and maximize Title IV-E

reimbursement. The report utilized a data-driven, community-informed approach, the final report recommends a phased strategy to implementation and capacity-building to move Colorado closer to a comprehensive prevention services continuum. The report also highlights geographic priorities for expansion, as Colorado's goal is to ensure that all children, youth and families have access to the services they need regardless of where they live in the state.

Colorado's proposed service array of evidence based practices for initial implementation, focuses on the early critical years and mental health services. Colorado acknowledges that evidence-based prevention services are needed at every life stage for families and must address other critical needs including substance use treatment services for parents and youth, and expanded services for the juvenile justice population. Considerations for service expansions and partnering with other agencies will continue as the prevention infrastructure is further developed.

Colorado is certain that the current landscape will continue to change as services are added to the Clearinghouse, Family First is implemented across the state, and the makeup and needs of children, youth and families evolve.

Colorado is formally proposing the following nine services for implementation in this five-year plan. The following section summarizes the services being proposed with more detailed information on each service in Appendices A-I.

CHILDREN AGES ZERO TO FIVE

Colorado identifies and understands the specific risk factors that increase vulnerability to maltreatment and subsequent removal for children 5 and under, including: parental challenges (substance abuse, mental health issues, intimate partner violence), parental characteristics (young age, low income, low education) and social isolation

child behavioral and developmental challenges, and lack of parenting knowledge and skills. Nationally, children in their first year of life have the highest rate of victimization at 24.8 per 1,000 children. In comparison, the national rate of child maltreatment victimization across all ages is 9 per 1,000 children.¹ Children who die from abuse and neglect are overwhelmingly young. For SFY 2019-2020 in Colorado, 42.3% of maltreatment fatalities were under the age of one and 65.4% were under the age of five; 42.3% of near fatalities were under the age of one and 84.6% under the age of five.²

Based on the data referenced above, it is vital to proactively identify and support families with infants and young children who are at the greatest risk of maltreatment leading to out-of-home placement. Meeting the prevention needs of families with young children requires a suite of in-home parent programs in each county and tribal community across Colorado. The broader continuum of prevention services is enhanced through Family First programs Colorado is proposing five services in this area:

Nurse-Family Partnership (NFP) is a home visiting program that serves young, first-time, low-income mothers/birthing parents. NFP is currently available in all 64 Colorado counties as well as both recognized tribal communities and is supported by Invest in Kids as the state program intermediary. NFP is a Clearinghouse-rated well-supported practice that aims to improve the health, relationships and economic well-being of the parent and child.

SafeCare® is an in-home behavioral parenting program that targets risk factors for maltreatment by teaching parents/caregivers skills in three topic areas: home safety, child health and parent-child/parent-infant interaction. SafeCare® is a Clearinghouse-rated supported practice, and Colorado has included its well-designed and rigorous evaluation plan in Appendix I. The service

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

2 Extracted from the CDHS Child Fatality Review Team data, September 2021.



is being implemented in Colorado through a partnership between the Office of Early Childhood and county departments of human services, with support from the Kempe Center as the state program intermediary. Thirty-eight counties and one Tribe in Colorado currently provide SafeCare® as a resource for families. In Colorado, SafeCare® was specifically designed to serve screened out referrals and closed child welfare cases. While the program currently serves a broader population, about 50% of SafeCare® clients have prior child welfare history, with referral data already captured in Trails. The program also serves families with open child welfare involvement without court oversight.

Parents as Teachers (PAT) is a home visiting parent education program that teaches new and expectant family's skills to promote positive child development and prevent child maltreatment. PAT is currently available in 38 counties in Colorado as well as both recognized tribal communities and is supported by Parent Possible as the state program intermediary. PAT is a Clearinghouse-rated well-supported practice that has demonstrated positive effects on child safety, child social functioning, and child cognitive functions and abilities. PAT provides

additional support to families and is often an extension of services provided through the Nurse-Family Partnership.

Child First is a two-generation mental health intervention offered in the home to serve young children and families who are most impacted by systemic and structural inequities. Child First is currently being launched across seven communities in Colorado with support from Invest in Kids as the state program intermediary. The practice aims to promote child and parent emotional health, improve child development and learning, enhance parent and child executive capacity, and prevent child maltreatment. Child First targets children from the prenatal stage through five years of age who have experienced disruption in secure attachment with their parent. Child First is a Clearinghouse-rated supported practice, and a rigorous evaluation plan is included in this submission.

Healthy Families America (HFA) is a home visiting program for new and expectant families designed to build and strengthen nurturing parent-child relationships, promote healthy child development, and enhance family functioning. Healthy Families

America is a Clearinghouse-rated well-supported practice that targets families with children who are at risk for child maltreatment or other adverse childhood experiences, and hits multiple target outcomes to holistically address child and family needs early in the life course. Currently, only two Colorado counties are implementing this program, but plans for expansion are underway with support by Illuminate Colorado as the state program intermediary and endorsement by Colorado's Home Visiting Investment Task Force.

PROMOTING MENTAL HEALTH WELL-BEING

There is growing evidence that children and youth across Colorado are reporting higher levels of emotional distress. Among children ages 3 to 17 years, 22.6 percent have a mental, emotional, developmental or behavioral problem in Colorado. At the same time, Colorado ranked 33rd in the US for youth mental health access to care, suggesting Colorado has a higher prevalence of mental illness and lower rates of access to care.³

Among subgroups of children with complex needs, it is estimated that nearly 80 percent of foster children in the US have a significant mental health issue, which is four to five times the incidence found within the general population.⁴ In Colorado, during CYs 2014-2018, there were 15,874 removals related to substance use, and this represents a specific area Colorado intends to target through prevention services. Colorado has further identified runaway youth as a subcategory of youth at high risk of entry into the child welfare or juvenile justice system. Through an analysis of a statistically significant random sample of runaway youth between the ages of 10 and 17, Colorado found that approximately 55% of youth who run away are not system involved at the time of the run. However, of those "non-system"-involved youth, half go on to formally enter the child welfare or juvenile justice system within 18 months.

The OBH and partners have developed a continuum of programs and services to address mental health needs of Colorado's children, youth and families. The programs identified in this plan are one small example of those initiatives.

To build out Colorado's mental health services array, two service tracks have been identified:

1. Services designed to meet the mental health needs of the child or youth.
2. Services designed to improve family functioning,

MENTAL HEALTH NEEDS OF THE CHILD OR YOUTH

Colorado is proposing four services to address the mental health needs of children and youth. Note that Child First (discussed above) is an eligible practice under both the mental health and the in-home parent skill-based domains.

Parent-Child Interaction Therapy (PCIT) is a parent coaching program that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the parent-child relationship. Currently, there are 13 agencies across Colorado offering PCIT International with 21 providers. There are also six within-agency trainers and one regional trainer available to scale the service. Because this model uses an individual therapy approach, there is no current state program intermediary. CDHS is exploring designating a state program intermediary responsible for this service. PCIT is a Clearinghouse-rated well-supported practice that has been researched with culturally diverse families. In PCIT, parents are coached by a trained therapist in behavior management and relationship skills, using "bug-in-the-ear" technology to provide live coaching and allow parents/caregivers to master specific competencies across the treatment duration. PCIT targets families with children who are two to seven years of age and experiencing

3 2020 Statewide Behavioral Health Needs Assessment: Children and Youth with Complex Behavioral Needs.
<https://drive.google.com/file/d/1-RPGkZColxJsmzZjc9tniSIYcnGxUYrg/view>

4 Howard, A. Mental Health Among Children in Foster Care. SAFY.
<https://www.safy.org/mental-health-among-children-in-foster-care/>

frequent, intense emotional and behavioral problems.

Fostering Healthy Futures for Preteens (FHF-P)

is a mentoring and skills group program for preadolescent children (ages nine -11) who have current or previous child welfare involvement due to one or more adverse childhood experiences (ACEs). These ACEs may include the experience of maltreatment, out-of-home placement, housing, caregiver or school instability, violence exposure and/or parental substance use, mental illness, or incarceration. FHF-P uses a combination of structured individual mentoring and group-based skills training to promote prosocial development and to ameliorate the consequences of ACEs. FHF-P is currently available in several metro area counties and is supported by the Kempe Center as the state program intermediary for training and implementation support. FHF-P has not yet been rated by the Clearinghouse. Colorado conducted an independent systematic review, with a determination of FHF Preteen as a well-supported practice. Additional information about the rigorous evaluation plan is included (see the Attachment).

I IMPROVING FAMILY FUNCTIONING

Colorado is proposing two services in the mental health domain that are designed to improve family functioning:

Multisystemic Therapy (MST) is an intensive community-based, family-driven treatment for addressing antisocial/delinquent behavior in youth. MST is currently available in 27 counties in Colorado. Implementation is supported by the Rocky Mountain MST Network located at the Kempe Center, which serves as the state program intermediary. MST is a Clearinghouse-rated well-

supported practice that has been researched with culturally diverse families. MST focuses on the “ecology” of the youth during service delivery to address the core causes of delinquent and antisocial behaviors, with a focus on substance use, gang affiliation, truancy, excessive tardiness, verbal and physical aggression, and legal issues. The target age range is 12 to 17, and the service can be delivered in multiple settings by therapists with 24/7 crisis management. Colorado will be able to leverage an MST pilot and related evaluation that was launched in 2019 to expand the availability of the intervention to underserved regions of Colorado.

Functional Family Therapy (FFT) is a short-term program designed to address risk and protective factors to promote healthy development for youth experiencing behavioral or emotional problems. FFT is a Clearinghouse-rated well-supported practice that uses a strengths-based model and focuses on the adolescent and the family system during service delivery. The model uses assessment and intervention to improve parenting skills and communication while reducing conflict. FFT has a strong focus on engagement and motivation within each family member. As such, the program can be particularly helpful when a caregiver is initially reluctant to participate in any kind of service, and the first phase addresses low motivation for change as well as reduces blame for delinquent behavior. FFT targets youth ages 11 to 18 who have been referred by juvenile justice, school, child welfare or mental health systems for behavioral or emotional issues. This service is currently implemented in five Colorado counties. CDHS will identify a designated state program intermediary responsible for this service.

| Target Population

Colorado's child welfare system has provided services and support to children, youth and families in three different categories (called Program Areas):

- **Program Area 4 (PA4):** Youth in conflict services are provided to reduce or eliminate conflicts between a child/youth and their family members, which may include the community, when those conflicts affect the child/youth's well-being, the normal functioning of the family, or the well-being of the community. This is the program area that most juvenile justice youth fall into.
- **Program Area 5 (PA5):** Child protection services are provided to protect children/youth whose physical, mental, or emotional well-being is threatened by the actions or omissions of parents, legal guardians or custodians, or persons responsible for providing out-of-home care.
- **Program Area 6 (PA6):** Services to children, youth and families in need of adoption assistance, relative guardianship assistance, or Medicaid-only services, or to children/youth for whom the goal is no longer reunification, and for older youth in transition (18-21) who reenter care to receive services..

As previously described, Colorado has a strong foundation and history of providing prevention and early intervention services using federal, state and local funds and implemented through Core Services, IV-E Waiver interventions, CMPs and integrated human services delivery practices. Children/youth in any of the program areas may be eligible for an individualized prevention plan and Family First prevention services if they meet the candidacy requirements.

| INITIAL PLAN-PHASE ONE

The pathways for determining IV-E prevention candidates for the purpose of claiming include open cases within the child welfare system and in the juvenile justice system.

Open Child Welfare Involvement: Candidacy determinations may be made in all case types- PA4, PA5 or PA6- including the following open involvements:

- In home cases (court involved)
- In Home Cases (non-court involved)
- Voluntary cases child/youth in the home (non court involved)
- Child/youth placed with kin (without removal; court involved or non-court involved)
- Child/youth in an open case after reunification (court involved)
- Adoption case with imminent risk of child entering OOH
- Relative Guardianship Assistance case with imminent risk of child entering OOH
- Parenting teen in foster care
- DR FAR open for services with identified risk of out-of-home placement
- Youth in Transition cases

Open Juvenile Justice Involvement: Services identified in this prevention plan can be accessed in juvenile justice cases to prevent out-of-home placement or re-entry into placement for delinquent youth.

Statewide Monitoring and Oversight

PROGRAM FIDELITY

For services and programs included in Colorado's Prevention Plan, CDHS will ensure that the statewide model being implemented is consistent with the approved model on the Clearinghouse. The state will partner with the state program intermediaries, for each service, to monitor fidelity for promising, supported, and well-supported programs included in the plan. State intermediaries will upload data on adherence to a statewide platform, so that CDHS can monitor trends in adherence across services and geographic areas and identify targeted areas for continuous quality improvement (CQI).

This statewide platform will serve as the central mechanism for meeting federal Family First fidelity monitoring requirements. The platform design is complete, and development will begin in March of 2022. The site is expected to be ready for state program intermediaries to begin uploading adherence data in summer of 2022.

The statewide fidelity platform design has been informed by a series of design sessions with providers, counties, state intermediaries, and state-level partners, as well as national guidance opportunities from the Family First Learning Collaboratives hosted by Casey Family Programs. Examples of the design are [linked here](#).

To ensure meaningful and comparable data, service-specific measures (as described in Appendices A-I) will be translated to a standardized scale for state-level adherence monitoring, allowing CDHS to quickly identify trends. The standardized scale will be a three-point scale of "not met, approaching, and met" fidelity for the service.

The State of Colorado is entering into contracts with state intermediaries for each services that includes a requirement to work with the Colorado Lab to translate these complex fidelity measures into a three-point standardized scale and upload that data into the Statewide Fidelity Monitoring Dashboard. For example, Multisystemic Therapy uses TAM scores as their fidelity measure, and cut-scores are being established that translate the TAM

scores into "not met, approaching, and met" fidelity. Service-specific business rules will also be created for how frequently adherence will be reported up to the state platform, timing of adherence tracking relative to service delivery start dates, and sampling strategies.

In addition, the statewide platform can be used by state intermediaries and providers of services that do not have existing infrastructure and capacity to monitor fidelity. The state platform will allow these services to systematize processes for collecting fidelity data and develop reports that can help the sites, counties and state take a data-informed approach to continuous quality improvement and shoring up fidelity to the evidence-based models.

CONTINUOUS QUALITY IMPROVEMENT

Robust Continuous quality improvement (CQI) process and fidelity monitoring ensures that Colorado children, youth and families are receiving the services that have been shown to drive positive outcomes. CQI processes use qualitative and quantitative data to determine the program efficacy and provide support to ensure that adherence to the model is sustained.

CDHS, as the IV-E agency, will take a high-level approach to monitoring adherence across all services included in this plan and across geographic areas as well as child/youth and caregiver characteristics (see fidelity monitoring section above). The goal of state-level CQI is to (1) identify strengths and weaknesses in program delivery utilizing actionable fidelity data and program feedback; and (2) make adjustments and inform state-level investments that promote high-quality delivery of services and performance-based



contracting decisions. CDHS will also leverage its existing performance management system to monitor outcomes of children, youth and families at the county and state levels. The [CQI grid](#) identifies CQI outcomes and fidelity measures.

The ongoing CQI work will contribute to the development of services expansion and additions to the plan. The Child Welfare Prevention Task Group is a vehicle to develop processes and protocols for identifying areas of expansion or scaling of programs/services and adding new services to Colorado's plan. As described previously, the Child Welfare Prevention Task Group is a multidisciplinary task group that includes stakeholders from local community providers, county and state government including child welfare, evaluators/researchers, and constituents representing family voices.

TRAUMA-INFORMED PRACTICE

Colorado is committed to ensuring a trauma-informed and trauma-responsive child welfare system. A cross-disciplinary team has created a multi-year curriculum specifically for Title IV-E prevention service providers targeted at all levels of agency employment, from board members and administrators to direct care staff. In the first year of implementation, Colorado will be focused on building a robust foundation with agencies expected to have a trauma-informed vision and meet basic training requirements through Colorado's child welfare training gateway to live and virtual training resources., Learning Management System (LMS).

Colorado is fully committed to ensuring that children, youth and their 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 grants 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, individuals with lived experience, and multiple systems, including behavioral health, child welfare, juvenile justice, medicine, education and early childhood. COACT Colorado developed a toolkit that provides an action-oriented guide for all systems in the community that serve children, youth and families to apply the Statewide Trauma-Responsive Theory of Change and meet evidence-based practice standards in creating trauma-responsive systems. The toolkit aims to integrate knowledge about trauma into policies, procedures and practices, as well as to avoid re-traumatization.
- **The Colorado Cross-Systems Training Institute (CSTI)** is a partnership between OBH/COACT 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.

CDHS will provide assurance that programs are incorporating trauma informed service delivery (see the Attachment III).

STATE PROGRAM INTERMEDIARIES

To promote consistent service and program delivery within Colorado's decentralized county-administered, state-supervised system, CDHS will identify state program intermediaries for each service in this prevention plan.

Program Fidelity: CDHS will enter into a contract with each state program intermediary with a clear scope of work detailing the expectations for oversight and supervision. The state program intermediary will be responsible for program implementation and monitoring including: selection of local sites and providers; readiness assessments for expansion sites; and, program fidelity utilizing program specific instruments and processes.

Trauma-Informed Training and Service Delivery: The state program intermediaries will ensure that local provider staff are trained in trauma-informed practice aligned with the expectations outlined in the trauma-informed section of this plan.

Program Level Child Safety Monitoring: The state program intermediaries will monitor and attest that local service providers/sites have safety monitoring protocols, are trained in mandatory reporting, and that programs include safety monitoring in program delivery. Any concerns or suspicion of abuse and neglect identified by the program intermediary or local providers, will be reported to the Colorado statewide child abuse and neglect hotline.

Continuous Quality Improvement: State program intermediaries will gather data and feedback to conduct regular analysis for ongoing, continuous quality improvement processes to quickly identify areas of needed support for quality service delivery at the local or programmatic level. The state program intermediaries will be the liaison between the Colorado IV-E agency and the local providers. They will contribute valuable input into the

development of the infrastructure and analysis for program efficacy and service delivery as detailed in Appendices A-I, for each service proposed in this initial five-year prevention plan.

LOCAL PROGRAM PROVIDERS

Program Delivery and Continuous Quality

Improvement: Programs will be delivered at the local level and will be supervised by the state program intermediary. Local providers are responsible for delivering services in adherence to the approved model on the clearinghouse, attest that staff are trained in trauma informed practices, coordinate, as needed, with the county caseworker, keep appropriate records for tracking progress, and develop processes for continuous quality improvement including gathering feedback and other information, analyzing and improving practices.

Local Child Safety Monitoring: Service providers are responsible for ensuring that all staff participate in training to recognize signs of possible abuse and/or neglect, mandated reporter responsibilities, and access to the statewide child abuse and neglect reporting hotline. Each individual service proposed in this plan includes program-specific training, assessment tools, and/or processes in place to monitor child safety (Appendices A-I). If there are concerns for a child or youth's safety, providers will notify the child/youth caseworker and file a report through the Colorado statewide child abuse and neglect hotline. If a child or youth is in imminent danger, providers will call 911.

COUNTY CASEWORKER

Assessing for Imminent Risk of Out-of-home

Placement: County caseworkers will complete the safety and risk assessments as required in administrative rules, to determine if a child/youth meets the criteria for "imminent risk of out-of-home placement". The case worker will determine if the level of risk can be mitigated through the provision of in-home services.

County caseworkers will be responsible for: working with the family to complete the child-specific individualized prevention plan and make referrals to services. Services will be documented in Colorado's statewide database (Trails) and through open service authorizations. An individualized

prevention plan should be designed to meet the needs of the family and may include services that are not included as reimbursable through Colorado's Family First Prevention Plan.

Individualized Prevention Plans/Data Collection:

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 an individualized prevention plan section that details placement prevention strategies to allow the child/youth to remain safely at home or with kin. Since the child-specific prevention plan will be integrated within the larger FSP, it will also link to other levels of case plans. This will allow caseworkers to align or incorporate the individualized prevention plan with broader case and service planning efforts.

The county caseworker will continue reassessment of the child-specific prevention plan and progress toward meeting the child, youth and families' stated goals 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.

The individual prevention plan will be reviewed in a family engagement conference with the family, the caseworker and supervisor, and service providers and others as necessary to address the following:

- The safety needs of the child/youth, including if a new referral was received and if it was accepted for assessment;
- Identification of family strengths and protective factors that move the family forward and away from systems involvement.
- The appropriateness of the child/youth's current residence and how it meets the child/youth's needs;
- The stated needs/goals of the child, youth and/or family;
- Review of specific services included in the individual prevention plan provided to child/youth and family; and,

- Evaluation of progress to meeting goals and the service(s) to determine if they remain appropriate.

Child Safety Monitoring: The child-specific individualized plans within open child welfare involvement will include strong casework practices to ensure child/youth safety and well-being and move the case toward achieving stated goals. A formal safety assessment will be conducted by a certified caseworker or supervisor per the CO Safety Assessment Instructions which are listed in 12CCR 2509-2, 7.107.11. This includes:

- Whenever there is a significant change in household circumstances or situations that might pose a new or renewed threat to the safety of child(ren)/youth.
- Prior to reunification.
- Prior to end-dating a safety plan.
- Case Closure.

Informal safety will be assessed at every face to face contact with all parties involved. If the caseworker feels a situation might pose a new or renewed threat a formal safety assessment will be completed.

The county department is responsible for:

- Completing the [Colorado Family Safety Assessment \(CO Safety Assessment Instructions\)](#) as required by 12CCR 2509-2.
- Making face-to-face contact with the children/youth on at least a monthly basis;
- Visiting the child/youth in the home;
- Making face-to face contact with parents/caregiver as often as needed (while meeting the minimum monthly expectation); and,
- Contacting collaterals, as appropriate, to reasonably ensure safety, permanency and well-being of the child/youth.

When a safety concern is identified, the caseworker will make a referral to the statewide child abuse and neglect hotline. The county responsible for the open involvement is responsible for ongoing safety monitoring.

Evaluation Strategy

Colorado will continue to approach the rigorous evaluation 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 in order to expand the service array to further meet the needs of Colorado's diverse communities throughout all regions of the state. Formal evaluations will also be conducted to meet the ongoing rigorous evaluation requirements of services included in Colorado's Five Year Prevention Plan that are rated as promising and supported or where a waiver for rigorous evaluation is not yet granted. The [Colorado Lab report](#) contains recommendations for Colorado's short and long-term priorities for evaluation.

Below is a description of Colorado's evaluation capacity and general approach to evaluation design for promising and supported practices. Each program write up (Appendices A-I) provides detailed descriptions of fidelity monitoring specific to each prevention service being proposed in this initial plan, and the service-specific evaluation plans for promising and supported practices. For services 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 CQI process rather than through formal, independent evaluation.

EVALUATION CAPACITY

Colorado will use the following internal and external resources for completing rigorous evaluations of programs as part of Family First.

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

- Designated leadership within CDHS to prioritize research and evaluation efforts and serve as a liaison with counties, Tribes and providers for participation in ongoing evaluation.
- Designated leadership to serve as the

agency point of contact for external partners coordinating the rigorous evaluations and providing CQI support.

- Develop a master data-sharing agreement for Family First evaluation.
- Provide timely access to administrative data for external evaluation teams. Colorado has built a standard child welfare extract that can be routinely generated by internal research and evaluation staff. Internal leadership will need to coordinate with external teams to prioritize data requests for Family First evaluations.
- Manage evaluations that are already underway with contracts established for independent research.

Partnership for formal evaluation with the Colorado Evaluation and Action Lab (CO Lab): The CO Lab is a strategic research partner to the Colorado government and works under the Governor's priorities to perform policy and program evaluations. CDHS will partner with the CO Lab to function as a coordinating hub for rigorous evaluations of promising and supported practices. The CO Lab will do the following in supporting Colorado's Prevention Plan:

- 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 evaluations for each promising or supported practice that does not already have a study underway. Evaluation designs will:
 - Be developed in accordance with ACF guidance on evaluation planning and rigorous design standards set forth by the Clearinghouse;
 - Build on the existing evidence base for a given intervention;

- Prioritize opportunities to understand cultural relevance to Colorado communities;
- Leverage administrative data to minimize the burden on providers and minimize costs;
- Consider the potential for cross-system benefit; and
- Be pre-registered to ensure transparency.
- Convene research teams to conduct the program or service specific rigorous process and outcome studies by:
 - Leveraging the expertise of the state first (e.g., the Social Work Research Center, Kempe Center, Colorado Applied Research and Action Network fellows) and national organizations second; and
 - Creating efficiencies across individual program evaluations and research teams.
- Provide secure data infrastructure to research teams.
- Ensure IRB approval and ethical human subjects research;

- Coordinate with designated CDHS leadership to manage the intersection of implementation science, CQI work, and rigorous outcome evaluations.
- Develop and implement communication plans that ensure the findings are well positioned to inform policy and practice.

The CO Lab's staff are experts in evaluation design and methodology, and its approach is to serve as a bridge between the decision-making goals of the government and the academic and scientific community. As the coordinating hub, the CO Lab will function as the umbrella for rigorous evaluations and facilitate subcontracts for specific projects and scopes of work to organizations throughout Colorado. The volume of rigorous evaluation can be scaled up or down throughout the first five years of the prevention plan to meet readiness factors, emergent opportunities, and state needs.

Program or Service-Specific Rigorous Evaluation Teams:

As noted above, the CO 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, the current Clearinghouse designation, 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.

EVALUATION DESIGN

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

Building Period: The building period is service-specific and intended to (1) assess the type of evaluation design that is most appropriate; (2) identify Colorado's learning and decision-making goals associated with the evaluation (e.g., cultural responsiveness for unique populations, scaling to new geographic areas); and (3) ensure sites/providers are delivering the models to fidelity before launching a causal study. The research questions and designs will be fully scoped out



during the building period and address the relevant components of the Administration for Children and Families' Evaluation Plan Development Tip Sheet, as well as be cross-walked with the Clearinghouse evaluation design and execution standards.

The outcome of the building period will be a program- or service-specific rigorous evaluation plan that is publicly registered and reviewed by ACF. CDHS and the CO Lab will ensure that there is coordination across the multitude of rigorous evaluations so that counties, Tribes and providers are clear about expectations, and the requirements are reasonable.

Process Evaluation: For each supported and promising program, a process evaluation will be conducted. The research questions will be tailored to specific services and Colorado's learning and decision-making goals for each service.

Findings from research questions 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

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 targeted for 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, within a given promising or supported practice);
- The theory of change and/or logic model underpinnings of 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 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 that align fully to the Prevention Services Clearinghouse Standards. It is also anticipated that some evaluations, particularly as Colorado begins to learn what is promising when delivered in unique cultural contexts, may not have a control group or may have an alternative practice as the comparison condition. All causal studies will be pre-registered on the Open Science Framework to ensure transparency. All descriptive or inferential research designs will be made publicly available on a Colorado website or clearinghouse.

Evaluation Waiver Requests & Ongoing Rigorous Evaluation Plans

As described in section 471(e)(5)(C)(ii) of the Act, Colorado is requesting evaluation waivers for the well-supported programs in this plan. Please see the Attachment II for Colorado's Request for Waiver of Evaluation Requirements for each well-supported practice in this plan. Service-specific justifications for each waiver request can be found in the corresponding appendices.

Rigorous evaluation plans are included for the following programs: SafeCare®; Child First; and Fostering Healthy Futures -Preteen. Colorado's ongoing rigorous evaluation plans are also included in the corresponding appendices.

Child Welfare Workforce Training & Support

The CDHS Division of Child Welfare (DCW)'s Learning and Development (L&D) team represents DCW's philosophy and approach to developing a competent, skilled and professional child welfare workforce with a priority focus on equity and inclusion. The L&D team's goal is not just information sharing, but rather creating true learning opportunities that lead to long-term behavior change.

Colorado has a robust workforce development infrastructure, and the L&D team collaborates with multiple stakeholders to integrate additional learning and development opportunities that will translate the values and vision of Colorado's Family First approach into day-to-day child welfare practices.

The L&D team is responsible for the training and certification of caseworkers, casework supervisors and hotline workers. Each type of certification has requirements for minimum education, initial training, and annual continuing education. The L&D team also provides training opportunities to both the Southern Ute Indian and Ute Mountain Ute Tribes.

Colorado's training for caseworkers, supervisors and other staff is provided through the Child Welfare Training System (CWTS). The CWTS is delivered through a contracted agreement with the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect (Kempe) at the University of Colorado Denver. 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 supervisors; an online Learning Management System (LMS); practice and organizational coaching services; and an extensive selection of in-service training. All training is reviewed using an established matrix to ensure that it is in alignment with trauma-informed practices, inclusive of sexual orientation, gender identity, and gender expression language and best practices, and representative of diverse cultural perspectives.

FAMILY FIRST-RELATED TRAINING PLAN AND STRATEGY

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

Due to the significance of Family First and the transformational change that Colorado is moving toward, CDHS hired a Family First-dedicated Training & Development Specialist. Training and communications products released in the last year include the following:

- Family First 101 web-based training for all child welfare professionals;
- Candidacy Tipsheet (described in more detail below);
- A comprehensive [Family First Implementation Guide for County Directors](#), which was developed in partnership by CDHS and the Colorado Human Services Directors Association (CHSDA);
- A series of four Lunch & Learn sessions hosted in partnership by CDHS and CHSDA on Understanding Financial Claiming for Prevention Services under Family First;
- Colorado's [Family First Implementation Dashboard](#);
- Family First Implementation Digest, which is a bi-monthly email with updates from the Family First Prevention Services Implementation Team; and
- A multitude of county conversations, town halls and trainings with key stakeholders around Family First and the role of prevention services.

Identifying candidates and developing

child-specific prevention plans. Colorado has developed Family First 101 web-based training as 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. Live presentations covering candidacy with opportunity for question & answer discussion have been offered to supplement and support understanding of candidacy criteria. A Candidacy Tipsheet has been designed to support and guide all county staff with accurate identification and entry of prevention candidates within the Trails system.

Colorado is choosing to use its existing treatment plan as the format for the child-specific prevention plan. A tipsheet is being developed as a reference guide for child welfare staff on how to create a new prevention plan for each child within Trails.

A prevention specific training and reference guide will be created to ensure county staff have been provided all the minimum requirements to support a youth and family receiving prevention services and how to properly document this into Trails. This will be recorded, and county staff will be able to view it at any time to answer questions which arise. DCW will monitor county data entry and service utilization to assess if additional resources need to be created and displayed.

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.

Linking families with appropriate, trauma-informed, evidence based services to mitigate risk and promote family stability and well-being.

These topics are included in the Fundamentals (pre-service) classroom training for all caseworkers. In addition, numerous in-service trainings are available that focus on supporting families when specific issues are present, such as substance use, housing insecurity, domestic violence and sexual abuse. The L&D team is exploring ways to further



bolster current training offerings to ensure effective family-centered prevention planning, appropriate referrals to evidence-based services, and coordination with other child and family services.

CDHS and the CO Lab recently hosted a series of informational sessions on the mental health services proposed in this five-year plan for all counties and providers in the state. These sessions were recorded and aimed to provide foundational information on each service, including the model approach, target population, intended outcomes, and how various services differ and complement each other. CDHS is exploring compiling this information in a written guidebook. To further ensure that all child welfare professionals have a base level of knowledge around evidence-based prevention services and how best to match them with specific child, youth and family needs. In addition to general knowledge about Family

First-eligible services, CDHS and CHSDA have encouraged and supported individual counties in cataloging and communicating the prevention services available in their communities. As more and more counties engage in community planning around Colorado's Child Maltreatment Prevention Framework for Action (discussed above), this will become more formalized and comprehensive.

Oversight and evaluation of the continuing appropriateness of the services.

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

Judicial and Court Partners: The Court Improvement Program (CIP) is working collaboratively with CDHS, the Colorado County Attorney Association, the Office of Respondent Parents Counsel, and the Office of the Child's Representative to maintain alignment and consistent messaging with Family First requirements.

CIP has partnered with local and national level subject matter experts to offer live and recorded training/informational videos to educate judicial officers, attorneys and county partners, utilizing the multidisciplinary team members who participate on a Best Practice Court Team (BPCT) to help share information. The first video released provided information on what Family First is, why it is important, and how to prepare for implementation in Colorado. Since then, the CIP has offered content for all professional roles on the QRTP process within the courtroom and has partnered with the American Bar Association (ABA) to provide information specific to judicial officers on how to translate the law into courtroom practice. Additionally, the CIP developed a training series for judges and attorneys on specific content

relevant to each phase of a case (Before a Petition is Filed, After a Petition is Filed and a Child or Youth Enters Foster Care, and During a Child or Youth's Transition from Foster Care) to be delivered in September 2021. Lastly, the CIP has encouraged and supported local level conversations and information gathering, again using the BPCT infrastructure, to prepare for the implementation changes ahead. Colorado created a website specifically for judicial/legal resources, training and messaging (see co4kids.org/family-first/legal).

EVIDENCE-BASED PRACTICE (EBP) PROVIDER WORKFORCE

Colorado's EBPs are provided by community-based agencies that receive 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, CDHS will continue partnering with state program intermediaries to ensure that all local EBP providers for Family First have the skills and capacities necessary to deliver the selected EBPs with fidelity to the model.

Each EBP selected for this five-year plan has its own staff qualifications and training requirements specific to the intervention's service delivery model (see Appendices A-I for service-specific details). The state-wide platform described above will also help ensure that there is state infrastructure and capacity for providers to access clinical supervision through telehealth platforms where needed and systematize processes for collecting and monitoring fidelity data to promote high-quality delivery of services. 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.

EBP workforce development and capacity building.

Colorado understands that to expand the availability of and access to prevention services across the state, an investment in the EBP workforce is needed to build capacity. Colorado will be strategically investing a portion of the state's Family First transition funds in prevention service capacity building based on the recommendations.

Ensuring the provider workforce is trauma-informed. As described above, Colorado has developed a multi-year required curriculum around trauma-informed service delivery for all Title IV-E prevention service providers. As part of the procurement process, county departments will specify the requirement to incorporate trauma-informed service delivery into all Family First EBP services.

Prevention Caseloads

In August 2014, Colorado's Office of the State Auditor (OSA) released the Colorado Child Welfare County Workload Study. The purpose of the study was "to establish a comprehensive picture of the state's county child welfare workload, case management, and staffing levels and identify estimated workload and staffing levels to accomplish child welfare goals." It focused on actual time spent by case aides, caseworkers, and supervisors on tasks to evaluate efficiencies, develop workload standards, and determine the need for additional resources. The study concluded that counties would need 610 additional child welfare staff to meet program goals and achieve outcomes. The Colorado legislature has worked to address this shortage of child welfare staff over the last five years. To date, 418.5 new full-time equivalent (FTE) county child welfare positions have been appropriated and funded.

In 2016, the state contracted with ICF International to conduct a study concerning the child welfare caseload by county, as opposed to the OSA workload study, which provided estimated hours per case by service for county child welfare caseworkers. The 2016 Child Welfare Caseload

Study built upon the workload study results by further supporting the need for additional child welfare staff, creating a framework for requesting additional resources, and providing suggested caseload ratios. This study created the Colorado Division of Child Welfare Caseworker Allocation Tool (DCAT). The DCAT tool provides a framework for determining the allocation of appropriated funds to the counties and for county child welfare positions based upon allocation formula factors such as referrals, assessments, out-of-home placements, and in-home services.

The 2016 caseload study also recommended specific ratios of supervisor to caseworker (1:5) and caseworker to case (1:10). CDHS uses these ratios to justify funding requests and allocate new child welfare staff to counties. Colorado believes that these ratios will continue to support effective and engaging casework practice moving forward under Family First, and therefore intends to use this established caseload ratio for prevention cases unless otherwise specified by the evidenced-based service provider. During the 2021 legislative session, SB21-277 required an updated workload study, which will help identify any significant shifts that would warrant adjusted 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. Counties may determine how to assign prevention caseloads. Based on data analyzed, approximately 60% of all children with a child welfare involvement remain at home or with kin and the average number of cases per caseworker is 14. Half of all in-home cases may be eligible for one or more prevention services.

Prevention Reinvestment and Capacity Building

Colorado has designed a process to capture IV-E prevention reimbursement funds into a pool to build capacity and expand programs in Colorado's prevention plan. The Colorado Child Abuse Prevention Trust Fund (Colorado Trust) will manager and oversee processes for distribution of funds in the pool and monitor the implementation of services. The Child Welfare Prevention Task Group will create recommendations for processes and protocols for the Colorado Trust to align with the prevention task group's plan for expansion and program additions.

CDHS contracted with the Colorado Evaluation and Action Lab (CO Lab) to provide recommendations for short- and long-term strategies for implementing and scaling evidence-based practices that both meet the unique needs of Colorado communities and maximize Title IV-E reimbursement. The report utilized a data-driven, community-informed approach, the final report recommends a phased strategy to implementation and capacity-building to move Colorado closer to a comprehensive prevention services continuum.

The report also highlights geographic priorities for expansion, as Colorado's goal is to ensure that all children, youth and families have access to the services they need regardless of where they live in the state.

Moving forward, Colorado will utilize the CW Task Group, to develop processes and make recommendations for the expansion and addition of services. The expansion and program additions will utilize the CO Lab's report, site level and program level data, child welfare data and community assessments as well as the annual reports that counties and Tribes submit as part of Colorado's Core Services Program and the Collaborative Management Program. This data is helpful for identifying gaps in services, inequities in access, and opportunities for expansion. Once a new program/service has gone through the defined process to be added to Colorado's Prevention Plan, a service write up will be drafted and CDHS will submit amendments to the initial prevention plan to add services as they are selected for inclusion in Colorado's plan.



Building Community Pathways Capacity

As Colorado continues to build a prevention infrastructure that incorporates community partners, programs and providers and expands to include those families who are no longer involved in child welfare (closed cases) or who have had minimal involvement (i.e. screened out referrals or closed assessments), CDHS will work to develop processes and pathways to maximize Family First reimbursements.

One strategy is to reimagine and build out the PA3, prevention program area, allowing for soft-touch involvement of county workers to meet the basic requirements of Family First IV-E oversight while not compromising the child/youth and families who are not involved in child welfare or the juvenile justice systems. This involves an investment of resources to modify technology, and funds to counties to expand a pool of workers.

PROGRAM AREA 3 (PA3)

During Colorado's 2011 legislative session, House Bill 11-1196: Flexible Funding for Families, was signed into law. The bill redefined family preservation services to serve “appropriate families who are involved in, *or who are at risk of being involved in* the child welfare, mental health, and juvenile justice systems.” This created a program area 3 that allows county departments to provide prevention and early intervention services with existing state funding sources, such as the State Child Welfare Block and Core Services allocations.

Program Area 3 (PA3) services can be provided after a referral has been screened out, when an assessment does not require child protection services, or when a child welfare case is closed

but additional supports are needed to improve a family's protective factors, reduce the possibility of recurrence of abuse or neglect, and prevent the family's deeper involvement in the child welfare system. PA3 services are optional, offered as 100% voluntary to a family, and based on county-by-county available funding and ability to provide preventive services. While the legislation was similar to Family First in its approach, no additional funds were allocated by the state legislature so the impact of PA3 has been limited and inconsistent across the state.

In state fiscal year (SYF) 2018, 6,518 children, youth and families received PA3 services in Colorado. Within this context of successfully serving PA3 children, youth and families, and a history of providing prevention and early intervention services, Colorado sees Family First as one opportunity to extend services even further upstream through a bold definition of candidacy to rethink the structures in place to not only prevent out-of-home placement but to build a system that reduces all child maltreatment.

In Colorado, the intent of placement prevention services is to proactively strengthen and support families as early as possible, before they are in crisis. To achieve true change and improve outcomes, the existing system cannot just be modified; rather, a fundamental shift in service delivery and support to families must occur. Colorado is committed to working closely with partner agencies and community providers to ensure robust monitoring processes and reporting, as child/youth safety is of utmost importance.



Conclusion

Colorado is committed to developing a broad infrastructure to support families, prevent circumstances that lead to child maltreatment, and to intervene when maltreatment has been identified to ensure that children and youth remain safely in their homes or with kinship caregivers whenever possible. Family First is one component of the plan.