

Child and Family Services Reviews

Statewide Assessment For Colorado

**Children’s Bureau
Administration on Children, Youth and Families
Administration for Children and Families
U.S. Department of Health and Human Services**

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Statewide Assessment Instrument

Section I - General Information

Name of State Agency	
Period Under Review	
Federal Fiscal Year (FFY) for Onsite Review Sample _____	
Period of AFCARS Data _____	
Period of NCANDS Data (or other approved source; please specify alternative data Source) _____	
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CDHS Acronym List

ACSES – Automated Child Support Enforcement System
ADAD – Alcohol Drug Abuse Division
AEC – Annie E. Casey Foundation
AFCARS – Adoption and Foster Care Analysis and Reporting System
AFRR – Adoptive Family Resource Registry
ARD – Administrative Review Division
ASFA – Adoption and Safe Families Act
BOCES – Boards of Cooperative Education Services
C.R.S. – Colorado Revised Statute
CAC – Colorado Assessment Continuum
CAPTA – Child Abuse Prevention and Treatment Act
CARR – Colorado Adoption Resource Registry
CASA – Court Appointed Special Advocate
CBI – Colorado Bureau of Investigation
CCAR – Colorado Client Assessment Record
CDE – Colorado Department of Education
CDHS – Colorado Department of Human Services
CFCIP – Chafee Foster Care Independence Program
CFMS – Colorado Financial Management System
CFSP – Child and Family Services Plan
CHATS – Child Care Automated Tracking System
CHP+ - Child Health Plan Plus
CKAC – Give Kids a Chance
CMHC – Community Mental Health Center
COIN – Client Oriented Information Network
CPA – Child Placement Agency
CPT – Child Protection Team
CRCP – Central Registry for Child Protection
CWEST – Child Welfare Eligibility and Service Tracking System
CWSA – Child Welfare Settlement Agreement
D&N – Dependency and Neglect
DAAP – Domestic Abuse Assistance Program
DCP – Discrete Case Plan
DYC – Division of Youth Corrections
EPP – Expedited Permanency Planning
EPSDT – Early and Periodic Screening, Diagnosis, and Treatment
FFY – Federal Fiscal Year
FPP – Family Preservation Program
FSP – Family Service Plan
ICPC – Interstate Compact on the Placement of Children
ICWA – Indian Child Welfare Act
IDEA – Individuals with Disabilities Education Act
IEP – Individual Education Plan
IL – Independent Living
MHASA – Mental Health Assessment and Service Agency
MMIS – Medicaid Management Information System
NCANDS – National Child Abuse and Neglect Data System
NCFAS – North Carolina Family Assessment Scale
OPI – Office of Performance Improvement

PAC – Placement Alternative Commission
Project UPLIFT* – Understanding Permanency Lessons in Future Teamwork
PSSF – Promoting Safe and Stable Families
RCCF's – Residential Child Care Facilities
RFP – Request for Proposal
ROC Sheets – Report of Contact Sheets
RTC – Residential Treatment Center
SACWIS – State Automated Child Welfare Information System (*Colorado Trails*)
SDC Survey– Summary Data Component Survey
SFY – State Fiscal Year
SIDMOD – State Identification Module
SHHP – Supportive Housing and Homeless Programs
TANF – Temporary Assistance to Needy Families
TLC – Ten Large Counties
TPR– Termination of Parental Rights

*Project UPLIFT differs from the “Adoption Opportunity Uplift Grant”

Section II - Systemic Factors

A. Statewide Information System Capacity

1. *Discuss how effectively the State is able to meet the State plan requirement that it operates a Statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.*

Colorado has developed and is implementing a SACWIS system, called *Colorado Trails*. The automated case management system, which began statewide roll out (Versions 1 and 2) during the spring of 2001, includes the following features detailed below:

Referral/Assessment (intake): County child welfare screeners and caseworkers record referrals of alleged abuse and neglect and other intake events, including client and family demographics, allegations of abuse/neglect for child protection cases, determinations regarding whether to investigate or not, results of assessments and investigations, and decisions regarding whether to provide ongoing services and open a case.

Search: *Colorado Trails* provides client search capability based on name, identifiers (case or client), Social Security number, date of birth, and/or other variables. Users may also search by case number, and may search for clients in other state-automated systems.

Ongoing case management: Includes functionality to record client and family demographics and characteristics, the child's legal status, plus incorporates all elements of the FSP including the permanency goals for all children placed out-of-home. It also provides for the recording of the results of 90-day reviews of the FSP, including the status and success of services.

Service authorizations (for out-of-home placements and in-home services): *Colorado Trails* provides detailed recording of all out-of-home placement information, name of service provider, dates of authorized service, and supervisory approvals of service authorizations. The system also provides for the same recording of psychiatric hospitalizations and in-home Core Services.

Eligibility/Entitlements: Users record eligibility spans for various entitlements including IV-A (maintenance of effort), IV-E, Medicaid, private insurance and SSI to indicate funding support available for children receiving services.

Provider/Resource: *Colorado Trails* provides full functionality for two levels of approval for service provider certification, licensure, or registration, and provides users Search capability based on provider name, number, or characteristics of children they agree to serve. Provider information recorded in *Colorado Trails* includes provider name, service location, governing body, demographic details regarding placement facility staff members, the status of certification and licensure, and the status of facility and staff member requirements.

Court: *Colorado Trails* provides full functionality allowing caseworkers to record court case type/number, petition types, scheduled and held court hearings, hearing types, court findings and orders, plus motions filed.

Administrative Case Review: Current functionality provides for the recording of scheduled and held administrative case reviews, and for the recording of approved level of care for each child placed out-of-home.

Fiscal/payroll for out-of-home service providers: *Colorado Trails* provides full fiscal and payroll functionality for all out-of-home services, including a trial, main, and augmenting payroll each month for those service providers. *Colorado Trails* interfaces with the Colorado Financial Management System (CFMS) that provides for electronic funds transfer of payroll funds.

Central Registry for Child Protection (CRCP): Effective with *Colorado Trails* Child Welfare Release 2.0 (implemented April 2001), *Colorado Trails* incorporates the functionality of Colorado's CRCP. State statute directs the operation of the automated registry, which provides for the recording of substantiated child abuse and neglect incidents, including not only child and family demographics, the nature and severity of the abuse/neglect, but also demographic information about the alleged perpetrator of the abuse/neglect.

Staff management: *Colorado Trails* allows for the recording of county and state staff information, including job titles, organizational assignment, and other identifying information.

Online management reports: *Colorado Trails* currently provides nearly 50 online management reports, accessible to system users depending on their security profiles. Most reports are available as online reports run against the live database; some reports are produced on an identified schedule as batch reports.

Ticklers: The system provides more than 20 user ticklers, to provide reminders regarding due and overdue actions, such as the Family Services Plan (FSP), licensing service providers, scheduling permanency court hearings.

Interfaces to statewide child care (CHATS), child support (ACSES), client identification (SIDMOD), financial management (CFMS), client oriented information network (COIN) and Medicaid (MMIS) information systems: *Colorado Trails* provides live and batch interfaces with the listed state information systems.

The *Colorado Trails* system is accessible to all state child welfare, administrative review, technical and accounting managers, plus local (county department of human/social services) child welfare, business office, technical, and administrative staff. Access to the system is provided in multiple ways: through a statewide Wide Area Network, through dial-in capability using Citrix software, and recently completed secure access through the Internet.

The system also provides data for the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). (At the writing of this report, the code creating the extracts for these reporting requirements continues to be in development and under refinement.)

The following child welfare functionality (Version 3) is in development, and is scheduled for implementation during the spring of 2002:

- Additional administrative case review functionality to include detailed findings and recommendations
- Payments for in-home Core Services (Colorado's Family Preservation services)

Functionality for the Colorado Department of Human Services (CDHS) Division of Youth Corrections (DYC) clients, services, and facilities management was piloted during the fall 2001, and was implemented in March of 2002. The database for child welfare and youth corrections is a shared database, and a number of screens are also used by both systems. There is limited access across the two systems, dependent on security profiles. There is an impact on the Child Welfare users and data for shared areas in client and resources. For instance, some data in Child Welfare tables will be affected due to the conversion of client data according to state hierarchy rules. DYC workers will be doing direct case recording for the first time of delinquent children who fall into the AFCARS population, and movement of children between the two service systems will present challenges both for caseworkers and programmers.

When the *Colorado Trails* system began roll out during the spring of 2001, data from Colorado's legacy system – the Child Welfare Eligibility and Services Tracking system (CWEST) – was converted to the *Colorado Trails* system. Therefore, 10 years of history on children and families being served by Colorado's state supervised, county-administered child welfare system is available.

User access to specific areas in *Colorado Trails* is governed by security profiles, on a “need to know” basis. “Global Read” security access, provided by county security administrators for some county staff, and by state security administrators for state staff, allows a broad range of system information to be available to a user, on a “read-only” basis. Additionally, a number of management reports available online (accessible within the application) provide for case-specific historical information, plus aggregate management information by county and/or statewide on *Colorado Trails* clients and cases.

As with any implementation of a large, complex system such as *Colorado Trails*, there are still a number of system “bugs” being diagnosed and fixed. Additional work has been required, particularly in the fiscal and adoption portions of the system, to ensure that the application works as designed. In addition, a number of requested system modifications have been identified, and the top priority modifications listed, for future work by State technical staff, that will improve system usability. The “cultural” shift of having caseworkers do direct case recording has also been a complicating factor in implementing the system statewide.

Colorado Trails Child Welfare Releases 1.0 and 2.0, implemented in the spring of 2001, provide far more case management functionality than most SACWIS systems have when first released. As a result of the complexity of the system, fixes being identified and the change required of caseworkers to their day to day work, utilization of the system is inconsistent from user to user, from county to county. Because the fiscal/payroll portion of the system was included in the initial release, and because of the conversion of data from the legacy system (CWEST), there is comprehensive data available in *Colorado Trails*. However, certain parts of the system, such as the FSP, are not yet fully utilized, other than for the recording permanency goals for children placed out-of-home. There have been significant problems with the creation of duplicate clients in the database, due to the inconsistent use of the search functionality by the users and the need to improve the search capability within the system. Work is occurring to document and then “merge” the duplicate clients, and to improve the Search functionality.

State managers use the *Colorado Trails* system in several ways:

- To access case-specific information to consult with county staff on a case, or to monitor case activity in a specific case, or in a particular program area such as adoptions

- To utilize online management reports and develop aggregate statewide and county-specific data for work with system stakeholders, including the Governor's office and State Legislature
- To provide for required Federal reporting including AFCARS and NCANDS data
- To prepare for the Federal Child and Family Services Review
- To produce ad hoc reports through data extracts and other means.

Any system of the size and magnitude of *Colorado Trails* requires time, funding and a significant human resource commitment to the developmental cycle of such a system. In the initial months after roll out, most energy and resources are devoted to fixing things that do not work the way they were intended, and adding, modifying, correcting things that affect front line users. During this time, work begins to create code to bring reports back online that had existed when the older, mature system was decommissioned. Work also is done to bring up new reports that are possible because of the new system structure. Colorado is in the early developmental cycle of the *Colorado Trails* system with caseworkers still getting their bearings on how to do their work online, code being written to bring up additional management information and data reports needed to monitor agency functioning.

The CDHS Child Welfare Division has developed preliminary plans for a data integrity project for the *Colorado Trails* system, but is not ready to implement this project until *Colorado Trails* and its use by the users stabilizes further. Goals of the data integrity project include ensuring the accuracy and completeness of data reported to state policymakers and Federal government, and providing useful case management support to county caseworkers, supervisors, administrators, and Directors of human/social services.

B. Case Review System

1. *How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?*

Colorado Revised Statute (C.R.S.) 19-3-209 requires an individual case plan, developed with the input or participation of the family, be in place for all abused and neglected children and the families of such children in each case which is opened for the provision of services beyond the investigation of the report of child abuse or neglect, regardless of whether the child or children involved are placed out-of-home or under court supervision.

Colorado requires a Discrete Case Plan (DCP) for all youth committed to DYC and a FSP for all children receiving child welfare services within 60 days of case opening or out-of-home placement. The Colorado Tribes also use the DCP format. Both the DCP and the FSP are completed on a paper format. As *Colorado Trails* becomes completely operational, both plans will be completed on line.

Part 1 of the FSP, and the face sheet of the DCP, contain the demographic information regarding all family members and other persons/agencies involved in the case.

Part 2 of the FSP/DCP contains the family social history and assessment summary, and is to be used as the basis for the FSP or DCP treatment plan. Assessment tools or resources available

through community agencies are incorporated in the assessment, based on culture, ethnicity and other needs of the family.

Part 3A, 3B, & 3C of the FSP contain the family goal if services are being provided in the home. If the child(ren) is/are placed out-of-home, or a child is committed to DYC, the FSP/DCP contains a permanency goal established for each child. The date the goal is set and the projected date for achieving the goal is required. In addition, an alternate permanency goal is established for concurrent planning. The areas of need and the services that are to be provided to address those needs are documented for each child and parent. Desired outcomes are addressed by specific, measurable, agreed upon, realistic, time-limited objectives and action steps to be accomplished by parents, child service providers, and county staff or DYC case manager. The FSP/DCP must address a visitation schedule for children in placement, to include purpose of the visit, frequency, duration, location, method, special considerations or restrictions, phone contact and the method of notification of changes to the plan.

Part 3D of the FSP/DCP includes a signature page for all parties on the case. This allows the parties to indicate whether they participated in the development of the plan, whether they agree or disagree with the plan, and whether they received a written copy of the plan. Parts 1, 2, and 3 of the FSP are submitted to the court for review.

Part 4A& 4B of the FSP/DCP documents initial out-of-home placement information. It must include a description of the type of facility in which the child is placed, efforts to place with relatives, factors assessed to determine if the placement will provide a safe environment for the child, the placement's proximity to the parent's home and how the placement meets the child's individual and cultural needs. This section addresses how the placement is the most appropriate and least restrictive to meet the child's needs, if siblings are placed together or reasons why not, the name and address of health and educational providers at time of removal, currency of immunizations, medical problems, and medications taken at the time of removal. If applicable, it is required to document that the Indian Child Welfare Act (ICWA) requirements have been completed.

Part 4C of the FSP, and the DCP monthly review, address subsequent placements and their description and appropriateness.

Part 4D of the FSP/DCP is completed for youth aged 16 and over, and addresses the youth's needs in preparation for independent living.

In DYC, a monthly review is required, and completed with the youth, parent(s), provider, and case manager. In Child Welfare, Part 5A of the FSP is completed at the required 90 day review conference between the caseworker and supervisor, and may also be used as a report to the court. It includes the following:

A. Family assessment update

B. Services

- Whether court ordered/agreed upon services are being provided
- Whether services and placement remain appropriate
- Whether abuse/neglect allegations were investigated in the placement setting during the review period
- Whether the number of children and the presenting problems of the children in the placement are sufficiently limited to meet the safety needs of this child
- Any safety concerns regarding the child's placement and the plan to address them.

- C. Progress made in accomplishing treatment plan objectives, progress still to be made to achieve the permanency goal, and barriers hindering progress
- D. Whether the current permanency goal and target date are still appropriate
- E. Whether existing timeframes are still appropriate
- F. Summary of Administrative Review Results
- G. Summary of Parental Fee Status
- H. Recommendations
- I. Signatures of caseworker and supervisor. New signatures must be obtained when there are significant changes to the treatment plan.

The Attachment to Part 5A of the FSP was implemented in November 1998, and is to be completed for any child who has reached 15 of the most recent 22 months in care. A compelling reason not to file for termination of parental rights (TPR) must be documented and submitted to the court for review, or a motion for TPR must be filed. In DYC cases where the youth has reached 15 of the most recent 22 months in care, the compelling reason is documented during the periodic six-month Administrative Review.

Part 5B documents special case requirements and special county reviews, if applicable.

During the course of each Administrative Review, conducted on every child in out-of-home care for at least six months, the reviewer collects data regarding compliance with case plan requirements. During state fiscal year (SFY) 2001, a total of 11,205 Administrative Reviews were conducted on children placed through the child welfare system. Data for SFY 2001 reflects the following percentage of statewide compliance:

Question	Statewide Percentage
Is there a current FSP?	91%
Was an assessment used to develop the FSP?	99%
Did social history assess child's mental health?	97%
Was the FSP developed timely?	95%
Is the FSP child specific?	95%
Does the FSP contain: specific services that address the child's needs?	95%
One of the federally approved permanency goals?	86%
Are the FSP task timeframes current?	91%
Parent(s), guardian(s), or appropriate family member(s) signature?	81%
Child/youth signature, if appropriate?	84%
Current provider signature?	77%
Current caseworker signature?	95%
Current supervisor signature?	93%
A description of the type of placement?	91%
A description of the appropriateness of placement?	70%
Has caseworker and supervisor reviewed plan within the last 90 days?	92%
Transition plan to IL/Emancipation, if required?	78%
According to child's needs, is placement most appropriate, least restrictive?	99%
Identified needs of parents being addressed?	98%
Identified needs of child being appropriately addressed?	98%
Placement provider needs being appropriately addressed?	99%
Is the permanency goal appropriate for this child?	98%
Services provided consistent with permanency goal?	99%
Name and address of current health care provider in case file?	93%
Is health information in the case file?	94%
Name and address of current educational provider in case file?	90%
Is child's educational record in case file?	82%

2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

The State effectively meets the requirement by involving parents/guardians in the assessment process and in the development of the subsequent case plan and FSP for all children served by Child Welfare and DYC. State rules require that the parent(s) and other pertinent family members be involved in case planning throughout the life of the case. Prior to development of the treatment plan portion of the FSP, an assessment is completed. In the assessment phase, families are engaged to identify strengths and needs, and services needed to address the problems that brought the family to the attention of the department.

To promote the practice of involving parents, Child Welfare has developed and distributed the Colorado Child Welfare Practice Handbook. The Handbook is based on the philosophy of actively involving families in joint case planning. Chapters are devoted to planning and delivery of services to ensure relevant services are tied to the assessment, how to involve families if out-of-home placement is necessary, and how the family and child are involved in evaluating progress. The DYC system requires participation of the youth, parent/guardian, and provider in the development of the DCP, the Individual Education Plan (IEP), and in all monthly reviews.

During the face to face portion of each Administrative Review, conducted on every child placed in out-of-home care for at least six months, a discussion of the case plan occurs. The reviewer verifies whether the parent(s), and child (if age appropriate) participated in the development of the case plan, understand what they must do to attain the plan's goal, and understand and agree with the services provided. Review participants are offered the opportunity to describe their own status, goals and needs. Barriers and issues are identified and agreements are reached on how these will be addressed. The review system monitors county departments and DYC compliance with policies and practice about family participation in case planning, goal setting, and reviews.

Since the fall of 1997, the Administrative Review Division (ARD) has conducted annual Client Satisfaction Surveys throughout the state. The survey is distributed to Administrative Review participants to determine whether participants had an opportunity to participate and express their views or concerns, whether the review process is worthwhile, and to ensure that safety and permanency are addressed. During 2000 and 2001 the Services Survey reflected the following results (2001 included parents with children in DYC):

Item	2000		2001	
	Agree/Disagree		Agree/Disagree	
I was involved in developing the service plan that was put together to help my child and family.	64%	36%		
I had a chance to help put together the treatment plan for my family.	Child Welfare		59%	41%
	Youth Corrections		68%	32%

During SFY 2001, a total of 11,205 Administrative Reviews were conducted on children placed through the child welfare system. Data for 2001 reflects the following percentage of compliance:

Question	Statewide Percentage
Does the FSP contain parent(s), guardian(s), or appropriate family member(s) signature?	81%
Does the FSP contain child/youth signature, if appropriate?	84%
Are the parents involved in case planning?	92%
Child, age 12 and older, involved in case planning?	96%
Was the child/youth invited to this review, if appropriate?	82%
Was the mother invited to this review?	95%
Was the father invited to this review?	90%

There is a wide discrepancy between the parental involvement noted during the Administrative Review and the data from the surveys. This discrepancy is attributed to the fact that during the Administrative Review, parental involvement in and understanding of the case plan is explored thoroughly in a face to face setting where the case plan document is available for reference.

3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.*

The State of Colorado is effectively meeting the requirement that the status of each child in foster care be reviewed at least every six months. Compliance is assured due to the dual system of reviews by the court and by the Administrative Review process.

Each case subject to a Dependency and Neglect (D&N) action, a Delinquency action, or a Review of Need of Placement (Voluntary) action is reviewed by the court. C.R.S. 19-1-115 states that any decree vesting legal custody of a child to an individual, agency or institution shall be reviewed by the court no later than three months after it is entered. The court shall then review any decree, or if there is no objection by any party to the action, the court may in its discretion require an administrative review, each six months after the initial review. The periodicity of court reviews and permanency hearings is established in statute, as are the required elements of the review and the required findings.

At C.R.S. 19-3-502 (7) the court is required to provide notice of all hearings and reviews to all parties to the case and to foster parents, pre-adoptive parents or relatives, so that such parties are provided the opportunity to be heard at such hearings and reviews.

The Administrative Review system was created in 1991 to provide a statewide, comprehensive case review system, per Public Law 105-89. Within the CDHS, the ARD is the independent review system designated by statute, and may substitute for court reviews if so ordered by the court. Administrative Reviewers are external to the operational line of authority responsible for direct supervision and case practice for the children being reviewed, and have the skills and knowledge to assess the current status of the case and to develop relevant, objective, and respectful recommendations about the appropriateness, quality, safe and timely implementation of the permanency plan.

ARD provides an independent review every six months of the safety, well-being, and progress toward permanence for all children in out-of-home care, in both the child welfare and the youth corrections systems. Case specific written findings and case specific data reports are developed based on the information gathered during the face to face interview, the case materials provided,

and the legal requirements of the case. The findings are provided to caseworkers, client managers, and county and region administrators the day the review is held, to provide information for quality improvement and to report case specific strengths and issues. Quarterly, semi-annual and annual cumulative data reports are provided to county departments, DYC regions, State Child Welfare Program staff, and key stakeholders, reflecting the status and results of services provided to children and families throughout the state. Reviewers identify patterns and trends in resource barriers, practice and policy and clarify these systemic issues in reports that are provided to Child Welfare Program staff monthly. The data reports and systemic issues reports are used by State Program staff to improve policy, practice, services, and outcomes to more effectively meet the needs of children in care.

Of the 11,205 Administrative Reviews conducted during SFY 2001 on children placed in the child welfare system for at least six months, 2,800 were initial six-month reviews, and 8,405 were re-reviews. During this same time period, a total of 784 Administrative Reviews were conducted on youth in community placement through DYC.

4. Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.

Over the last three years Colorado has steadily improved compliance with the 12-month permanency hearing requirement within the Child Welfare system. Once a youth is committed to DYC, the court's jurisdiction ends.

C.R.S. 19-3-702 requires that the court conduct permanency hearings no later than twelve months after the date the child is considered to have entered foster care and no later than every twelve months thereafter while the child remains in out-of-home care for all children who are the subjects of D&N Petitions and Petitions for Review of Need for Placement. Additionally, if a child is under six years of age at the time a petition is filed, a permanency hearing shall be held no later than three months after the decree of disposition.

C.R.S. 19-2-906.5 (3) (a) requires that if a juvenile is placed in a community placement for a period of twelve months or longer, the court shall conduct a permanency hearing within twelve months and every twelve months thereafter for as long as the juvenile remains under an order of community placement.

C.R.S. 19-2-921 (5) requires that when a juvenile is placed in foster care following commitment to DYC, an Administrative Review shall be conducted every six months after said placement for as long as the juvenile remains in foster care.

County departments must develop a permanent plan for every child in out-of-home placement, who is the subject of any court action, including D&N, Delinquency, or a Petition for Review of Need for Placement. The county department submits this plan at the court permanency hearing, which must be held before twelve months have elapsed from the date of the child's original out-of-home placement. Following the initial permanency hearing, subsequent permanency hearings must be held every twelve months thereafter while the child remains in out-of-home care. The county department ensures and documents that a request is made to the court for a permanency hearing in sufficient time to assure that the hearing is held within the twelve-month timeframe.

C.R.S. 19-3-702 (4) requires that in cases where the county department has documented to the court a compelling reason for determining that it would not be in the best interests of the child to return home, the court's findings shall include a determination of whether the placement goal for the child is that the child be referred for TPR, be placed for adoption, be placed with a fit and willing relative, be placed with a legal guardian or custodian, or be placed in another planned permanent living arrangement. The court must be provided with documentation of a compelling reason for establishing a permanency plan with a goal other than reunification, adoption, or legal guardianship.

County departments are required to file for TPR no later than the end of the 15th month of placement for any child who has been in foster care under the responsibility of the state for 15 of the last 22 months unless there is a compelling reason submitted to the court identifying why it is in the child's best interest to not have parental rights terminated.

Since the passage of ASFA legislation in 1997, there have been concerted efforts between Child Welfare, ARD, and State Courts to provide training and support to courts on ASFA requirements. From 1998-2002 we have seen major advancements in the court's ability to meet the new timeframes of 12 months. Cases have been expedited and courts have adjusted different administrative procedures to manage their caseloads in order to deal with their workloads.

During the course of each Administrative Review, data is collected regarding timeliness of permanency hearings. Data from the 10 large counties indicate that from January – June, 2001, courts held permanency hearings within the required timeframes about 75% of the time. There is still work to be done in the area of assuring that all court orders contain reasonable efforts to achieve permanency language. The approach on this is to pinpoint which judicial districts are having the greatest difficulty meeting timeframes or assuring proper court orders and working with State Judicial and the District Court toward a solution.

It is expected that the percentage of initial and subsequent permanency hearings held timely will increase, and that court orders will reflect appropriate language as court personnel become more familiar with the Adoption and Safe Families Act (ASFA) requirements. The Division of Child Welfare and the ARD, in cooperation with the State Court Administrator's Office, have been providing ASFA training to judges, magistrates, court personnel, and county attorneys throughout the state in various forums. Child Welfare and ARD staff provide training at the yearly Family Judges Conference, and many courts are now attending the annual Colorado Child Welfare Conference. Additionally, in 2001 a Cross-Systems Training Group was formed and ASFA training is being provided to each Judicial District throughout the state.

5. Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, preadoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.

Colorado statute at 19-2-906.5 requires that notice of court reviews and Administrative Reviews shall be provided to juveniles, the juvenile's parents or guardian, any service provider working with the juvenile, the juvenile's guardian ad litem, and all attorneys of record, to allow appearances of said persons at the review.

The notices are sent by the county departments of social services or DYC region office at least two weeks in advance of scheduled reviews. The reviews are then conducted at the county department or the DYC region office for accessibility purposes. Each judicial district handles

notice of their court reviews. Normally, notice of subsequent court hearings is provided at the current court hearing and all parties receive a mailing of the court's order that contains the next court date. If the court has ordered the Administrative Review to substitute for a court review, the county department sends letters of invitation to all attorneys of record on the case.

Colorado statute at 19-3-702 (1.5) states that any hearing or action, such as a paper review, an ex parte hearing, or a stipulated agreement that has been made an order of the court, that is not open to the participation of the parents of a child, the child, if appropriate, and the foster parents or adoptive parents of a child, shall not be considered a permanency hearing.

The Administrative Review system actively involves the child, parent, provider, and family network in the case review process. Administrative Reviews are held in the county departments of social services offices and DYC region offices to make the reviews as accessible to participants as possible. Teleconferencing is available during every review and mail-in surveys are provided with letters of invitation should participants be unable to attend in person. Review participants, including providers, are offered the opportunity to describe their own status, goals and needs. For FY 2001, placement providers were invited to the reviews 98% of the time.

C. Quality Assurance System

- 1. Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

Effective July 1998, House Bill 1307 was enacted, which helped bring Colorado into compliance with the sections of ASFA aimed at assuring child safety in the home, in substitute care, and prior to reunification. C.R.S. 19-3-100.5 recognizes that when determining reasonable efforts, the health and safety of the child is the paramount concern. This legislative declaration also states that safety is one of the goals of all placement decisions, whether leaving the child in the home or placing the child out of the home. C.R.S. 19-3-702 (6) requires that periodic reviews (either court or administrative) shall determine whether the child's safety is protected in the placement and the projected date by which the child may be returned and safely maintained at home.

The CDHS promulgated rules addressing standards and licensing/certification requirements that emphasize child safety and health, and are applied to all foster, adoptive and kinship care homes. As a result of ASFA and from meetings with county and state licensed out-of-home care providers, standards for assessments, criminal background checks, certified kinship care and foster home training requirements, and issuance or denial of certification were revised in 1999, 2000, and 2001.

Colorado county departments have the option of utilizing county certified foster homes or private Child Placement Agency (CPA) foster homes. County departments are responsible for certification and monitoring of the county foster homes and CDHS Division of Child Care has responsibility for licensure and monitoring of CPAs, who certify and monitor foster homes. CDHS Division of Child Care is also responsible for licensure and monitoring of residential child care facilities (RCCFs), and county sponsored group homes. Residential Treatment Centers (RTCs) are RCCFs certified by State Children's Health and Rehabilitation Services to insure appropriate mental health services. Both divisions monitor RTCs. Facilities that are licensed by the CDHS Division of Child Care are referred to as State licensed facilities. DYC has oversight

responsibility for non community-based correctional facilities and Children's Health and Rehabilitation Services has oversight responsibility for the two state mental health hospitals. CDHS rules require county departments and CPAs to complete a thorough evaluation of foster homes annually. The intent is to "promote and encourage child care in environments that contribute to the safety, health, protection, and well being of children". For CPAs, the licensing evaluation visit must be unannounced in order to see the home as the foster children experience it on a daily basis. Professional staff from the certifying authority are required to visit the home on a monthly basis to observe the interaction of the foster parent(s) with the foster children. These visits are to occur, as often as possible, at times that both the foster parents can be observed interacting with the children. Also, to address safety, the county caseworker for the child is required to visit the child in the foster home and actually see the place where the child sleeps, every other month. CDHS licensing staff conduct licensing visits to State licensed facilities every other year and have more frequent contact if there are licensing or program concerns.

In April 2000 CDHS instituted the 24-hour monitoring team in the Division of Child Care. This team was developed to more closely monitor private CPAs that certify foster homes and RCCFs. The team currently consists of eight monitors and a supervisor. Each team monitor has a specialty in a particular area related to out-of-home placement including business/financial, early childhood, adolescent mental health and child protection. The team began in-depth monitoring of the process CPAs and RCCFs follow when certifying foster homes. Particular focus was placed on those areas that directly impact the safety of children, including adequate family assessments prior to certification, on-going training, first aid and CPR training, treatment and regular monitoring of the foster home. After the first year of monitoring was complete, the team began visiting ten percent of the foster homes certified by CPAs. The Department will be expanding the monitoring of CPAs, RCCFs and specialized group facilities in SFY 2001-2002. This will enable the Department to monitor and provide follow-up to more facilities. Additionally, the Division of Child Care licensing and monitoring staff conduct joint visits with staff from the DYC and Children's Health and Rehabilitation, including staff with specialties in Mental Health and substance abuse treatment, to facilities that provide these particular services.

County departments of social services investigate all allegations of abuse or neglect in out-of-home child care settings located within the respective counties. Upon completing the investigation, the caseworker sends a report to the county certification unit or the CDHS Division of Child Care or other Divisions responsible for oversight. The county caseworker also sends a report to the CRCP when appropriate and to the State Institutional Child Abuse and Neglect Review Team. The Review Team makes recommendations to the county department or CDHS division responsible for licensing or oversight of the facility.

All youth committed to DYC that are in community based placement, are assigned a client manager who is responsible to work with the youth, family, and provider to achieve the identified permanency goal. The client manager also conducts on-site monthly staffings for each youth on his/her caseload. During this monthly case review, the client manager is required to address the DCP and progress in the program. A critical part of this review includes an evaluation of the youth's safety and ability to benefit from the program. Client managers also evaluate the safety, cleanliness, and security of the program and report any policy violations or unsatisfactory practices to the DYC regional Program Manager. The Program Manager is then required to respond in writing and develop an action plan to address each identified issue.

In January 1999, the FSP and DCP were revised to include fields for documenting the child's safety status in out-of-home placement. This factor is considered and documented each time a child experiences a foster care move. Safety of the child in out-of-home placement is reviewed in a conference between the caseworker and supervisor every ninety days for as long as the child remains in care. Factors considered during the 90-day caseworker/supervisor review include: whether abuse/neglect allegations were investigated in the placement setting during the review period, whether the number of children and the presenting problems of the children in the home are limited sufficiently to meet the safety needs of the child being reviewed, and the plan if safety concerns are identified.

Every child in out-of-home placement for at least six months and every youth committed to DYC who has been in a community placement for six months is reviewed by the ARD for compliance with State and Federal rules and regulations. The review process assesses the safety and health of the child in the foster care setting and any concerns identified are reported for follow-up. Case specific data reports are provided daily and aggregate data reports are provided to each county department and DYC region on a quarterly or semi-annual and annual basis. Since 1996, the case file of every child/youth in out-of-home care for at least six months has been reviewed using a review instrument that closely mirrors the CFSR review instrument. ARD also reviews a stratified random sample of in-home cases semi-annually.

- 2. Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In system responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

In June 1994, the CDHS entered into an agreement to settle a class action lawsuit. The Child Welfare Settlement Agreement (CWSA) mandated that the Department address staffing, training, services, and practice, and implement a quality assurance review of County Departments' compliance with terms of the agreement. CDHS created a comprehensive quality assurance system which 1) established desired outcomes and indicators for tracking performance, 2) produced performance data from case reviews and stakeholder surveys, and 3) used the performance data for quality improvement processes. Since the ARD was already conducting reviews in all jurisdictions in the State, this division began collecting additional data regarding the established outcomes and indicators, and created a client satisfaction survey process. Since 1996, the case file of every child in out-of-home care for at least six months has been reviewed to the settlement agreement requirements, which closely mirror ASFA requirements, and a stratified random sample of in-home cases are reviewed semi-annually. The Division of Child Welfare instituted new rules and training requirements, which with the process of conducting case process reviews and qualitative services reviews led to changes in practice and improvements in documentation. Colorado complied with the terms and conditions of the CWSA and it was dismissed without prejudice in November 2001, with the condition that the ARD continue their present review functions.

Lessons learned through the CWSA process have been institutionalized and quality assurance is an essential agency program initiative to ensure that our clients and communities receive exceptional services. The Division of Child Welfare, DYC, the Division of Child Care Licensing, the Division of Children's Health and Rehabilitation Services, the external review system provided by the ARD, and the county departments work together closely to ensure that all child welfare systems serving children/youth and their families in all 64 counties and all five

DYC regions in the State of Colorado are subject to continuous quality improvement. The state's quality assurance system is still evolving and contains multiple components including:

- Administrative Reviews of 100 % of all children/youth in out-of-home care for at least six months
- Reviews of a statistically valid random sample of all cases opened for in-home services
- reviews of the services provided by out-of-home placement providers
- reviews of compliance with licensing and certification requirements
- reviews of specific county programs
- data collection, analysis, and reporting
- satisfaction surveys
- focus groups, community forums, and stakeholder involvement in program design, implementation, and evaluation
- training/educational opportunities for employees to ensure a competent, proficient staff
- quality improvement mechanisms to continually evaluate and improve access to effective service delivery systems
- a commitment to analyzing and improving case and program outcomes and indicators.

A strong feature of Colorado's quality improvement system is the clearly established outcomes of safety, permanency, and child and family well-being. In addition to the indicators that will be drawn from the SACWIS system, ARD provides a data collection system which tracks and reports on other established indicators collected from case file reads, face to face interviews with required invitees, written findings, and other data. Data collection measures compliance with Federal Title IV-B, including the IV-E requirements, as well as program requirements. For each child reviewed, data is collected on nine data elements, ninety-five compliance elements, and twenty-six indicator elements. The compliance and indicator elements provide data on the outcomes of safety, permanency, and well-being. An identified weakness of the ARD data collection and reporting process is trend analysis. The ARD recently hired a data analyst to address this deficit. The goal is to work with the ARD Steering Committee, which is composed of county department administrators, state program staff, state court personnel, and members of the community, to define and develop reports that provide key stakeholders with relevant information that clearly identifies programmatic strengths and areas needing improvement.

Administrative Reviews also assess the quality of services delivered. Areas of focus include: safety of the child, special needs, cultural needs, health and educational needs, mental health, progress in care, parent's progress, visitation, compliance with the treatment plan, progress towards alleviating the causes necessitating placement, due process, appropriateness of services, continuing necessity for and appropriateness of the placement, barriers to permanency, whether additional or different services are needed, appropriateness of permanency goal and date to be achieved, and reasonable efforts to achieve permanency. Quality practice principals are reflected in the review protocol to help communicate to staff the type of case practice that is expected.

The written Administrative Review Findings address case specific issues that require follow-up. If safety issues are identified during the course of the review, the Administrative Review Findings are submitted to county administration for review, and may also be forwarded to the 24-Hour Care Monitoring Unit or to the Divisions of Child Welfare, DYC, and Child Care Licensing. The data collected as a result of the reviews identifies strengths and areas needing improvement in county departments, DYC regions, and Judicial Districts. In addition, Administrative Reviewers compile monthly reports identifying county and region systemic

issues, specifying the identified issue, action taken, and follow-up needed. The monthly systemic issue reports are forwarded to the Division of Child Welfare, DYC, and other relevant parties for follow up.

A vital aspect of a responsive and efficient service delivery system is obtaining consumer input for change and improvement. The ARD conducts annual Client Satisfaction Services Surveys that measure satisfaction of clients with the direct services provided by county departments and DYC. These surveys also measure the quality of the interactions the survey recipient had with county department caseworkers or DYC Client Managers. In 2001, ARD joined resources with the Performance Management Division to continue and expand its survey process. A Services Effectiveness Survey was implemented to obtain feedback from caseworkers, client managers, juvenile judges, Court Appointed Special Advocates (CASAs), and educators.

CDHS also conducts a county department bi-annual needs assessment. The purpose is to assist both the counties and state in planning child welfare services and to better understand the service delivery systems' ability to meet the needs of children and families. This tool also allows for counties to identify barriers to implementation, i.e. cost, lack of resources, or technical assistance. The State has a commitment to the process of continuing its work with counties to develop new resources and to determine where there are gaps in the present service system.

Colorado has the key elements of a quality assurance and quality improvement system in place. Specific outcomes and indicators are being tracked, case reviews look at both compliance and quality of care, stakeholders are involved in examining and improving the quality of the service delivery system, the state has defined practice principles, and all staff are trained in practice skills related to the outcomes of safety, permanency and well-being for the children served.

Child Welfare Services provides global and specific expertise regarding policy and practice to Colorado counties. Child Welfare is responsible for supervision of county departments for effective administration as set forth in rules and procedures of the State Department. Child Welfare Services staff monitors the following programs:

Program	Brief Description of Monitoring/Review	Frequency of Review
<i>Adoption, Child Protection, Independent Living, Foster Care, Core Services</i>	<i>Supervisors workgroup</i>	<i>Quarterly</i>
<i>Administrative Review Division (ARD)</i>	<i>Compliance with State and Federal regulations</i>	<i>Every six months</i>
<i>Colorado Adoption Resource Registry (CARR)</i>	<i>Compliance with state policy</i>	<i>Six times per year</i>
<i>Central Registry for Child Protection (CRCP)</i>	<i>Compliance with state and federal rules</i>	<i>Daily</i>
<i>Chafee Foster Care Independence Program</i>	<i>Compliance with state and federal regulations</i>	<i>Quarterly</i>
<i>Chafee Foster Care Independence Program</i>	<i>Quality Assurance</i>	<i>Quarterly</i>
<i>Child Protection</i>	<i>Monitor to "Child Well Being" outcomes for ASFA</i>	<i>Periodic</i>
<i>Child Protection</i>	<i>Monitor compliance in ongoing Child Protection</i>	<i>Bi-monthly</i>
<i>Child Protection</i>	<i>Review Institutional Abuse investigations</i>	<i>Monthly</i>
<i>Child Protection</i>	<i>Review all suspicious child deaths when county department has had involvement in</i>	<i>Case by case</i>

	<i>past five years. Review team consists of CDHS and county staff.</i>	
<i>Child Protection</i>	<i>Review between 50-100 referrals not assigned for investigation.</i>	<i>Annually</i>
<i>Child Protection</i>	<i>Review of all Child Fatalities: State CDHS & State Department of Health</i>	<i>Monthly</i>
<i>Child Welfare</i>	<i>Response to citizen complaints regarding child welfare issues</i>	<i>25 per month average</i>
<i>Child Welfare</i>	<i>Program review</i>	<i>As needed</i>
<i>Child Habilitation Residential Program (CHRP)</i>	<i>Assure providers meet qualification established in state rule</i>	<i>At application to become a CHRP provider</i>
<i>CHRP</i>	<i>Assure potential providers can meet child's complex needs</i>	<i>As needed</i>
<i>CHRP</i>	<i>Compliance with specific requirements</i>	<i>Annually</i>
<i>CHRP</i>	<i>Assure services provided to enrolled children are appropriate and establish rates</i>	<i>Upon enrollment</i>
<i>CHRP</i>	<i>Assure child's plan addresses needs with agreement of county</i>	<i>Annually or as needed</i>
<i>CHRP</i>	<i>Assure funded children are safe</i>	<i>Upon indicators/ reports of issues or concerns</i>
<i>CHRP</i>	<i>Address concerns of counties or communities regarding children with developmental disabilities</i>	<i>Upon receipt of concerns</i>
<i>CHRP</i>	<i>Participate in rapid response issues regarding children with developmental disabilities</i>	<i>Upon request</i>
<i>Core Services</i>	<i>Compliance with state policy</i>	<i>Annual</i>
<i>Core Services</i>	<i>Review effectiveness to prevent/reduce out-of-home placement</i>	<i>Annual</i>
<i>Central Registry for Child Protection (CRCP)</i>	<i>Assure due process procedural safeguards for named perpetrators</i>	<i>Daily</i>
<i>CRCP</i>	<i>ID "charges" status of perpetrators convicted, dismissed or acquitted</i>	<i>Daily</i>
<i>Expedited Permanency Planning (EPP)</i>	<i>State requirement</i>	<i>Ongoing</i>
<i>Family Foster Home</i>	<i>Assure foster home census</i>	<i>Monthly</i>
<i>Family Foster Home</i>	<i>Compliance with federal CFSP</i>	<i>Annually</i>
<i>Family Foster Home</i>	<i>Compliance with ASFA safety in out-of-home requirements</i>	<i>Annually</i>
<i>Family Foster Home</i>	<i>Compliance with certification requirements</i>	<i>Triennially and Risk Based</i>
<i>Family Foster Home</i>	<i>Kin & child specific compliance with provisional license</i>	<i>Monthly</i>
<i>Family Foster Home</i>	<i>Review & approve 24-hour provider waiver requests through Child Care Appeal Panel mandates to assure child safety</i>	<i>Monthly</i>
<i>Interstate Compact on the Placement of Children (ICPC)</i>	<i>Compliance with federal regulations</i>	<i>Annually</i>
<i>Indian Child Welfare Services</i>	<i>Review of contract services</i>	<i>Annually</i>
<i>Institutional Abuse Review Team Stage 1 and 2</i>	<i>Reviews</i>	
<i>IV-E Foster care</i>	<i>Compliance with eligibility requirement of IV-E Foster Care Program</i>	<i>Annual</i>
<i>IV-E Subsidized Adoption</i>	<i>Compliance with federal statutes</i>	<i>Annually</i>
<i>Managed Care</i>	<i>Program</i>	<i>Annual</i>

<i>Promoting Safe and Stable Families (PSSF)</i>	<i>Compliance with federal regulations and grant compliance</i>	<i>Annually</i>
<i>Residential Treatment Center (RTC)</i>	<i>Annual review of Mental Health certification</i>	<i>Annual</i>
<i>RTC</i>	<i>Program</i>	<i>Annual</i>
<i>State/County Subsidized Adoption</i>	<i>Compliance with state policy</i>	<i>Annually</i>

D. Staff and Provider Training

- 1. Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State’s initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.*

Colorado offers a comprehensive multi-disciplinary training program for child welfare supervisors and workers. A statewide needs assessment was conducted with county directors and administrators, child welfare supervisors, child welfare caseworkers, and case service aides. The training program was developed using the results of the statewide assessment. The training program focuses on family centered practice, developmental disabilities, domestic violence, substance abuse, mental illness, achieving permanence, and a wide variety of special topics.

Newly hired child welfare case workers are required to complete a 30-hour computer based training program prior to receiving their first case and complete 60 hours of structured on the job training within their first three months. The computer based training program has ten major content areas: Case Planning, Cultural Sensitivity, Confidentiality, Documentation, Domestic Violence, Investigation, Risk Assessment, Reasonable Efforts, Substance Abuse, and Medical Aspects of Child Abuse/Neglect. In addition new caseworkers are required to complete 12 days of core training within their first year. The focus areas for the core series are: Family Preservation and Protection for Abused, Neglected and Sexually Abused Children; Case Planning and Family-Centered Casework; The Effects of Abuse and Neglect on Child Development; and Separation, Placement and Reunification in Child Welfare. Child welfare caseworkers must also complete a minimum of 6 hours in-service training annually.

Newly hired or promoted child welfare supervisors are required to complete 12 days of supervisory core training within six months of hire or promotion. The training covers Administrative Supervision, Case Consultation, and Supervision, Supportive Supervision and Educational Supervision. During the period under review, 267 newly hired child welfare caseworkers and 181 newly hired or promoted child welfare supervisors received training.

To support workers in meeting their ongoing training requirements CDHS offers 29 specialized and advanced training topics, which are offered various times through the year on a statewide basis. During the period under review, a total of 2,504 supervisors, caseworkers, and foster parents attended the training that was offered.

To ensure that the training offered is relevant and reflective of current best practice standards, the curriculum is evaluated and reviewed regularly. Each training topic is evaluated by the trainees and by a panel of content experts (Curriculum Review and Evaluation Task Force). The results of these evaluations are monitored by an independent evaluator. In addition, quarterly meetings between training providers and state child welfare program staff are conducted. The results of these training evaluation efforts are tabulated into an annual training evaluation report. An example of one of the tabulations is listed below.

Participants expressed a high degree of satisfaction with the content and relevance of all CDHS sponsored worker and supervisor training. Mean ratings for all questions ranged from 3.45 to 3.60 out of a maximum of 4, the “agree” and “strongly agree” range:

(Maximum Rating = 4)

Question	Mean Rating (N)
The subject matter was at the right level of difficulty.	3.45 (2364)
The workshop content was compatible with my agency’s philosophy and policies.	3.48 (2320)
My agency will support me in using this training on the job.	3.53 (2322)
I learned specific job-related knowledge/skills.	3.57 (2364)
I will use knowledge/skills from this training on the job.	3.60 (2356)
I will be able to do my job better because of this training.	3.57 (2342)
Families will benefit from my taking this course.	3.56 (2328)

In addition to the training program, the state department works closely with the schools of social work and offers educational stipends at both the bachelor’s and master’s level for current employees and persons seeking employment in county departments of social services. During the period under review 100 educational stipends were awarded.

2. *Citing any data available to the State, discuss the effectiveness of the State’s training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State’s care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

Colorado offers a comprehensive multi-disciplinary training program for foster parents and service providers. The above-mentioned statewide needs assessment included the input of foster parents. The training program that was developed also took into consideration the results of the foster parent portion of the statewide assessment.

This foster parent training program focuses on many of the same topics as the child welfare staff training. Foster parents and RCCF staff are required to complete 12 hours of pre-certification training before being licensed. The training covers the court process; the placement process; separation and loss; child abuse; neglect and sexual abuse; child development; discipline; and working with birth parents. During the period under review, 737 newly certified foster parents received training.

Foster parents and RCCF are also supported in meeting their ongoing training requirements of 20 hours annually to maintain their licenses. They have access to the 29 specialized and advanced training topic seminars throughout the year on a statewide basis. Foster parents are included in the 2,504 people who attended these trainings during the period under review. Like child welfare employees, foster parents are given the opportunity to evaluate the trainings they attend.

Prospective adoptive parents are not required by the State to attend these or similar trainings. However, they are informed of the trainings and can participate if they so choose. Each of the 10 large counties have training requirements for prospective adoptive parents.

E. Service Array and Resource Development

1. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

For the last three years, Colorado has met the national standard for reunification. In the year 2000, of all children who were reunited with their parents or caretakers at the time of discharge from foster care 85.7% were reunited in less than twelve months from the time of the latest removal from home. Colorado's five-year Child and Family Services Plan (CFSP) and the subsequent Annual Progress and Services Reports, outline services that are intended to assist families and children to reunify after a separation due to abuse and/or neglect.

The Colorado Assessment Continuum (CAC), implemented statewide in July 2000, provides caseworkers with objective data that indicates at the initial investigation the safety and risk concerns within a family. The North Carolina Family Assessment Scale (NCFAS) identifies information in other areas of family functioning. The NCFAS has some limited abilities to provide information for accurate planning around family needs as reunification occurs. To better understand how the NCFAS can be used at the time of reunification, Savio House, a residential facility in Denver, is piloting the use of the NCFAS with reunifying families.

Core Services are provided by each of the 64 county departments of social services. These services are provided for families with children at imminent risk for out-of-home placement due to abuse and neglect. Local commissions such as the Placement Alternative Commission (PAC) or Family Preservation Program (FPP) Commission are used to identify the array of services most needed in the county to meet the needs of the children and families. The services can also be provided to prepare a child for reunification with his/her family. The services include: home based interventions, intensive family therapy, life skills, day treatment, sexual abuse treatment, mental health services, and substance abuse services. During SFY 2000, of the 9,486 children to receive Core Services, 439 children and families were served to achieve reunification.

Colorado's Promoting Safe and Stable Families (PSSF) Program is active in 34 counties and the Ute Mountain Ute Indian Reservation. The program provides family support (prevention) activities and family preservation (crisis) services for families and children in those counties and is accessed either through the county department of social services or the designated fiscal agency within that region. The most common services and activities provided were family advocacy, individual family support plans, support groups, home visitation, flexible funding, respite, parenting classes, mentoring, kinship care certification, family group conferencing facilitation, and referrals to other services. During the first six months of FFY 2000, 401 reunifying families received crisis services. Of those families, 368 or 92% remained intact at the close of the fiscal year. During the same timeframe, 335 reunifying families received prevention services with 280 or 84% remaining intact at the end of the fiscal year.

Local county departments have been able to use Temporary Assistance to Needy Families (TANF) funding for prevention, and a continuum of services including aftercare services for children placed out-of-home. Families cannot be receiving services funded by both Core and TANF. El Paso County Department of Human Services has used TANF funding to provide services that prepare families for reunification. They have used their Core Services, PSSF and TANF programs to create a "Wraparound" program to achieve reunification.

It has been noted that Boulder County's Department of Human Services has used PSSF funds to assist the reunification efforts of families by providing families with focused professional services that provide family support as well. All encompassing services such as transportation, bus passes and assistance with re-entry into school system are provided.

Montezuma County has shown positive family practice in reunification. The County Department of Social Services works closely with a multicultural parenting program that looks at families as a whole. A trained, home-based caseworker and family therapist emphasize work in a culturally positive manner, emphasizing rites of passage, reestablishing dignity for families, and acknowledgement of the family's ideas and beliefs.

Information gathered from various community surveys aimed at seeking consumer feedback on the effectiveness of reunification, there was concern that more emphasis is placed on the failure of reunification efforts, rather than focusing on what is working for families and children. Along the same line, families felt that as they worked toward reunification they were more scrutinized by the professionals providing services.

Other areas of concern identified the inability to provide resources for non-English speaking families. This is especially true in the rural and more sparsely populated areas. In other locations, community-based organizations that can provide culturally appropriate services are not integrated into the reunification process as readily as the more mainstream agencies. As families are being reunified more quickly, the need for services to last a longer period of time is needed to insure better family functioning and prevent a return to foster care.

- 2. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide preplacement preventive services designed to help children at risk of foster care placement remain safely with their families.*

Since 1966 the CDHS Division of Child Welfare has mandated the Core Services Program be available statewide. Core Services are designed to provide services to families and children at imminent risk of being placed out of the home because of abuse and/or neglect concerns. Core Services are considered family preservation services and are intended to help children remain with their families or are provided to solidify reunification.

The continuum of services under Core and descriptions are as follows:

- **Home Based Interventions** – These are services provided primarily in the home of the client and include a variety of services that can include therapeutic services, collateral services and crisis intervention directed to meet the needs of the child and family.
- **Intensive Family Therapy** – This is an intense mental health intervention, provided typically with all family members to improve family communication, function, and relationships.
- **Life Skills** – Services provided primarily in the home to teach household management, effective accessing of community resources, parenting techniques, and family conflict management.
- **Day Treatment** – This includes comprehensive, highly structured services that provide education to children and therapy for children and their families.
- **Sexual Abuse Treatment** – Therapeutic intervention designed to address issues and behaviors related to sexual abuse victimization, sexual dysfunction, sexual abuse perpetration, and to prevent further sexual abuse and victimization in the family.
- **Special Economic Assistance** – Emergency financial assistance of not more than \$400 per family per year in the form of cash and/or vendor payment to purchase services such as rent, home repairs, food, clothing, etc.

- **Mental Health Services** – Diagnostic and/or therapeutic services to assist in the development of the FSP, to assess and/or improve family communication, functioning, and relationships.
- **Substance Abuse Treatment Services** – Diagnostic and/or therapeutic services to assist the formation of the FSP to assess and/or improve family communication, functioning, and relationships, and to prevent further abuse of drugs or alcohol.
- **Aftercare Services** - any of the Core Services provided to prepare a child for reunification with his/her family or other permanent placement and to prevent future out-of-home placement of the child.
- **County Designed Services** – innovative and/or otherwise unavailable service proposed by a county that meets the goals of the Core Services Program.

The Core Services Program served 15,245 families and children in SFY 2000. Of those, 9,486 were new families and children and in-home services were provided in 95% of the new cases. Child Welfare has also coordinated with the State Office of Self-Sufficiency Colorado Works Program to use TANF funds for prevention and intervention services that will allow a child to be cared for in their own home or the home of relatives. This is provided under the Non-Monetary/Non-Assistance program of TANF.

Through Colorado’s PSSF Program, families and children are able to access prevention services as well as crisis services without the child being at imminent risk for out-of-home placement. The array of services as listed on page 19 includes non-traditional activities as well as family advocacy, individual family support plans, support groups, home visitation, flexible funding, respite, parenting classes, mentoring, kinship care certification family group conferencing facilitation, etc. During the first six months of FFY 2000, 2,035 individuals and/or families were provided crisis services to prevent placement with 95% remaining intact. During the same timeframe, 6,471 families participated in prevention activities with 94.7% remaining intact at the end of the fiscal year.

Core Services to prevent out-of-home placement of children at imminent risk are available through the county departments of social services. Although every county has submitted a plan and received state funding for this service, the method by which the service is accessed is dependent upon each department’s policy. Some counties require a D&N petition to be filed before services are provided while other counties provide the services voluntarily. Information from community providers across the state indicates that many families have difficulty with the services or believe the services are provided in an adversarial nature because of the court involvement. Some family support providers believe that more and more caseworkers are relying upon community support programs to provide services for families.

The Annie E. Casey Foundation’s (AEC) Family to Family Initiative supports the creation of community partnerships. As State Child Welfare continues to work with county departments on joint ventures such as this initiative, more joint training and technical assistance will be provided to support community partnerships for additional resources to assist families with children at risk of entering foster care.

3. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

In 1999, Colorado increased the number of finalized adoptions from the established baseline of 560 to 691. As a result, the State was awarded \$820,000. These incentives dollars were distributed as follows:

- 25% of the funds for the recruitment and retention of foster and adoptive families. These funds will be used to fund a state level recruitment and retention staff person.
- 25% of the funds are set aside for County Specialized Recruitment Activities. County departments are required to submit a plan that will address recruitment, advertising and marketing activities for children awaiting adoption. Counties are to target children who have been waiting the longest and are the most difficult to place due to the significant behavior and emotional problems.
- 50% of the funds are available to the county departments who assisted in earning the funds. The funds are for use in supporting adoptive placements.

Additional achievements involved the passing of critical legislation to support both adoption and permanency for children. In 2001, HB-01-1193 passed the legislature and brought Colorado into compliance with the Adoption Safe Families Act (ASFA). In 2000, to ensure the placement of siblings in the same family foster home, HB-00-1108 was passed. Prior to the passage of this bill county departments had been successful at placing approximately 85% of siblings in joint placement. Since the passage of the bill, county departments are more diligently recruiting placement homes that can accommodate large sibling groups.

The computerized Adoptive Family Resource Registry (AFRR) is operational via the Internet to assist public casework staff in locating approved families willing to accept children with special needs for adoptive placement. The state in collaboration with The Adoption Exchange and the Rose Foundation is currently implementing the AFRR. It has been operational for one year.

Colorado was one of five states awarded a 3-year implementation grant in March 2001 for Implementation of Collaborative Planning to Increase Inter-jurisdictional Adoptions. The Division's 'Project Uplift' is currently producing a video for the courts, families, and CASAs to address the use of Interstate Compact on the Placement of Children (ICPC) as a tool to facilitate permanency for children across state lines. Additionally, a training curriculum was developed and will be offered statewide in the fall 2001 which will better equip workers for their court presentation and documentation in termination cases and will address inter-jurisdictional permanency issues.

Colorado is completing the last six months of two federal grants funded under the Adoption Opportunities Grants. The first is the "Give Kids a Chance" (GKAC). The grant has been a collaborative effort with 'Loving Homes' (a CPA), Denver, Adams, Arapahoe and Boulder counties as well as the State to increase the number of children of color who are placed for adoption. This project provides for adoptive home studies with families for legally freed children who have no other identified permanent resource. The families studied by Loving Homes are made available to any of the participating county departments.

Colorado also has a grant under the Federal Adoption Opportunities Grants for 'Increasing Adoptive Placements of Children in Foster Care in a Managed Care Environment'. El Paso County has implemented this grant and is in the final year. The grant provides financial incentives to private CPAs to assist with the placement and adoption of children in foster care.

Permanency planning, other than adoption, for children is supported through the options given to communities to offer specific services that help families, access the supports that they need to achieve a stable home environment for their children. These services include specific supports such as respite/crisis care, supports for families with children at risk of maltreatment or children with a disability, and post-adoptive services to maintain permanency.

The Expedited Permanency Planning (EPP) initiative has demonstrated permanency at twelve months can be accomplished without an increase in disruptions. The practice changes have demonstrated that a focused, aggressive approach with timeframes, clarity of communication and careful attention to expedited court hearings are essential to making permanency decisions in a timely way. The need for enhanced support for caregivers and structured decision making and assessment was highlighted. All 64 county departments now have their EPP programs.

Colorado has emphasized Concurrent Planning and Family Group Decision Making to quickly identify permanency resources for children and adolescents, including kinship and relative care. Through the use of Family Advocates in PSSF sites, access to services is improved. Families are better able to connect with needed supports earlier, allowing for caseworkers to better assist families and children in meeting required permanency planning requirements. In some areas, PSSF advocates are used to provide certification training for kinship care. During the first 6 months of 2000, 140 adoptive families received crisis services with 139 remaining intact. Statewide the PSSF projects accessed non-traditional funds for 142 families to provide a service to keep the family intact. Of the 142 served, 100% were intact at the end of the year. Funding was used to assist 54 families start adoption procedures and 28 families completed the adoption within the fiscal year. During the same timeframe, 290 adoptive families were provided with family support or prevention activities with 286 remaining intact.

PSSF projects also provided training and support for informal kinship care families and completed strength-based plans with the families. These plans were prepared with 1,164 individuals with 94% attaining at least one-third of the goals to improve family functioning.

Two years ago, the Colorado legislature passed HB 99-1299, which enhances the placement of children by reducing the barriers to cross-jurisdictional placement. This established standardized home studies for all agencies, an automated tracking system of families with an approved study, a vendor list of approved individuals who can conduct home studies, and it required county departments to refer families to the Adoptive Family Resource Tracking System for listing.

Planned permanent living arrangements for adolescents continues to present a challenge to the county departments of social services. State Child Welfare has entered into various community efforts and programs sponsored through the AEC Foundation and Casey Family Foundation to address issues of adolescents who have been in out-of-home care since childhood, are homeless/runaways, or who are aging out of foster care.

Information gathered from community providers regarding services to help children to be placed for adoption or some other planned permanent living arrangement, reflects that county departments often do not provide information about the services available and the information that is provided is not always adequate. It is perceived that counties should provide more education on the needs of children before adoption and that support and treatment for the family after adoption needs to be strengthened. Often times the services provided for families are inconsistent with the culture or language of the family.

4. Describe the extent to which all the services in the preceding items 1-3 are accessible to families and children on a statewide basis.

Within the 64 Colorado counties, a local department of human/social services under the direction of county elected officials (county commissioners or city council) attempt to meet the outcomes of safety, permanency, and child and family well-being. Within that scope, the county departments are responsible for the investigation of child abuse and neglect allegations, and the provision of services to keep children safe and to assist them achieve permanency and stability. The services are provided directly by county department staff, licensed providers, and collateral agencies such as the local mental health center, school, or other community-based agency. Funding for these services come from various sources. In most situations, the State provides 80% of the funding with the county providing 20%.

Each county department receives a block allocation to provide services to achieve the outcomes of safety, permanency, and child and family well-being. This allocation provides the county funds for out-of-home care, subsidized adoptions, special circumstance child care and administrative costs. County departments have the option of using their allocation for services other than out-of-home and administration; however escalating costs have not allowed many counties to do this.

Funding for Core Services is allocated outside the block allocation and can only be used within the array listed above on page 20 and 21. They must be limited to children who are at imminent risk for out-of-home placement, or to return children from placement. Because county departments will often contract with community based agencies for services such as mental health and substance abuse treatment, often times accessibility of services is limited to their wait lists.

Independent living funds through the Chafee Foster Care Independence Program (CFCIP) are also allocated independently and provided by the county based upon a yearly plan approved by the state. Currently, independent living services are provided in 16 service areas that include 39 of 63 counties.

Colorado's PSSF Program is limited to only 34 counties and the Ute Mountain Ute Reservation. Submission of local plans outline collaboration between community agencies and the local department of human/social services to provide both crisis services and family support for families that are in time-limited reunification situations, adoptive (or prospective adoptive) families, and families needing stability services.

All counties receive funding for their Colorado Works (Self-Sufficiency) Program and counties have the option to provide services in-line with the Core Services array for families at risk of needing child protection involvement.

In August 2001, the CDHS, through the Office of Performance Improvement (OPI) and ARD, conducted the third annual *Client Satisfaction Services Survey*. The survey was designed to measure satisfaction of parents, youth, guardian ad litem, and out-of-home placement providers with the services they were receiving through the Child Welfare Division and DYCS. It also intended to identify barriers to services as well as the services that were most widely used

throughout the state. 894 surveys were returned which included 190 Child Welfare youth, 204 Child Welfare parents, and 454 out-of-home placement providers.

The majority of the survey results were positive. Most families believed their needs were considered when making decisions, 63-76%. In general, most populations felt they were treated with respect, 71-85%. The majority of all populations believed their services were coordinated 62-74%. The majority of the populations thought it was easy to access services, ranging from 72-74%, with Child Welfare families being less favorable than Youth Corrections families.

The top reported services provided were 1) Mental Health/Counseling, 2) Family Counseling, 3) Out-of-Home Placement, 4) Drug and Alcohol Services, and 5) Parenting Skills. The top reported barriers were 1) Availability of Staff, 2) Transportation, 3) Timely Response, 4) Location, and 5) Cost and Hours of Operation. Although the majority of responses to accessibility were positive, many of the barriers imply that accessibility could be an issue.

F. Agency Responsiveness to Community

- 1. Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

Colorado's planning for the 2000-2004 CFSP included an extensive community consultation process to ensure the participation of a broad spectrum of public and private agencies, community-based organizations, parents and youth who have had past or present involvement with the Child Welfare system, as well as representation from culturally diverse populations. The process also included input from representatives of other state and federally funded programs such as The Colorado Children's Trust, homeless youth programs, the Department of Housing, the Division of Criminal Justice, the Department of Education, Public Health and Environment, Division of Child Care, Colorado Works, Law Enforcement, and the Judicial and Legislative Branches. Representation participated on a Planning Advisory Committee where committee members were able to comment on the current array of services and their relationship to the goals of safety, permanency and child and family well-being.

Ten regional focus groups were convened throughout the state. A statewide total of 181 local community representatives participated in the focus groups. The primary purpose of these groups was to generate discussion and recommendations regarding the current array of services. Group members were encouraged to identify the strengths, challenges, and areas of need within the current array of services.

A total of 24 state staff provided information for the Steering Committee and focus groups. The staff represented the following programs: Adoption, Child Protection, EPP, Kinship Care, ARD, ICPC, Core Services, Out-of-home Placement, RTCs, Adolescent Services, ICWA, Developmental Disabilities, Family Centers, Independent Living, Managed Care, and PSSF.

The most pressing community service needs centered around issues of basic needs such as affordable housing and child care, lack of activities for youth, inadequate medical and dental care due to a lack of medical professionals that accept Medicaid, affordable health insurance, insufficient transportation services, and a lack of respite care resources, especially for families with special needs children. Additional issues of domestic violence and problems receiving

services from both private and public managed care efforts throughout the state were raised frequently. Employment was not raised as a specific need, however the other identified issues act as significant barriers to acquire adequate and consistent employment. Other issues raised dealt with the problems of service accessibility and delivery. Many communities expressed concerns that the lack of a “single point of entry” provided a significant challenge to comprehensive service accessibility. Another commonly raised issue dealt with the difficulties involved in obtaining and/or providing services for undocumented aliens.

Community cohesiveness and leadership were identified across the state as the key factors in determining whether an environment will be responsive to families and whether a stigma is attached to service utilization. Distinctions between urban and rural communities were identified along these lines, with increased responsiveness and community cohesion found in the more rural communities.

In the past two years, in order to complete the Annual Progress and Services Report, a smaller segment of community and agency stakeholders provided information regarding accomplishments and challenges in the implementation of the CFSP. The groups also provided input to any changes in the plan, and confirmed when a goal or strategy had been accomplished.

The Current Stakeholder Committee for the CFSR process has brought back to the table some members of the previous stakeholder committee. This too is composed of community and agency providers as well as adoptive parents, and family advocates. In September 2001 the Committee was surveyed about their knowledge of and participation with Colorado’s CFSP. Just over 50% was aware of the CFSP and only 26% were involved in the development of the plan.

The goals and objectives of Colorado’s PSSF Program are written directly into the CFSP and the local project coordinators with their Community Advisory Councils implement local strategies to accomplish those goals. Therefore, the participants of the projects in 34 counties and one Indian Reservation have direct knowledge of the plan, its accomplishments and challenges.

This Statewide Assessment process has produced a renewed interest in the Title IV-B five-year CFSP. The Stakeholder Committee will continue to provide input to address concerns highlighted with this assessment. It is projected that a statewide advisory commission would emerge from the Stakeholder Committee for continued feedback on the effectiveness of the State Child Welfare System.

2. Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.

Coordination of services with public and private agencies has been strongly promoted by State Child Welfare. Colorado has used Child Abuse Prevention and Treatment Act (CAPTA) funds to promote coordination across systems and has sponsored training and projects that involve the participation of providers from various agencies. The State Institutional Abuse Review Team has been in existence since 1984. It is comprised of professionals from Child Welfare, Mental Health, Youth Corrections, Child Care Licensing, Developmental Disabilities, and Alcohol Drug Abuse Division (ADAD) reviews all reports of investigation of abuse of children in 24 hour out-of-home care settings to determine adequacy of investigations and recommend needed corrective action as well as assess the presence of overall safety on licensing concerns. In 2000, the team

reviewed 520 reports, made recommendations to the respective county department and utilized the Division of Child Care 24-Hour Monitoring Team to follow up with corrective action or further investigation.

County departments receiving 50 or more reports of child abuse or neglect per year are required to utilize multi-disciplinary child protection teams (CPT) to review the findings of the counties' investigations of each report. Through CAPTA funds, a two-day state training conference for CPT members is held to improve their knowledge and skills in reviewing cases for safety issues and safety planning. Over 300 multidisciplinary professionals who are members of CPTs participated in the statewide training.

County caseworkers rely heavily upon information provided by other community agencies and professionals in the reporting of suspected abuse and neglect. In order to ensure accuracy of recognition and reporting of child abuse and neglect, CAPTA funds have been used to sponsor training for Colorado professionals, para-professionals and advocates from across various disciplines and agencies. The training improves the accuracy of recognition of child abuse and prevents the reporting of situations that might not be appropriate for investigation. Participants have been able to participate in the six 4-hour satellite downlink conferences provided through the University of Maryland.

Coordination and linkage with community agencies and citizens is also supported by CAPTA funds. To support county departments forming partnerships in the community, joint technical assistance and training of county departments, community agencies and citizens has been sponsored. Again, AEC, through the Family to Family Initiative, in conjunction with State Child Welfare, Denver and El Paso Counties, firmly supports the creation of community partnerships in order to secure increased resources. The initiative works jointly with community partners to increase the supply of family foster care providers address the needs of families in a culturally relevant manner and to maintain family and community connections for children.

Social caseworkers in Colorado do not have the authority to place a child out-of-home without a court order or the assistance of a law enforcement officer. For the immediate protection of a child, coordination between the County Department and the local legal entities of local law enforcement, district attorney, and judicial district is critical. To address this issue State Child Welfare sponsors the Colorado Children's Justice Task Force. The Task Force is comprised of 20 volunteers who represent professions or agencies involved with children's issues that are encompassed within the Colorado Children's Code and Criminal Code. The Task force meets quarterly to do a comprehensive review of current practice and statutes regarding the judicial and administrative handling of the investigations of child abuse and neglect, and to make recommendations for improved coordination between Child Welfare and the legal entities concerned. The Task Force has addressed issues in the following areas:

- Investigation
- Administrative
- Judicial
- Legislative reform
- Model programs

Through the county departments, the Core Services Program, offers mental health and substance abuse services for parents and children at risk of being placed outside of their home. A PAC provides the oversight of the Core Services Program. State policy requires the county

departments to contract with the local community mental health center (CMHC) or managed care organization for these services. Core Services programs have also attempted to work with local school districts for the provision of day treatment programs for children in need, or at imminent risk of being placed out of the home.

The PSSF Program has required each area of the state receiving PSSF funding to have a Community Advisory Council that oversees the services being provided by the local project. The primary responsibility of the Council is to promote coordinated services and prevent duplication. The Council also is intended to address issues with service accessibility and delivery. The intent is not to reinvent services, but to look at what is available and to provide feedback to make the service system more effective as well as more culturally responsive for families and children in that area.

State Child Welfare has also coordinated with the Office of Self-Sufficiency to use TANF funding for prevention and intervention services that will allow a child to be cared for in their own home or the home of relatives.

Although not considered a “service,” families involved with county departments are often in need of child care. State Child Welfare and the Division of Child Care have authorized the Special Circumstance Child Care Program. Based upon the family’s income, the county departments are able to partially assist families with this cost. In other circumstances, TANF funding has been used to assist families.

The Domestic Abuse Assistance Program (DAAP) is administered through Child Welfare. DAAP, the Division of Self-Sufficiency, and the Colorado Coalition Against Domestic Violence collaborated to provide eight regional training sessions on Colorado Family Violence Options. Social services caseworkers, self-sufficiency technicians, domestic violence victim advocates, and other administrators and directors attended the sessions. Child Welfare has made many strides to coordinate the joint training sessions to encourage coordination of services between county departments and community-based Domestic Abuse programs and shelters. The curriculum *Discover the Difference You Make* was sponsored by State Child Welfare to promote more coordination between Domestic Abuse Programs and Child Protection Services.

The Transitional Living Pilot Program is a collaborative with Runaway and Homeless Youth shelters – Volunteers of America, Family Tree and Urban Peak. The Program targets former youth in foster care to provide case management, IL services including assistance with housing, without needing to re-enter the social services system. The Division of Child Welfare and the Supportive Housing and Homeless Programs (SHHP) was awarded a Family Unification Program HUD grant for former foster youth. The program is designed to provide 18 months of Section 8 vouchers and case management services to young adults, 18-21, that were in foster care on or after their 16th birthday and are either homeless, are in substandard, overcrowded, or temporary housing.

In response to sharp increases in child welfare costs, Colorado entered the managed care arena in 1997. Senate Bill 97-218 increased the focus on performance and outcomes while providing counties with a much greater degree of flexibility in the use of funds than they had in the past. County departments were given the ability to retain unspent general funds resulting from improvements in performance and use them to add to their array of services. In addition, they were permitted to waive certain rules and regulations and negotiate a limited number of rates and payment methods with providers. Senate Bill 98-165 allowed other counties to enter into

managed care agreements with CDHS beginning in SFY 2001. Currently, the State has Memorandums of Understanding with 5 County Departments to operate under the Managed Care agreements. The counties involved are Arapahoe, Boulder, El Paso, Jefferson and Pueblo. In addition to being held to achievement of the agreed upon outcomes, the ARD reviews case records of children both in out-of-home care and those living at home.

Although many efforts have been attempted to facilitate the coordination of services, the Stakeholder committee provided feedback indicating that only 26% perceive this coordination working while 67% do not believe it occurs. Across the state, the perception of how well county departments coordinate with other agencies ranges from excellent to poor and appears dependent upon many variables. It has been reported that Mesa and Bent Counties have established processes whereby advocates, parents, and representatives from different disciplines meet regularly to address the effectiveness of the child serving system and discuss concerns as well as the implementing resources that are responsive to families and children. Factors identified that present challenges include:

- Caseworker attitudes
- Lack of knowledge of what another provider does resulting in inappropriate referrals to community based agencies
- Lack of trust around the attitude and expertise of community providers
- Perceived “power and control” needs of county department caseworkers
- Overworked caseworkers have difficulty participating with community agencies for family-based case planning
- Difficulty receiving services from the community based mental health agency.

Clearly, the State has made efforts to facilitate and require coordination of services with community public and private agencies. Although this has worked in some areas of the state, continued efforts, initiatives, and technical assistance must address the ongoing issues at the local level. Research has shown that coordination works best when communication and trust exist between the two agencies attempting to work together. It has also been documented that a common vision and mission for the coordinated effort needs to exist. In the areas where coordination is working it appears that this common mission and vision exists.

3. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

In Colorado, county departments of human/social services are agents of the state to provide title IV-E and IV-B functions. The State Division of Child Welfare maintains contracts signed in 1991 between the Southern Ute Indian Tribe and the Ute Mountain Ute Indian Tribe. These contracts allow for the pass through of federal Title IV-E funds for the placement costs of children who are Title IV-E eligible. The Tribes agree to provide a full-range of child protection services. The State Tribal Liaison completes reviews on a periodic basis to monitor compliance with ASFA and IV-E requirements.

State Child Welfare funds Title IV-B services provided via PSSF. Depending upon the fiscal agency in each area receiving services, the state has either a Letter of Agreement with the county department of human/social services or a contract with a community-based agency. The agencies receiving the funds submit a yearly plan of services. The plan must reflect the requirements of

PSSF and must connect to the outcomes of safety, permanency and child and family well-being. Local programs report their accomplishments semi-annually and these are reported within the Annual Progress and Services Report. El Paso county contracts with CPAs for IV-B function.

CAPTA provides funding in line with the following guidelines for the improvement of services for families and children:

- A. The intake, assessment, screening, and investigation of reports of abuse and neglect
- B. Creating and improving the use of multidisciplinary teams
- C. Case management and delivery of service provided to children and their families
- D. Enhancing the general child protective system by improving risk and safety assessment tools and protocols
- E. Developing, strengthening, and facilitating training opportunities and requirements for the individuals overseeing and providing services to children and their families through the child protection system
- F. Developing, and facilitating training protocols for individuals mandated to report child abuse or neglect.

The outcomes and expectations are specified in separate contracts with providers of training, or agencies providing a service. These contracts are monitored through reports submitted to the State Program Administrator and are described in the Annual Progress and Services Report.

4. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

The Department developed policies and procedures to implement the ICWA when the Act was enacted in 1978. Since that time the State has revised its Volume 7 procedures to ensure that all 64 counties meet the requirements to protect the rights of American Indian Families. Colorado has since the early 1970's had Tribal Agreements with both the Southern Ute Tribe and the Ute Mountain Ute Tribe. These agreements set forth-working policies that encourage cooperation and collaboration on requirements of the Act. Colorado's ARD also asks specific ICWA questions for every child who is being reviewed. A Colorado Indian Child Welfare Training Participant Manual was issued in June 2000. This Manual was prepared under a cooperative agreement with The State of Colorado, The National Resource Center for Organization Improvement, University of Southern Maine and the National Indian Child Welfare Association, Portland, Oregon.

For Calendar Year 2000 county departments identified that 361 or 2.61% of the children in out-of-home care were American Indian. Colorado has a comprehensive Administrative Review System that periodically reviews every child who is in out-of-home care. To provide quality assurance and assist in Colorado's compliance with ICWA requirements, the following questions are asked for every child who has an Administrative Review:

- A. Is the child/youth Native American?
- B. For a Native American child/youth have all potential tribal courts of jurisdiction received appropriate notification that: a) a Native American child is in need of foster care, and/or b) termination of the parent-child relationship is imminent, and/or c) a change in placement occurred?
- C. Has the Native American order of preference for out-of-home placement been followed?
- D. Was the tribe notified of this court ordered Administrative Review by registered mail at least two weeks prior to this review?

CDHS also has working relationships with the following entities that serve urban American Indians: the Denver Indian Center, the Denver Indian Health and Family Services and the Denver Indian Family Resource Center. The Department provides through an annual contract with the Denver Indian Center the purchase of office space and salary for the director's position. This director is hired by the Denver Indian Center to provide culturally sensitive services. The county departments work collaboratively with the Denver Indian Health and Family Services and the Denver Indian Family Resource Center to serve families in the metropolitan area.

The Denver Indian Family Resource Center which has been funded by the Casey Family Programs is a resource to assist American Indian families in receiving culturally competent services. The staff of the Center are active advocates and collaborate with metro county and state staff to improve child welfare services to American Indian families and children.

All rights and privileges afforded to other parents and children are applicable to American Indian parents, Indian Custodians and American Indian children under the jurisdiction of county departments of social services.

The 2000 census data for Colorado indicates that there are 44,241 residents who identify themselves as American Indian and Alaska Native. Those residents 18 and younger totaled 13,143. Additionally, 28,982 residents reported themselves as primary race Hispanic or Latino and American Indian or Alaska Native, with 7,929 being 18 years or younger.

Colorado Trails allows counties to enter tribal enrollment information. A total of 893 (1.63%) of the entire caseload were listed as American Indian or Alaska Native. As of Calendar Year 2000, 361 children in out-of-home care have been identified as American Indian.

Many caseworkers, county attorneys, and some judicial officers have provided feedback on a survey conducted by the Federal Project "UPLIFT" (Understanding Permanency Lessons In Future Teamwork) that they need more specific information on ICWA. The lack of specific names, email addresses, and contact numbers for the tribal courts and social services have delayed the court process. The Department has also now included in their web page the appropriate names, addresses, fax numbers, telephone numbers and email addresses (when available) for regional tribes. The *Colorado Trails* automated system has a list of all federally recognized Tribes, which will be utilized by caseworkers

Judicial Staff at The Judges Conference in the fall of 2001, indicated that they wanted to collaborate with CDHS to provide training on ICWA. This training is being planned for the summer of 2002.

An Indian Child Welfare Task Force was created in the fall of 2000. The Task Force was formed to address concerns voiced to the United States Justice Department that Colorado was not in compliance with ICWA. Task Force members and other professionals were concerned that because of the turnover of workers and lack of American Indian cases in rural areas, expertise is lacking and there are areas not in compliance with ICWA. Over the last two years Colorado has been updating training and practice materials regarding ICWA. Additionally, there are efforts to develop cross systems training to ensure that attorneys, county staff, court staff and others involved in serving American Indian children and families know what resources are available. Lists of these resources, ICWA trainers and expert Indian witnesses are being developed and

shared with county staff. With the new *Colorado Trails* system and continued ARD reviews it is anticipated that Colorado will eliminate some of the compliance issues. Additionally, the ICWA Task Force is working on the development of a checklist of ICWA requirements to assist workers to comply with the Act.

The mission of the Colorado ICWA Task Force is to promote Colorado's ongoing full compliance with ICWA, in both the letter and spirit of the law. Therefore, in order to enhance the well being of Indian children and families, the mission includes both the technical application of the law and the delivery of culturally responsive services. The mission will be facilitated through a collaborative and open process among American Indian community members, state, county, and tribal and community child welfare administrators and providers, judiciary personnel and other child welfare advocacy and service providers. The Task Force has five workgroups, which are addressing various areas to improve implementation and compliance with ICWA. The workgroups:

- Increase the responsiveness of Child Welfare to American Indian families through increased and improved competence of child welfare caseworkers.
- Increase the responsiveness of the judicial system to requirements of ICWA and needs of American Indian families and children.
- Increase opportunities for American Indian children to maintain cultural ties through out-of-home placements with extended family, tribal or other Indian homes.
- Assure that American Indian children and families are offered active rehabilitative effort that is culturally responsive.
- Strengthen relationships between public, private, and tribal child welfare agencies.

Some of the work group's accomplishments to date include information on ICWA that was revised in the new worker Core Training. Information on ICWA was interlaced and integrated into the CD-ROM training. The Child Welfare Practice Handbook was updated regarding ICWA. The ICWA section of the Judicial Guide for Child Welfare was expanded to include legal practices and Federal ICWA law cites. The Bureau of Indian Affairs guidelines will be added to the Judicial Guide.

A collaborative effort with several entities resulted in a two-day "train the trainers" training on ICWA. As a result there is now a list of trainers who are available to county departments, court personnel and other groups to train on ICWA. There have already been several trainings to various units of county departments and legal personnel. Another benefit of the Task Force is some counties are identifying attorneys who are experts on ICWA and can assist workers to expedite the Indian children's return to the appropriate Tribal court. The ICWA Task Force and work groups are still meeting and it is expected that there will continue to be additional modifications to Colorado's implementation and training on ICWA.

From surveys done across the state, promising practices were identified in Montezuma County where the local Department of Social Services works well with the Ute Mountain Ute Tribe and Southern Ute Tribe to appropriately identify American Indian children.

For the most part, how well identification of Indian children is done seems to be case specific with regard to individual caseworkers. The training provided for caseworkers, attorneys, and judges has been effective and has been opened to include other agencies. Areas where the training needs to be expanded include the need for flexible funding to provide non-traditional

services for American Indian children and more information in the area of culturally appropriate services for American Indian children and their families.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

- 1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*

The CDHS in the Divisions of Child Welfare and Child Care have maintained standards for foster homes and residential facilities for many years. The first statute authorizing the Department to write standards was passed in 1963. It defined and authorized the Department to write regulations for family foster homes, specialized group facilities, RCCFs and adoptions. There have been many changes to the standards over the last forty years.

The current law governing the licensing and certification of foster homes and residential facilities is found in the C.R.S. 26-6-101 through 26-6-117 and is entitled the *Child Care Licensing Act*. Statute 26-6-102 defines the type of foster homes and facilities; 26-6-104 requires foster homes and residential facilities to be licensed; and 26-6-106 lists the topical areas for which the State Department has the authority to develop standards.

Foster home certificates are currently issued for three years. This was a law change that occurred in 2000. Legislation in 2001 changed the length of time for a certificate. Foster care certificates will change to a one-year certificate when *Colorado Trails* is able to accommodate a one-year time limit. Specialized Group Facility and RCCF licenses are permanent. The State changed to permanent licensure in 1995. The Department believes strongly in a participatory licensing process and involves as many interested parties as possible when writing regulations.

In 1996 the Department developed *Quality Standards for 24 hour care*. This was an effort by the Department to develop standards that applied to more than one type of out-of-home care provider. The regulations that were developed addressed common areas that applied to all of the types of programs, such as discipline, children's rights, religion, education, community participation, physical restraint, food and nutrition, clothing, personal belongings, and training and orientation of both foster parents and facility staff, etc. The regulations were developed with input from the Division of Child Welfare, County Departments, CPAs, and community members, including a parent of a child that had been in out-of-home care. These regulations marked the first time the Department had attempted to say that there were standards that affected children in out-of-home care that should be the same whether the child was in foster care, specialized group care or RCCF. Individual sets of regulations for foster homes, specialized group homes and RCCFs contain specific facility requirements, staff/personnel requirements, and any other standard that is specific only to that type of facility. Regulations for these three types of out-of-home care are updated and reviewed at least every three to five years and more often as there are changes in federal and state laws.

Colorado has had standards for assessment required for relative homes since 1995, and since 1997 have had a special category of Family Foster Care called Certified Kinship Care, with certification and service requirements designed in rule specifically to promote safe kinship care. A kinship care advisory group was formed to give input to what standards should contain. The

advisory group was comprised of representatives from the county departments of social services, State Child Welfare staff, kinship caregivers and trainers.

In response to the federal requirement for the application of the same standards for all family foster homes including relative homes, the Department began working on combining the kinship foster care regulations and the regulations for non-relative foster home providers in the spring of 2000. The Department established a committee to complete the process including staff from the Division of Child Welfare and the Division of Child Care, county department representation, CPA representation, a kinship foster home provider and a non-relative foster home provider. The committee worked to understand and implement the federal legislation, while at the same time ensuring safety in all foster homes, but not overburdening kinship home providers. This issue was further complicated in Colorado because of a legislative Foster Care Interim Committee that occurred in 2000 and had a strong focus on safety in foster care. The Department felt strongly that it could not lower regulations for non-relative foster homes but needed to be sensitive to the issues of kinship care. The Division of Child Welfare and the Division of Child Care were co-leads on this project. The standards became effective February 1, 2002. A State Appeal Panel will review exceptions to any non-safety standards on a case by case basis.

Following the legislative Foster Care Interim Committee, regulations were passed requiring that private CPAs use the same criteria when completing a family assessment as county departments. The State Department throughout the years has worked very closely with CPA's and county departments on the requirements for certifying authorities. With the passage of the family assessment regulations, the requirements certifying authorities must follow when certifying and monitoring foster homes are almost identical.

Adoption standards exist for both county departments of social services and private adoption agencies that may be involved with the adoption of children in the care and custody of a county department. The standards for these two agencies have also been in place for many years. The Division of Child Welfare is responsible for writing and enforcing standards for county departments to follow. The Division of Child Care is responsible for writing and enforcing standards for private adoption agencies. The standards differ because private adoption agencies also complete private domestic and international adoptions.

In 1998 Colorado implemented the Single Assessment for Foster and Adoptive Homes in order to expedite the adoption of foster children by their foster parents. There is a single application; the home assessment includes items such as Social History/Background, Current Status of the Family, Transracial Assessment, Child Safety and Well-Being, etc. Medical forms are the same for both foster care and adoption. *Colorado Trails* has specific requirements that must be entered into the system before a family is approved for adoption. These requirements relate directly to Colorado's policies regarding adoption. The requirements are CRCP check, Child Protection check, Colorado Bureau of Investigation (CBI) check, health evaluations and applicant interviews (individual and joint if appropriate). All adoptions in Colorado are a legal procedure through the District Courts. Colorado's Children's Code under 19-5-207 requires written consent and a home study report for public adoptions. The statute is very specific as to what must be included in the report such as physical and mental health, emotional stability, and moral integrity of the petitioner and the petitioner's ability to promote the welfare of the child. Also the court requires a criminal records check and the results are to be provided to the court.

- 2. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

The Division of Child Care is responsible for inspecting, licensing and monitoring RCCFs that serve children in the State's care or custody. The Division maintains visit statistics on the number and type of visits that are made to residential facilities. In each of the visits made, the State's licensure standards are applied equally.

Visits to family foster homes are completed by county departments of social services and private CPAs. The Division of Child Care monitors private agencies to determine if standards for foster care are being applied equally. However, no data is kept in this area.

County departments are responsible for applying standards equally to the foster homes they certify. The Division of Child Welfare conducts periodic audits of the counties to determine that standards are being applied equally. However, no data is kept by the State in this area.

Same standards for both kinship homes and foster care homes were adopted by the CDHS Board and went into effect February 1, 2002. After that time the State will have the ability to collect data and to monitor the quality and effectiveness of the State's uniform application of standards to both kinship care and regular foster care.

Adoption standards have been developed by the State and are to be used by all County Departments of Social Services throughout the State. The State Division of Child Welfare conducts periodic audits of the counties to determine that standards are being applied equally. However, no data is kept by the State in this area.

- 3. Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

Colorado has required CBI criminal background checks on foster and adoptive parents since 1990 and kinship providers since 1998. In addition, Colorado requires applicants who have lived in Colorado for less than 24 months to complete a Federal Bureau of Investigation (FBI) criminal background check. These criminal record checks also include adults over the age of 18 living in the home. In September 2000, Colorado required that criminal record checks be received prior to the placement of a child in the home.

The exception to the above policy is for emergency "child specific" and kinship care placements. These placements are defined as where the child has an existing relationship to the provider. The exception has been made in order to meet the best interest of the child by allowing for immediate placement with family or friends and to not force the child to make a subsequent move. The exception requires that the department obtain fingerprints at the time of placement.

Although these requirements equally apply to public as well as private foster and adoptive families, the process varies. For public foster and adoptive families, the county department obtains and transmits the fingerprints and receives the findings. Private agencies obtain and submit the fingerprints and receive the findings. The CDHS receives "hit" information on county

and private homes. Fingerprints are scanned into a central database so that if there are future arrests, CBI transmits that information to the public and private agencies, as well as CDHS, creating a flagging system which allows the agencies to be notified of the new arrest.

Effective June 1, 2001, Colorado passed legislation adopting language to assure full compliance with ASFA requirements for criminal records checks on foster and adoptive families. Regulations are being promulgated and will be distributed to all county departments within the next few months. Colorado law mandates reasons why foster and adoptive parent applicants shall be denied, including felony convictions involving assault, battery, or drug-related offenses within 5 years prior to application for certification or licensure; a determination of insanity or mental incompetent by a court; or has a pattern of misdemeanors. These reasons are based, in part, on results of the criminal record check.

Foster and adoptive homes require that a CRCP check, CBI check, health evaluation and applicant check be completed before the home can be approved. In addition to these requirements, foster homes must have Core Foster Parent Training, and CPR/First Aid completed prior to placement and/or payment. Colorado sees these requirements as a deterrent to inappropriate applicants as there is a quick turnaround for CBI checks so that it can be reviewed and incorporated in the family assessment.

- 4. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

Recruitment of foster and adoptive parents takes place at the local county level. Many large county departments have specialized positions designed to enhance recruitment efforts. These positions focus on difficult to place children as well as recruitment of homes that represent the ethnic and racial diversity of children in the state. They have developed county specific recruitment brochures, posters, and other creative methods to attract foster parents.

In order to determine Colorado's strengths and deficits in recruitment and retention, the State contracted with American Humane Association to research effective recruitment efforts for Colorado. The 1997 study is titled "Recruitment and Retention of Foster Parents: An Assessment of Colorado's Foster Care Program". Findings from this study provided Colorado with a framework to use in structuring positive recruitment plans.

To implement some of the findings, the State developed a handbook titled "Recruitment & Retention Resources: Adoption/Foster Care". This handbook was distributed to all county departments and contains the following: general information for recruitment, ideas/projects for recruitment, artwork, special populations, education information, and additional resources.

Preliminary data indicates ethnic and racial information for 56% of the foster and adoptive families with an ethnicity match of 6.4% represented. Colorado recognized that there is a need to further enhance recruitment efforts of families that are representative of various ethnic and racial backgrounds. In order to accomplish this, the Division of Child Welfare put forward a budget initiative to obtain funding for a statewide recruitment and retention specialist. The request was approved in 2001. A major task of this person is to address the issue of representation of the ethnic and racial diversity of children.

Adoption incentive dollars were used to contract with a public relations firm to develop specialized recruitment for foster and adoptive homes for people of color and sibling groups that can be used statewide. *Change A Life Forever* is the theme of Colorado's foster and adoptive parent recruitment campaign. In 2001, a web page became active allowing prospective applicants to learn about Colorado's certification process for both foster care and adoption. An instructional booklet was developed that explained the process to become a foster and/or adoptive parent. The CDHS funds a 1-888 number that can be used by prospective foster and adoptive parents to have their specific questions answered.

Colorado sponsored a workshop in October 2001 for county foster care coordinators and adoption workers featuring recruitment and retention activities and strategies. This served as a kickoff to National Adoption Month in November where county staff and state personnel were introduced to the *Change A Life Forever* campaign. Campaign material was distributed to all the county departments that included brochures, posters, bumper stickers, magnets, and a calendar featuring foster and adoptive families, as well as waiting children.

The State actively participates in National Foster Care Month. We believe that recognition and foster parent satisfaction is an integral part of recruitment and retention. At the State Capitol in 2001, the Governor and many local officials issued proclamations of appreciation to foster parents. There was a day when foster parents and foster children could attend a Colorado Rockies baseball game. Public service announcements featuring Governor Owens and sports celebrities were developed and continued to be aired in Colorado

The CDHS funds a liability insurance policy with a private insurance company for family foster homes in Colorado to assist them with catastrophic claims. CDHS has provided surplus computer hardware to the Colorado Foster Parent Association for distribution.

5. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.*

In Colorado, the majority of counties have staff that are responsible for recruiting foster and adoptive families. These families particularly for foster care live within the county and often times in the same communities as the children who need out-of-home placement. Since over 50% of the adoptions are by foster parents these children stay in their own communities. Additionally, Colorado requires that counties conduct a diligent search for relatives. Although not all of the relatives live in close proximity to the original neighborhood these placements ensure continuity for the children within their family community.

Colorado has for several decades placed children in foster/adoption (legal risk placements). This was even before 'concurrent planning' was recognized as being a critical part of the process. This enabled many children who were adopted to remain in their communities. This practice was an out growth of adoption workers seeing children stay in foster care with no permanency because the court process was not expedited as it is today. In 1994 Colorado passed legislation HB 1078 which expedited the permanent placement of children six years and younger and their siblings. The children are required to be in their permanent placement within 12 months from the date they enter out-of-home care.

Other policies that have been implemented allow the Court at the time of initial hearings or anytime afterwards to order parents to provide names and addresses of relatives including absent parents. State policy requires that at the time the motion to terminate parental rights is filed, if there is no identified family, the county must begin recruitment for an adoptive home.

Colorado's ARD asks the following questions, which assist the state in measuring the effectiveness of placement in close proximity to their original community.

- A. Has the child/youth NOT changed schools as a result of being in foster care during this review period?
- B. Does the FSP contain a description of the appropriateness of the placement, including how it meets the child/youth's individual needs? (Including cultural factors).
- C. What is the proximity of the child/youth's current placement to the parents? (For the initial review, at the home of removal; at the re-review, with the parent to whom the child will return.)
- D. For a child/youth placed outside the community or county of their parent(s) residence, is the reason for the location of the placement clearly related to helping the child/youth achieve his or her case plan goals?
- E. If placement change(s) occurred during the review period, were the reasons directly related to helping the child/youth achieve the goals in his/her case plan? (If no, address in written findings)

In SFY 1999 there were 717 adoptions finalized and in SFY 2000 781 adoptions were finalized. Due to coding errors, there is missing data on 82 children in 1999 and 65 children for 2000. The children for whom data is missing have been excluded from the following totals. In 1999 of the 635 finalized adoptions for which data is available, the county placed 152 children with a family that lived in another county in the state. Of the 635 finalized adoptions 55 children were placed and finalized with families living in another state. There were two children who were placed into Canada for adoption. Of the 716 adoptions finalized in 2000 for which data was available 138 were placed into another county and 42 were placed out of state. In 1999 24% of the adoptions were intra-jurisdictional placements between the counties and 9% of the placements were into other states. In 2000 of the 716 children for whom data is available whose adoptions were finalized, 19% of the placements were into another Colorado county and 6% of the adoptions were into another state.

Colorado Statute requires that counties must refer children who are free for adoption to the Colorado Adoption Resource Registry (CARR) for Photo Listing or exclusion. If a child is available for adoption and does not have an identified permanent family, the child is photo listed with the Adoption Exchange. The Adoption Exchange places information on Colorado's waiting children on the Internet. There is a link between the Colorado Child Welfare web page and the Adoption Exchange. In 2000, Child Welfare Services also partnered with the Rose Foundation and Adoption Exchange to create the AFRR. Any family in the United States who has an approved home study for the adoption of children with special needs may register. One of the barriers to the Registry is that there is a \$50 fee to be listed.

Individual counties have established their own recruitment activities. Recently Colorado launched its first statewide recruitment campaign for foster and adoptive parents. We have posters, calendars, and brochures for single parents, foster parents, sibling groups, and specific recruitment for African-American, Hispanic and Native Americans. The web site, www.changealifeforever.org, provides a wide range of information to families who are interested in foster care or adoption.

Colorado has a long history of using radio, television and newspapers for recruitment of foster and adoptive homes. Television has been utilized with *Wednesday's Child* in Colorado and through the Adoption Exchange children have also been on television in Utah and New Mexico. Over the years Colorado has also worked with agencies in Wyoming, Utah, New Mexico and Oklahoma and there have been a number of placements with these states. Also there have been placements with a number of other states and countries. Counties have the flexibility to purchase services from individual providers as well as from agencies. Many of the placements into other counties have been possible because the placing county has purchased the post placement services either from an individual or agency. Some counties have submitted recruitment proposals to purchase services from out of state agencies for some of the children who have waited the longest and have been successful in achieving adoptive homes for several children.

Colorado recently hired a state position for recruitment and retention of foster and adoptive families who will work with the counties and other agencies to develop a statewide recruitment campaign. Utilizing some of the adoption incentive dollars that the state received we have a contract with Ridgewood Associates to develop recruitment materials for single parents, siblings and children of color. Additionally a web page has been created, which provides specific information on how to become a foster and adoptive parent in Colorado. Recruiters across the state will be receiving more support and training to assist them in locating both foster and adoptive families for specialized groups such as teenagers and siblings.

Colorado received incentive dollars for increasing finalized adoptions in FFYs 1998 and 1999. Counties were able to submit recruitment plans for children who had waited the longest for adoption or whose needs were the greatest. \$153,750 dollars were allocated to several counties. Many of those counties purchased adoptive services from private in-state adoption agencies and out of state adoption agencies.

With a statewide recruiter and specific recruitment materials Colorado anticipates that we will be able to approve more families who represent the ethnic and cultural background of the children in out-of-home care.

Section III – Safety and Permanency Data

I. CHILD SAFETY PROFILE <i>Colorado</i>	Calendar Year 1998						Calendar Year 1999						Calendar Fiscal Year 2000					
	Reports	%	Duplic Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed¹	28,573		39,141				28,774		34,110				30,663		35,483			
II. Disposition of CA/N Reports³																		
Substantiated & Indicated	5,120	17.9	7,010	17.9			5,082	17.6	6,989	20.5			5,434	17.7	7,467	21.0		
Unsubstantiated							23,692	82.3	15,693	46.0			25,229	82.3	21,921	61.8		
Other	23,453	82.1	32,131	82.1					11,428	33.5					6,095	17.2		
III. Child Cases Opened for Services⁴									2,407	34.4					2,563	34.3		
IV. Children Entering Care Based on CA/N Report⁵									652	9.3					707	9.5		
V. Child Fatalities⁶					28						32						31	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment^{7,A} [Standard: 6.1% or less]					103 of 3,215	3.20					87 of 2,966	2.93					81 of 3007	2.70
VII. Incidence of Child Abuse and/or Neglect in Foster Care^{8,B} (for Jan-Sept) [Standard: 0.57% or less]					36 of 12,156	.30					55 of 11,957	.46					86 of 11,730	.73

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated,” “Unsubstantiated, Other than Intentionally False Reporting ” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 day year. In earlier years there was only the category of Unsubstantiated

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.
7. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated,” “indicated,” or “alternative response victim” finding of maltreatment within a 6-month period. The number of victims during the first six month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #1.
8. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #2.

Additional Footnotes

- A. The 1998 recurrence of maltreatment numbers were derived from DCDC. Colorado does not have DCDC for 1999 and 2000. Those data are from an approved alternate data source, and documented in an 11-15-01 email attachment from Colorado. The 1998 numbers were also calculated by the alternate method, resulting in: $103/3215 = .032073$, rounding to 3.20%. The DCDC numbers remain the official ones for 1998.
- B. The 1998 maltreatment in care numbers were derived from DCDC. Colorado does not have DCDC for 1999 and 2000. Those data are from an approved alternate data source, and documented in an 11-15-01 email attachment from Colorado. The 1998 numbers were also calculated by the alternate method, resulting in: $36/12,156 = .0029615$, rounding to .30%. The DCDC numbers remain the official ones for 1998.

II. POINT-IN-TIME PERMANENCY PROFILE Colorado	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year	6,006		6,131		6,103	
Admissions during year	7,147		7,183		6,942	
Discharges during year	5,202		5,675		5,512	
Children in care on last day of year	7,951		7,639		7,533	
Net change during year	+1,945		+1,508		+1,430	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	326	4.1	341	4.5	293	3.9
Foster Family Homes (Relative)	793	10.0	773	10.1	858	11.4
Foster Family Homes (Non-Relative)	4,671	58.7	4,456	58.3	4,365	57.9
Group Homes	228	2.9	183	2.4	146	1.9
Institutions	1,543	19.4	1,554	20.3	1,592	21.1
Supervised Independent Living	95	1.2	82	1.1	110	1.5
Runaway	122	1.5	147	1.9	122	1.6
Trial Home Visit	34	0.4	37	0.5	15	0.2
Missing Placement Information	0	0	0	0	0	0
Not Applicable (Placement in subsequent year)	139	1.7	66	0.9	32	.4
III. Permanency Goals for Children in Care						
Reunification	4,453	56.0	3,863	50.6	3,774	50.1
Live with Other Relatives	190	2.4	176	2.3	159	2.1
Adoption	1,205	15.2	1,358	17.8	1,485	19.7
Long Term Foster Care	839	10.6	969	12.7	1,003	13.3
Emancipation	485	6.1	513	6.7	591	7.8
Guardianship	214	2.7	93	1.2	58	0.8
Case Plan Goal Not Established	102	1.3	73	1.0	53	0.7
Missing Goal Information	463	5.8	594	7.8	410	5.4

II. POINT-IN-TIME PERMANENCY PROFILE (continued) Colorado	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Placement						
One	3,095	38.9	2,953	38.7	2,786	37.0
Two	1,903	23.9	1,892	24.8	1,870	24.8
Three	1,108	13.9	1,071	14.0	1,092	14.5
Four	667	8.4	623	8.2	606	8.0
Five	386	4.9	362	4.7	373	5.0
Six or more	792	10.0	738	9.7	806	10.7
Missing placement settings	0	0	0	0	0	0
V. Number of Removal Episodes						
One	5,544	69.7	5,003	65.5	4,898	65.0
Two	1,756	22.1	1,839	24.1	1,806	24.0
Three	519	6.5	561	7.3	582	7.7
Four	105	1.3	161	2.1	171	2.3
Five	21	0.3	53	0.7	58	0.8
Six or more	6	0.1	21	0.3	18	0.2
Missing removal episodes	0	0	1	0.0	0	0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)	2,001	36.3	1,716	35.0	1,637	34.8
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	11.1		11.3		12.0	

II. POINT-IN-TIME PERMANENCY PROFILE (continued) Colorado	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification/Relative Placement	3,718	2.2	4,058	1.8	3,923	2.1
Adoption	328	25.9	295	21.9	173	21.6
Guardianship	64	14.6	52	13.3	73	8.6
Other	881	6.9	953	6.3	887	6.8
Missing Discharge Reason	211	24.5	317	31.0	420	25.1
Missing Date of Latest Removal or Date Error ³	0	NA	0	NA	36	NA
Statewide Aggregate Data Used in Determining Substantial Conformity	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	3,093	83.2	3,478	85.7	3,388	85.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	152	46.3	157	53.2	106	61.3
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	6,860	87.0	7,154	87.5	6,837	86.9
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	1,306	18.3 (70% new entry)	1,438	20.0 (68% new entry)	1,341	19.3 (70% new entry)

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP Colorado	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	2,228	70.0	2,201	68.3	2,229	69.6
II. Most Recent Placement Types						
Pre-Adoptive Homes	82	3.7	70	3.2	64	2.9
Foster Family Homes (Relative)	180	8.1	144	6.5	188	8.4
Foster Family Homes (Non-Relative)	1,266	56.8	1,293	58.7	1,306	58.6
Group Homes	145	6.5	143	6.5	140	6.3
Institutions	436	19.6	429	19.5	430	19.3
Supervised Independent Living	6	0.3	2	0.1	2	0.1
Runaway	91	4.1	82	3.7	80	3.6
Trial Home Visit	18	0.8	25	1.1	16	0.7
Missing Placement Information	0	0	0	0	0	0
Not Applicable (Placement in subsequent yr)	4	0.2	13	0.6	3	0.1
III. Most Recent Permanency Goal						
Reunification	1,671	75.0	1,614	73.3	1,291	57.9
Live with Other Relatives	35	1.6	38	1.7	49	2.2
Adoption	111	5.0	131	6.0	132	5.9
Long-Term Foster Care	21	0.9	28	1.3	19	0.9
Emancipation	55	2.5	38	1.7	44	2.0
Guardianship	8	0.4	3	0.1	10	0.4
Case Plan Goal Not Established	29	1.3	36	1.6	20	0.9
Missing Goal Information	298	13.4	313	14.2	664	29.8

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

1. The FY98, FY99, and FY 00 counts of children in care at the start of the year exclude 214, 278, and 238 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."
2. We designated the indicator, *17 of the most recent 22 months*, rather than the statutory timeframe for initiating TPR proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.
3. Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable
4. This First-Time Entry Cohort median length of stay was 7.4 months in FY98. This includes no children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was not affected by any children with zero length of stay.
5. This First-Time Entry Cohort median length of stay was 3.6 months for FY99. This includes no children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was not affected by any children with zero length of stay.
6. This First-Time Entry Cohort median length of stay is 5.6 months for FY00. This includes 2 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still round to 5.6 months.

Section IV - Narrative Assessment of Child and Family Outcomes

A. Safety

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

1. **Trends in Safety Data.** *Have there been notable changes in the individual data elements in the safety profile in Section III over the past 3 years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State (Refer to page 40).*

Individual data elements in the safety profile remained substantially unchanged over the past 3 years. Child Welfare in Colorado has moved toward a greater safety orientation during this time through statutory, policy and quality assurance improvements. Continued prioritizing of safety as the key consideration for working with Colorado's child welfare population distinguished these three years. Colorado added statutory language to meet ASFA requirements in 1998, which stated that health and safety is the paramount concern in deciding whether to make reasonable efforts, and that a critical goal of maintaining a child at home or placing the child outside the home is safety for the child. The legislation also addressed concurrent planning and other permanency planning reforms.

The implementation of a revised safety assessment and plan, an actuarial risk assessment instrument and a needs assessment instrument increased the consistency and comprehensiveness of child protection investigations during these three years. The NCFAS rates the safety of the family environment (among other domains) before and after provision of services. Counties were mandated to implement beginning July 2000. Colorado's current data collection in relation to these instruments is focused on tracking the extent and consistency of use. Both State Child Welfare and the ARD have tracked the usage of these instruments, to varying degrees. A validation study was completed on the risk assessment in 1999 and beginning in 2001, a validation study is underway on the needs assessment.

Upon receiving a referral, the county department assigns priority in response time using the following timeframes:

- A. On all high risk referrals, the safety and protection issues are addressed immediately and no later than 24 hours after initial receipt of the report.
- B. On all moderate or low risk referrals in which the child's safety has not been secured, the investigation is initiated as soon as possible, but no later than 72 hours after receipt of the report.
- C. On low risk referrals in which the child's safety has been secured, the investigation occurs as soon as possible but no later than 4 working days after receipt of the report.

In addition to the Institutional Abuse Team, Colorado's approach to monitoring out-of-home facilities has expanded to include a Statewide Multidisciplinary Team consisting of Child Welfare, Children's Health and Rehabilitation, Youth Corrections, Child Care Licensing, Developmental Disabilities and ADAD. Known as the Integrated Monitoring Team, the team conducts monitoring reviews of out-of-home facilities when identified risk factors are present. If a critical incident occurred and there is concern for the immediate safety of children, the multidisciplinary Rapid Response Team responds. This team consists of the same agency representatives as the Integrated Monitoring Team.

- 2. Child Maltreatment (Safety Data Elements I & II).** *Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports (Refer to page 40).*

The data indicated a 7% rise in child abuse/neglect referrals investigated and disposed between 1999 and 2000, from 28,774 to 30,663 investigations. Based on data collected manually by the counties, a similar increase was seen in the number of child abuse/neglect referrals received. Referrals were up by 7%, which indicates that the counties continued to screen and assign referrals at the same rate, despite the 7% increase in referrals. Referrals were assigned at 62% of the number received. Manually collected data from 1998 was similar to data from 1999, with 46,462 referrals and 28,573 investigations. A primary contributor to the increase in referrals could be the rise in Colorado's under 18 population. From 1999 to 2000, there was an increase from 1,052,882 to 1,108,157 (5%). Other contributors to the increase includes increased media coverage of child abuse and delinquency issues in 1999, resulting from three suspicious child fatalities within a short period of time and the tragic Columbine school shootings.

State Child Welfare conducts monitoring activities to determine if reports are being appropriately assigned vs. screened out as an important part of an overall quality assurance program. Therefore, State Child Welfare conducts a yearly review of reports not assigned for investigation. In 2000, a state/county workgroup agreed 92% of the time with the county's decision to "not assign". Statewide training provided by ACTION for Child Protection that same year was designed to increase the skill and effectiveness of the 100 county staff members assigned to collect and document child abuse/neglect reports.

There are no significant changes to report in substantiation trends. The rate of substantiated vs. overall investigated incidents has remained constant, with 17.9% of incidents substantiated in Calendar Year 1998 and 17.6% in 1999 and 17.7% in 2000. There were 5,120 substantiations listed in 1998, 5,082 in 1999 and 5,434 in 2000.

In Colorado, decisions about whether to screen out a report and how to dispose of a report are significantly affected by local county policies, philosophy and political influences. Counties interpret substantiation definitions and level of proof differently from county to county. County attorneys carry court filings forward at different rates. Some law enforcement jurisdictions refer families to county departments at a higher rate than others. These differences in values and local practices affect all levels of decision-making, particularly lack of supervision neglect findings and adolescent abuse decisions. No central statewide reporting system or "hotline" exists, so there is a greater variability in numbers of types of reports accepted from county to county.

Counties report a high turnover and vacancy rate in staff. This creates issues in making consistent and reliable substantiation decisions, and may result in frequently redistributing work and an absence of senior level staff to model consistent, informed decision making.

A factor that has influenced decision-making regarding disposition of cases is the CRCP training delivered in SFY 2000. The training was provided to improve the skills and competency of line staff to make disposition decisions, teaching caseworkers to more consistently base substantiation standards on the evidence. Another factor that influences decision-making regarding the disposition of cases is the absence of a county or state review process that monitors substantiation rates and decision making. Therefore no review process to increase standardization of these decisions occurs.

The CPTs are mandated by law to review each report of child abuse and neglect received by the county department. Although advisory, the CPTs influence investigative findings by lending support to the findings. The design of CPTs relies on agency and community volunteers and the amount of work often outstrips member availability. This status does not allow for sufficient review of all reports in a timely manner.

3. Cases Opened for Services (Safety Data Element III). *Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened (Refer to page 40).*

A comparison of substantiation data to services data reveals that Colorado opened for services 34.4% of cases with a substantiated report of maltreatment in 1999, and 34.3% in 2000. The number of children substantiated for maltreatment that received follow-up services is underrepresented because an absence of documentation of the child's I.D. at the time of substantiation later excludes that child from the "case open for services" count. Until February of 2001, Colorado's Child Welfare data was collected using two separate databases, the CWEST database and the CRCP database. The CWEST system collected data related to client demographics and client service information. The CWEST data system tracked a limited amount of information related to child victim/child abuse incident data and carried no data related to perpetrators. The CRCP collects information regarding child abuse incidents, child victims and their family, and perpetrators. The variable used to link these two systems together is the State I.D., a unique identifier that is carried on both the CWEST data system and the CRCP data system. While all children in the CWEST database carry a State I.D. not all victims in the CRCP have a State I.D. Therefore, only children who have a State I.D. on both systems can be accurately described in the context of recurrence. Further, the issue also presents a problem when trying to link children who received Core Services or out-of-home placement due to abuse and/or neglect.

Although the number of children that receives services is underrepresented, some cases with substantiated reports of maltreatment are not opened for services. A number of factors contribute to the decision to not continue involvement. For instance, the assessment may show that, despite the substantiation, the child is safe and his or her permanency needs are sufficiently addressed. In these cases, the family has resolved the issues that required the crisis intervention and short-term services from the department via the intake process.

During the intake/investigation process, families are provided intensive crisis intervention services designed to assess the family's safety and risk status, address immediate issues, and sometimes refer the family to other community agencies for remedial services. A significant part of the work and expertise required in initial intervention is making appropriate and timely referrals to community agencies. This role has expanded as the community programs have expanded. In some cases, counties have developed agreements with community agencies to which the department will refer the family with the understanding that the department is notified if safety concerns arise. Further referral alternatives have been developed through the use of PSSF funds. These funds have been effectively used to support community based initiatives that have developed family advocacy sites. These community-based programs complement the range of services provided by the Department.

Colorado's revised risk assessment model gives counties another approach to deciding whether to open a case, beyond whether a case was substantiated for abuse/neglect. We believe that the implementation of the revised risk assessment instrument in July 2000 improved our capacity to

identify families in continuing need of services, based on a comparison to other families with similar risk profiles. Risk assessment helps counties assure that they provide services to higher risk families and refer lower risk families to community agency providers.

4. Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV). *Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population (Refer to page 40).*

Colorado is committed to preventing the unnecessary placement of children out of the home and to supporting the safe reunification of children who are in out-of-home placement (as described in C.R.S. 19-1-103, reasonable efforts definition). To carry out this commitment, caseworkers determine the risk of harm to children when responding to reports of abuse or neglect and then assess the response required to protect the children from harm. They examine the immediacy of the threat, the degree of harm, and the resources available to control the risk of harm while the family engages in rehabilitative services. Frequently the caseworker's efforts to engage the family and identify alternatives to placement are successful in avoiding placement. At other times, a placement is initiated. According to the Summary Data Component Survey (SDC), 9.3% of children with a substantiated allegation of abuse/neglect were placed in out-of-home care in 1999 (652 children), and 9.5% of children with a substantiated allegation of abuse/neglect were placed in 2000 (707 children). However, as identified earlier, our data underrepresents the number of children substantiated for abuse/neglect that were placed in out-of-home care, due to the absence of documentation of the child's State identifying number at the time of substantiation. Placements of children with substantiated rates of maltreatment occur at up to four times the rate reported here.

Core Services Programs provide a range of services as alternatives to placement for children at risk of placement. These programs empower families to build upon family strengths and support families in learning alternative problem-solving techniques.

According to Colorado's Needs Assessment Strategic Planning Document for SFY 2000-01 the Core Services Program has met the requirement to have some form of the nine basic services available statewide. Colorado provides strong support to the Core Services Program, which is part of the services continuum to provide alternatives to out-of-home placement. The Colorado General Assembly approves authority for General Fund dollars and Federal IV-E funds. Counties have the option to supplement Core Services using TANF funds.

To illustrate the impact Core Services has on reducing the number of children entering out-of-home placement, county data indicates that of the 12,305 children leaving Core Services programs in SFY 1998-99, 82% of the children remained in the home, and of the 12,552 children leaving the Core Services programs in SFY 1999-00, 79% remained in the home. Other data showed that if the children were home when services closed, they tended to remain at home. Over a three-year period, a data analysis from the American Humane Association showed, of these children that remained in the home, only a small percentage of families re-entered the Child Welfare System. Of the 10,913 closed cases, only 8.78% or 958 children had re-opened for Child Welfare Services.

Colorado's ARD tracks the extent to which services/tasks address the needs of children in placement. During SFY 2001, of the 11,205 reviews, 95% of the FSPs contained a description of

the specific services that addressed the child's needs. The identified needs of the child were addressed through appropriate services 98% of the time.

As mentioned in a previous section, placement alternative services are provided through PSSF funding. Its strategy is to provide family support services in a community based setting as opposed to the traditional child welfare environment, thus allowing families to care for and nurture their children, and prevent crises that might lead to out-of-home placement.

Colorado's increasing emphasis on prevention services is a factor in the reduction in the number of children at risk for out-of-home placement, the level of interventions needed if the children are at risk, and the number of out-of-home placements. Community-based programs, including EPSDT, Home Visitation Support Groups, TANF, Child Care, Medicaid, school-based mental health, and the PSSF local sites, offer community-based prevention resources, for at-risk families and children. As a result of the Colorado Managed Care initiative that began in 1997, preliminary data indicates that for three counties that began using a managed care approach in 1997, the mean of children in out-of-home placement per 1,000 child population was 6.1 in calendar year 2000, compared to 10.6 for non-managed care large volume counties.

Data from Colorado's EPP initiative indicates that if children under 6 received EPP services, they were moved home with services or placed in a permanent home more quickly. Of children placed in FY 1998, 81% were residing in permanent homes within 12 months, contrasted to 60% of a cohort group from the year prior to beginning EPP.

Local issues affect this data element as well as disposition data. County administrators report that the range of variability of the court's decision making, from county to county, is a significant factor to consider when examining out-of-home placement data. Differences from county to county or jurisdiction to jurisdiction may be partially due to the court's local viewpoints, philosophies and comfort with family and children's matters.

5. Child Fatalities (Safety Data Element V). *Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues (Refer to page 40).*

The number of abuse or neglect related child deaths has risen slightly over the past three years, from 28 in 1998, to 32 in 1999, to 31 in 2000, as reported in the SDC.

Colorado determines whether a death is abuse or neglect related based on a county caseworker investigating and making a finding. The data is collected from the CRCP listings. Before the inception of the SDC data submission requirements, the number of abuse/neglect deaths statewide was determined by State Department of Health's and CDHS's multidisciplinary Child Fatality Review Team reviews, which occur about 1½ years following the death. Child Welfare now reports based on caseworker findings only, because the multidisciplinary review team decisions were too late to be used for SDC.

Colorado's data on maltreatment death has historically been higher than other states for several reasons. First, Colorado has used a committee process to determine whether the death was abuse/neglect related. Other states have limited maltreatment related determinations to those listed on the CRCP, filed criminally, or those in which a conviction occurred. Secondly, Colorado uses a broad definition for parent or caretaker. To define whether the death was abuse/neglect, the role of the perpetrator must be taken into account. Colorado's definition of a perpetrator includes anyone providing care or responsibility for a child.

With the shift to the use of CRCP listings, the data will reflect a lower number of reported child maltreatment deaths than if the current system continued to be used. This reduction doesn't apply to the last three years; because the numbers reported in 1998 through 2000 included non-substantiated cases that would likely be determined as a maltreatment death by the committee.

The number of suspicious child deaths per year in this State is not sufficient to allow us to draw definitive conclusions about how child welfare practice has impacted the numbers of deaths, but we can speak to statewide systemic issues identified by the State and County Child Fatality Review Team. These issues have been identified at reviews of fatality cases where child protection services were provided to the family within the previous two years. Of the families in which maltreatment deaths were reported in 1998 to 2000, 1/3 of these families had received child welfare services during the previous two years.

Another example of a practice issue is the need for county departments and community agencies to improve coordination of services between agencies. The retrospective reviews have sometimes shown that one agency knew pertinent risk or family functioning information, but failed to communicate the information effectively to other agencies.

6. Recurrence of Maltreatment (Safety Data Element VI). *Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment (Refer to page 40).*

When the SACWIS reports are fully developed through *Colorado Trails*, Colorado will improve its capacity to track and analyze repeat maltreatment data. Problems with child identification numbers affect existing analyses of recurrence data. Children may have had a recurrence, but if either the first incident or the next incident did not include a state I.D. number, that recurrence would not be included in the repetition count, therefore underrepresenting the rates in Colorado.

The recurrence indicator (the percent of children who are substantiated as victims of maltreatment following a previous maltreatment incident) is within the compliance standard. Colorado uses the calendar year child victim files to provide recurrence data. In 1998, 103 children, 3.2% were victims of repeat maltreatment. In 1999, 87 children (2.9%) were victims and in 2000, 81 child victims were reported (2.7%). The national standard is 6.1%. Future analysis of this data will look at the percentage of child victims of maltreatment who were previously provided county services, and examine characteristics of these children such as involvement in prevention services, length of services provided, number of previous referrals and demographics. *Colorado Trails* allows for this analysis, including a county by county analysis, which will help pinpoint factors affecting the maltreatment recurrence rates in Colorado.

Recurrence data is considered a significant outcome indicator to show success of services and specialized interventions. In a county-administered system, counties may use recurrence data to evaluate services, and to enhance modalities with positive outcomes. This is primarily done in specialized family preservation (Core Services) units, with other county department programs using recurrence data on a case-by-case basis rather than in the aggregate. Counties check background information on each family that is referred. Counties check internal records, *Colorado Trails*, and the CRCP for a record of previous involvement. These records allow Counties to see patterns of events including escalation of involvement over time, whether the perpetrators were the same or different individuals, etc.

Counties incorporate historic information into their decision-making as a matter of good practice and policy supports good practice by including “previous maltreatment” as a factor in several required protocols. It is a safety factor in the “response time” decision matrix, a safety factor in the safety assessment, and in the risk assessment, it is used to assist in determining the type and extent of follow-up services to be authorized.

According to county administrators, case-by-case recurrence is a critical element and data is vital to county investigations. Staff members are instructed to review maltreatment histories on all family members including adult services investigations. Counties report that patterns in the circumstances of recurrence are difficult to capture although they identified one recurrence pattern showing that maltreatment may occur over time to the same children by different perpetrators. Some counties report they increase their collaboration with law enforcement and district attorney’s offices on investigations of alleged repeat abuse and those offices often prosecute the repeat cases. A recurrence incident usually increases the level of compliance required of parents involved in D&N petitions. Policy now requires counties to investigate any report of a child welfare concern, when it is preceded with two prior reports on the same family.

- 7. Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI).** *Discuss whether or not the State’s incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or preadoptive placements (Refer to page 40).*

Colorado does not conform to the national standard for this indicator. During the review period, those children in the State who were the subjects of substantiated maltreatment by a foster parent or residential care staff were 0.73%. Children that fall into this data also include children abused in pre-adoptive placements.

Colorado has addressed maltreatment of children in out-of-home placements in a number of ways. County administrators report that they have developed policies that dictate county standards for foster parent performance that are higher than State licensing standards. Some counties have increased their allocation of staff to support foster parents. Others have developed in-house institutional abuse teams. Teams are also used to improve decisions on certifying homes and the numbers and types of children to allow in the homes.

County Departments advise that there is a shortage of foster homes and appropriate residential facilities. Thus they are unable to really look at suitability when they need to place a child in care. Sometimes the available space is not necessarily the best match for the child. The State Institutional Abuse Review Team has noted an increase in the number of incidents of residents in foster care or other care facilities perpetrating either sexual or physical abuse on other residents. This is sometimes a result of having the wrong mix of children/youth in the home or facility. To address these issues, State Child Welfare recently hired a program specialist to head up a statewide effort to recruit foster and adoptive parents to assist in better matching.

A State Request for Proposal (RFP) is being issued to increase resources for adolescents who have severe co-occurring issues. It is anticipated this will reduce the number of youth in inappropriate settings.

As has been mentioned, the State Institutional Child Abuse and Neglect Review Team (The Team) reviews all investigations of abuse and/or neglect in 24 hour out-of-home care settings

and makes recommendations regarding follow-up with the facilities. A 24-hour care State Monitoring Team provides rapid response and an in-depth review of facilities and CPA foster homes in which there has been an allegation of abuse or neglect or where quality of care is a concern.

Recent findings include an increase in reports of residents perpetrating physical or sexual abuse on each other, with a lack of supervision by staff or foster parents. Another trend is overcrowding facilities. Although facilities and foster parents are generally within the requirements of licensing, the needs of the children require more staff or fewer children. A further trend is that many of the reports involve injuries sustained during physical management.

The Team is supporting training of childcare staff and foster parents to learn alternatives to physical management. The Team coordinates annual training to county staff who investigate abuse in out-of-home care.

The Division of Child Welfare provided training to county staff and some CPA staff on Foster Family Assessment through ACTION for Child Protection. This three-day training session and follow-up consultation provides skills and knowledge regarding assessment so that the agencies are selecting foster parents who can provide quality care.

The Division of Child Welfare provided training to county and CPA staff on "Confirming Safe Environments" through ACTION for Child Protection. This curriculum is designed to provide workers with knowledge and skills to assess the safety of a foster home for a child prior to and during placement. The curriculum addresses such issues as the mix of the population in the foster home and other issues. Although Colorado does not use a standardized instrument to continually assess safety of a child's foster home, ACTION for Child Protection provides protocols to assist caseworkers in becoming adept at continual safety assessment. Both "Foster Family Assessment" and "Confirming Safe Environments" are offered on a continuing basis.

Colorado has a full complement of training opportunities for foster and adoptive parents that includes a 12 hour pre-certification training curriculum, a range of child behavior and other family dynamics classes.

The State's efforts to increase the quality of care by providers includes kinship care homes since Colorado conforms to the federal requirement that kin and non-kin have the same certification standards. Counties also make available support, resources, and education to promote safety and well being in kinship care homes.

Through a grant from the Rose Foundation, the Department is studying other variations of foster care, which could assist in reducing maltreatment by providing better support. The study recommends site visits to the Hull House and SOS Villages.

The State recently became a site for the AEC Family to Family Initiative, which also addresses recruitment and retention of foster homes within a community base of support. This initiative would provide for more homes as well as more support to the homes recruited. Both areas could assist in reducing maltreatment.

8. Other Safety Issues. *Discuss any other issues of concern, not covered above or in the data profiles that affect the safety outcomes for children and families served by the agency. (Refer to page 40).*

A central issue to effective casework practice in Colorado is the use of the newly mandated safety assessment and plan. Since quality casework intervention begins with safety assessment, the State mandated use of a safety assessment instrument in July 2000. The instrument is used at point of first contact with the alleged victim and safety planning is emphasized throughout case practice. Dependent on the results of the safety assessment, caseworkers complete a safety plan, either removal of the child to a safe environment or in-home planning, if sufficient family or community resources exist. Use of the same assessment and plan is required when considering reunifying a child with his or her family and as part of the agency response to additional crises.

Colorado will be looking at whether the safety protocols, in combination with the revised risk instrument and the needs assessment instrument, are making a difference in the safety of children and families. Following completion of the development, initiation and training stages in the implementation of these instruments, the focus has now shifted to identifying implementation needs in the county departments, and meeting those needs, either through consultation, further training, or modification of policy to better fit the casework process.

Especially relevant to the State's current profile that has emerged from safety and permanency data is the question of whether safety assessment/planning can assist in reducing the rate of reentry into placement. Although the data points to issues other than another abuse or neglect incident as the reason for reentry, we theorize that increasing the focus on the safety issues that arise at reunification should support maintaining the child in the home, therefore reducing reentry rates. Such issues include identifying what supports are available to the family in terms of stress, use of respite care when needed, planning for relapse, etc.

Training continues to support Colorado's enhanced focus on safety. The Basic State Child Abuse Grant is funding hands-on consultation for county departments with a focus on safety assessment and safety planning. ACTION for Child Protection staff goes on-site and work with child protection staff. The caseworkers identify what they want to learn to improve their skills and sense of competency. The ACTION staff goes several times until the staff feels improvement in their identified areas. The feedback has been very positive. Caseworkers feel this is an excellent way to develop a knowledge base and skills. In a small group learning environment the consultant focuses on their expressed needs rather than what someone else has determined they need. Consultation is also provided to county child welfare staff through IV-E training dollars and the use of contractual specialists.

B. Permanency

Outcome P1: Children have permanency and stability in their living situations.

Outcome P2: The continuity of family relationships and connections is preserved for children.

- 1. Trends in Permanency Data.** *Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past 3 years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State (Refer to pages 43 through 48).*

Over the 3 year span, the Point in Time Foster Care Population has decreased from 7,951 to 7,533. This would indicate that children in families receiving in-home services are prevented from entering foster care, thus remaining at home, or children are reunifying and moving into other forms of permanency more quickly thereby reducing the number of children in foster care.

It is notable that there is a continuing decline in the rate of the permanency goal of reunification and a nearly concomitant increase in the rate of the permanency goal of adoption in the point in time population. The data shows a 5.9% decrease in the percentage of children with a permanency goal of reunification coupled with a 4.5% increase in the permanency goal of adoption. It is believed that these changes reflect the impacts of:

- ASFA and the expansion of Colorado's EPP Program requiring that children under the age of 6 at the time of filing a D&N motion be residing in their permanent homes within one year of removal. The ASFA emphasis on safety for children and timely permanency likely results in fewer children able to reunify with their families of origin.
- In addition, in FY 1998, counties were block granted and funding increases may not have kept pace with caseload growth. This, combined with Welfare Reform and an increased focus on early intervention and prevention might have reduced the number of children who entered foster care and would have been reunified, thereby contributing to the decrease of reunification as a permanency goal.
- Chief Justice Directive 96-08 was issued in December of 1996 requiring courts to order parents to identify relatives to be considered for placement. This directive was later enacted as law in the 1999 session of the Colorado General Assembly. With the early identification of relatives, it is more likely for a child to get a relative placement. The early identification of relatives decreases the number of adversarial situations in which a child has made an attachment to a foster parent who wishes to adopt and a relative who comes forward later in a case with a request to provide permanently for the child. Although there is no data specific to this factor, we believe that this results in earlier kinship placements and fewer delays in adoption due to contested custody disputes between foster parents and relatives.

Additional factors include:

- An increased focus and training on adoption as a permanency goal for adolescents.
- The decrease in the use of guardianship as a permanency goal is likely explained by a change in state policy in 1998 in response to ASFA which clarified that guardianship as a goal must be self-sustaining and cannot be used when funded by foster care with legal custody continuing with the county department.
- The notable increase in the rate of long term foster care as a permanency goal from 10.6% in FFY 1998 to 13.3% in FFY 2000 correlates with the decrease in the use of guardianship as a permanency goal. A September 2000 ad hoc report from CWEST shows males are represented in this population at a higher rate than females. The majority of the children who have long term foster care as a goal fall in the age range of twelve through sixteen; i.e. 61% of the children with long term foster care as a goal in FY 1998. In FFY 1999, the percentage was 65.3% and in FFY 2000, the percentage increased to 70.2%. During the same time period, the use of long term foster care as a goal decreased by 7.5% for children under the age of twelve.
- Twenty-five Chafee Counselors/Contacts staff these service areas. The urban areas are able to staff counselors at 100%. The outlying departments must rely on workers who specialize in other areas to provide IL services. The State department provides technical support while supporting direct service provision systems to support children and youth identified to emancipate from the foster care system. being provided at county levels. The Division of Child Welfare is committed to educating the community about adolescents in foster care and partnering with the community to provide and create support.

The data from the cohort group of children entering care for the first time shows a similar pattern with reunification as permanency goal predictably being higher. In FFY 1998 reunification was the goal for 75% of the children, then declining to 73.3% in FFY 1999 and down again to 57.9 % in FFY 2000. The rate of adoption as a goal increased from 5% to 6.0% in FFY 1999 to 5.9% in FFY 2000. For the cohort group the missing goal rate increased from 13% in FFY 99 to 26.74% in FFY 2000. This likely related to a coding issue wherein counties overlook changing the permanency goal from remain home after some children have been removed from their homes and may also use Remain Home as a goal when the court grants custody to relatives. Since this is not a valid AFCARS code, it would be recoded as missing.

Live with other relatives as a permanency goal is identified in a small percentage of cases with ranges from 1.9% to 2.4% for both groups. The goal of live with other relatives is subsumed into the adoption, guardianship, and other planned permanent living arrangement (AFCARS long term foster care) goals. There is a policy shift encouraging counties to make relative placements permanent through adoption including subsidies when appropriate or through guardianship/permanent custody through TANF and Medicaid.

The data related to trends in permanency will be used to identify the need to develop more effective programming, policy and practice development. The data is brought to the statewide Child Welfare Advisory Group comprised of local administrators for discussion, interpretation, and consultation prior to issuing new policies and to seek support for practice innovations.

2. **Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I).** *Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes (Refer to pages 43 through 48).*

There was a 1.9% increase in the number of all children in Colorado from 1,052,882 in 1998 to 1,108,157 in 2000 and an increase in overall caseloads for this time span from 52,893 in CY 1998 to 54,709 in CY 2000. Despite this, when compared to calendar year reports from CWEST there were slightly fewer children in foster care on the first and last days of FFY 2000 when compared to FFY 1998.

Holding the line on the number of children in foster care may be due to the strong ASFA emphasis on timely permanency as well as the expansion of Colorado's EPP Program from 16 counties in FFY 1998 to a total of 34 counties and their Judicial Districts in FFY 2000. In 1994, the Colorado General Assembly enacted legislation requiring expedited court procedures and the placement of children under the age of six into their permanent homes within one year of removal. The state was given until 2004 to implement the program statewide. Another factor is 1997 legislation that changed the State's reimbursement to counties for child welfare services to a capped allocation. Thus counties are now responsible for expenditures over their allocation, which is a financial incentive to be certain that placement is absolutely necessary.

Colorado ensures that children entering foster care are only those whose care and protection cannot be met in their own homes through the following statutes and policies:

- C.R.S. 19-3-208

(1) Each county or city and county shall provide a set of services, as defined in subsection (2) of this section, to children who are in out-of-home placement or meet the social services out-of-

home placement criteria and to their families in the state of Colorado eligible for such services as determined necessary by an assessment and a case plan. ...

(2) (a) "Services" shall be designed to accomplish the following goals:

(I) Promote the immediate health and safety of children eligible for these services based upon the case assessment and individual case plan;

(II) Reduce the risk of future maltreatment of children who have previously been abused or neglected and protect the siblings of such children and other children who are members of the same household who may be subjected to maltreatment;

(III) Avoid the unnecessary placement of children into foster care resulting from child abuse and neglect, voluntary decisions by families, or the commission of status offenses;

(IV) Facilitate, if appropriate, the speedy reunification of parents with any of their children who have been placed in out-of-home placement;

- *C.R.S. 26.5.5103*

"Family preservation services" are defined to mean assistance that focuses on family strengths and includes services that assist families by providing alternative problem solving techniques, child-rearing practices, and responses to living situations creating stress for the family.

- *C.R.S. 6-5.3-103(2)*

States "such services are to be provided to children "at imminent risk of being placed out-of-home". This means that without intercession a child would have been placed out of the home immediately. Core Services are provided to children at imminent risk of out-of-home placement and their families.

The CAC assesses for safety, risk and needs and identifies elements of strengths within the family as well as needs of the families for service. The NCFAS also pinpoints those families wherein children are able to safely remain in home with appropriate services and those wherein children whose safety requires entry into foster care. The Colorado Client Assessment Record (CCAR), a mental health assessment, has been used for several years to determine the need for residential treatment and is also used to determine the level of treatment needed. The state is in the process of entering the CCAR data onto a database for more in-depth analysis of the appropriateness of residential placements.

3. Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II). *How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care (Refer to pages 43 through 48)?*

The Point in Time data indicates that in FFYs 1998, 1999, and 2000 the rate of children who were placed in family like placements including relative and non relative family foster homes, group homes, and pre-adoptive families remained constant at 75%.

Colorado statute and policy require that preference be given to kinship placements when a child enters foster care:

- *C.R.S. 19-3-403*

(3.6) ...The court shall advise the parents of the child that the child may be placed with the child's grandparent, aunt, uncle, brother, or sister if in the court's opinion such placement is appropriate and in the child's best interests. The court shall order the parents to provide, within fifteen days after the hearing, the names, addresses, and telephone numbers, if known, of any relatives. The court may order a county department of social services to make reasonable and timely efforts to contact such identified relatives within ninety days after the hearing about placement possibilities for the child unless the court determines there is good cause not to notify

or good cause to delay the notification of such relatives. The court may consider and give preference to giving temporary custody to the child's grandparent or such other relative who is appropriate, capable, willing, and available for care if in the best interests of the child and if the court finds that there is no suitable birth or adoptive parent available, with due diligence having been exercised in attempting to locate any such birth or adoptive parent...

Colorado ensures that when out-of-home placement is necessary, the county department shall determine whether there are available and willing kin to provide for the child.

- The cohort group shows a slight increase over the Point in Time population for the rate of placement in family like settings with a rate of 76.2% in FFY 2000 of the children in family like foster homes. There has been a growing practice for courts to grant the relative legal custody at the temporary custody hearings. Due to this practice, these children exit foster care status within 2-3 days for placement with relatives outside of the child welfare system. This trend supports the federally and locally desired outcome of maintaining continuity of relationships with families and communities. It also jeopardizes FFP for Title IV-E foster care and subsidized adoption if the court later grants legal custody to the county department for the purpose of foster care and/or adoption support for the relative caregiver.
- According to reports from the ARD on statewide averages for compliance to requirements in Volume VII, Federal 422, and Federal Outcomes for SFY 2000, children were found to be placed in accordance with their needs in the most appropriate, least restrictive placements in 99% of the cases reviewed statewide. For SFY 2001, the compliance rate was also 99% statewide.
- Colorado is concerned about the rate of children in institutional type placements such as RCCFs and RTCs. The percentage has crept up from 19.4% in FFY 1998 to 21.1% in FFY 2000 for the Point In Time population. It has decreased minimally for the Cohort Group from 19.6% in FFY 1998 to 19.3% in FFY 2000.

The following factors contribute to this rate of placement in institutional type settings:

- The number of group homes in the state has declined since 1999. This has a negative impact in meeting the needs for children in need of non-institutional settings as well as for those who need a place for step down when they are not transitioning directly into their permanent homes when institutional treatment is completed. Therefore some youth are placed in institutional settings when their needs could be met in a group home setting. A broad-based Placement Advisory Workgroup including representation from state and local, public and private agencies, all of whom play a role in the area of child placement was formed in November 2001 to examine various issues including the continuum of out-of-home care and will focus on the gaps and duplications.
- The rate includes children/youth placed in short term shelters and crisis centers where they are allowed to remain for no longer than 60 days.
- A shift from more restrictive placements such as hospitalization to residential treatment programs occurred when Medicaid mental health went into a managed care/capitated system in SFY 1996. In 1999 a study "The Effect of Capitated Financing on Mental Health Services for Children in Colorado" (Catalano, R. Libby, A., Snowden, L. R., and Cuellar, A. E. American Journal of Public Health, 90:12 Washington, D. C 2000) found a clear shifting of child and adolescent caseload from psychiatric hospitals to residential treatment facilities and similar mental health providers. An approximately equal number of children each year were shifted to less restrictive environments than institutional settings. Two large scale, multiyear research studies have been established to further

examine this area, with goals of ensuring that the right children are placed at the right level and for the minimum length of out-of-home time as possible.

- Judicial discretion to order delinquent youth into the custody of county departments for the purpose of residential treatment.
- Some managed care county departments are reducing the length of stay in institutional settings through the use of Utilization Review Teams.
- There are a growing number of juvenile sex offenders in this population. Colorado Communities are reluctant to accept them back upon completion of treatment. Some remain in residential care for a longer period of time because of no other placement alternative. Similar to the problem with reentry into communities of youth with sex offense histories, many communities have tightened up zoning regulations disallowing the existence of group homes with more than two offenders per facility in an effort to control placement of juvenile sexual offenders in their communities.
- The Chafee Program (formerly known as ALIVE-E) uses its own assessment tool for measurement of a youth's knowledge of Independent Living skills. It is suggested that this assessment be used in two phases-Pre Test and Post-Test. The assessment is conducted and completed with the youth using an interview format. After emancipation from the program the youth receives follow-up questionnaire at 3,6, and 12-month periods. The Chafee program encourages the use of the Annie E. Casey Life Skills Assessment for use by care providers before the youth enter into a county run IL skills program.

In response to these factors, demonstration and research projects are occurring around the state in an attempt to find effective alternatives to institutional placements. The CCAR is used to find the most appropriate level of treatment and supervision within institutional settings. The CDHS applied for and was recently awarded money for the purpose of conducting research on the RTC program, specifically to assess the appropriateness of placements, evaluate and make recommendations for funding and administering the program, assessing the adequacy and reasonableness of costs, and developing less restrictive and less expensive alternatives. Variations occur in county practice regarding placement of children and youth in shelters. The Family to Family initiative in Colorado is designed to address the need for family settings, rather than group facilities, for children when they first enter foster care.

4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V.) *Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State (Refer to pages 43 through 48).*

As indicated earlier, Colorado is witnessing a decrease in the permanency goal of reunification from 56% in FY 98 to 50.1% in FY 2000 for the Point in Time population. Additionally, the cohort group Table reflects a decrease from 75% rate in FFY 98 in use of reunification for current permanency goal to 57.9% in FFY 2000. We believe that this is due to:

- Both Colorado's EPP statutes and ASFA place an emphasis on timely permanency. Given the emphasis in ASFA that safety is paramount, some children who might have returned to families with marginal improvement may be moving to other forms of permanency. Birth families are no longer given lengthy periods of times before the court and county department to change the goal to another form of permanency.
- The widespread use of concurrent planning has also contributed to the birth parent becoming more cognizant of the urgency for a child to be residing with a permanent family. Birth parents are more likely to engage seriously in services to pursue the safe

return of children or perhaps to voluntarily agree to permanency through relative or non-relative adoption, guardianship, or legal custody.

- Training related to concurrent planning, Family Group Conferencing and D&N Mediation has been made available through the EPP program. The use of these non-adversarial methods for decision-making has reduced the delays due to adversarial, time consuming trials.
- Periodic reviews by the court and/or by ARD, and permanency hearings in which determinations are made by the court regarding the permanency plan for children in foster care, provide monitoring and oversight of the county departments efforts to achieve permanency for children.
- Children who enter out-of-home care from families who have received preventive services and still required the safety of out-of-home care are less likely to be reunified than the children entering care who are previously unknown and therefore not previously served by the county department.

5. Achievement of Reunification (Point-in-Time Data Element IX). *Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform with the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues (Refer to pages 43 through 48).*

Colorado is experiencing an increase in the percentage of children with adoption as a goal from 15.2% in FFY 1998 to 19.7 % in FFY 2000. The cohort group is predictably lower in the use of adoption as a permanency goal, 5.9% of the cases in 2000, as the children have been in foster care for a shorter timeframe than the point in time population. The rate of Live with Other Relative as a permanency goal is low, 2.2 % in FFY 2000. This is likely due to relative permanency being subsumed by adoption and guardianship/permanent custody. Courts often grant legal custody to relatives at the initial custody hearing with the relatives then seeking TANF child only grants and Medicaid to support relative children.

Timeframes to achieve permanency goals decreased across the board for the Point in Time population. This is likely due to the availability of front loaded services and a strong emphasis on timely permanency. The following factors affect safe, timely permanency:

- The 7th Annual EPP Report to the Legislature, dated November 30, 2001 reports that for those children under the age of six who were residing with kin on a permanent basis, the plan for 53% of the children was to achieve permanency through guardianship/permanent custody and 40% through adoption and 7% through Other Planned permanent Living Arrangement. The report is based on data submitted by county departments on each child who enters the EPP Program. The data from the county reports is entered onto an ACCESS database.
- According to "A Study of Expedited Permanency Planning in Colorado" dated December 18, 2000 conducted by Susan Klein Rothschild, M.S.W. and Cathryn Potter, Ph.D., four key factors were identified that were predictive of not achieving timely permanency. They included, being African-American, having emotional or behavioral disturbances, having additional caseworkers, and county differences in approaching permanency. This study is embodied in the 6th Annual Report to the Legislature, dated December 29,2000.

These issues are being addressed by:

- A study is underway to examine minority overrepresentation in Child Welfare and youth transitioning into DYC. A community based advisory group began meeting in the fall of

2001 and will assist CDHS with recommendations for needed changes in practice and/or policy based on the study results which is projected to be completed by September, 2002.

- The issues related to emotional and behavioral disturbances are addressed in the Child Well Being section of this self-assessment.
- The issues related to multiple caseworkers due to caseworker turnover are being addressed. A statewide workgroup was formed prior to the study to address issues related to caseworker staff turnover. A report with recommendations for enhancing recruitment of staff has been written and distributed statewide. A report compiling information regarding county efforts related to staff retention will be prepared and shared with county directors. Many large counties with specialized caseloads are involving the ongoing child protection caseworker along with the intake worker at the time of removal. The family is able from the beginning to develop a trusting relationship with the caseworker who will be assessing the family's strengths and needs and developing the FSP in partnership with the family.
- Cross systems training with an emphasis on ASFA for courts, county departments and legal communities is being conducted in all localities in the state during SFY 2001 and 2002. Each forum will address the challenging, problematic areas related to ASFA identified by the key stakeholders in each of the localities. The goal is to improve the consistency in positive safety, permanency and well-being outcomes for children.
- It is believed that the statewide use of concurrent planning in context with statutory requirements for timely permanency has impacted early permanency for Colorado's children. As will be discussed later, Colorado exceeds the national standards for timelines to permanency for reunification and adoption.

The rate of long term foster care as a permanency goal increased statewide to 13.3% in FFY 2000 from 10.6% in FFY 1998. As indicated earlier, this may be attributed to a change in state policy that disallowed use of guardianship as a goal when the county continued to hold legal custody of the child. CWEST data indicates that the highest rate of children for whom long term foster care was a goal fell into the age range of 12-16: FFY 1998, 61%; FFY 1999, 65.3%; and FFY 2000, the rate increased to 70.2%. Gender is also a factor; CWEST data shows an average of 56.2 males and 43.8% females in the long term foster care population. An unknown number of these youth are in the custody of county departments due to mental illness, beyond control of parents, and juvenile delinquency.

6. Achievement of Adoption (Point-in-Time Data Element X). *Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues (Refer to pages 43 through 48).*

Colorado exceeds the national standard of 32% of children exiting foster care to finalized adoptions within twenty-four months of removal. The AFCARS data in the official profile reflects an increase in this rate from 46.3% in FY 1998, to 53.2% in FFY 1999, to 61.9% in FY 2000. These data were not reflective of the entire population due to several issues related to AFCARS code and Colorado practices of case recording.

In concurrence with the local Federal Regional Representative and ACF Children's Bureau staff, an alternative data source was developed. The alternative data source was used to replicate the calculation methodology for the official profile and the result was that 49.5% of all children who

were adopted during FFY 2000 were adopted within 24 months of the begin date of the child's most recent removal.

A number of factors contribute to Colorado's higher rate of children whose adoptions are finalized in shorter timelines including innovative practices initiated through Colorado's EPP statute requiring young children to be residing in their permanent home within one year from removal.

- Through the approach of concurrent planning it appears that when the plan is adoption, increasing numbers of parents consider voluntarily relinquishing their rights to children or are willing to "confess the motion" rather than contesting motions to terminate parental rights. Because the child is already residing with his/her pre-adoptive family at the time that a case plan goal changes to adoption there is likely to be a pre-existing relationship between the birth parent(s) and the pre-adoptive family. When children remain permanently within the extended family system or are being adopted by a fost/adopt family with whom the parent has developed a trusting, respectful relationship the foundation is laid for possible open adoptions. Although Colorado has no open adoption statute, informal agreements occur supporting continuation of the connections between the parent and the child through correspondence, pictures, visits, etc.
- Data from the Colorado Judicial Branch's ICON automated tracking system shows significant progress through the Court Improvement Project related to reducing timeframes between the filing of D&N petitions and TPR events. This will be discussed in more detail in Question 7, Termination of Parental Rights.
- Judicial officers have participated in training related to ASFA and EPP and are responding to the earlier timelines for permanency hearings, and the requirements related to filing a motion to terminate parental rights for children in out-of-home 15 of the most recent 22 months. Given Colorado's EPP statute that required permanency hearings for children under the age of six within 90 days of disposition (with permanency hearings held within 4- 6 months from removal), the groundwork was laid for implementation of ASFA and its emphasis on permanency through adoption.
- An increased emphasis on adoption for teens resulted in an increase from 73 youth ages of twelve and over being adopted in SFY 1999 to 93 such adoptions in SFY 2000. These adoptions may have also increased the time from removal to finalized adoptions. Training on Permanency for Teens was first brought to Colorado by Bob Lewis in 2000 and is now offered on an ongoing basis by the state.
- In 1999, the state developed a uniform format for assessment of foster and adoptive homes. The county conducts criminal checks and safety inspections and trains the families to provide safe care for children. Once a family is certified for foster care, they are not in need of additional home study if they decide to adopt a child in their care. This reduces the waiting time between adoption free date and finalization of adoption.
- County departments are being challenged by the budgetary impact of the increase in subsidized adoptions. There is a wide variance among the counties in the financial support provided as counties wish to support adoptive families and yet remain within their budgets.
- Counties are encouraged to utilize Family Group Conferencing as a way to reconnect youth whose parental rights have been terminated years ago and who have disrupted adoption placements or for whom an adoptive home was not found with their families of origin. Some of these youth have returned to family members who are able to provide safe care for them.

In SFY 2000, 886 children were identified as free for adoption, not all of whom were waiting for adoptive placements. Over 300 children were already placed in pre-adoptive homes, or were residing with relative or recruited foster families who were committed to permanency through adoption, guardianship/permanent custody, or other planned permanent living arrangement. The remaining 549 children were in need of adoptive placements. Many of these children have significant emotional and behavioral disturbances and may be in treatment in RTCs or RCCFs. Specialized recruitment is needed to find adoptive homes for this population. Due to adoption staff limitations, there is not a large pool of approved adoptive families waiting in Colorado. Adoption caseworkers do use the AFRR, a listing of approved adoptive homes in Colorado.

- 7. Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).** *Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions (Refer to pages 43 through 48).*

In September of 1998 Colorado initiated procedures to notify counties of children in need of review for TPR as they were in foster care 15 out of the most recent 22 months. Monthly lists were generated and sent to county departments to assist in conducting the reviews. Since *Colorado Trails*, our new SACWIS system, rolled out in the spring of 2001, county departments are able to directly access a report that identifies the children in need of review. State policy requires that a motion be filed to terminate parental rights for these children unless there is a compelling reason why this would not be in the child's best interest. A focus group was held in the summer of 1998 with participants from county departments, courts, and the legal community to identify the reasons that would be sufficiently compelling to determine that it is in the child's best interests to not file a motion for TPR.

There is a delicate balance between complying with the ASFA requirements to file motions for TPR, and in maintaining consistency with the ASFA desired outcome of preserving the continuity of family relationships and connections for children. Colorado Children's Code addresses the best interests of the child; 19-3-604 (3) states "In considering the termination of the parent-child legal relationship, the court shall give primary consideration to the physical, mental, and emotional conditions of the child." Severing parental ties and the extended family relationships that potentially stand also to be severed if that child is adopted by someone outside of the extended family system has profound implications for the identity, self-concept, and future life of that child and future generations.

Administrative reviewers monitor to the county reviews for children in out-of-home 15 of the last 22 months and hand collect the results of the reviews some of which has been entered into a state database. Reviewers indicate if the review for TPR was held and if a decision was made to file a motion to terminate parental rights or if a compelling reason was identified that it was not in the best interest of the child to do so. We believe the data to be somewhat unreliable due to conversion to a different database and the original system no longer exists for continued data entry. Due to limited resources and the priority for resources to be directed to *Colorado Trails*, there is not a system in place to enter the data. However, we have chosen to provide some of the results. Based on hand collected information by the ARD in FFY 2000, of the 1,278 children reviewed, only 587 children/youth had data entered. Of the 587 children, a decision was made to file a motion to terminate parental rights for 40 children. Although at first glance, 40 appears to be a low number, it must be viewed in context with the larger picture of permanency in Colorado. There are increasing numbers of adoptions based on earlier filings for TPR that are

likely to occur before the child reaches 15 of 22 months in foster care. The Court Improvement Project data indicates that in 9 of the 10 county departments studied, the average time for TPR hearings for EPP cases are under one year from the filing of the D&N petition and the average is well within 400 days of the D&N filings for non EPP cases. Therefore, it would be expected that TPR for remaining children in foster care 15 of 22 months had already been considered and found not to be in the child's best interests.

It is noteworthy that the most frequently identified compelling reason to not file a motion for TPR was because of the mental and/or physical needs/conditions or behaviors that deem it improbable that such child would have a successful adoption. The child's condition and parent's inability to cope are also identified as a contributing factor to Colorado's reentry rate, are the primary reason identified for disruptions in EPP cases and were also identified as a factor for not achieving timely permanency in a study of barriers to permanency in EPP conducted in the year 2000.

There is no data source available to correlate age, reason for placements and numbers or percentage of children whose parental rights were terminated or exceptions noted. *Colorado Trails* should be able to provide the data for such analysis in the future.

There was only one infant reported to be abandoned wherein the parents were unknown in calendar year 2000. This infant was immediately placed in a foster/adopt home and adopted shortly thereafter. There is no data source to tell us about TPR for abandoned children or those children whose parents have been convicted of specified felonies. It is required effective February 1, 2002 that a motion to terminate parental rights is to be filed within 60 days of a court determination that this is an abandoned infant unless there is a compelling reason submitted to the court why it is in the child's best interest not to do so.

Additional factors related to TPR are:

- Colorado passed legislation in 2001 that allows for TPR in cases where there have been two or more adjudicated D&N actions. It is thought that this could result in additional terminations.
- Consistent with ASFA, county departments are unlikely to file a motion for TPR unless the plan is adoption. Except in rare circumstances, it is not considered to be in the best interests of children to create "legal orphans" when it is possible to maintain continuity in relationships with the birth family when adoption is not the plan.
- The work done in the Adoption Opportunity Uplift Grant identifies the need for training caseworkers on preparing for TPR hearings and this training is currently being offered statewide.

8. Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV). *Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues (Refer to pages 43 through 48).*

Colorado's placement stability data reveals that for the Point in Time population, the State is slightly above the national standard of 86.7% for children in foster care less than twelve months

from the time of latest removal having no more than two placement settings. Colorado's rate in FY 1998, was 87 %, in FY 1999, 87.5 % and in FY 2000, it was 86.9%.

It appears that the rate is slightly lower for the cohort group of first time entries. The rate calculated from the cohort data element IV ranges from 84.9% in FFY 1998 to 85.3.9% in FFY 2000. There is no data to explain the difference. The decreased rate is likely related to children who are first time entries being more likely to be placed initially in crisis centers and receiving homes thereby increasing the likelihood of an additional move due to the time restrictions for length of stay in such facilities.

According to a report on the stability of foster care placements based on the age of children in foster care less than twelve months, children ages eleven and under meet the national standard whereas a decline in the rate begins at age twelve. We believe that the rate of stability of placements is impacted by changes made in CWEST coding such as changing from RCCF to RTC while the child remains in the same placement as well as other "provider type" changes in CWEST. The use of CWEST codes to reflect technical changes related to the providers are interpreted by the automated data system as new placements when, in reality, children are remaining with the same provider. For example, when a child is placed in residential treatment it is likely that the provider will be coded as a RCCF for the few days that it takes to complete the CCAR for the child to qualify for RTC placement. The child remains with the same provider but the placement type changes resulting in the system showing a change in placement.

At this time, it is not possible to delineate between real moves and the use of respite care. This distinction will become available through *Colorado Trails*. Data related to the number of placements broken down by special populations is also currently not available, particularly as related to delinquents.

When a specific placement resource is needed but unavailable, it is usually possible to place the child in another setting but at times it is necessary to place the child in an out of state facility. Based on information provided by ROCs and analyzed by state staff it appears that there are approximately 200 children wait listed for RTC placement. These children are living in the community with out patient treatment services utilized in attempts to stabilize the child until residential treatment can be accessed. There are 54 children/youth placed out-of-state as of November 1, 2001.

9. Foster Care Re-Entries (Point-in-Time Data Elements V & XII). *Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues (Refer to pages 43 through 48).*

Colorado's rate of 19.3% in 2000 of children re-entering foster care within twelve months of a previous foster care episode is considerably higher than the national standard of 8.6%. In response to this concern, a study was conducted in October 2001 by John D. Fluke Ph.D. and Donna Pope, Ph.D. entitled "Foster Care Re-entry: Administrative Data Analysis". The purpose was to explore the nature of Colorado's reentry population and was based on CWEST data for FFY 2000. Among the significant findings were:

- *Demographics* Older aged children, specifically ages twelve through seventeen were more likely to re-enter whereas gender and race were not factors.

- *Placement settings*
Prior placement settings 46.9% children/youth had prior placement in family like settings, 27.8% in Residential Treatment and 21.6% were in short term crisis placements.
Current placement settings following re-entry were 45.2% in family like settings 29.0% in residential settings and 22.6% in short term crisis placements, basically the same settings that they left. However, age once again becomes a factor with the majority of children age twelve and older re-entering into residential settings. Additional analysis is being conducted to delineate what percentage of these youth in residential placements are actually placed in shelters or crisis centers on a short term basis.
- *Prior Leave Reason* Treatment successful was the highest rated reason at 47.3% with runaway the second highest at 15.5%.
- *Child's behavior and caretaker's inability to cope* were the two most common reasons for removal at re-entry.

The study dispelled our assumption that the majority of children might be younger children returning to care because of premature reunification. The study also raises as many questions as it answers. There are many factors likely contributing to the re-entry rate for the older children.

- Possible coding problems. Caseworkers close cases for youth who are runaways after being divested by the court of holding legal custody. When the youth are located, many re-enter the foster care system.
- There is a large, but unknown number of children/youth who are in care on a short term basis because of mental illness. It may be appropriate for this population to be treated successfully in a residential setting and returned to the community. Brief, episodic placements may be what is needed to manage a crisis related to mental illness such as medication stabilization. Due to mental health capitation, these youth who previously would have been hospitalized enter foster care for residential placement.
- As indicated earlier, Colorado has applied for and received a grant from a managed care foundation to study if we are placing children in appropriate levels of care in RTCs.
- At this time we recognize the need for training on the use of correct AFCARS codes. It is the intent of the State Child Welfare Management and Information Unit to implement training for county supervisors and caseworkers regarding the reliable use of their SACWIS system related to AFCARS data collection. It is expected that informing users of the purposes of data collection can increase assurance of the data integrity. With technical assistance for caseworkers on where in the system the AFCARS data elements reside we believe data integrity can be enhanced.
- Further analysis and strategies to strengthen the rate of successful reunification and other forms of permanent placements is needed especially related to the older population who re-enter foster care. How can transitional services from RTCs be improved? What can we learn from residential treatment facilities that have more successful outcomes? How is treatment success measured? By child? family? both? The state is committed to continuing exploration and development of effective strategies to reduce the rate of re-entry.

10. Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI). *Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used*

to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons (Refer to pages 43 through 48).

The median length of stay for all children in the point in time population was 11.1 months in FFY 1998, 11.3 in FFY 1999 and 12.0 months in FFY 2000. For the cohort group, the median length of stay was lower at 7.4 months in FFY 1998, 3.6 months in FFY 1999 and 5.6 months in FFY 2000. It is believed that the longer length of stay for the Point in time Population is related to the fact that many children are reunified with their families or exit the system into other forms of permanency leaving a larger percentage of children/youth in the Point in Time Population with goals of other planned permanent living arrangement and children with significant emotional and behavioral disturbances who are in need of longer term treatment.

There is no data related to the availability of resources and length of stay but believe that the limited availability of a pool of adoptive families for sibling groups and children with serious emotional and behavioral disorders would increase the length of stay for these children. Similarly, the waiting list for placement in RTCs likely result in youth remaining longer in family like settings before placement for intensive residential treatment thereby extending the length of stay for this population.

It is believed that the expanding practice of courts to grant legal custody to relatives at the temporary custody hearing reduces the length of stay especially for children entering care for the first time. We are unable to compare our data to a national standard as it appears that this data is not collected on a national level and a national standard does not exist.

Several of the outcomes of the Family to Family Initiative in Denver and El Paso County, such as keeping children in their families and communities of origin, strong and immediate involvement of the nuclear and extended family in case planning and team decision-making, and development of community support systems are expected to positively impact permanency for Colorado's children. Family and community connections will be maintained at a higher rate and should result in higher levels of safety, permanency and well being for the children.

Once *Colorado Trails* is fully functional, we believe that the data needed for program development will be significantly enhanced.

C. Child and Family Well-Being

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Outcome WB2: Children receive appropriate services to meet their educational needs.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

- 1. Frequency of Contact Between Caseworkers and Children and their Families.** *Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

Mandatory New Caseworker Training, highlights for trainees, various key sections of CDHS Manual Volume VII, that describe Colorado regulations on the following types and amount of contacts between caseworkers and the children and families on their caseloads:

- For in-home services, the county department shall have at least monthly face-to-face or telephone contact with the child and parent or parent surrogate.
- When a child is in out-of-home placement, including kinship care, the county department shall have contact at a minimum of two face-to-face visits with the child in the first month following the placement and a minimum of monthly face-to-face contact with the child after the first month. Every other month, contact shall occur in the family foster home and shall include visual assessment of where the child sleeps. A member of the treatment team must conduct these visits/contacts.
- For a child/youth placed out-of-state, the county shall have a minimum of one yearly face-to-face contact by either the custodial agency, a public agency in the receiving state, or an entity with which the custodial agency has contracted in the receiving state.
- When a child's adoption has been finalized, if an adoption subsidy is provided, the county department shall have at least yearly face-to-face, telephone or mail contact with the child.
- For children in foster care who have been determined Title IV-E eligible and have moved to Colorado or children who are eligible for Home and Community Based Services or Home Health Care services, the contact requirements are a minimum of one face-to-face or telephone contact with the child and family every six months. At least one of the contacts annually must be face-to-face.

If direct contact is impossible due to the child's location, an alternative agency contact agreement shall be developed. The alternative agency contact agreement must meet all minimum requirements for frequency and location of contacts. The contacts and following information shall be documented in the child's service records indicating:

- The case circumstances, including why the direct contact is not possible.
- How contact shall occur and if the case is supervised by another agency.
- The frequency of contact by that agency.
- How the county department shall monitor progress.

The Case Plan in Colorado's FSP, including the amount of case contact to occur, is required to be developed based on findings in the Safety, Risk and Needs (NCFAS) Assessments that are conducted on clients. Various barriers, such as distance, caseworker turnover and workload, sometimes interfere with frequent contacts between caseworkers and children and families.

The CWSA between the State of Colorado and The Plaintiffs in Civil Action No. 94-M-1417 of June 1994 requires the level of contact found in Volume VII requirements. The CWSA also requires that children be placed in the least restrictive setting, including the requirement for all services to be provided in the child's home or neighboring county when appropriate. The Child Welfare Settlement Agreement was brought to formal closure November 2001.

Data from case reviews conducted by the ARD during SFY 2001 found the following regarding caseworker contacts with children and families on their caseloads:

Question	Statewide Percentage
Is there a minimum of monthly face to face contact by agency personnel with the child?	90%
Is there every other month face to face contact by agency personnel with the child in the facility where he/she is placed?	87%
For a child place outside the State, is the child visited at least yearly?	96%

In 81% of cases reviewed by ARD in SFY 2001 parents had signed FSPs, indicating their involvement in the development of the plan and contact occurring between the caseworker and

parent at the time the plan was developed/signed. In 84% of cases reviewed by ARD during this same timeframe, age-appropriate child signatures appeared on the FSPs, indicating their involvement in the development of the plan and contact occurring between the caseworker and child at the time the plan was developed/signed.

2. Educational Status of Children. *Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?*

During SFY 2001, the ARD collected the following data regarding educational requirements:

Question	Statewide Percentage
Name and address of current educational provider in case file?	90%
*Child enrolled in multiple schools as a result of being in foster care?	30%
Foster care provider given a copy of child's education record?	96%
Child's educational record included in the case file?	82%
If designated as needing special education, are child's special education needs being met through special education services?	97%
Has child received advocacy with the educational system?	98%
Is child at the age of appropriate grade level?	77%
If child is pre-school age, are early intervention services being provided if a need is indicated?	98%

*Data for this item was only available for the 3rd and 4th quarter of SFY 2001.

Educational needs are identified in assessments and case planning and addressed through services. CDHS Staff Manual Volume 7 outlines policy and procedures for Child Welfare services. ARD reviews random samples of in-home cases in the 10 largest counties 2 times annually. Random samples from the remaining counties are reviewed. Foster care cases are reviewed semi-annually.

Assessments and Case Planning:

Safety, risk and needs assessments are the basis for case planning. The assessment contained in the FSP includes educational needs. The NCFAS is the basis of the service plan. Areas rated as the highest needs must be addressed in services and objectives. The current education provider is identified in the FSP and updated prior to reviews.

Notification, Review, and Documentation:

- A process for caseworkers to notify school districts of placement in foster care with a CPA or group facility and to request educational assessment is required.
- The caseworker and supervisor review the appropriateness of service provision to the child, family, and foster parents and how needs are met every 90 days. This includes educational needs.
- A current Health Passport documenting educational placement and health history is maintained at a minimum by the caseworker and/or the care provider. The updated document follows the child/youth to foster/adoptive/return home.

Requirements and responsibilities for facilities providing foster care services:

- A. A comprehensive assessment of the child/youth's needs, including education and the plan to address the needs is required. Opportunity must be provided to school personnel to participate in the planning/evaluation process.
- B. Educational/vocational programs will be developed for children/youth in care in the least restrictive setting in accordance with state statutes, rules, and regulations. The

educational/vocational program is an integral part of the total plan to include joint planning, follow through and a process for information sharing. Children may participate in extracurricular activities as it relates to the individual plan. Facilities or certifying agencies are required to refer children/youth suspected of having a disability to the "Child Find" program in the local school district.

Agency letters provide policy:

- Provision of educational surrogates
- Access to early intervention services for children birth to three outlined in the Individuals with Disabilities Education Act (IDEA) is addressed in Agency Letter CW-00-47-I.
- *Colorado Trails* Due to the complexity of the system, caseworkers are primarily entering mandated information. When there is substantial use of the entire system in lieu of the paper file, educational data will be captured which will provide a comprehensive and detailed view of the child's educational status.

There are 178 school districts and 9 Boards of Cooperative Education Services (BOCES), as well as 64 counties in Colorado. The Colorado Department of Education (CDE) and CDHS have Memorandums of Understanding outlining roles and responsibilities for the provision of educational services for children who are in group residential placements; and for collaboration with Part C requirements of IDEA. The Division of Child Welfare Services has a liaison that works with the CDE to address issues related to children served in the child welfare system. There is ongoing communication and collaboration to problem solve identified issues related to children in the child welfare system through a number of joint workgroups and committees.

3. Health Care for Children. *Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Within 4 weeks of the initial placement, the provider is given a medical history for the child. The medical history contains the information listed in the CDHS Health Passport. The child is scheduled for a full medical examination within 14 calendar days after placement and a full dental exam scheduled within 8 weeks after placement. Ongoing medical and dental care is provided in a timely manner and documented. The health record is kept with the child during placement, reunification, emancipation and/or adoption.

All children in out-of-home placement are reviewed every six months by the ARD for compliance with State and Federal rules and regulations. Case specific data reports are provided daily and aggregate data reports are provided to each county department on a quarterly or semi-annual and annual basis. ARD also reviews children placed for a shorter period of time, on a sampling basis. The following data is taken from the ARD's reviews for FY 2001:

Question	Statewide Percentage
Has the foster care provider been given a copy of the child's medical and dental records?	96%
Is the name and address of the current health care provider(s) in the case file?	93%
Did child receive a medical screening/exam or was an exam scheduled within two weeks of initial placement?	79%
Did child receive a full dental exam or was an exam scheduled with eight weeks of initial placement?	75%

Are medical check-ups current for the child?	95%
Has child received advocacy with the educational system?	98%
Are dental check-ups current for the child?	82%
Has child received immunizations or are efforts being made to obtain them?	97%

The primary goal of the Chafee Foster Care Independence Program is to provide services and skills that will support youth in becoming self-sufficient. Education and employment are components of self-sufficiency that are emphasized. If our goals are met, youth will choose to continue their education and/or become gainfully employed. When a youth becomes gainfully employed, hopefully this will include adequate health insurance. The Chafee program has worked closely with Child Health Plan Plus (CHP) to provide insurance to youth. Since the eligible age ends at age 19 it is important to expedite the processing of the applications. Kaiser Permanente has also offered a low cost insurance program to meet the need of the medically uninsured. It offers full Kaiser Permanente benefits at a greatly reduced rate up to twenty-four months to eligible individuals and families. This health plan can be used when CHP coverage ceases at age 19. County departments of social services are assisting with portions of the youth's major medical insurance premiums.

4. Mental Health Care for Children. *Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Colorado provides mental health services to Medicaid-eligible persons through the Medicaid Mental Health Capitation and Managed Care Program. The State contracts with regional Mental Health Assessment and Service Agencies (MHASAs) to provide necessary services. The responsibilities of the MHASAs are outlined in the RFPs. The RFPs contain specific language pertaining to children placed in out-of-home care. Other than room and board and treatment covered under the child welfare system for children in out-of-home placement, the MHASAs are responsible for other necessary services for children with covered diagnoses.

CMHCs provide services to persons covered under the Capitation Program, as well as to non-Medicaid eligible persons. The provision of public mental health services in Colorado is guided by the Rules and Regulations for the Public Mental Health System, CDHS, Mental Health Services, December 1, 1995. Mental health services provided to children in RTCs are guided by the rules and regulations for that program under the Colorado Department of Health Care Policy and Financing (Vol. 8, Rehabilitative Services in RTCs, 8.765 – 8.765.51). Child welfare assessment and service planning related to mental health for children in foster care are addressed in Volume 7, 7.301.

Under the Child Health Plan *Plus* (CHP+) supported by Title XXI-State Children's Health Insurance Program, Colorado provides a commercial-type mental health benefit for children. Children in RTCs placed through county departments and the DYCS receive treatment services covered by Medicaid fee-for-service.

Core Services funding, which are State General Fund dollars, are provided by CDHS to support the provision of mental health and substance to children and families receiving child welfare services. These funds are used to provide services to non-Medicaid eligible children and their families who receive in-home services. The mental health services are typically provided by CMHCs through an agreement with the county departments.

Within the last year an increased emphasis has been placed in the mental health system on transitional services for older youth with emotional and behavioral disorders. Beginning in September, 2000 a project serving youth ages 16-21 with emotional and behavioral disorders was implemented in a rural community on the state's eastern plains. In 2001 additional programs were added in a suburban community in the Denver metropolitan area and the rural San Luis Valley. These projects, which include a transition specialist providing direct services to youth and their families, represent a significant step in recognizing the special needs of youth in transition, including increased coordination between the child and adult mental health systems.

State child welfare rules address the special needs of older youth in foster care by requiring that transition and independent living services are addressed in the FSP. Further, the rules discuss how the federal CFCIP is applied to youth in foster care.

The data prior to April 2001 regarding the mental health needs of children in custody were not collected in a uniform fashion. The following areas in individual case files document mental health needs and status of treatment of these children: Intake report, FSP, NCFAS, CCAR (if RTC referral is made), Progress Reports and Psychological/mental health assessments from other agencies, and Report of Contact (ROC sheets - case notes). CCAR data is collected on all children referred for treatment through the public mental health system or RTCs.

The NCFAS, which constitutes the needs assessment in child welfare, includes components on children's mental health and behavior. In addition to children's charts kept by county departments, clinical records are maintained for children receiving mental health services through mental health agencies, RTCs, and CPAs.

The following data is from the ARD reviews in SFY 2001:

Question	Statewide Percentage
Did the agency's social history/evaluation assess the child's mental health?	97%
Does the FSP contain a description of specific services that address the child's needs?	95%
*Has the child received treatment for identified mental health needs?	98%

*Indicates that mental health treatment has been provided, but does not address adequacy or quality of services.

Section V - State Assessment Of Strengths And Needs

1. What specific strengths of the agency's programs has the team identified?

Colorado stakeholders and steering committee identified a number of strengths in the Child Welfare System.

Safety is the emphasis in the Colorado system

- There has been in recent years an increased focus on the provision of early intervention and support for families at risk.
- Safety assessment and planning is emphasized throughout the life of the case.
- Multidisciplinary child protection teams required by statute in all counties that receive 50 or more reports in a year review the cases shortly after intake to look at safety issues. Some counties have additional teams to provide the check and balance on safety. The State level institutional abuse review team and State fatality review team are utilized on individual cases to identify strengths and needs as well as to look at system issues that need to be addressed.
- The State Monitoring Team was developed to address safety in 24-hour out-of home care settings. This team provides on-site reviews when safety concerns arise.
- Colorado has begun to implement Family to Family and with that initiative is the implementation of team decision making approach for the immediate safety decision.

Colorado is doing well with regard to **achieving timely permanency** for children.

- Colorado is ASFA compliant and there is currently an initiative "Cross Systems Training" to provide statewide training to community groups of child serving professionals regarding permanency issues and requirements. Specifically the courts and lawyers and service agencies.
- The EPP statute enacted in 1994 and fully implemented in all counties in 2001 has resulted in shorter timeframes for children to achieve permanency.
- County departments are required to do a diligent search for non custodial parents and other relatives who might be a resource for the child/ren.
- Many EPP counties have used Family Group Decision Making and Concurrent Planning to insure that children achieve permanency in a timely manner. Additionally the State has prioritized permanency in relative placements through adoption, guardianship or permanent placement when reunification is not achieved. The State also requires that when a living arrangement other than with relatives is selected, the county department shall develop a network of family like relationships to provide support and keep the children connected to the family and community.
- Colorado used adoption incentive dollars to enhance the recruitment of adoptive placements for children who have waited the longest.
- In partnership with the Rocky Mountain Adoption Exchange, the state provides avenues such as photo listings, Internet, television and newspapers for counties to recruit homes for waiting children.
- The State Division of Child Welfare and the Supportive Housing and Homeless Programs (SHHP) were awarded a Family Unification HUD grant to assist former foster youth with Section 8 vouchers and case management services. This program can be used by young adults who were in foster care between the ages of 16 and 18 years.

- The Community College Initiative is a collaborative effort of the Chafee Program, the Governor's Workforce Council and the Community Colleges of Colorado to remove barriers to post-secondary education for emancipated foster care youth.
- Teen permanency has been emphasized through statewide training and use of national consultants to explore alternate permanency arrangements. The child's case record is researched for individuals who could play a significant role.

Colorado has a strong **quality assurance system**.

- Colorado is one of the few states with a statewide administrative review system that has developed procedures to assure statewide consistency among its reviewers. The Administrative Review Division also provides quality assurance reviews to determine compliance with Federal requirements.
- Colorado entered into a settlement agreement (CWSA) with the ACLU and complied with all of the requirements. The Court dismissed the action in 2001. As a result of this oversight Colorado had been conducting quality assurance reviews statewide to assure compliance with State and Federal regulations for a number of years.
- Colorado requires licensure for out of home care facilities, day care and 24 hour care placements.
- Each year consumer satisfaction surveys are completed and evaluated. Consumers from both Child Welfare and DYCS are surveyed.
- County departments are required to have a grievance system that includes a Citizen Review Panel.
- Child Protection Teams, Permanency Planning Teams, Utilization Review Teams and local Fatality Review Teams provide oversight and a multidisciplinary input into decisions made throughout the life of the case. This improves decision-making and assures quality of services.
- DYCS has a strong quality assurance program. Case monitoring includes quality and safety questions.

Colorado has a **wide array of services** available for families and children.

- The Core Services Programs, Promoting Safe and Stable Families programs and TANF programs offer a wide array of family support and reunification services.
- Some county departments have been involved in a managed care project that has allowed them to develop innovative programs that have been responsive to the local need.
- A Statewide Needs Assessment is conducted every two years to determine service gaps.

Colorado has a strong **state-supervised, county-administered system**.

- Although this presents some challenges, the strengths are in the local ownership of the problems and contributions to the solutions.
- There are many innovative county/community initiatives to provide quality services to families and children.

Colorado has a **strong training program** for child welfare workers, supervisors and foster parents as outlined on page 22.

- In addition to core training for new workers there are numerous offerings regarding a variety of relevant topics.
- Program staff review curriculum on a quarterly bases for content to assure it is up to date and emphasizing the areas that are most important.

- Partnerships with local universities and colleges to develop and provide this training help make this a strength.
 - Quarterly trainers meetings are held to keep trainers informed of new program issues.
2. **What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.**

Colorado's **re-entry rate** is considerably higher than the national standard and is being addressed.

A study of the re-entry population was conducted in October 2001. It was determined that:

- Youth ages 12 through 17 were more likely to re-enter care.
- Child's behavior and parental inability to cope are the two most commonly cited reasons for re-entry.
- The study dispelled thinking that the major issue was premature reunification for the younger population.

Factors likely contributing to the high rate of re-entry are:

- Status of a child runaway.
- Youth with mental illness who need episodic treatment are no longer hospitalized due to mental health capitation but enter residential treatment.
- There is a need for AFCARS training. An AFCARS desktop guide has been developed and disseminated.
- There is a need for a full complement of out-of-home care placements. Currently there are few intermediate care placements.
- There is a need for after care services for families of children who have been in placement.

Colorado's rate of **abuse in out-of-home care** is higher than the national standard.

- Efforts to reduce the incidents are a priority. A full complement of placement facilities is needed so county departments are better able to match the needs of the child with the appropriate placement.
- The Division of Child Welfare has hired a staff person to assist county departments with the recruitment and retention of foster homes in an effort to develop more quality placement resources.
- The Division of Child Welfare is offering training to county department staff and CPA staff regarding foster family assessment and also regarding assessing safety of placements pre and post placement.
- The State 24-Hour Monitoring Team was put in place to address safety concerns at child placement agencies and RCCFs.
- The State Institutional Abuse Review Team reviews all investigations of abuse in 24-hour child care settings and makes recommendations regarding the investigations as well as for follow-up with facilities. This team also identifies system issues and provides training for county staff that investigates abuse in out-of-home care. Large county departments have specialized workers who do these investigations. As they become more experienced they may be more likely to substantiate cases that less experienced workers would not. This could contribute to Colorado's higher rate of confirmed incidents.

Colorado needs **additional resources and support to improve the functionality of its statewide child welfare information System, *Colorado Trails*.**

- County and State Child Welfare and ITS staff are working on the issues related to the roll out of a new automated system.
- Given that *Colorado Trails* is in an initial stage of implementation, it continues to need technical support and development.
- Colorado developed a system that interfaces with a number of fiscal databases and also contains the DYC management system. This has resulted in a very complex system that is requiring more software adjustments than what were originally anticipated. There is also the need to develop reports for State and County management. Resources available will be applied to deal with those software adjustments that were part of the design and also the reports development. It is recognized that the technical resources are limited, therefore fixes and reports must be prioritized to those that are most critical to the State and counties. This has the effect of causing a longer phase of testing and “rollouts” of adjustments made.

3. *Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?*

Denver County is Colorado’s largest metropolitan county and must be included in the onsite review. In addition to Denver County, El Paso County and Morgan County are seen as being most appropriate for examining the strengths and concerns in the State. From these recommendations, it is believed that Colorado will: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services and (3) receive assistance to enhance its capacity to help children and families achieve positive outcomes.

Colorado’s CFSR Steering Committee made their recommendations hoping to learn the following:

- Resources - How do counties find resources and use them? How are resources created?
- How does the coordination of programs and initiatives occur? How do community and county programs coordinate with each other?
- How does a managed care environment influence practice?
- What is happening around re-entry? How does re-entry correlate with reunification?
- What innovative practices are occurring in Colorado?
- How do various placements (i.e. county foster care, privatized care) impact outcomes and practice?
- How do county standards, practices, policies, etc. impact staff retention and recruitment?

In making the selection the following criteria was examined and discussed:

- *Total Caseload of the top 15 counties.* In order to draw an adequate sample, consideration was given to the population of the county. El Paso has the second largest total caseload and Morgan County is 12th in size of caseload.
- *How the top 15 counties compare on three of the indicators being reviewed.* In order to learn about the State’s strengths and areas needing improvement, it is critical to review cases where practices are working and to also examine cases where they are not working as well. Both El Paso and Morgan scored high on some indicators and mid-level in others. On length of time to achieve reunification, El Paso County was 10th and Morgan County was 12th. On Foster care re-entries, Morgan County was 1st of the 15 and El

Paso County was 3rd. On Stability of foster care placements, Morgan County again scored highest and El Paso County was 10th.

- *Location:* El Paso County (Colorado Springs) and Morgan County (Fort Morgan) are each approximately 70 miles from Denver and located on major highways.
- *Well-rounded representation of Colorado.* Colorado is quite diverse in its urban/rural nature. Regarding ethnic diversity, 17% of the population reports as Hispanic/Latino, and 3.8% report as African-American. Denver, of course, will provide an urban perspective as well as a high percentage of ethnic minorities. El Paso County will provide both an urban and rural perspective. Because of the military bases in El Paso County, the African-American population is higher than the State's average. The Hispanic/Latino population reports just under half the State average. Morgan County will provide a rural perspective. The African-American representation is low in this county, however the Hispanic/Latino population nearly doubles the State average. This is attributed to the agricultural and cattle industries in the county.
- *Managed Care in Child Welfare:* - El Paso County is one of Colorado's 5 Managed Care Counties.
- *The Settlement Agreement Management System (SAMS) data from ARD:* From ARD reviews, data has been collected regarding the performance of counties' practices. From reviewing the data, it is believed that Denver, El Paso and Morgan Counties had many strengths in this data from which the state could learn.

Finally we suggest that the number of cases reviewed in each county be evenly split between in-home cases and foster care cases, with the following breakdown:

- Denver County – 24 Cases
- El Paso County – 14 Cases
- Morgan County – 12 Cases.

4. Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.

Colorado chose an inclusive process by which to respond to the Statewide Assessment requirement. A Steering Committee was comprised of County social services staff from Denver, El Paso, and Morgan County Departments, and State staff from the Division of Child Welfare, ARD, DYC, OPI, Staff Development Division and Children's Health and Rehabilitation. From outside CDHS, we invited participation from the Regional Office and State Judicial, with representation from the Court Improvement Grant.

The Steering Committee met for nearly 18 months and will continue to meet to address areas of concern identified in the Statewide Assessment process. The level of participation from each office was high and members seemed eager to tackle the assignments and produce a meaningful product for Colorado.

Quarterly meetings with Statewide Stakeholders were beneficial as we were able to benchmark the progress made and gather feedback as to the relevance of this document for consumers, providers and other agencies that have an interest in Child Welfare. Stakeholders were part of keeping the assessment process accountable. They were part of identifying gaps in service areas across the state; on-site selection criterion; identifying what could be the underlying causes of a high re-entry rate and maltreatment rate and identify Colorado's strengths and weaknesses; and reviewing the statewide assessment itself, providing input on it. From this experience, a

statewide child welfare advisory commission will be formed. Generally stakeholders believed this was a positive experience and appreciated the opportunity to become involved and provide input as well as being educated about Child Welfare and the review process.

Opportunities to interact with the Children’s Bureau Staff were also helpful. Colorado had four people who participated as Reviewers in other states. Each one’s experience with the Federal office was helpful and the onsite discussions proved invaluable. The periodic conference calls with the Federal Office also provided us positive direction and support. We have used technical assistance from the National Resource Centers sparingly, however there was considerable telephone contact to discuss options and courses of action. The Resource Centers will continue to be a resource that we will use.

Overall, the process has been quite valuable in moving Colorado’s Child Welfare System to become a more integrated system that works in partnership with the community as well as other state agencies.

5. List the names and affiliations of the individuals who participated in the development of the statewide assessment (please specify their role).

Steering Committee – The role of the committee is to plan for the overall review process for the Department. The committee will report on the status of the review process and make recommendations to the Division Director’s and the Executive Director. The committee will develop and coordinate the workgroups to ensure all aspects of the service review are addressed.

Steering Committee	Participant’s Area of Representation
1. Charles Perez	Division of Child Welfare
2. Pam Hinish	Division of Child Welfare
3. Julie Chavez-Navarro	Division of Youth Corrections
4. Gayle Ziska-Stack	Administrative Review Division
5. Janet Motz	Division of Child Welfare
6. Jenise May	Division of Child Welfare
7. Donna Pope	Division of Child Welfare
8. Art Atwell	Staff Development and Training
9. Kristin Taylor	Office of Performance Improvement
10. Ellen Green	Administrative Review Division
11. Jude Ligouri	Denver County Human Services
12. Jan MacIntosh	Denver County Human Services
13. Ed Wensuc	Data Specialist DYC
14. Elaine Huffman	Field Administration and Tribal Rep.
15. Daniel Gallagher	Court Improvement Program Coordinator
16. Oneida Little	Region VIII Office
17. Lloyd Malone	El Paso County Human Services
18. Marilyn Neihart	Morgan County Social Services
19. Claudia Zundel	Children’s Health and Rehabilitation

Stakeholder Committee - The committee will:

- Study and become educated on all the federal materials
- Participate in groups to develop portions of the self-assessment
- Review and comment on each draft of the self-assessment,
- Perhaps participate in the on-site review
- Participate, if needed, in the development of the program improvement plan
- Identify areas of need for technical assistance to achieve compliance

First Name	Last Name	Title	Business
CFSR Steering Committee			
State Child Welfare Staff			
County Department Directors			
DYC Regional Managers			
1. Jane	Beveridge	Director	Division of Child Welfare
2. Shiela	Aderman-Squires	Manager	Office of Performance Improvement
3. Steve	Bates	Director	Division of Youth Corrections
4. Lynn	Johnson	Children Youth and Families	Governor's Office
5. William	Moloney	Director	Department of Education
6. Karen	Reinertson	Director	Dept. of Health Care Policy and Financing
7. Ken	Salazar	Attorney General	Office of Attorney General
8. Danelle	Young	Manager	Office of Self Sufficiency
9. Claudia	Zundel	Interim Director	Child and Family Services
10. Theresa	Apodaca	Program Manager	Pueblo County Social Services
11. William	Bane	Program Administrator	Child and Family Services
12. Frank	Bennett	Executive Director	Behavioral Health Inc.
13. John	Bernhart	County Commissioner Liaison	Office of Performance Improvement
14. Sherry	Bethrum	Director	Foster Parent Association
15. Deborah	Howard-Brewer	Director	Fort Collins Family Center
16. Charmin e	Brittain	Curriculum Specialist	American Human Association
17. Claudia	Budd		Bent County Social Services
18. Debra	Cave	Adoptive Parent	Adoption Coalition
19. Patricia	Cervera	Planning/Grants Officer	Division of Criminal Justice
20. Robert	Clyman	Executive Director	Kempe Children's Center
21. Debra	Colglazier	Child Welfare Supervisor	Yuma County Social Services
22. Patricia	Cosyleon	Child Welfare Supervisor	Pueblo County Social Services
23. Mary	Davis	Director Prevention/Intervention	Dept. of Public Health & Environ.
24. Wendy	Dilivio		Access Behavioral Care
25. Shirley	Dodd		Logan County Social Services
26. Susan	Donavan		Denver Juvenile Justice
27. Clyde	Freeman	Family/Children Services Man.	Denver County Human Services
28. Vel	Garner	Director of Program Services	Division of Youth Corrections
29. Betty	Golden	Director	La Gente
30. Donna	Good	Senior Deputy Manager	Denver County Human Services
31. Eleanor	Gutierrez		Pueblo County Social Services
32. Jeanette	Hensley	Acute Care Benefits Manager	Office of Health Care Policy and Finance – Medicaid
33. Deborah	Hunt	Clinical Services Supervisor	Denver Indian Family Res. Ctr.
34. Michelle	Jarosz	Coordinator	Promoting Safe and Stable Families – Fremont County
35. Leslie	Kammeier	Coordinator	Hope for Children – Pueblo
36. Anne	Keire		Division of Child Care

37. Brad	Lenderick	Sergeant	Denver Police Department
38. Connie	Linn	Administrator	Adams County Social Services
39. Christina	Little		Kempe Children's Center
40. Wade	Livingston	Asst. Attorney General	Office of Attorney General
41. Andrea	Ludwick		F.A.C.T.
42. Jennifer	Mankey		Denver Juvenile Justice
43. Barbara	Mattison	Executive Director	Colorado CASA
44. Nancy	McDaniel	Director of Prg and Operation	American Humane Assc.
45. Alice	Medina		Denver CO Foster Parent Assc
46. Dedra	Millich	Director	Southern Ute Tribe
47. Karen	Mooney		Signal
48. Phoebe	Norton	Executive Director	MHC of Boulder
49. Kathleen	Ohman	Graduate School of Social Work	University of Denver
50. Debbie	Oldenettel	Family/Children Services Man	Broomfield County Human Services
51. Christine	Olsen	Treatment Field Manager	Alcohol and Drug Abuse Div.
52. Richard	Peters	Executive Director	Access Behavioral Care
53. Alison	Pulley	Legislative Liaison	Colorado Counties Inc.
54. Sharon	Raggio	Executive Director	Pike Peak Mental Health
55. Jennifer	Reed	Director	Prairie Family Center
56. Gabriel	Reising	Child Welfare Trainer	Nicholson, Spencer and Asso.
57. Kevin	Richards	Director	Division of Self Sufficiency
58. Mary	Riotte		CDHS/Colorado Works
59. Dave	Roberts	Director	Ute Mountain Ute Tribe
60. Melody	Roe	Director of Programs	The Adoption Exchange
61. Karen	Silverman	Executive Director, JD	CAFCA
62. David	Smith	Director	Colorado Department of Education
63. Theresa	Spahn		Office of Children Representative
64. Ken	Stein	Project Director	West Slope – Options CO Ntw
65. Sharon	Sturgis	Coordinator	Promoting Safe and Stable Families – Mesa County
66. Robert	Tiernan	CPA Network	Executive
67. Katie	Wells	Treatment Field Manager	Alcohol and Drug Abuse Div.
68. Jeff	Wenzel	Executive Director	MH OMBUDS Program of CO

