



COLORADO
Department of Human Services

October 1, 2020

The Honorable Nathan B. Coats
Chief Justice, Colorado Supreme Court

The Honorable Jared Polis
Governor, The State of Colorado

The Honorable Leroy Garcia
President of the Senate, Colorado General Assembly

The Honorable KC Becker
Speaker of the House, Colorado General Assembly

Chief Justice Coats, Governor Polis, President Garcia, and Speaker Becker:

The Colorado Department of Human Services, in response to reporting requirements set forth in Section 26-5.5-104 (6), C.R.S., respectfully submits the attached Colorado Statewide Colorado Family Preservation Program Report.

“On and after July 1, 1994, the executive director of the state department shall annually evaluate the statewide family preservation program and shall determine the overall effectiveness and cost-efficiency of the program. Notwithstanding section 24-1-136 (11)(a)(I), on or before the first day of October of each year, the executive director of the state department shall report such findings and shall make recommended changes, including budgetary changes, to the program to the general assembly, the chief justice of the supreme court, and the governor. In evaluating the program, the executive director of the state department shall consider any recommendations made by the interagency family preservation commission in accordance with section 26-5.5-106. To the extent changes to the program may be made without requiring statutory amendment, the executive director may implement such changes, including changes recommended by the commission acting in accordance with subsection (7) of this section.”

If you have any questions, please contact Kevin Neimond, Legislative Director, at 303-620-6450.

Sincerely,

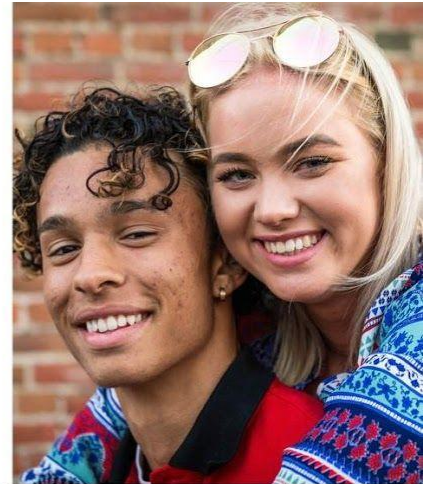
Michelle Barnes

Michelle Barnes
Executive Director, Colorado Department of Human Services



Colorado Core Services Program Annual Evaluation

January 1, 2019- December 31, 2019



**Strength
Based**



**Individualized
Services**



**Family
Preservation**



Colorado Department of Human Services
Office of Children, Youth and Families
Division of Child Welfare
October 1, 2020



COLORADO
Office of Children,
Youth & Families
Division of Child Welfare

Core Services Program Annual Evaluation Draft Report Calendar Year 2019

Submitted to:

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Division of Child Welfare

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Division of Child Welfare



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Core Services Program Annual Evaluation Report Calendar Year 2019

Executive Summary

Background and Introduction

The Core Services Program was established within the Colorado Department of Human Services (CDHS) in 1994 and is statutorily required to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

The statewide Core Services Program is built to address four clinical emphases:

1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth
2. Prevent out-of-home placement
3. Return the child/youth in placement to their own home, or unite the child/youth with their permanent families
4. Provide services that protect the child/youth

Each of the 64 counties and one Colorado Tribe (the Southern Ute Indian Tribe) annually develop plans to address these four goals through locally tailored strategies and services. Each jurisdiction designs a unique mix of required and county designed services, resulting in a multifaceted array of services and opportunities along with accompanying implementation challenges.

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services were developed, in part, as a response to a federal requirement to demonstrate reasonable efforts to prevent removal of children from their homes. Family preservation services grew out of the recognition that children/youth need a safe and stable family and that separating children/youth from their families and communities removes them from natural supports and often causes trauma, leaving lasting negative effects.

The goals of the Core Services Program are to safely maintain children/youth in the home, return children/youth home, promote the least restrictive setting for children/youth, and/or provide services for families at-risk of further involvement in the child welfare system. These goals are achieved in two ways. The first is the provision of services directly to the child/youth. These services promote well-being and may work to address mental or physical health issues that act as family stressors. The second is the provision of services directly to adult caregivers on behalf of the child/youth.

In most cases, the primary goal is for children/youth to remain in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services work to return that child/youth home in a safe and timely manner. In cases where safety requires the child/youth to be permanently placed out of the home, services focus on stabilizing and maintaining the least restrictive out-of-home placements (including adoptive and

foster homes). These priorities are reflected in the service goals created for each child/youth, which must be entered each time a new Core Service is authorized.

During the 2011 Legislative Session, House Bill 11-1196, Flexible Funding for Families, was passed into law. The language allowed counties to provide prevention and intervention services with existing funding sources, such as the State Child Welfare Block, Core Services Program allocation, and the Colorado IV-E Waiver funding. This is referenced as Program Area Three (PA3), which is a mechanism to: (1) provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare; (2) close cases with no safety concerns and continue providing services with a support plan; and (3) help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting. Colorado county departments of human/social services are able to use state and federal funds to provide, and account for, prevention services to children, youth, and families prior to a referral to child welfare, or to screened out referrals. If county departments choose to provide preventative services to children, youth, and families, they are able to directly provide services through qualified staff, or contract with available service providers in their community. PA3 is optional, based on county by county available funding and ability to provide preventative services. Prevention services are offered as 100 percent voluntary to a family.

The Core Services Program Evaluation Calendar Year (CY) 2019 report, produced by the Social Work Research Center in the School of Social Work at Colorado State University (CSU), is designed to describe the outcomes and costs of the Core Services Program across Colorado to provide meaningful data to support decisions made by the Office of Children, Youth, and Families, Division of Child Welfare, and county Core Services Programs. Significant progress has been made in consistently documenting services in Trails, which is Colorado's Comprehensive Child Welfare Information System (CCWIS), and the County Financial Management System (CFMS), which allows for more accurate tracking of service provision, service outcomes, payments, and costs.

Implementation of the Core Services Program

The Core Services Program is structured as a state-supervised, county-administered system with the Colorado Department of Human Services overseeing funding allocations and working with county staff to set policies and procedures. The legislative authorization requires access to specific services statewide, while maintaining flexibility at the local level as each county operates the Core Services Program to meet the unique needs of families and communities. Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

Children and Families Served during CY 2019. In CY 2019, the Core Services Program served **26,852 distinct clients** (unduplicated individuals). This represents a decrease of 8.6% in distinct clients served from CY 2018. Overall, 56% of the distinct clients were children/youth directly receiving services and 44% were adults receiving services on behalf of the child/youth. Overall, **17,041 distinct children/youth from 10,182 cases/involvements received or benefitted** from Core Services in CY 2019. This represents a 5.6% decrease in distinct children/youth receiving or benefitting from Core Services from CY 2018.

Services Provided in CY 2019. There were **34,056 service episodes** open at any time in CY 2019. This represents a 0.8% decrease in service episodes from CY 2018. County designed services represent the most common type of service provided, with 35% of all episodes statewide. This is unsurprising given that this general category encompasses an array of specific services that are identified by each individual county as necessary to meet unique needs in the community. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidence-based programs, as well as programs that are providing positive outcomes in communities around the state.

Outcomes of the Core Services Program

The evaluation report presents short-term service effectiveness outcome measures being tracked by caseworkers in Trails, service goal attainment outcomes, and follow-up child welfare involvement outcomes. In addition, sub-analyses are reported for service goal (remain home, return home, or least restrictive setting), program area, provider type (purchased or county provided), service type, and county.

Service Effectiveness. Seventy-five percent of service episodes for CY 2019 were closed with a “successful” or “partially successful” service effectiveness outcome. This represents a slight decline in the percentage of service episodes closed with a successful or partially successful outcome from CY 2018. Service episodes for children/youth with a remain home service goal or a prevention or PA3 designation, as well as sexual abuse treatment had the highest rates of successful or partially successful service effectiveness.

Service Goal Attainment. The overall service goal attainment rate was 77%, which represents a 3% decrease from CY 2018. The service goal attainment rate was 90% for remain home service episodes, 84% for least restrictive setting service episodes, and 67% for return home service episodes.

The remain home service goal was attained in 99% of all PA3 service episodes.

Follow-up Outcomes. Based on a distinct count of 5,981 children/youth with closed cases in CY 2018, 46% of children/youth had a subsequent referral, 31% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 4% had a subsequent placement, 9% had a subsequent Division of Youth Services (DYS) involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes represent a slight improvement from the outcomes for cases closed in CY 2017.

Costs of the Core Services Program

The evaluation report presents average cost per service episode, average cost per client, and average cost per child/youth receiving or benefitting from services. In addition, a cost offset measure estimates the additional placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in OOH care.

Cost per Service Episode. The cost per service episode measure is intended to provide an overall average cost for each paid service intervention. This analysis only includes the costs for paid services (costs for no-pay services cannot be calculated from Trails) and does not include the cost of county-provided services. The average cost per service episode for all therapeutic Core Service episodes closed in CY 2019 was \$2,313 with an average service duration of 127 days. For therapeutic assessments/evaluations, the average cost per service episode was \$890 with an average service duration of 38 days, which represents an increase of 23.4% or \$169 in average cost per service episode from CY 2018, and an increase of 10.5% or 4 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,563 with an average service duration of 142 days, which represents a decrease of 3.4% or \$89 in average cost per service episode from CY 2018, and a decrease of 0.7% or 1 day in average duration per service episode.

Cost per Client and Cost per Child/Youth. The average cost per client statewide for CY 2019 was \$2,142 based on total expenditures of \$57,908,224 and 27,030 clients served. This represents an increase of 11.8% or an additional \$226 in average cost per client from CY 2018. The average cost per child/youth statewide for CY 2019 was \$3,365 based on total expenditures of \$57,908,224 and 17,208 children/youth receiving or benefitting from Core Services. This represents an increase of 8.1% or an additional \$252 in average cost per child/youth receiving or benefitting from Core Services from CY 2018.

Cost Offset. Overall cost offset was calculated using a methodology that assumes that all children/youth would have been placed in out-of-home care in the absence of Core Services. Based on actual Core Services and OOH expenditures of \$147,071,557 and an estimated OOH cost of \$195,157,095, an additional **\$48,085,538** would have been spent by county agencies statewide in CY 2019 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered a less restrictive setting as a result of Core Services.

Over the past seven calendar years, an additional \$335 million would have been spent by county agencies statewide if out-of-home placements had been provided exclusively instead of a combination of Core Services and out-of-home placements.

Conclusions

The following conclusions illustrate the high level of overall program success as measured by service effectiveness, service goal attainment, subsequent child welfare involvement, and cost offset.

Core Services Program is Working as Designed. The findings from this report support the Core Services Program as an effective approach to strengthening Colorado families by keeping or returning children/youth home or in the least restrictive setting while maintaining safety. For example, 99% of children/youth who received prevention services remained home, which also indicates that the Core Services Program is serving the population targeted by the legislation. Furthermore, the Core Services Program is clearly providing the appropriate levels of support, as evidenced by the findings that less than 4% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Maintaining Consistently Positive Outcomes. The Core Services prevention programs again recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes in CY 2019.

Core Services are Effective in Achieving Treatment Success. Seventy-five percent of all service episodes in CY 2019 were determined to be successful or partially successful with 84% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers, substance use disorder evaluation and treatment, behavioral and mental health services, trauma focused services, and strong wraparound services for families has positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 77% of children/youth with an involvement closed in CY 2019. Similar to past evaluations, the remain home service goal was attained in 94% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,981 distinct children/youth with a closed case in CY 2018, 46% of children/youth had a subsequent referral, 31% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 4% had a subsequent placement, 9% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes represent a slight improvement to the outcomes for cases closed in CY 2017.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$48 million in CY 2019 on out-of-home placements for children/youth. Over the past seven calendar years, an additional \$335 million would have been spent by county agencies statewide if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered a less restrictive setting as a result of Core Services.

Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2019. First, county-specific reports were produced and knowledge translations efforts were conducted with counties through webinars, workshops, and presentations. These ongoing training and consultation opportunities allow counties to make full use of available data for quality improvement purposes. Second, outcomes and costs for prevention and intervention services were further analyzed and compared. Third, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Lastly, questions on county participation in Family First Prevention Services Act (Family First) committees and county readiness to implement the requirements of the legislation were expanded to further contextualize the impact of further integrating evidence-based practices in the Core Services Program. Based on findings from the report, 62% of counties had participated in Family First committees, sub-committees, or task groups, up from 52% in CY 2018, while 63% of counties reported being somewhat, very, or extremely prepared to implement Family First requirements, up from 48% in CY 2018.

Implications

Based on the outcome and cost evaluation findings, the key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. Core Services are especially effective for county provided services, prevention services, and for children/youth with a service goal of remain home and/or a PA5 designation. As a result, increased efforts to improve outcomes for purchased services and for children/youth with a service goal of return home or a PA4 designation continue to be warranted.

The positive findings for service effectiveness and service goal attainment indicate that current Core Services prevention efforts should be enhanced and offered widely to families at risk for child welfare involvement to maximize the opportunity for lowering case numbers and stepping down children/youth to lower levels of care. The Core Services Program also aligns well with other child welfare prevention efforts recently implemented in the state. As such, future evaluation efforts should look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote the safety, permanency, and well-being.

Research consistently documents the health and social inequities experienced by vulnerable populations, with exclusion from meaningful services occurring by race and ethnicity, Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+) identities, age, socioeconomic level, and disability status. To help advance equity in the health and human services landscape, improved understanding of how the Core Services program is experienced by underserved communities is necessary. Using a community-engaged, youth-led participatory action research approach, CSU hopes to create a culturally responsive evaluation (CRE) that explores access to and impacts of the Core Services program for LGBTQ+ youth. The ultimate goals of this pilot evaluation are to: (1) inform the ongoing development of culturally responsive Core Services for LGBTQ+ youth; and (2) test the feasibility of CRE modules across multiple underserved communities within the overall statewide Core Services evaluation, as part of a multi-year strategic commitment.

Core Services Program Annual Evaluation Report Calendar Year 2019

1. Background and Introduction

The Core Services Program was established within the Colorado Department of Human Services (CDHS) in 1994 and is statutorily required to provide strength-based resources and support to families when children/youth are at imminent risk of out-of-home placement, in need of services to return home, or to maintain a placement in the least restrictive setting possible. Responding to the complexity and variability in the needs of children, youth, and families across the diverse regions of Colorado, the Core Services Program combines the consistency of centralized state administrative oversight with the flexibility and accountability of a county administered system. This approach allows for individualized services to meet the needs of children, youth, and families across diverse Colorado communities.

Colorado Revised Statute (C.R.S.) 26-5.5-104(6) authorizing the Core Services Program mandates that the Department annually provide “an evaluation of the overall effectiveness and cost-efficiency of the program and any recommended changes to such program.” This report, produced by the Social Work Research Center in the School of Social Work at Colorado State University (CSU), responds to this mandate and is designed to describe the outcomes and costs of the program across the state in order to provide meaningful data to support decisions made by the Office of Children, Youth, and Families, Division of Child Welfare (DCW), and county Core Services programs.

1.1. Overview of the Core Services Program

The statewide Core Services Program is built to address four clinical emphases:

1. Focus on family strengths by directing intensive services that support and strengthen the family and protect the child/youth
2. Prevent out-of-home placement
3. Return the child/youth in placement to their own home, or unite the child/youth with their permanent families
4. Provide services that protect the child/youth

Each of the 64 counties and one Colorado Tribe (the Southern Ute Indian Tribe) annually develop plans to address these four goals through locally tailored strategies and services. Each jurisdiction designs a unique mix of required and county designed services, resulting in a multifaceted array of services and opportunities along with accompanying implementation challenges. In addition, policies guiding documentation and tracking of services and expenditures differ from county to county, adding challenge to the evaluation effort. Each county and tribe share a common mission to support the children/youth and families of their communities, and have the common desire and obligation to deliver services that are meaningful to the families that receive them while remaining accountable to all citizens in the community.

Each county and the Southern Ute Indian Tribe have a Core Services Coordinator that oversees the program locally. However, the range of responsibilities of each coordinator varies considerably. Typically, the coordinator role in larger counties is more specialized and specific to the Core Services Program, compared with coordinators in smaller counties, who must fill multiple responsibilities. In the cases of larger counties, the coordinator is likely responsible for a range of duties, including:

- Engaging service providers in the community, including program development (identifying programs that meet the needs of the local community), reviewing invoices, and holding regular meetings with providers

- Consulting with caseworkers to match families with services
- Ensuring that data is being entered consistently
- Monitoring expenditures vs. allocations throughout the year
- Writing, monitoring, and accurately entering the service contracts
- Completing the annual Core Services Plan and Family Preservation Commission Report, and chairing the Family Preservation Commission
- Periodically reviewing Core Services Program cases (e.g., identifying cases where a service has been open for a long time and identifying strategies to achieve service goals)

In medium-sized counties, other duties may include the supervision of caseworkers and direct involvement with other family service programs in the county (including House Bill 1451 - Collaborative Management Program). In smaller counties, coordinators are often also responsible for direct delivery of providing Core Services. Counties where the Colorado Practice Model and/or Differential Response (DR) are being implemented have direct involvement from either the Core Services Coordinator or other representatives from the program (caseworker, supervisor, etc.).

The coordinators meet quarterly with the state's Program Administrator to discuss issues (such as funding, legislation, and Department policies and rules) that affect implementation at the county level. Additionally, the coordinators provide valuable insight and guidance for the evaluation in terms of data interpretation and isolating the key county issues that help provide context to the quantitative results.

1.2. Description of the Core Services Program

The Core Services Program is based on a foundation of research and practice in family preservation. Family preservation services are generally short-term services designed to support families in crisis by improving parenting and family functioning while keeping children/youth safe. These services were developed, in part, as a response to a federal requirement to demonstrate reasonable efforts to prevent removal of children/youth from their homes. Family preservation services grew out of the recognition that children/youth need a safe and stable family and that separating children/youth from their families and communities removes them from natural supports and often causes trauma, leaving lasting negative effects.

In Colorado, a subsection of the legislation mandating the Family Preservation Commissions defines "family preservation services" as assistance that focuses on a family's strengths and empowers a family by providing alternative problem-solving techniques and child-rearing practices, as well as promoting effective responses to stressful living situations for the family. This assistance includes resources that are available to supplement existing informal support systems for the family. There are ten designated types of "family preservation services" and this array of services constitutes the Core Services Program. Each of the ten designated Core Service types are listed below with definitions from Child Welfare Services, Staff Manual Volume 7.

Through ongoing conversations, counties are always encouraged to identify and utilize evidence-based programs and promising practices with their Core Services Program funding.

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: An optional service tailored by the specific county in meeting the needs of families and children in the community in order to prevent the out-of-home placement of children or facilitate reunification or another form of permanence. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidence-based programs, as well as programs that are providing positive outcomes in communities around the state.

Day Treatment: Comprehensive, highly structured services that provide education to children and therapy to children and their families.

Home-Based Intervention: Services provided primarily in the home of the client and include a variety of services, which can include therapeutic services, concrete services, collateral services, and crisis intervention directed to meet the needs of the child and family. See Section 7.303.14 for service elements of therapeutic, concrete, collateral, and crisis intervention.

Intensive Family Therapy: Therapeutic intervention typically with all family members to improve family communication, functioning, and relationships.

Life Skills: Services provided primarily in the home that teach household management, effectively accessing community resources, parenting techniques, and family conflict management.

Mental Health Services: Diagnostic and/or therapeutic services to assist in the development of the family services plan and to assess and/or improve family communication, functioning, and relationships.

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.

Special Economic Assistance: Emergency financial assistance of not more than \$2,000 per family per year in the form of cash and/or vendor payment to purchase hard services. See Section 7.303.14 for service elements of hard services.

Substance Abuse Treatment Services: Diagnostic and/or therapeutic services to assist in the development of the family service plan, to assess and/or improve family communication, functioning and relationships, and to prevent further abuse of drugs or alcohol.

1.3. Goals of the Core Services Program

The goals of the Core Services Program are to safely maintain children/youth in the home, return children/youth home, promote the least restrictive setting for children/youth, and/or provide services for families at-risk of further involvement in the child welfare system. These goals are achieved in two ways. The first is the provision of services directly to the child/youth. These services promote well-being and may work to address mental or physical health issues that act as family stressors. The second is the provision of services directly to adult caregivers on behalf of the child/youth.

In most cases, the primary goal is for children/youth to remain in the home. In cases where safety concerns prompt a need to remove a child/youth from the home, services work to return that child/youth home in a safe and timely manner. In cases where safety requires the child/youth to be permanently placed out of the home, services focus on stabilizing and maintaining the least restrictive out-of-home placements (including adoptive and foster homes). These priorities are reflected in the service goals created for each child/youth, which must be entered each time a new Core Service is authorized.

1.4. Family First Prevention Services Act

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (Family First) was signed into law. Family First includes historic reforms to help keep children and youth safely with their families and avoid the traumatic experience of entering foster care, and emphasizes the importance of children and youth growing up in families. In cases where foster care is needed, Family First helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs. Family First creates a new entitlement in the form of a 50% reimbursement stream using federal funds to provide services to keep children and youth safely with their families and out of foster care (without regards to income). When foster care is needed, Family First allows federal reimbursement for care in family-based settings and certain residential treatment programs for

children and youth with emotional and behavioral disturbance requiring special treatment. Family First includes the following components:

1. Federal investment in placement prevention for children/youth at risk of foster care through funds under Title IV-E of the Social Security Act, beginning in FY 2020, to support evidence-based prevention efforts for mental health and substance abuse prevention and treatment services, and in-home parent skill-based services. The services may be provided for not more than 12 months for children who are at imminent risk of entering foster care, their parents and relatives to assist the children, and pregnant or parenting teens.
2. Federal funds targeted for children/youth in foster family homes, or in qualified residential treatment programs, or other special settings. Federal funding is limited to children/youth in family foster homes, qualified residential treatment programs, and special treatment settings for pregnant or parenting teens, youth 18 and over preparing to transition from foster care to adulthood, and youth who have been found to be - or are at risk of becoming - sex trafficking victims. The act requires timely assessments and periodic reviews of children/youth with special needs who are placed in qualified residential treatment programs to ensure their continued need for such care.
3. Additional support for relative caregivers by providing federal funds for evidence-based “Kinship Navigator” programs which serve to link relative caregivers to a broad range of services and supports to help children remain safely with them.
4. Reauthorizing or extending a number of programs, including, but not limited to the Promoting Safe and Stable Families Program, Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B), funding set asides for monthly caseworker visits, Regional Partnership Grants, and the Court Improvement Programs grants.
5. Requiring states to create and maintain statewide plans to track and prevent child maltreatment fatalities.
6. Establishing a competitive grant program to support the recruitment and retention of high quality foster families to help place more children in these homes, with special attention to states and tribes with the highest percentage of children in non-family settings.
7. Reauthorizing the John H. Chafee Foster Care Independence Program’s independent living services to assist former foster youth up to age 23 (currently available to youth between ages 18-21) and extending eligibility for education and training vouchers for these youth to age 26 (currently only available to youth up to age 23).
8. Establishing an electronic, web based, interstate case-processing system to help states expedite the interstate placement of children in foster care, adoption or guardianship; and extending the Adoption and Legal Guardianship Incentive Payment program for five years, which allows states to receive incentive awards for increasing exits of children from foster care to adoption or guardianship.

Family First prioritizes keeping families together and puts more money toward at-home parenting classes, mental health counseling, and substance abuse treatment, while limiting placements in congregate care settings. Although it has been characterized as the most significant child welfare legislation in over a decade, the impact of this landmark act will be felt far beyond county administered child welfare services. The DCW has engaged a large number of professionals from within CDHS, other State Departments, behavioral health networks, providers, counties, and community partners to analyze Family First and make recommendations for implementation in Colorado. The following represents Colorado’s Family First 2019 Call to Action:

- **Respond.** Dedicate resources to establish an inclusive, integrated structure to support an intentional review of Family First that will result in a Comprehensive Prevention Plan for Colorado’s initial implementation of Family First. Additionally, Colorado has received federal funds for evidence-based Kinship Navigator programs.
- **Vision.** Ensure that Family First work is grounded in the vision, mission and values of CDHS and articulates specific values to ground Family First planning, recommendations, and decisions.
- **Analyze.** Recruited and mobilized a diverse group of partners and stakeholders to analyze Family First requirements, choices and timelines from fiscal, policy and program/services perspectives. A diverse

collaboration developed recommendations, rationale and short-term action considerations for implementation of Family First.

- **Inform.** Established a Colorado Family First Advisory Committee and Subcommittee webpage to gather and disseminate national and local resources and provide information regarding Colorado's Family First people, process and products.
- **Maximize.** Identified local and national partners and resources to support Colorado's efforts.
- **Equip.** Provided feedback opportunities, information and ideas to providers and stakeholders through convenings and meetings with local and national experts.
- **Contribute.** Took advantage of the opportunity to inform national thinking and decisions by responding to opportunities for feedback to the Administration for Children, Youth and Families via federal registry requests and submitted thoughtful questions and recommendations for consideration in establishing federal guidance.
- **Engage.** Creating ongoing, inclusive opportunities for involvement through committee participation, constituent outreach, and engagement of county departments of human/social services, other state agencies, placement providers, and other key stakeholders.
- **Build.** Intentionally identifying successful strategies, approaches, partnerships and structures that have served Colorado well in the past and searching for opportunities to integrate Family First considerations into existing work and structures.
- **Create.** Exploring opportunities to transform Colorado's child welfare system through new and innovative partners and programs.

1.5. Enhancements to the Core Services Program

During the 2011 Legislative Session, House Bill 11-1196, Flexible Funding for Families, was passed into law. The language allowed counties to provide prevention and intervention services with existing funding sources, such as the State Child Welfare Block, Core Services Program allocation, and the Colorado IV-E Waiver funding. This is referenced as Program Area 3 (PA3), which is a mechanism to: (1) provide services for children and families who do not have an open child welfare case, but who are at risk of involvement with child welfare; (2) close cases with no safety concerns and continue providing services with a support plan; and (3) help children and youth in out-of-home (OOH) care to step-down to the least restrictive placement setting.

Historically, county departments may have provided prevention services with other funding sources. Through the summer of 2013, rule was crafted by the PA3 Policy Subgroup, which is comprised of county and state child welfare staff. The prevention, intervention, and PA3 rules were presented to the State Board of Human Services for final reading October 4, 2013, and promulgated into Volume 7 Rule, effective January 1, 2014. The impact of the statute and rule is that Colorado county departments of human/social services are able to use state and federal funds to provide and account for prevention services to children, youth, and families prior to a referral to child welfare, or to screened out referrals. If county departments choose to provide preventative services to children, youth, and families, they are able to directly provide services through qualified staff, or contract with available service providers in their community. PA3 is optional, based on county by county available funding and ability to provide preventative services. Prevention services are offered as 100 percent voluntary to a family.

This enhancement requires documentation of activity in Trails, which is Colorado's Comprehensive Child Welfare Information System (CCWIS). As such, a PA3 Trails Subgroup was tasked with designing a Trails build to support the PA3 policy, as it was being determined. By reporting and tracking in one automated system, DCW and county departments are able to collect and analyze outcome data for services delivered, as well as track funding used for prevention and intervention service delivery. These data elements also provide information on those families served who never enter the child welfare system. To maintain the integrity of the voluntary prevention mechanism, only client names and date of birth are required in Trails to provide services for these families. Counties who choose to provide services under PA3 are accountable to report those preventative services in Trails. The Trails build went live on January 12, 2014.

In 2018, 60 counties were approved to use Core Services funding for prevention and/or intervention services. Many counties are determining what their process for offering volunteer services will be, and how they will track this type of service provision, without the mandatory monthly contacts and all other child welfare related requirements. A few counties are exploring and developing prevention/intervention service delivery policies and procedures. Colorado is excited to offer prevention/intervention services with their Child Welfare Block and Core Services Program funding, and is confident this practice will evolve as counties recognize the possibilities.

1.6. Outline of the Current Report

This Core Services Program Annual Evaluation Report is based on a Calendar Year (CY) rather than a State Fiscal Year (SFY). This allows for the timely and efficient documentation and collection of Core Services outcome and cost information, so that the data can be more fully analyzed and reported to meet the statutory requirement.

The CY 2019 report features descriptive and comparative analyses of children, youth, and families served, services provided, service effectiveness, service goal attainment, subsequent child welfare involvement, cost per service episode, cost per client, cost per child, and cost offset. Initially a quasi-experimental design was proposed with a comparison of children who received Core Services while in OOH care with children who were in placement but never received Core Services. However, there are so few children in OOH placement who do not receive Core Services that such a design was not feasible. To facilitate group comparisons of outcomes and costs, subgroup analyses are employed based on service goal, program area, provider type, service type, and county. These analyses allow for the tracking of future trends regarding the outcomes and costs of the Core Services Program.

Following this **Background and Introduction** section is a description of the **Implementation of the Core Services Program**. This section describes the numbers and demographics of clients and children/youth served and the numbers and types of services authorized through the Core Services allocation. This section provides a general overview of the types of services offered across the state and at the county level.

The **Outcomes of the Core Services Program** section is presented in the following three ways: (1) short-term service effectiveness outcome measures for service episodes closed in CY 2019 being tracked by designated county staff in Trails; (2) service goal attainment outcomes based on closed involvements in CY 2019; and (3) longer-term 12-month child welfare involvement outcomes for children with a closed case in CY 2018. In addition, sub-analyses are presented for all outcome measures for service goal, program area, provider type, service type, and county.

The **Costs of the Core Services Program** section is presented in the following four ways: (1) average cost per service episode reported by county, service goal, and program area for purchased services; (2) average costs per client reported overall and by service type, service goal, county, program area, and provider type; (3) average cost per child/youth reported overall and by service type, service goal, county, program area, and provider type, and (4) cost offset reported by comparing estimated out-of-home placement costs in lieu of Core Service provision with actual service and out-of-home placement costs for children who received Core Services in CY 2019.

The **Family Preservation Commission Report Findings** section includes a qualitative narrative of successes and challenges facing the Core Services Program from a county/tribe perspective. The findings are derived from the Family Preservation Commission Reports, which are submitted electronically, and span 12 months from January 2019 through December 2019 for the CY 2019 report.

The **Conclusions and Implications** section of the report discusses conclusions, evaluation enhancements, limitations, and implications based on the outcome and cost analyses presented in this year's report.

The **Core Services Program Evaluation Methods** (see Appendix A) provides the design, methods, data collection procedures, and data analysis techniques used in the outcome and cost evaluations.

The **Core Services County Designed Programs by County** (see Appendix B) details the county designed service array for each county.

2. Implementation of the Core Services Program

The Core Services Program is structured as a state-supervised, county-administered system with CDHS overseeing funding allocations and working with county staff to set policies and procedures. The legislative authorization requires access to specific services statewide, while maintaining flexibility at the local level, as each county administers the Core Services Program to meet the unique needs of families and communities. Significant progress has been made in consistently documenting services in Trails and the County Financial Management System (CFMS) databases, which allows for more accurate tracking of service provision, service outcomes, and payment.

2.1. Children, Youth, and Families Served in CY 2019

The following definitions guided the analysis of children, youth, and families served during CY 2019.

Clients served - based on clients specified in the Trails service authorization as 'Clients Receiving Services' and includes both adults and children/youth.

Children/youth receiving or benefitting from Core Services - based on the following criteria:

- Program Area 3 (prevention) - services provided in these involvements are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the involvement at the time the service is initiated are counted as a child/youth benefitting from the service.
- Program Area 4 (youth in conflict) and Program Area 6 (adoption and emancipation) - services provided in these cases only count children/youth for whom the service authorization was entered since these services are directed toward a specific child/youth.
- Program Area 5 (child protection) - services provided in these cases are typically connected to a parent but recorded on behalf of a child/youth in Trails. Thus, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the case at the time the service is initiated are counted as a child/youth benefitting from the service.

Although a child/youth could receive one Core Service and benefit from another Core Service, they would only be included once in the distinct count of children/youth receiving or benefitting from Core Services.

Service episodes - created by merging individual service authorizations open any time during the calendar year within the same case, for the same provider and service type, and for the same set of clients receiving the service (as long as there was not a gap in service dates of more than 30 consecutive days).

As displayed in Table 1, the Core Services Program served **26,852 distinct clients (unduplicated individuals)** in CY 2019. This represents a decrease of 8.6% in distinct clients served from CY 2018. Overall, 56% of the distinct clients were children/youth directly receiving services and 44% were adults receiving services on behalf of the child/youth. Services provided primarily to adults include substance abuse treatment. While these services are delivered to adults, they benefit children/youth by allowing them to remain in or return to their homes.

The Core Services Program served 26,852 unduplicated individuals in CY 2019.

Table 1: Total Number of Distinct Clients Served by the Core Services Program in CY 2019

Distinct Count	Children/Youth		Adults		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Clients	15,092	56.2	11,760	43.8	26,852	100.0

Table 2 shows that the largest race/ethnicity groups served by the Core Services Program were White, non-Hispanic (47%) and Hispanic (31%). The average age of children/youth served by Core Services was 8.6 years, while the average age of adults served by Core Services was 36.1 years.

Table 2: *Race/Ethnicity of Distinct Clients Served by Core Services Program in CY 2019*

Race/Ethnicity	Frequency	Percent
White, Non-Hispanic	12,702	47.3
Hispanic	8,350	31.1
Black or African American	1,853	10.3
Multiple Races	864	3.2
American Indian or Alaska Native	139	0.5
Asian	128	0.5
Native Hawaiian or Other Pacific Islander	33	0.1
Did not Indicate	2,783	10.3
Total	26,852	100.0

As previously defined, **17,041 distinct children/youth from 10,182 cases/involvements received or benefitted** from Core Services in CY 2019. This represents a 5.6% decrease in distinct children/youth receiving or benefitting from Core Services from CY 2018. Table 3 shows that 74% of all children/youth receiving or benefitting from services were designated as Program Area 5 (PA5), 15% were designated as PA3, 9% were designated as Program Area 4 (PA4), and 2% were designated as Program Area 6 (PA6).

Table 3: *Total Number of Children/Youth Receiving or Benefitting from Core Services Program by Program Area in CY 2019*

Program Area	Frequency*	Percent
PA3 Services	2,601	15.0
PA4 Cases	1,584	9.1
PA5 Cases	12,843	73.9
PA6 Cases	346	2.0
Total	17,374	100.0
*The total does not match the overall sample size of distinct children benefitting because children with multiple involvements during the year can have more than one program area designation.		

There was a decrease of 8.2% in children/youth receiving or benefitting from services with a PA3 designation from CY 2018. Of the 2,601 children/youth designated as PA3, 905 had a prior child welfare case (35%) with 164 designated as PA4 and 741 as PA5. This illustrates the use of PA3 as a mechanism to close cases with no safety concerns but continue services, and to step down children/youth into the least restrictive placement setting.

2.2. Services Provided in CY 2019

As previously defined, there were **34,056 service episodes** open at any time in CY 2019. This represents a 0.8% decrease in service episodes from CY 2018. On the following page, Table 4 shows that 79% of service episodes were associated with children with a PA5 designation while 12% were associated with PA4, 7% were associated with PA3, and 2% were associated with PA6. As for provider type, 69% of service episodes were purchased from external providers by counties while 31% were internally provided by counties. Overall, 73% of all service episodes were for new services provided in CY 2019, while 68% of all service episodes were closed in CY 2019.

Table 4: *Characteristics of Service Episodes in CY 2019 (N = 34,056)*

Characteristic	Frequency	Percent
Program Area		
PA3 Services	2,484	7.3
PA4 Cases	4,082	12.0
PA5 Cases	26,870	78.9
PA6 Cases	620	1.8
Provider Type		
Purchased	23,599	69.3
County Provided	10,457	30.7
Service Status		
New Service in CY 2019	24,837	72.9
Closed Service in CY 2019	23,020	67.6

The authorizing legislation for the Core Services Program requires that each service type be made available in each county and/or region. In addition, counties have the flexibility to create county designed service types to fit the needs of their unique communities. County designed services encompass components of the menu of Core Services, yet are structured in their delivery and tracked uniquely to gain detailed data on evidenced-based programs, as well as programs that are providing positive outcomes in communities around the state. As displayed in Table 5, the most frequent Core Service type in CY 2019 was county designed services at 35%, followed by mental health services, life skills, and substance abuse treatment at 13% each.

Table 5: *Service Episodes in CY 2019 by Service Type*

Service Type	Frequency	Percent
County Designed Services	11,800	34.7
Mental Health Services	4,481	13.2
Life Skills*	4,324	12.7
Substance Abuse Treatment	4,269	12.5
Intensive Family Therapy	2,997	8.8
Home-Based Interventions	2,725	8.0
Special Economic Assistance	2,458	7.2
Sexual Abuse Treatment**	718	2.1
Day Treatment***	284	0.8
Total	34,056	100.0
*Life Skills includes Life Skills Apprenticeship for all analyses.		
**Core Services cannot pay for sexual abuse treatment for court-ordered offender treatment.		
***Day Treatment includes Day Treatment Alternative for all analyses.		

On the following page, Table 6 shows the number of service episodes for each of the county designed service types. The most common county designed service type is supervised visitation followed by family engagement meetings and family group decision making. These three service types comprise 46% of all county designed service episodes in CY 2019.

Table 6: Service Episodes by County Designed Service Type for CY 2019

Service Type	Frequency	Percent
Supervised Visitation	2,129	18.0
Family Engagement Meetings/Services	2,104	17.8
Family Group Decision Making	1,210	10.3
Domestic Violence Intervention Services	850	7.2
Family Empowerment	714	6.1
Community Based Family Support Services	625	5.3
Mentoring	625	5.3
Family Outreach	564	4.8
Child Mentoring and Family Support	527	4.5
CET/TDM	479	4.1
Nurturing Program	272	2.3
Structured Parenting Time	252	2.1
Multisystemic Therapy	237	2.0
Parenting Skills	223	1.9
Functional Family Therapy	165	1.4
Trauma Informed Care/Services	137	1.2
Direct Link	112	0.9
Mediation	90	0.8
Foster Care/Adoption Support	84	0.7
Child/Family Service Therapist	78	0.7
Mobile Intervention Team	74	0.6
Family Strengths	41	0.3
Youth Intervention Program	40	0.3
Post Adoptive Services	34	0.3
Reconnecting Youth	31	0.3
Behavioral Health	28	0.2
Youth Outreach	27	0.2
Play Therapy	19	0.2
Permanency Roundtables	13	0.1
Kinship Evaluation and Training	11	0.1
Adolescent Support Group	5	0.0
Total	11,800	100.0

Substance abuse treatment is the most frequent service type other than county designed services. As displayed in Table 7, the most frequent substance types, for the 3,089 closed substance abuse treatment service episodes from CY 2019, were methamphetamines and alcohol at 31% and 18%, respectively, followed by marijuana at 14%.

Table 7: Substance Types for Substance Abuse Treatment Service Episodes in CY 2019

Substance Type	Frequency	Percent
Methamphetamines	952	30.8
Unknown/Other	746	24.2
Alcohol	549	17.8
Marijuana	424	13.7
Heroin	165	5.3
Cocaine/Crack	128	4.1
Other Opiates	96	3.1
Depressants	20	0.6
Stimulants	9	0.3
Total*	3,089	100.0
*The total does not match the sample size of closed substance abuse treatment service episodes because more than one substance type can be reported for a service episode.		

On the following page, Table 8 shows the count of clients served, the count of children/youth receiving or benefitting from Core Services, and total service episodes for CY 2019 by county.

Table 8: Count of Clients Served, Children/Youth Receiving or Benefitting, and Service Episodes for CY 2019 by County

County*	Clients Served**	Percent of State Total	Children/Youth Receiving/Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Statewide	27,030	100.0	17,208	100.0	34,056	100.0
Adams	2,523	9.3	1,467	8.5	2,687	7.9
Alamosa	251	0.9	193	1.1	249	0.7
Arapahoe	2,659	9.8	2,061	12.0	2,425	7.1
Archuleta	83	0.3	40	0.2	80	0.2
Baca	4	0.0	2	0.0	2	0.0
Bent	43	0.2	29	0.2	24	0.1
Boulder	924	3.4	610	3.5	870	2.6
Broomfield	101	0.4	60	0.3	151	0.4
Chaffee	60	0.2	44	0.3	54	0.2
Clear Creek	39	0.1	21	0.1	30	0.1
Conejos	90	0.3	80	0.5	88	0.3
Costilla	80	0.3	59	0.3	106	0.3
Crowley	79	0.3	70	0.4	72	0.2
Custer	10	0.0	11	0.1	12	0.0
Delta	310	1.1	167	1.0	362	1.1
Denver	1,839	6.8	1,244	7.2	1,737	5.1
Dolores	4	0.0	4	0.0	6	0.0
Douglas	811	3.0	501	2.9	691	2.0
Eagle	180	0.7	122	0.7	204	0.6
El Paso	4,031	14.9	2,516	14.6	10,297	30.3
Elbert	187	0.7	109	0.6	116	0.3
Fremont	669	2.5	366	2.1	1,083	3.2
Garfield	303	1.1	238	1.4	296	0.9
Gilpin	18	0.1	17	0.1	31	0.1
Grand	32	0.1	25	0.1	36	0.1
Gunnison/ Hinsdale	55	0.2	33	0.2	48	0.1
Huerfano	86	0.3	68	0.4	56	0.2
Jackson	14	0.1	11	0.1	18	0.1
Jefferson	1,854	6.9	1,319	7.7	2,240	6.6
Kiowa	25	0.1	16	0.1	13	0.0
Kit Carson	44	0.2	26	0.2	48	0.1
La Plata/ San Juan	199	0.7	147	0.9	385	1.1
Lake	23	0.1	17	0.1	22	0.1
Larimer	2,961	11.0	1,606	9.3	2,541	7.5
Las Animas	74	0.3	56	0.3	43	0.1
Lincoln	104	0.4	61	0.4	49	0.1
Logan	221	0.8	127	0.7	191	0.6
Mesa	1,053	3.9	563	3.3	1,306	3.8
Moffat	90	0.3	57	0.3	84	0.2
Montezuma	53	0.2	55	0.3	59	0.2
Montrose	446	1.7	205	1.2	284	0.8
Morgan	274	1.0	162	0.9	222	0.7
Otero	115	0.4	98	0.6	108	0.3
Ouray/ San Miguel	31	0.1	22	0.1	20	0.1
Park	71	0.3	30	0.2	66	0.2
Pitkin	40	0.1	33	0.2	44	0.1
Prowers	27	0.1	15	0.1	17	0.0

Table 8 (continued)

County*	Clients Served**	Percent of State Total	Children/Youth Benefitting***	Percent of State Total	Service Episodes	Percent of State Total
Pueblo	926	3.4	578	3.4	1,399	4.1
Rio Blanco	81	0.3	49	0.3	57	0.2
Rio Grande/ Mineral	115	0.4	63	0.4	94	0.3
Routt	78	0.3	63	0.4	94	0.3
Saguache	46	0.2	24	0.1	42	0.1
Sedgwick	1	0.0	1	0.0	1	0.0
Summit	51	0.2	24	0.1	46	0.1
Teller	114	0.4	59	0.3	104	0.3
Washington	69	0.3	39	0.2	37	0.1
Weld	2,221	8.2	1,435	8.3	2,509	7.4
Yuma	138	0.5	90	0.5	100	0.3

*Cheyenne and Phillips counties had no clients served, children/youth receiving or benefitting, or service episodes for CY 2019.
 **The total does not match the overall sample size of distinct clients because a client could have had multiple involvements during the year with more than one county.
 ***The total does not match the overall sample size of distinct children/youth receiving or benefitting from services because a child/youth could have had multiple involvements during the year with more than one county.

3. Outcomes of the Core Services Program

The Core Services Program provides direct services to children, youth, and families to:

- Safely maintain children/youth at home
- Support a successful transition back into the home after removal
- Stabilize and maintain out-of-home placements, including foster and adoptive homes
- Support transitions to and maintenance of out-of-home placements in the least restrictive setting
- Prevent children, youth, and families from becoming involved with child welfare (Volume 7.000.1A)

Trails data support the analysis of Core Services Program outcomes in numerous ways. When a service authorization is closed, the designated county staff records the residence of the child/youth, a clinical judgment regarding the degree of treatment completion, and whether specified treatment goals were met. These indicators are not definitive evidence of program success, but are short-term measures of service effectiveness and service goal attainment, which also allows follow-up outcomes to be assessed.

3.1. Service Effectiveness

The service effectiveness outcome indicates how effective each service was at achieving the intended treatment objective(s) and is derived from the 'Outcome Code' selection in Trails that is entered by the designated county staff at the closure of Core Service episodes. The available selections for service outcomes in Trails are:

- **Successful** - the service achieved the Core Service goal and treatment objective
- **Partially Successful** - the client made progress in treatment but Core Service goal was not achieved
- **Not Successful, Did not Engage** - the client did not engage in treatment
- **Not Successful, No Progress** - the client engaged in treatment, but treatment objective and Core Service goal were not met
- **Evaluation/Single-Service only** - evaluation or single-service only, no treatment provided
- **Service Not Completed/Service Completed** - for special economic assistance only

While there is some variation across counties, “successful” generally refers to a case where all (or nearly all) treatment goals are met. “Partially successful” refers to services authorizations closed when the client made some progress in treatment, but not all treatment goals were met. Although this outcome is subjective in nature, it does provide a clinical judgment of the success of each specific treatment. This, in turn, allows for a comparison of short-term outcomes across different types of services and different providers.

The “service not completed” and “service completed” outcomes are used exclusively for special economic assistance. Service episodes closed with either of these reasons were not included because they do not provide an indication of the effectiveness of the service. In addition, service episodes closed with the outcome of “evaluation/single-service only” were removed from the service effectiveness analysis because they do not represent an actual service intervention, but rather an evaluation for the need for services (e.g., psychological evaluation), and the outcome code selection does not provide an indication of the actual effectiveness of the service. Outcome code selections also are not recorded in Trails when service episodes are closed due to the following service closure/leave reasons: (1) contract funds expended (when system generated not caseworker selected); (2) moved out of county; (3) case transferred to another county; (4) opened in error; (5) change in funding source; or (6) payee wrong code.

During the 2019 calendar year, 23,020 total service episodes were closed in Trails. The final service effectiveness sample size was 15,771 closed service episodes after service episodes closed with one of the exclusionary outcomes (service completed, service not completed, or evaluation/single-service only) or one of the closure/leave reasons with a missing outcome code were removed.

Table 9 shows the overall service effectiveness outcomes for CY 2019 across all service types, service goals, and program areas. Overall, 75% of service episodes were closed with a “successful” (58%) or “partially successful” (17%) outcome designation, while 25% of service episodes were closed with a “not successful, did not engage” (15%) or “not successful, no progress” (10%) outcome designation. This represents a three percent decrease in service episodes closed with a successful or partially successful outcome from CY 2018.

Table 9: *Service Effectiveness Outcomes for Closed Service Episodes in CY 2019*

Service Outcome	Frequency	Percent
Successful	9,182	58.2
Partially Successful	2,682	17.0
Not Successful, Did Not Engage	2,350	14.9
Not Successful, No Progress	1,557	9.9
Total	15,771	100.0

To further explore service effectiveness outcomes, sub-analyses were conducted for service goal, provider type, program area, service type, and county. The “successful” and “partially successful” outcomes were combined into a single outcome category, while the “not successful” outcome category is comprised of service episodes with an outcome of either “not successful, did not engage” or “not successful, no progress”. As displayed in Table 10, 82% of service episodes for children/youth with a least restrictive setting goal at time of service initiation were closed with a “successful” or “partially successful” outcome designation, followed by service episodes with a remain home service goal at 81%, and service episodes with a return home service goal at 70%.

Table 10: *Service Effectiveness Outcomes by Service Goal for Service Episodes Closed in CY 2019 (N = 15,771)*

Service Goal	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Least Restrictive Setting	222	81.9	49	18.1
Remain Home	5,900	81.2	1,369	18.8
Return Home	5,742	69.8	2,489	30.2
Total	11,864	75.2	3,907	24.8

As displayed in Table 11, 85% of county provided service episodes were closed with a “successful” or “partially successful” outcome designation, while 71% of purchased service episodes were closed with a “successful” or “partially successful” outcome designation.

Table 11: *Service Effectiveness Outcomes by Provider Type for Service Episodes Closed in CY 2019 (N = 15,771)*

Provider Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Purchased	7,539	70.8	3,112	29.2
County Provided	4,325	84.5	795	15.5
Total	11,864	75.2	3,907	24.8

As displayed in Table 12, 85% of service episodes for children/youth with a PA6 designation at time of service initiation were closed with a “successful” or “partially successful” outcome designation, followed by service episodes for children/youth with a PA3 designation at 84%, episodes for children/youth with a PA5 designation at 77%, and service episodes for children/youth with a PA4 designation at 74%. For a subsample of children/youth receiving an adoption subsidy ($n = 356$), 79% of service episodes (provided after the adoption finalization) were closed with a “successful” or “partially successful” outcome designation.

Table 12: *Service Effectiveness Outcomes by Program Area for Service Episodes Closed in CY 2019 (N = 15,771)*

Program Area	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
PA3 Services	933	84.3	174	15.7
PA4 Cases	1,703	77.4	498	22.6
PA5 Cases	9,045	73.9	3,202	26.1
PA6 Cases	183	84.7	33	15.3
Total	11,864	75.2	3,907	24.8

Table 13 shows that 91% of service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services were closed with a “successful” or “partially successful” outcome designation; 85% of service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services were closed with a “successful” or “partially successful” outcome designation; and 82% of service episodes for children/youth who had a screen-out referral within 60 days prior to receiving PA3 services were closed with a “successful” or “partially successful” outcome designation.

Table 13: *Service Effectiveness Outcomes by PA3 Type for Service Episodes Closed in CY 2019 (N = 1,107)*

PA3 Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Intervention	145	91.2	14	8.8
Prevention - Closed Assessment	314	85.1	55	14.9
Prevention - Screen-out	474	81.9	105	18.1
Total	933	84.3	174	15.7

On the following page, Table 14 shows that sexual abuse treatment (89%) and county designed services (83%) had the highest percentage of episodes closed in CY 2019 with either a “successful” or “partially successful” designation. Substance abuse treatment (61%) and intensive family therapy (67%) and had the lowest rates of “successful” or “partially successful” outcome designations in CY 2019.

Table 14: Service Effectiveness Outcomes by Service Type for Service Episodes Closed in CY 2019 (N = 15,771)

Service Type	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Sexual Abuse Treatment	246	89.1	30	10.9
County Designed Services	5,409	83.0	1,104	17.0
Day Treatment	102	81.0	24	19.0
Home-Based Interventions	1,074	75.2	355	24.8
Mental Health Services	1,153	73.3	421	26.7
Life Skills	1,647	70.5	689	29.5
Intensive Family Therapy	1,039	66.5	523	33.5
Substance Abuse Treatment	1,194	61.1	761	38.9
Total	11,864	75.2	3,907	24.8

Table 15 shows the service effectiveness outcomes for service episodes closed in CY 2019 by county.

Table 15: Service Effectiveness Outcomes by County for Service Episodes Closed in CY 2019 (N = 15,771)

County*	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Statewide	11,864	75.2	3,907	24.8
Adams	716	70.8	295	29.2
Alamosa	77	81.9	17	18.1
Arapahoe	906	76.3	281	23.7
Archuleta	26	83.9	5	16.1
Bent	12	100.0	0	0.0
Boulder	194	75.2	64	24.8
Broomfield	61	83.6	12	16.4
Chaffee	13	92.9	1	7.1
Clear Creek	10	100.0	0	0.0
Conejos	32	88.9	4	11.1
Costilla	2	66.7	1	33.3
Crowley	5	26.3	14	73.7
Custer	1	50.0	1	50.0
Delta	176	100.0	0	0.0
Denver	470	72.9	175	27.1
Douglas	257	77.9	73	22.1
Eagle	27	96.4	1	3.6
El Paso	3,753	70.9	1544	29.1
Elbert	21	84.0	4	16.0
Fremont	294	73.1	108	26.9
Garfield	113	80.7	27	19.3
Gilpin	6	85.7	1	14.3
Grand	22	91.7	2	8.3
Gunnison/Hinsdale	16	88.9	2	11.1
Huerfano	16	84.2	3	15.8
Jackson	7	70.0	3	30.0
Jefferson	733	75.0	244	25.0
Kiowa	8	88.9	1	11.1
Kit Carson	34	94.4	2	5.6
La Plata/San Juan	106	68.8	48	31.2
Lake	6	85.7	1	14.3
Larimer	1,554	90.6	161	9.4
Las Animas	10	62.5	6	37.5
Lincoln	16	94.1	1	5.9
Logan	60	81.1	14	18.9
Mesa	298	73.2	109	26.8
Moffat	15	55.6	12	44.4
Montezuma	16	94.1	1	5.9

Table 15 (continued)

County	Successful/Partially Successful		Not Successful	
	Frequency	Percent	Frequency	Percent
Montrose	115	91.3	11	8.7
Morgan	103	82.4	22	17.6
Otero	26	60.5	17	39.5
Ouray/San Miguel	6	85.7	1	14.3
Park	27	93.1	2	6.9
Pitkin	21	91.3	2	8.7
Prowers	5	83.3	1	16.7
Pueblo	454	68.3	211	31.7
Rio Blanco	21	91.3	2	8.7
Rio Grande/Mineral	26	81.3	6	18.8
Routt	29	82.9	6	17.1
Saguache	19	90.5	2	9.5
Summit	20	95.2	1	4.8
Teller	39	95.1	2	4.9
Washington	10	83.3	2	16.7
Weld	806	67.9	381	32.1
Yuma	48	100.0	0	0.0

* Baca, Cheyenne, Dolores, Phillips, and Sedgwick counties had no eligible service episodes for this analysis.

3.2. Service Goal Attainment

The Core Services Program aims to keep children and their families together or, in cases where a child must be removed due to safety concerns, to return them home as quickly as possible, or maintain them in the least restrictive setting possible. The service goal attainment outcome is intended to determine whether each specific service intervention resulted in the child/youth achieving the intended service goal of either remain home, return home, or least restrictive setting. The unit of analysis for the service goal attainment outcome is per-child/youth and per-service. This means that each service episode within an involvement span for a distinct child/youth has a service goal attainment outcome associated with that service. The service goal is based on the overall Core Services goal defined at the start of the service. The following logic was used to determine whether the service goal was met for each goal type:

1. **Remain home** - service goal was achieved if child/youth did not have a removal from home during service episode or after service episode closed while case (or involvement for PA3) remained open.
2. **Return home and/or placement with kin** - service goal was achieved if child/youth either returned home to parents or permanent Allocation of Parental Rights (APR)/Guardianship was granted to relatives based on removal end reason and/or living arrangement.
3. **Least restrictive setting** - service goal was achieved if: (1) permanency was achieved; (2) lower-level placement change occurred during or after the service episode; (3) same-level placement change occurred during or after the service episode; or (4) no change in placement during or after the service episode. Service goal was not achieved if there was a higher-level placement change during or after the service episode.

Children/youth may have multiple service episodes within the same service goal in addition to multiple service goals within the involvement span. There were 8,787 unduplicated children/youth with a closed case (or closed involvement for PA3) in CY 2019. There were 36,551 service episodes for these children/youth, which averages to just over four service episodes per child/youth. It should be noted that these service episodes were not exclusively in CY 2019 but were provided during closed involvement spans from CY 2019.

3.2.1. Overall Service Goal Attainment Results

Table 16 shows the proportion of service episodes within closed involvement spans in CY 2019 by service goal type with 55% having a goal of return home, 44% having a goal of remain home, and 1% having a goal of least restrictive setting.

Table 16: Service Goal Frequencies for Service Episodes from Involvements Closed in CY 2019

Service Goal	Frequency	Percent
Return Home	20,054	54.9
Remain Home	16,075	44.0
Less Restrictive	422	1.2
Total	36,551	100.0

As displayed in Table 17, the service type with the highest percentage of return home service goals was substance abuse treatment at 62%, the service type with the highest percentage of remain home service goals was day treatment at 52%, and the service type with the highest percentage of least restrictive setting service goals was sexual abuse treatment and day treatment at 4%.

Table 17: Service Type Frequencies by Service Goal for Service Episodes from Involvements Closed in CY 2019 (N = 36,551)

Service Type	Return Home		Remain Home		Least Restrictive Setting	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
County Designed Services	7,088	53.6	5,940	44.9	195	1.5
Day Treatment	141	44.9	162	51.6	11	3.5
Home-Based Interventions	1,748	52.3	1,560	46.7	35	1.0
Intensive Family Therapy	1,459	54.6	1,197	44.8	17	0.6
Life Skills	2,492	55.7	1,936	43.3	42	1.0
Mental Health Services	1,973	54.7	1,599	44.3	35	1.0
Sexual Abuse Treatment	307	50.9	274	45.4	22	3.6
Special Economic Assistance	2,202	54.1	1,813	44.6	52	1.3
Substance Abuse Treatment	2,644	62.2	1,594	37.5	13	0.3
Total	20,054	54.9	16,075	44.0	422	1.2

Table 18 shows that the service goal was attained in 77% of all service episodes in CY 2019, which is a three percent decrease from CY 2018. The service goal attainment rate was 90% for remain home, 84% for least restrictive setting, and 67% for return home. In past reports, service goal attainment was measured at the time of service closure. To maintain consistency for this year’s report, the remain home service goal attainment rate also was calculated based on if the child/youth had an open removal on the day the service ended. The remain home service goal was attained in 94% of these service episodes, which was a two percent increase from CY 2018. A third metric for this outcome is service goal attainment based on distinct children/youth. To calculate this rate, any child/youth with a service episode that did not attain the service goal was considered to not have achieved service goal attainment. Based on this definition, 87% of distinct children/youth with an involvement closed in CY 2019 attained their service goal, which is a one percent decrease from CY 2018.

Table 18: Service Goal Attainment by Service Goal Type for Service Episodes from Involvements Closed in CY 2019 (N = 36,551)

Service Goal	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Return Home	13,497	67.3	6,557	32.7
Remain Home	14,427	89.7	1,648	10.3
Least Restrictive Setting	356	84.4	66	15.6
Total	28,280	77.4	8,271	22.6

To further explore service goal attainment outcomes, sub-analyses were conducted for provider type, program area, service type, and county for the remain home and return home groups. The least restrictive setting service goal was not included because of the small sample size.

3.2.2. Remain Home Service Goal Attainment Results

As displayed in Table 19, county provided service episodes had a 90% remain home service goal attainment rate, while purchased service episodes also had a 90% remain home service goal attainment rate. The overall remain home service goal attainment rate was 90%.

Table 19: *Remain Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2019 (N = 16,075)*

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	5,611	90.0	620	10.0
Purchased	8,816	89.6	1,028	10.4
Overall	14,427	89.7	1,648	10.3

As displayed in Table 20, service episodes for children/youth with a PA3 designation had a 99% remain home service goal attainment rate; service episodes for children/youth with a PA5 designation had a 91% remain home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 71% remain home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 95% remain home service goal attainment rate. It should be noted that service goals are not identified when a prevention service is provided, but it is assumed that prevention is intended to keep children/youth in the home. For a subsample of children/youth receiving an adoption subsidy (*n* = 144), service episodes (provided after the adoption finalization) had a 72% remain home service goal attainment rate.

The remain home service goal was attained in 99% of all prevention service episodes.

Table 20: *Remain Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2019 (N = 16,075)*

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA3 Services	1,646	99.6	7	0.4
PA4 Cases	1,092	71.2	442	28.8
PA5 Cases	11,671	90.7	1,198	9.3
PA6 Cases	18	94.7	1	5.3
Total	14,427	89.7	1,648	10.3

Table 21 shows that service episodes for children/youth who had an open case within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate; service episodes for children/youth who had a closed assessment within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate; and service episodes for children/youth who had a screened-out referral within 60 days prior to receiving PA3 services had a 99% remain home service goal attainment rate.

Table 21: *Remain Home Service Goal Attainment Outcomes by PA3 Type for Service Episodes Closed in CY 2019 (N = 1,653)*

PA3 Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intervention	196	98.5	3	1.5
Prevention - Closed Assessment	567	99.8	1	0.2
Prevention - Screen-out	883	99.7	3	0.3
Total	1,646	99.6	7	0.4

Table 22 shows that service episodes for intensive family therapy (91%) and mental health services (91%) had the highest remain home service goal attainment rates, while day treatment (85%) had the lowest remain home service goal attainment rate.

Table 22: *Remain Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2019 (N = 16,075)*

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intensive Family Therapy	1,093	91.3	104	8.7
Mental Health Services	1,451	90.7	148	9.3
County Designed Services	5,361	90.3	579	9.7
Life Skills	1,741	89.9	195	10.1
Substance Abuse Treatment	1,428	89.6	166	10.4
Special Economic Assistance	1,610	88.8	203	11.2
Sexual Abuse Treatment	241	88.0	33	12.0
Home-Based Interventions	1,364	87.4	196	12.6
Day Treatment	138	85.2	24	14.8
Total	14,427	89.7	1,648	10.3

Table 23 shows the service goal attainment rates for services episodes with a remain home goal by county.

Table 23: *Remain Home Service Goal Attainment by County for Service Episodes from Involvements Closed in CY 2019 (N = 16,075)*

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Statewide	14,427	89.7	1,648	10.3
Adams	1,403	88.9	176	11.1
Alamosa	144	80.4	35	19.6
Arapahoe	1,079	89.2	131	10.8
Archuleta	45	100.0	0	0.0
Bent	14	100.0	0	0.0
Boulder	218	83.8	42	16.2
Broomfield	34	85.0	6	15.0
Chaffee	27	87.1	4	12.9
Cheyenne	3	100.0	0	0.0
Clear Creek	5	100.0	0	0.0
Conejos	31	100.0	0	0.0
Costilla	13	68.4	6	31.6
Crowley	9	100.0	0	0.0
Custer	1	100.0	0	0.0
Delta	86	86.0	14	14.0
Denver	880	82.5	187	17.5
Douglas	308	96.0	13	4.0
Eagle	191	95.0	10	5.0
El Paso	3,428	88.2	459	11.8
Elbert	20	100.0	0	0.0
Fremont	304	88.9	38	11.1
Garfield	214	96.8	7	3.2
Gilpin	40	100.0	0	0.0
Grand	28	100.0	0	0.0
Gunnison/Hinsdale	10	90.9	1	9.1
Huerfano	42	85.7	7	14.3
Jackson	34	100.0	0	0.0
Jefferson	764	93.2	56	6.8
Kiowa	4	80.0	1	20.0
Kit Carson	37	100.0	0	0.0
La Plata/San Juan	147	92.5	12	7.5

Table 23 (continued)

County*	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Lake	19	79.2	5	20.8
Larimer	2,067	92.1	178	7.9
Las Animas	5	50.0	5	50.0
Lincoln	34	100.0	0	0.0
Logan	52	80.0	13	20.0
Mesa	174	86.1	28	13.9
Moffat	22	100.0	0	0.0
Montezuma	16	76.2	5	23.8
Montrose	203	99.0	2	1.0
Morgan	184	92.0	16	8.0
Otero	25	67.6	12	32.4
Ouray/San Miguel	10	76.9	3	23.1
Park	20	87.0	3	13.0
Pitkin	32	100.0	0	0.0
Prowers	1	33.3	2	66.7
Pueblo	586	84.3	109	15.7
Rio Blanco	21	100.0	0	0.0
Rio Grande/Mineral	11	100.0	0	0.0
Routt	66	98.5	1	1.5
Sedgwick	3	100.0	0	0.0
Summit	49	100.0	0	0.0
Teller	40	90.9	4	9.1
Washington	31	100.0	0	0.0
Weld	1,133	95.4	55	4.6
Yuma	60	96.8	2	3.2

* Baca, Dolores, Phillips, and Saguache counties had no eligible service episodes for this analysis.

3.2.3. Return Home Service Goal Attainment Results

As displayed in Table 24, county provided service episodes had a 68% return home service goal attainment rate, while purchased service episodes had a 67% return home service goal attainment rate. The overall return home service goal attainment rate was 67%.

Table 24: Return Home Service Goal Attainment by Provider Type for Service Episodes from Involvements Closed in CY 2019 (N = 20,054)

Provider Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
County Provided	5,227	67.8	2,477	32.2
Purchased	8,270	67.0	4,080	33.0
Overall	13,497	67.3	6,557	32.7

As displayed in Table 25 on the following page, service episodes for children/youth with a PA5 designation had a 68% return home service goal attainment rate; service episodes for children/youth with a PA4 designation had a 61% return home service goal attainment rate; and service episodes for children/youth with a PA6 designation had a 24% return home service goal attainment rate. For a subsample of children/youth receiving an adoption subsidy service episodes (provided after the adoption finalization) had a 33% return home service goal attainment rate (n = 509).

Table 25: Return Home Service Goal Attainment by Program Area for Service Episodes from Involvements Closed in CY 2019 (N = 20,054)

Program Area	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
PA4 Cases	665	60.7	430	39.3
PA5 Cases	12,799	68.0	6,025	32.0
PA6 Cases	33	24.4	102	75.6
Total	13,497	67.3	6,557	32.7

Table 26 shows that service episodes for intensive family therapy (74%) and special economic assistance (73%) had the highest return home service goal attainment rates, while mental health services (62%) had the lowest return home service goal attainment rate.

Table 26: Return Home Service Goal Attainment by Service Type for Service Episodes from Involvements Closed in CY 2019 (N = 20,054)

Service Type	Attained		Not Attained	
	Frequency	Percent	Frequency	Percent
Intensive Family Therapy	1,085	74.4	374	25.6
Special Economic Assistance	1,606	72.9	596	27.1
Substance Abuse Treatment	1,825	69.0	819	31.0
Life Skills	1,718	68.9	774	31.1
Day Treatment	94	66.7	47	33.3
Sexual Abuse Treatment	204	66.4	103	33.6
County Designed Services	4,624	65.2	2,464	34.8
Home-Based Interventions	1,114	63.7	634	36.3
Mental Health Services	1,227	62.2	746	37.8
Total	13,497	67.3	6,557	32.7

Table 27 shows the service goal attainment rates for services episodes with a return home goal by county.

Table 27: Return Home Service Goal Attainment by County for Service Episodes from Involvements Closed in CY 2019 (N = 20,054)

County*	Attained		Not Attained	
	Count	%	Count	%
Statewide	13,497	67.3	6,557	32.7
Adams	1,329	55.2	1,080	44.8
Alamosa	171	64.5	94	35.5
Arapahoe	774	60.1	513	39.9
Archuleta	13	100.0	0	0.0
Baca	2	66.7	1	33.3
Bent	5	100.0	0	0.0
Boulder	286	65.9	148	34.1
Broomfield	34	77.3	10	22.7
Chaffee	47	67.1	23	32.9
Clear Creek	20	74.1	7	25.9
Conejos	2	12.5	14	87.5
Costilla	38	70.4	16	29.6
Crowley	55	67.1	27	32.9
Custer	0	0.0	1	100.0
Delta	199	88.8	25	11.2
Denver	817	69.2	364	30.8
Douglas	185	73.1	68	26.9
Eagle	20	87.0	3	13.0
EL Paso	4,228	73.6	1,518	26.4
Elbert	15	88.2	2	11.8
Fremont	549	67.9	260	32.1

Table 27 (continued)

County*	Attained		Not Attained	
	Count	%	Count	%
Garfield	58	56.9	44	43.1
Gilpin	2	100.0	0	0.0
Grand	3	9.7	28	90.3
Gunnison/Hinsdale	22	88.0	3	12.0
Huerfano	16	100.0	0	0.0
Jackson	2	100.0	0	0.0
Jefferson	823	68.4	380	31.6
Kiowa	11	84.6	2	15.4
Kit Carson	48	96.0	2	4.0
La Plata/San Juan	11	14.5	65	85.5
Lake	3	100.0	0	0.0
Larimer	728	71.5	290	28.5
Las Animas	9	81.8	2	18.2
Lincoln	27	96.4	1	3.6
Logan	92	55.1	75	44.9
Mesa	503	49.1	522	50.9
Moffat	0	0.0	31	100.0
Montezuma	26	86.7	4	13.3
Montrose	90	84.9	16	15.1
Morgan	51	86.4	8	13.6
Otero	65	79.3	17	20.7
Ouray/San Miguel	18	100.0	0	0.0
Park	6	26.1	17	73.9
Pitkin	3	100.0	0	0.0
Prowers	14	100.0	0	0.0
Pueblo	892	70.0	382	30.0
Rio Blanco	2	12.5	14	87.5
Rio Grande/Mineral	21	61.8	13	38.2
Routt	25	100.0	0	0.0
Saguache	1	100.0	0	0.0
Teller	42	62.7	25	37.3
Washington	1	100.0	0	0.0
Weld	1,076	72.2	415	27.8
Yuma	17	38.6	27	61.4

*Cheyenne, Dolores, Sedgwick, and Summit counties had no eligible service episodes for this analysis.

3.3. Follow-up Outcomes

This outcome analysis is intended to provide one-year follow-up outcomes for children/youth receiving or benefitting from Core Services whose case was closed in CY 2018 with the child/youth living with their parents (remain home or return home), and with a service episode that ended less than two years before the case end date. This analysis is on a per-child/youth, per-service basis and requires the case to be closed at least one year to provide the required follow-up time to measure child welfare re-involvement. To further explore follow-up outcomes, sub-analyses were conducted for provider type, service type, and county for the program area groups.

Children/youth that did not have an ending residence of living with parents (i.e., adoption, permanent custody/guardianship to relatives, emancipation, committed to DYS, transferred to Developmental Disabilities Services, moved out of State, walkaway) were not included in this analysis because, generally, they are not likely to experience follow-up events; or, if a follow-up event occurred, it would not involve the parents who were the original recipient of the Core Service. Service episodes with a service close reason of “assessment/evaluation only” were excluded unless for special economic assistance or for one of the following service types: (1) family group decision making; (2) mediation; (3) CET/TDM; (4) family empowerment. The service authorizations closed with an

“assessment/evaluation only” reason that are not family meetings do not represent actual therapeutic interventions.

3.3.1. Overall Follow-Up Outcome Results

Table 28 shows the overall follow-up outcomes for a distinct count of 5,981 children/youth with closed cases in CY 2018. Overall, 46% of children/youth had a subsequent referral, 31% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 4% had a subsequent placement, 9% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes represent a slight improvement to the outcomes for cases closed in CY 2017.

Four percent of children/youth had an out-of-home placement within one year of case closure.

Table 28: *Frequency of Follow-up Events for Distinct Children/Youth from Closed Cases in CY 2018*

Outcome	Frequency	Percent
Subsequent Referral (N = 5,981)		
Yes	2,772	46.3
No	3,209	53.7
Subsequent Assessment (N = 5,981)		
Yes	1,830	30.6
No	4,151	69.4
Subsequent Founded Assessment (N = 5,981)		
Yes	384	6.4
No	5,597	93.6
Subsequent Case (N = 5,981)		
Yes	541	9.0
No	5,440	90.0
Subsequent Placement (N = 5,981)		
Yes	224	3.7
No	5,757	96.3
Subsequent DYS Involvement (N = 2,578)*		
Yes	218	8.5
No	2,360	91.5
Subsequent DYS Commitment (N = 2,578)*		
Yes	25	1.0
No	2,553	99.0

*The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

3.3.2. Service Goal Follow-Up Outcome Results

Table 29 shows the proportion of service episodes within involvement spans for children/youth with closed cases in CY 2018 by service goal type. Of the 21,011 service episodes, 64% were associated with a goal of remain home, 36% with a goal of return home, and less than 1% with a goal of least restrictive setting.

Table 29: *Service Goal Frequencies for Service Episodes from Cases Closed in CY 2018*

Service Goal	Frequency	Percent
Remain Home	13,332	63.5
Return Home	7,659	36.4
Least Restrictive Setting	20	0.1
Total	21,011	100.0

On the following page, Table 30 shows the results of a service episode analysis for follow-up outcomes by service goal group.

- Children/youth with a return home service goal had a 48% subsequent referral rate, while children/youth with a remain home service goal had a 50% subsequent referral rate.
- Children/youth with a return home service goal had a 31% subsequent assessment rate, while children/youth with a remain home service goal had a 34% subsequent assessment rate.
- Children/youth with a return home service goal had a 7% subsequent founded assessment rate, while children/youth with a remain home service goal had a 7% subsequent founded assessment rate.
- Children/youth with a return home service goal had an 10% subsequent case rate, while children/youth with a remain home service goal had an 9% subsequent case rate.
- Children/youth with a return home service goal had a 5% subsequent placement rate, while children/youth with a remain home service goal had a 4% subsequent placement rate.
- Children/youth with a return home service goal had a 5% subsequent DYS involvement rate, while children/youth with a remain home service goal had an 7% subsequent DYS involvement rate.
- Children/youth with a return home service goal and children/youth with a remain home service goal had the same subsequent DYS commitment rate at 1% each.

Table 30: Frequency of Follow-up Events by Service Goal Group for Service Episodes from Closed Cases in CY 2018

Outcome	Frequency	Percent
Subsequent Referral		
Remain Home (N = 13,332)	6,593	49.5
Return Home (N = 7,659)	3,684	48.1
Subsequent Assessment		
Remain Home (N = 13,332)	4,565	34.2
Return Home (N = 7,659)	2,371	31.0
Subsequent Founded Assessment		
Remain Home (N = 13,332)	961	7.2
Return Home (N = 7,659)	545	7.1
Subsequent Case		
Remain Home (N = 13,332)	1,253	9.4
Return Home (N = 7,659)	738	9.6
Subsequent Placement		
Remain Home (N = 13,332)	463	3.5
Return Home (N = 7,659)	341	4.5
Subsequent DYS Involvement*		
Remain Home (N = 5,751)	425	7.4
Return Home (N = 2,513)	124	4.9
Subsequent DYS Commitment*		
Remain Home (N = 5,751)	33	0.6
Return Home (N = 2,513)	27	1.1

*The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

As displayed in Table 31 on the following page, the follow-up outcomes by program area are based on service episodes from all cases closed in CY 2018. Service episodes for children/youth with a PA6 designation were not included in the analysis because of the low sample size (n = 10).

- Service episodes for children with a PA3 designation had a 41% subsequent referral rate, a 27% subsequent assessment rate, a 5% subsequent founded assessment rate, a 7% subsequent case rate, a 3% subsequent placement rate, an 8% subsequent DYS involvement (any DYS) rate, and less than a 1% subsequent DYS commitment rate.

- Service episodes for children with a PA4 designation had a 48% subsequent referral rate, a 32% subsequent assessment rate, a 1% subsequent founded assessment rate, a 16% subsequent case rate, a 9% subsequent placement rate, a 26% subsequent DYS involvement (any DYS) rate, and a 4% subsequent DYS commitment rate.
- Service episodes for children with a PA5 designation had a 50% subsequent referral rate, a 34% subsequent assessment rate, an 8% subsequent founded assessment rate, a 9% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate.

Table 31: Percent of Service Episodes with Follow-up Events by Program Area from Cases Closed in CY 2018

Program Area	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	21,011	48.9	33.0	7.2	9.5	3.8	6.6	0.7
PA3 Services	1,496	40.6	27.2	4.7	6.5	3.1	7.7	0.1
PA4 Cases	1,351	48.0	32.0	1.2	15.9	8.8	26.3	4.2
PA5 Cases	18,154	49.7	33.6	7.8	9.2	3.5	2.2	0.0

*Sample size of 883 for PA3, 1,330 for PA4, 6,062 for PA5, and 8,284 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

3.3.3. Program Area 4 Follow-Up Outcome Results

Table 32 shows the follow-up outcomes by provider type based on service episodes with a PA4 designation from all cases closed in CY 2018. County provided service episodes had a 48% subsequent referral rate, a 34% subsequent assessment rate, a 2% subsequent founded assessment rate, a 16% subsequent case rate, a 11% subsequent placement rate, a 25% subsequent DYS involvement (any DYS) rate, and a 3% subsequent DYS commitment rate. Purchased service episodes had a 48% subsequent referral rate, a 31% subsequent assessment rate, a 1% subsequent founded assessment rate, a 16% subsequent case rate, an 8% subsequent placement rate, a 27% subsequent DYS involvement (any DYS) rate, and a 5% subsequent DYS commitment rate.

Table 32: Percent of PA4 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2018

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,351	48.0	32.0	1.2	15.9	8.8	26.3	4.2
County Provided	537	48.4	33.5	1.5	16.4	10.8	24.8	3.4
Purchased	814	47.7	31.1	1.0	15.6	7.5	27.2	4.7

*Sample size of 525 for county provided, 805 for purchased, and 1,330 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

On the following page, Table 33 shows the follow-up outcomes by service type based on service episodes with a PA4 designation from all cases closed in CY 2018.

- Sexual abuse treatment had the lowest subsequent referral, assessment, DYS involvement, and DYS commitment rates.
- Day treatment, home-based interventions, mental health, and sexual abuse treatment had the lowest subsequent founded assessment rates.
- Intensive family therapy had the lowest subsequent case rate.
- Day treatment had the lowest subsequent placement rate.
- Home-based interventions had the highest subsequent referral and subsequent DYS commitment rates.
- Special economic assistance had the highest subsequent assessment and founded assessment rates.
- Substance abuse treatment had the highest subsequent case, placement, and DYS involvement rates.

Table 33: Percent of PA4 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2018

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	1,351	48.0	32.0	1.2	15.9	8.8	26.3	4.2
County Designed	435	50.6	34.5	0.5	16.8	8.3	31.6	5.3
Day Treatment	60	43.3	23.3	0.0	11.7	1.7	23.6	5.5
Home-Based Interventions	176	53.4	33.5	0.0	15.9	9.7	25.9	6.3
Intensive Family Therapy	80	38.8	22.5	2.5	11.3	3.8	19.2	0.0
Life Skills	183	46.4	31.1	2.2	15.8	8.7	25.8	2.8
Mental Health	121	43.8	28.1	0.0	14.0	7.4	22.5	3.3
Sexual Abuse Treatment	47	29.8	21.3	0.0	12.8	8.5	12.8	0.0
Special Economic Assistance	187	51.3	38.0	3.7	18.2	12.8	21.2	3.8
Substance Abuse Treatment	62	46.8	32.3	1.6	19.4	14.5	34.4	4.9

*Sample size of 433 for county designed services, 55 for day treatment, 174 for home-based services, 78 for intensive family therapy, 178 for life skills, 120 for mental health services, 47 for sexual abuse treatment, 184 for special economic assistance, 61 for substance abuse treatment, and 1,330 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 34 shows that, statewide, 48% of service episodes associated with a PA4 designation had a subsequent referral, 32% had a subsequent assessment, 1% had a subsequent founded assessment, 16% had a subsequent case, 9% had a subsequent placement, 26% had a subsequent DYS involvement, and 4% had a subsequent DYS commitment.

Table 34: Percent of PA4 Service Episodes with Follow-up Events by County from Cases Closed in CY 2018

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Statewide	1,351	48.0	32.0	1.2	15.9	8.8	26.3	4.2
Adams	81	48.1	45.7	0.0	6.2	6.2	45.0	15.0
Alamosa	15	53.3	53.3	33.3	33.3	0.0	0.0	0.0
Arapahoe	153	50.3	32.7	0.0	16.3	11.1	27.6	2.6
Archuleta	19	68.4	15.8	0.0	5.3	0.0	0.0	0.0
Boulder	26	38.5	30.8	0.0	3.8	3.8	34.6	0.0
Broomfield	7	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Chaffee	5	60.0	60.0	0.0	20.0	20.0	60.0	40.0
Conejos	3	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Crowley	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Custer	1	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Delta	8	62.5	25.0	0.0	62.5	37.5	25.0	0.0
Denver	110	50.9	43.6	1.8	15.5	5.5	34.5	6.4
Douglas	24	20.8	20.8	0.0	16.7	0.0	29.2	8.3
Eagle	2	50.0	0.0	0.0	0.0	0.0	100.0	50.0
El Paso	223	40.4	26.9	0.0	18.4	14.8	22.9	3.6
Fremont	38	23.7	23.7	0.0	7.9	15.8	22.9	0.0
Garfield	8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jefferson	50	46.0	24.0	2.0	10.0	2.0	30.6	10.2

Table 34 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS	DYS Commit
Kiowa	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kit Carson	3	100.0	0.0	0.0	0.0	0.0	100.0	0.0
La Plata/San Juan	64	21.9	7.8	4.7	7.8	4.7	11.3	0.0
Larimer	175	59.4	34.9	0.0	17.7	2.9	30.3	0.0
Las Animas	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lincoln	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Logan	4	100.0	100.0	0.0	100.0	100.0	100.0	0.0
Mesa	31	38.7	19.4	0.0	12.9	6.5	32.3	16.1
Moffat	14	28.6	7.1	0.0	0.0	0.0	0.0	0.0
Montezuma	16	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Montrose	7	42.9	28.6	0.0	14.3	0.0	16.7	16.7
Morgan	24	37.5	0.0	0.0	0.0	0.0	0.0	0.0
Pitkin	6	100.0	100.0	0.0	0.0	0.0	66.7	0.0
Pueblo	176	54.0	36.4	0.0	26.1	15.9	17.5	0.0
Saguache	4	50.0	50.0	50.0	0.0	0.0	0.0	0.0
Summit	4	100.0	0.0	0.0	0.0	0.0	100.0	0.0
Teller	6	50.0	0.0	0.0	0.0	0.0	0.0	0.0
Weld	34	91.2	64.7	0.0	20.6	0.0	47.1	17.6
Yuma	4	100.0	100.0	0.0	25.0	25.0	25.0	0.0

* Baca, Bent, Cheyenne, Clear Creek, Costilla, Elbert, Gilpin, Grand, Gunnison/Hinsdale, Huerfano, Jackson, Lake, Otero, Ouray/San Miguel, Park, Phillips, Prowers, Rio Blanco, Rio Grande/Mineral, Sedgwick, Washington, and Yuma counties had no eligible service episodes for this analysis.

3.3.4. Program Area 5 Follow-Up Outcome Results

Table 35 shows the follow-up outcomes by provider type based on service episodes with a PA5 designation from all cases closed in CY 2018. County provided service episodes had a 49% subsequent referral rate, a 32% subsequent assessment rate, a 6% subsequent founded assessment rate, a 10% subsequent case rate, a 3% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate. Purchased service episodes had a 50% subsequent referral rate, a 35% subsequent assessment rate, a 9% subsequent founded assessment rate, a 9% subsequent case rate, a 4% subsequent placement rate, a 2% subsequent DYS involvement (any DYS) rate, and a 0% subsequent DYS commitment rate.

Table 35: Percent of PA5 Service Episodes with Follow-up Events by Provider Type from Cases Closed in CY 2018

Provider Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	18,154	49.7	33.6	7.8	9.2	3.5	2.2	0.0
County Provided	7,152	49.4	31.8	6.3	10.3	3.3	2.0	0.1
Purchased	11,002	49.9	34.8	8.8	8.6	3.7	2.2	0.0

*Sample size of 2,333 for county, 3,729 for purchased, and 6,062 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

On the following page, Table 36 shows the follow-up outcomes by service type based on service episodes with a PA5 designation from all cases closed in CY 2018.

- Sexual abuse treatment had the lowest subsequent referral, assessment, founded assessment, case, and placement rates.
- Life skills had the lowest subsequent DYS involvement rate.
- Day treatment had the highest subsequent referral, assessment, founded assessment, case, placement, and DYS involvement rates.

- Sexual abuse treatment had the highest subsequent DYS commitment rate.

Table 36: Percent of PA5 Service Episodes with Follow-up Events by Service Type from Cases Closed in CY 2018

Service Type	Sample Size	Referral	Assess	Founded	Case	Placed	Any DYS*	DYS Commit*
Statewide	18,154	49.7	33.6	7.8	9.2	3.5	2.2	0.0
County Designed	6,657	47.6	31.4	7.2	9.8	3.0	2.3	0.0
Day Treatment	76	68.4	40.8	11.8	17.1	10.5	16.2	0.0
Home-Based Interventions	1,976	52.3	37.9	7.9	8.5	3.2	2.5	0.0
Intensive Family Therapy	1,362	48.6	34.6	7.9	8.2	5.7	1.6	0.0
Life Skills	2,007	51.5	35.0	8.5	11.3	4.4	1.2	0.0
Mental Health	1,575	52.2	33.1	8.3	9.5	2.9	1.9	0.0
Sexual Abuse Treatment	404	45.8	21.3	1.7	2.0	0.5	2.1	0.4
Special Economic Assistance	1,938	53.0	35.1	7.7	9.6	3.7	2.6	0.0
Substance Abuse Treatment	2,159	48.0	35.7	9.9	7.5	3.8	2.0	0.0

*Sample size of 2,109 for county designed services, 37 for day treatment, 691 for home-based services, 494 for intensive family therapy, 685 for life skills, 581 for mental health services, 238 for sexual abuse treatment, 684 for special economic assistance, 543 for substance abuse treatment, and 6,062 for statewide. The DYS outcomes were only measured for children/youth ages 10 and older at time of case closure.

Table 37 shows that, statewide, 50% of services episodes associated with PA5 designation had a subsequent referral, 34% had a subsequent assessment, 8% had a subsequent founded assessment, 9% had a subsequent case, 4% had a subsequent placement, 2% had a subsequent DYS involvement, and 0% had a subsequent DYS commitment.

Table 37: Percent of PA5 Service Episodes with Follow-up Events by County from Cases Closed in CY 2018

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Statewide	18,154	49.7	33.6	7.8	9.2	3.5	2.2	0.0
Adams	3,092	48.6	25.7	5.8	4.5	2.7	0.0	0.0
Alamosa	90	54.4	25.6	3.3	3.3	0.0	0.0	0.0
Arapahoe	1,225	41.6	27.6	3.4	4.9	1.2	2.6	0.6
Archuleta	42	83.3	69.0	4.8	23.8	4.8	0.0	0.0
Bent	37	10.8	5.4	5.4	5.4	5.4	0.0	0.0
Boulder	283	58.3	44.5	17.3	25.1	15.5	2.4	0.0
Broomfield	227	94.3	49.8	0.0	24.7	0.0	0.0	0.0
Chaffee	37	21.6	21.6	5.4	16.2	0.0	6.3	0.0
Clear Creek	37	27.0	0.0	0.0	0.0	0.0	0.0	0.0
Conejos	6	100.0	100.0	33.3	0.0	0.0	0.0	0.0
Costilla	10	60.0	0.0	0.0	0.0	0.0	0.0	0.0
Crowley	29	75.9	48.3	6.9	48.3	6.9	0.0	0.0
Custer	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Delta	215	62.8	42.3	14.0	19.1	14.0	0.0	0.0

Table 37 (continued)

County*	Sample Size	Referral	Assess	Founded	Case	Placement	Any DYS	DYS Commit
Denver	1,175	53.4	34.6	10.2	6.6	2.4	2.3	0.0
Douglas	373	57.4	42.9	22.8	10.2	3.8	3.2	0.0
Eagle	78	23.1	15.4	1.3	0.0	0.0	0.0	0.0
El Paso	4,218	46.5	38.0	8.0	5.4	3.3	1.5	0.0
Elbert	43	23.3	23.3	9.3	0.0	0.0	0.0	0.0
Fremont	486	57.0	37.2	1.2	29.4	3.3	26.0	0.0
Garfield	319	32.6	21.3	3.8	3.1	0.6	0.0	0.0
Gilpin	26	46.2	46.2	0.0	3.8	0.0	0.0	0.0
Grand	36	58.3	5.6	5.6	5.6	5.6	0.0	0.0
Gunnison/ Hinsdale	21	33.3	14.3	0.0	0.0	0.0	0.0	0.0
Huerfano	12	25.0	25.0	16.7	25.0	16.7	0.0	0.0
Jackson	2		0.0	0.0	0.0	0.0	0.0	0.0
Jefferson	1,081	50.8	37.0	7.1	4.1	1.5	4.7	0.0
Kit Carson	37	24.3	10.8	0.0	0.0	0.0	0.0	0.0
La Plata/ San Juan	150	62.0	34.7	3.3	24.7	24.7	0.0	0.0
Lake	11	45.5	18.2%	0.0	0.0	0.0	0.0	0.0
Larimer	1,781	50.4	32.8	5.3	19.5	2.5	6.8	0.0
Las Animas	13	46.2	46.2	0.0	0.0	0.0	100.0	0.0
Lincoln	18	50.0	16.7	0.0	27.8	5.6	0.0	0.0
Logan	99	65.7	39.4	21.2	21.2	17.2	0.0	0.0
Mesa	476	53.4	26.3	13.9	0.4	0.4	0.0	0.0
Moffat	26	3.8	0.0	0.0	0.0	0.0	0.0	0.0
Montezuma	21	81.0	71.4	14.3	14.3	9.5	0.0	0.0
Montrose	207	48.3	36.7	22.2	11.6	6.3	0.0	0.0
Morgan	160	59.4	33.8	0.6	0.6	0.6	0.0	0.0
Otero	32	81.3	46.9	9.4	37.5	34.4	20.0	0.0
Ouray/ San Miguel	4	100.0	50.0	50.0	50.0	50.0	0.0	0.0
Park	37	27.0	0.0	0.0	0.0	0.0	0.0	0.0
Pitkin	17	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Prowers	21	52.4	4.8	4.8	0.0	0.0	0.0	0.0
Pueblo	553	37.1	23.5	3.1	3.8	2.2	5.9	0.0
Rio Blanco	24	66.7	50.0	0.0	0.0	0.0	0.0	0.0
Rio Grande/ Mineral	63	50.8	50.8	12.7	50.8	0.0	0.0	0.0
Routt	19	10.5	0.0	0.0	0.0	0.0	0.0	0.0
Saguache	23	73.9	47.8	34.8	0.0	0.0	0.0	0.0
Sedgwick	6	100.0	100.0	0.0	50.0	50.0	50.0	0.0
Summit	23	17.4	17.4	0.0	0.0	0.0	0.0	0.0
Teller	132	41.7	29.5	15.2	15.2	15.2	0.0	0.0
Washington	35	88.6	60.0	51.4	51.4	51.4	0.0	0.0
Weld	918	59.3	46.1	15.8	19.6	6.0	0.0	0.0
Yuma	46	82.6	82.6	2.2	2.2	0.0	0.0	0.0

* Baca, Cheyenne, Dolores, Kiowa, and Phillips counties had no eligible service episodes for this analysis.

4. Costs of the Core Services Program

All Core Services costs were collected based on service dates within the calendar year regardless of date of payment; therefore, these become costs for services provided in CY 2019. Pulling cost data based on date of payment rather than date of service will overstate costs, as sometimes counties pay for several months of service in a single payment month (based on timing of bill submissions). In cases where services are provided directly by the county, there is not a direct link between costs and service episodes, meaning that per episode costs can only be calculated for purchased services. Specifically, county provided Core Service dollars are not evenly allocated across the Core Service types; there is no designation in the available data systems for how each county designates its county provided Core Service allocations into specific types of services, and not all service authorizations for county provided services are entered into Trails. However, cost per client and cost per child can be calculated for both purchased and county provided services. Furthermore, overall cost offset of the Core Services Program is calculated using cost data from both purchased and county provided services. For counties that have shared Core Services contracts (fiscal agent counties in Trails), the expenditures were applied to the county that was responsible for the child/youth (based on Trails service authorization), not the fiscal agent county. For guaranteed payments issued without any authorized children/youth, the authorization county was set to the county that issued the payment.

As displayed in Table 38, the total Core Service expenditures were \$57,908,224 in CY 2019, which represents a 2.2% increase in from CY 2018. Fee-for-service contract costs were \$27,808,370, which comprised 48% of total expenditures. Fixed-rate contract costs were \$7,050,143, which comprised 12% of total expenditures. County provided services costs were \$23,049,711, which comprised 40% of total expenditures (this number does not account for county salaried staff who directly provide Core Services and for whom service authorizations are not entered). The CY 2018 allocation was \$55,384,193 based on averaging SFY 2019 (\$55,107,655) and SFY 2020 (\$55,660,731) allocations. As such, total Core Services expenditures slightly outpaced the Core Services allocation, which was mitigated by counties also using funding from their child welfare block and Collaborative Management Program (CMP) allocation to pay for Core Services.

Table 38: Total Core Services Expenditures by Contract Type in CY 2019

Contract Type	Total	Percent
Fee-for-Service Contracts	\$27,808,370	48.0
Fixed-Rate Contracts	\$7,050,143	12.2
County Provided Services	\$23,049,711	39.8
Total Core Expenditures	\$57,908,224	100.0

4.1. Cost per Service Episode

The cost per service episode measure is intended to provide an overall average cost for each paid service intervention. This analysis only includes the costs for paid services (costs for no-pay services cannot be calculated from Trails) and does not include the cost of county-provided services. As special economic assistance is a one-time service with a capped expenditure limit, it was not included in the cost per service episode analyses.

Based on service closure reasons, some Core Services are identified as service assessment/evaluation. To differentiate between therapeutic assessments and evaluations and actual therapeutic interventions, cost per service episode is calculated and reported separately for each. This information could be useful to counties in Core Services budgeting and planning given the difference in the duration, cost, and intent of assessments and evaluations as compared to service interventions.

On the following page, Table 39 shows that the average cost per service episode for all therapeutic Core Service episodes closed in CY 2019 was \$2,313 with an average service duration of 127 days. The average cost for all therapeutic service episodes (provided after adoption finalization) for a subsample of children/youth receiving an adoption subsidy was \$2,950 with an average service duration of 157 days ($n = 292$).

For therapeutic assessments/evaluations, the average cost per service episode was \$890 with an average service duration of 38 days, which represents an increase of 23.4% or \$169 in average cost per service episode from CY 2019, and an increase of 10.5% or 4 days in average duration per service episode. For therapeutic interventions, the average cost per service episode was \$2,563 with an average service duration of 142 days, which represents a decrease of 3.4% or \$89 in average cost per service episode from CY 2018, and a decrease of 0.7% or 1 day in average duration per service episode.

Table 39: Average Cost per Service Episode and Average Service Duration (in days) for Service Episodes Closed in CY 2019

Service Category	Sample Size	Average Cost per Episode	Average Service Duration
Therapeutic Assessments/Evaluations	1,629	\$890	42
Therapeutic Interventions	9,240	\$2,563	142
All Therapeutic Services	10,869	\$2,313	127

The next set of tables display the descriptive results for cost per service episode and cost duration by service goal, program area, service type, and county. As displayed in Table 40, service episodes with a remain home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$697 and an average cost per service episode for therapeutic interventions of \$2,661. Service episodes with a return home service goal had an average cost per service episode for therapeutic assessments/evaluations of \$1,009 and an average cost per service episode for therapeutic interventions of \$2,464.

Table 40: Average Cost per Service Episode and Average Service Duration (in days) by Service Goal for Service Episodes Closed in CY 2019

Service Goal	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,629	\$890	42	9,240	\$2,563	142
Least Restrictive Setting	35	\$1,182	29	153	\$2,892	153
Remain Home	642	\$697	35	4,326	\$2,661	134
Return Home	952	\$1,009	47	4,761	\$2,464	150

As displayed in Table 41, service episodes with a PA3 designation had an average cost per service episode for therapeutic assessments/evaluations of \$191, and an average cost per service episode for therapeutic interventions of \$2,242. Because prevention services are 100 percent voluntary, the cost per service episode for PA3 are not directly comparable with the other program areas.

Service episodes with a PA4 designation had an average cost per service episode for therapeutic assessments/evaluations of \$940, and an average cost per service episode for therapeutic interventions of \$3,179. Service episodes with a PA5 designation had an average cost per service episode for therapeutic assessments/evaluations of \$942, and an average cost per service episode for therapeutic interventions of \$2,467. Service episodes with a PA6 designation had an average cost per service episode for therapeutic assessments/evaluations of \$940, and an average cost per service episode for therapeutic interventions of \$3,464.

Table 41: Average Cost per Service Episode and Average Service Duration (in days) by Program Area for Service Episodes Closed in CY 2019

Program Area	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,629	\$890	42	9,240	\$2,563	142
PA3 Services	113	\$191	23	910	\$2,242	119
PA4 Cases	151	\$940	31	1,330	\$3,179	143
PA5 Cases	1,341	\$942	45	6,847	\$2,467	145
PA6 Cases	24	\$940	42	153	\$3,464	171

Table 42 shows that substance abuse treatment had the lowest average cost per service episode for therapeutic assessments/evaluations at \$340 followed by county designed at \$756. Life skills had the highest average cost per service episode at \$2,930 for therapeutic assessments/evaluations followed by day treatment at \$2,643. For therapeutic interventions, substance abuse treatment had the lowest average cost per episode at \$904 followed by intensive family therapy at \$1,070. Day treatment had the highest average cost per episode for therapeutic interventions at \$9,672 followed by home-based interventions at \$4,272. It should be noted that Medicaid covers many of these services, which drives the cost for Core Services Program funding down for services like substance abuse and therapeutic assessments/evaluations. Home-based interventions have higher per service episode costs because, for the most part, Medicaid does not cover in-home therapeutic care.

Table 42: Average Cost per Service Episode and Average Service Duration (in days) by Service Type for Service Episodes Closed in CY 2019

Service Type	Therapeutic Assessments/Evaluations			Therapeutic Interventions		
	Sample Size	Cost	Duration	Sample Size	Cost	Duration
Statewide	1,629	\$890	42	9,240	\$2,563	142
County Designed	953	\$756	30	3,289	\$2,735	122
Day Treatment	2	\$2,643	47	130	\$9,672	250
Home-Based Interventions	57	\$1,861	80	1,162	\$4,272	156
Intensive Family Therapy	6	\$424	72	347	\$1,070	169
Life Skills	31	\$2,930	144	1,583	\$2,542	149
Mental Health	360	\$1,067	50	1,133	\$1,595	131
Sexual Abuse Treatment	49	\$1,683	70	263	\$4,034	219
Substance Abuse Treatment	171	\$340	49	1,333	\$904	152
* The Office of Behavioral Health allocates approximately \$2.5 million in Additional Family Services (AFS) directly to Core Services substance abuse. These expenditures are tracked by the substance abuse Managed Service Organization (MSO). These funds are not reflected in the cost per service episode analysis for the substance abuse service type.						

Table 43 shows the average cost per service episode and average service duration by county for all therapeutic services closed in CY 2019. Because of the small sample size for many counties, the average cost per service episode was not reported separately for therapeutic assessments/evaluations and therapeutic interventions.

Table 43: Average Cost per Service Episode and Average Service Duration (in Days) for Service Episodes Closed in CY 2019 by County

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Statewide	\$2,313	127	10,869
Adams	\$2,483	95	1,479
Alamosa	\$2,962	164	92
Arapahoe	\$4,684	155	432
Archuleta	\$7,691	172	26
Bent	\$2,419	95	11
Boulder	\$3,170	229	225
Broomfield	\$2,707	176	65
Chaffee	\$3,432	113	15
Clear Creek	\$7,593	347	9
Conejos	\$2,088	196	38
Costilla	\$3,616	283	3
Crowley	\$955	151	28
Custer	\$1,444	20	9
Delta	\$1,679	203	181
Denver	\$4,629	173	601
Dolores	\$1,155	28	1
Douglas	\$3,233	143	373

Table 43 (continued)

County*	Average Cost Per Episode	Average Service Duration	Sample Size
Eagle	\$1,296	123	98
El Paso	\$1,233	97	2,917
Elbert	\$3,664	135	46
Fremont	\$2,699	200	115
Garfield	\$3,460	97	55
Gilpin	\$2,014	99	11
Grand	\$1,221	192	12
Gunnison/Hinsdale	\$1,935	145	7
Huerfano	\$1,220	266	4
Jackson	\$887	58	11
Jefferson	\$1,492	112	1,224
Kiowa	\$4,302	213	9
Kit Carson	\$2,492	113	27
La Plata/San Juan	\$743	87	20
Lake	\$3,120	152	1
Larimer	\$1,794	142	675
Las Animas	\$257	108	3
Lincoln	\$7,429	182	27
Logan	\$2,902	250	49
Mesa	\$2,386	186	498
Moffat	\$1,815	92	50
Montezuma	\$5,075	211	25
Montrose	\$1,732	196	86
Morgan	\$2,679	142	44
Otero	\$2,508	124	64
Ouray/San Miguel	\$5,266	61	8
Park	\$3,172	190	9
Pitkin	\$1,270	102	27
Prowers	\$1,900	0	4
Pueblo	\$2,560	84	334
Rio Blanco	\$1,328	170	30
Rio Grande/Mineral	\$1,460	75	36
Routt	\$8,294	247	33
Saguache	\$480	18	18
Summit	\$7,183	265	16
Teller	\$1,420	64	21
Washington	\$2,474	174	16
Weld	\$3,479	141	604
Yuma	\$1,798	262	47

* Baca, Cheyenne, Phillips, and Sedgwick counties had no eligible service episodes for this analysis.

4.2. Cost per Client

The cost per client receiving services measure is intended to determine the overall average cost per client served using the overall number of clients who received Core Services at some point during the year (both adults and children/youth) and overall Core Service expenditures (both purchased and county provided). As displayed in Table 44 on the following page, the average cost per client statewide for CY 2019 was \$2,142 based on total expenditures of \$57,908,224 and 27,030 clients served. This represents an increase of 11.8% or an additional \$226 in average cost per client from CY 2018.

Table 44: Average Cost per Client by County in CY 2019

County*	Expenditures	Clients Served**	Average Cost per Client
Statewide	\$57,908,224	27,030	\$2,142
Adams	\$6,285,347	2,523	\$2,491
Alamosa	\$343,628	251	\$1,369
Arapahoe	\$6,344,707	2,659	\$2,386
Archuleta	\$194,283	83	\$2,341
Baca	\$3,509	4	\$877
Bent	\$72,777	43	\$1,692
Boulder	\$1,686,271	924	\$1,825
Broomfield	\$308,345	101	\$3,053
Chaffee	\$396,112	60	\$6,602
Clear Creek	\$193,905	39	\$4,972
Conejos	\$137,531	90	\$1,528
Costilla	\$120,710	80	\$1,509
Crowley	\$113,384	79	\$1,435
Custer	\$29,129	10	\$2,913
Delta	\$577,454	310	\$1,863
Denver	\$6,675,689	1,839	\$3,630
Dolores	\$1,852	4	\$463
Douglas	\$1,636,764	811	\$2,018
Eagle	\$356,443	180	\$1,980
El Paso	\$6,747,972	4,031	\$1,674
Elbert	\$212,855	187	\$1,138
Fremont	\$1,071,390	669	\$1,601
Garfield	\$549,717	303	\$1,814
Gilpin	\$83,852	18	\$4,658
Grand	\$69,861	32	\$2,183
Gunnison/Hinsdale	\$178,317	55	\$3,242
Huerfano	\$135,442	86	\$1,575
Jackson	\$13,358	14	\$954
Jefferson	\$4,213,145	1,854	\$2,272
Kiowa	\$39,909	25	\$1,596
Kit Carson	\$74,197	44	\$1,686
La Plata/San Juan	\$766,963	199	\$3,854
Lake	\$127,520	23	\$5,544
Larimer	\$3,176,970	2,961	\$1,073
Las Animas	\$141,621	74	\$1,914
Lincoln	\$235,538	104	\$2,265
Logan	\$582,950	221	\$2,638
Mesa	\$2,697,517	1,053	\$2,562
Moffat	\$110,750	90	\$1,231
Montezuma	\$281,622	53	\$5,314
Montrose	\$685,761	446	\$1,538
Morgan	\$570,545	274	\$2,082
Otero	\$324,206	115	\$2,819
Ouray/San Miguel	\$62,507	31	\$2,016
Park	\$296,525	71	\$4,176
Pitkin	\$55,726	40	\$1,393
Prowers	\$217,082	27	\$8,040
Pueblo	\$2,977,290	926	\$3,215
Rio Blanco	\$74,085	81	\$915
Rio Grande/Mineral	\$149,341	115	\$1,299
Routt	\$205,815	78	\$2,639
Saguache	\$98,051	46	\$2,132

Table 44 (continued)

County*	Expenditures	Clients Served**	Average Cost per Client
Sedgwick	\$278	1	\$278
Summit	\$114,452	51	\$2,244
Teller	\$312,110	114	\$2,738
Washington	\$51,568	69	\$747
Weld	\$4,612,019	2,221	\$2,077
Yuma	\$111,557	138	\$808

*Cheyenne and Phillips counties had no eligible clients for this analysis.
**The total does not match the overall sample size of distinct clients because clients could have had multiple involvements during the year with more than one county.

4.3. Cost per Child/Youth

The cost per child/youth receiving or benefitting from services is intended to determine the overall average cost per child/youth that received or benefitted from Core Services during the year. The measure includes all children/youth who directly received a Core Service as well as children/youth benefitting from a Core Service. As displayed in Table 45, the average cost per child/youth statewide for CY 2019 was \$3,365 based on total expenditures of \$57,908,224 and 17,208 children/youth receiving or benefitting from Core Services. This represents an increase of 8.1% or an additional \$252 in average cost per child/youth receiving or benefitting from Core Services from CY 2018.

Table 45: Average Cost per Child/Youth by County in CY 2019

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Statewide	\$57,908,224	17,208	\$3,365
Adams	\$6,285,347	1,467	\$4,284
Alamosa	\$343,628	193	\$1,780
Arapahoe	\$6,344,707	2,061	\$3,078
Archuleta	\$194,283	40	\$4,857
Baca	\$3,509	2	\$1,754
Bent	\$72,777	29	\$2,510
Boulder	\$1,686,271	610	\$2,764
Broomfield	\$308,345	60	\$5,139
Chaffee	\$396,112	44	\$9,003
Clear Creek	\$193,905	21	\$9,234
Conejos	\$137,531	80	\$1,719
Costilla	\$120,710	59	\$2,046
Crowley	\$113,384	70	\$1,620
Custer	\$29,129	11	\$2,648
Delta	\$577,454	167	\$3,458
Denver	\$6,675,689	1,244	\$5,366
Dolores	\$1,852	4	\$463
Douglas	\$1,636,764	501	\$3,267
Eagle	\$356,443	122	\$2,922
El Paso	\$6,747,972	2,516	\$2,682
Elbert	\$212,855	109	\$1,953
Fremont	\$1,071,390	366	\$2,927
Garfield	\$549,717	238	\$2,310
Gilpin	\$83,852	17	\$4,932
Grand	\$69,861	25	\$2,794
Gunnison/Hinsdale	\$178,317	33	\$5,404
Huerfano	\$135,442	68	\$1,992
Jackson	\$13,358	11	\$1,214
Jefferson	\$4,213,145	1,319	\$3,194
Kiowa	\$39,909	16	\$2,494

County*	Expenditures	Child/Youth Receiving or Benefitting**	Average Cost per Child/Youth
Kit Carson	\$74,197	26	\$2,854
La Plata/ San Juan	\$766,963	147	\$5,217
Lake	\$127,520	17	\$7,501
Larimer	\$3,176,970	1,606	\$1,978
Las Animas	\$141,621	56	\$2,529
Lincoln	\$235,538	61	\$3,861
Logan	\$582,950	127	\$4,590
Mesa	\$2,697,517	563	\$4,791
Moffat	\$110,750	57	\$1,943
Montezuma	\$281,622	55	\$5,120
Montrose	\$685,761	205	\$3,345
Morgan	\$570,545	162	\$3,522
Otero	\$324,206	98	\$3,308
Ouray/ San Miguel	\$62,507	22	\$2,841
Park	\$296,525	30	\$9,884
Pitkin	\$55,726	33	\$1,689
Prowers	\$217,082	15	\$14,472
Pueblo	\$2,977,290	578	\$5,151
Rio Blanco	\$74,085	49	\$1,512
Rio Grande/ Mineral	\$149,341	63	\$2,370
Routt	\$205,815	63	\$3,267
Saguache	\$98,051	24	\$4,085
Sedgwick	\$278	1	\$278
Summit	\$114,452	24	\$4,769
Teller	\$312,110	59	\$5,290
Washington	\$51,568	39	\$1,322
Weld	\$4,612,019	1,435	\$3,214
Yuma	\$111,557	90	\$1,240

*Cheyenne and Phillips counties had no eligible children/youth receiving or benefitting for this analysis.
**The total does not match the overall sample size of distinct children/youth benefitting/receiving services because a child/youth could have had multiple involvements during the year with more than one county.

4.4. Cost Offset

The cost offset measure is intended to estimate the additional out-of-home placement costs that would be incurred by counties in lieu of providing Core Services to children/youth in the home or in OOH care. Overall cost offset was calculated using a methodology that assumes that all children/youth would have been placed in OOH care in the absence of Core Services. This analysis takes into account children/youth that were able to entirely avoid out-of-home placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered a less restrictive setting as a result of Core Services. The analysis also accounts for the expenditures for OOH days for children/youth that were not able to remain home. The cost offset methodology was as follows:

1. Determine the number of “involved days” for all children/youth receiving or benefitting from Core Services during calendar year (service was open at some point in year). This number represents days in which a child/youth was involved in an open case in which Core Services were received. On average, a child/youth receiving or benefitting from Core Services had 225 involved days in CY 2019, which is an increase of 2% from CY 2018.
2. For all children/youth receiving or benefitting from Core Services, add all Core Services expenditures (including county provided) during year with all OOH placement expenditures incurred during year for these children/youth.

3. Divide total Core Services and OOH expenditures for children receiving or benefiting from Core Services from step 2 by total involved days from step 1 to get average actual cost per child/youth per involved day.
4. Derive an average OOH cost per day from all OOH expenditures (including “no-pay” kinship placements) during year divided by the total number of OOH days for all children/youth in the year - this is the overall average cost per OOH day.
5. Compare the average daily OOH cost from step 4 to the total average Core Services and OOH costs per child/youth per involved day to get an average cost difference per involved day.
6. Multiply the total number of involved days (from step 1) by the average cost difference per involved day (from step 5) to get overall cost offset.
7. Divide the average cost difference per involved day by average actual cost per involved day to get a cost offset ratio, with higher ratios indicating greater cost offset. For example, a ratio of 1.0 indicates that for every dollar spent on Core Services and OOH placements, one dollar was not spent on additional OOH care.

Without the Core Services Program, it is estimated that counties would have spent an additional \$48 million on out-of-home placements in CY 2019.

Based on actual Core Services and OOH expenditures of \$147,071,557 and an estimated OOH cost of \$195,157,095, an additional **\$48,085,538** would have been spent by county agencies statewide in CY 2019 if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This equates to an additional \$12 per child/youth per involved day and represents a cost offset ratio of .33 statewide. Thus, for every \$1.00 spent on Core Services an additional \$.33 was not spent on OOH placements. Table 46 shows the average cost difference per involved day, the overall cost offset, and the cost offset ratio by county for CY 2019.

Table 46: *Estimated Core Services Cost Offset by County for CY 2019*

County*	Number of Involved Days	Average Cost per OOH Day	Average Cost per Involved Day	Average Cost Difference per Involved Day	Overall Cost Offset	Cost Offset Ratio
Adams	362,805	\$48.58	\$39.19	\$9.39	\$3,408,106	.24
Alamosa	47,213	\$65.48	\$38.89	\$26.59	\$1,255,414	.68
Arapahoe	431,836	\$51.25	\$39.42	\$11.83	\$5,108,275	.30
Archuleta	7,281	\$8.05	\$27.92	-\$19.86	-\$144,630	-.71
Baca	388	\$21.74	\$9.04	\$12.69	\$4,925	1.40
Bent	4,628	\$68.62	\$22.27	\$46.34	\$214,482	2.08
Boulder	172,589	\$49.64	\$24.71	\$24.94	\$4,303,674	1.01
Broomfield	15,048	\$59.03	\$47.64	\$11.39	\$171,336	.24
Chaffee	8,533	\$64.52	\$77.17	-\$12.64	-\$107,875	-.16
Clear Creek	4,560	\$84.97	\$89.78	-\$4.81	-\$21,933	-.05
Conejos	18,239	\$35.17	\$9.40	\$25.76	\$469,903	2.74
Costilla	16,947	\$52.77	\$28.81	\$23.97	\$406,162	.83
Crowley	17,775	\$51.47	\$18.50	\$32.97	\$586,030	1.78
Custer	3,322	\$62.16	\$25.43	\$36.73	\$122,027	1.44
Delta	33,765	\$60.14	\$48.14	\$12.00	\$405,163	.25
Denver	307,149	\$50.47	\$53.45	-\$2.98	-\$913,865	-.06
Dolores	908	\$87.23	\$76.30	\$10.93	\$9,923	.14
Douglas	125,443	\$55.79	\$29.78	\$26.01	\$3,262,936	.87
Eagle	23,279	\$53.83	\$18.46	\$35.37	\$823,460	1.92
El Paso	570,795	\$58.79	\$43.68	\$15.11	\$8,622,017	.35
Elbert	30,653	\$68.27	\$14.83	\$53.44	\$1,638,080	3.60
Fremont	67,667	\$62.01	\$42.41	\$19.59	\$1,325,866	.46
Garfield	45,194	\$43.97	\$22.84	\$21.12	\$954,712	.92
Gilpin	3,242	\$109.05	\$52.44	\$56.62	\$183,552	1.08
Grand	4,229	\$65.65	\$38.32	\$27.33	\$115,558	.71
Gunnison/ Hinsdale	7,805	\$108.94	\$41.20	\$67.74	\$529,384	1.64

Table 46 (continued)

County*	Number of Involved Days	Average Cost per OOH Day	Average Cost per Involved Day	Average Cost Difference per Involved Day	Overall Cost Offset	Cost Offset Ratio
Huerfano	10,970	\$74.38	\$42.21	\$32.17	\$352,913	.76
Jackson	1,917	\$0.00	\$6.97	-\$6.97	-\$13,358	-1.00
Jefferson	266,972	\$45.45	\$35.62	\$9.83	\$2,624,056	.28
Kiowa	2,929	\$9.28	\$13.72	-\$4.44	-\$12,998	-.32
Kit Carson	5,965	\$25.49	\$22.12	\$3.37	\$20,108	.15
La Plata/ San Juan	27,360	\$35.28	\$41.88	-\$6.59	-\$180,436	-.16
Lake	4,772	\$109.48	\$31.72	\$77.77	\$371,110	2.45
Larimer	320,573	\$25.96	\$19.21	\$6.75	\$2,164,350	.35
Las Animas	12,616	\$50.84	\$41.78	\$9.07	\$114,391	.22
Lincoln	14,476	\$64.22	\$40.81	\$23.41	\$338,891	.57
Logan	33,424	\$45.61	\$51.02	-\$5.41	-\$180,826	-.11
Mesa	142,473	\$77.84	\$69.70	\$8.14	\$1,159,149	.12
Moffat	12,926	\$94.36	\$45.02	\$49.34	\$637,756	1.10
Montezuma	9,946	\$58.52	\$48.70	\$9.81	\$97,619	.20
Montrose	40,910	\$56.71	\$40.41	\$16.29	\$666,528	.40
Morgan	32,231	\$43.35	\$29.78	\$13.57	\$437,386	.46
Otero	23,552	\$38.61	\$30.14	\$8.47	\$199,454	.28
Ouray/ San Miguel	3,746	\$31.07	\$19.23	\$11.84	\$173,911	.62
Park	7,686	\$83.79	\$86.66	-\$2.87	-\$22,027	-.03
Pitkin	4,467	\$145.63	\$28.22	\$117.42	\$524,497	4.16
Prowers	3,951	\$39.01	\$70.24	-\$31.23	-\$123,381	-.44
Pueblo	120,772	\$41.94	\$47.42	-\$5.49	-\$662,669	-.12
Rio Blanco	11,342	\$60.66	\$20.78	\$39.88	\$452,316	1.92
Rio Grande/ Mineral	16,834	\$71.33	\$43.19	\$28.13	\$473,621	.65
Routt	14,473	\$35.84	\$19.41	\$16.43	\$237,759	.85
Saguache	5,625	\$70.19	\$55.78	\$14.41	\$81,038	.26
Sedgwick	64	\$226.51	\$4.34	\$222.17	\$14,219	51.16
Summit	3,958	\$256.21	\$58.36	\$197.85	\$783,098	3.39
Teller	12,584	\$58.04	\$53.74	\$4.29	\$54,033	.08
Washington	8,388	\$54.79	\$17.33	\$37.46	\$314,237	2.16
Weld	32,7012	\$39.31	\$29.82	\$9.48	\$3,101,271	.32
Yuma	14,482	\$104.08	\$24.33	\$79.74	\$1,154,837	3.28

* Cheyenne and Phillips counties had no eligible service episodes for this analysis.

5. Family Preservation Commission Report Findings

As mandated by C.R.S. 19.1.116, Core Services Coordinators from each county were asked to complete a web-based version of the Family Preservation Commission (FPC) Report in coordination with their Family Preservation Commission or Placement Alternative Commission (PAC). The purpose of the FPC report is to provide context to the descriptive, outcome, and cost results for the Core Services evaluation. Coordinators were asked to respond to the availability, capacity, accessibility, and delivery of Core Services, engagement, preparation, and collaboration for the Family First Prevention Services Act, as well as successes and challenges for delivery of the Core Services Program.

5.1. Service Availability, Capacity, and Accessibility

Service capacity, availability, and accessibility present intersecting challenges in delivering Core Services for counties impacted by geography, population, resources, and relationships. Overall, 57% of counties agreed or strongly agreed that the **availability** of Core Services in their community is adequate to address the needs of children, youth, and families. This represents a four-year downward trend from a high of 75% in CY 2015. Furthermore, 77% agreed or strongly agreed that there are specific services needed in their county that are not currently available. These services include day treatment (25%), sexual abuse treatment (17%), trauma-informed services (12%), substance abuse treatment (10%), home-based interventions (10%), intensive family therapy (10%), life skills (8%), mental health services (4%), and county designed services (4%) including Multi-systemic therapy (MST) and intensive school-based therapy. In addition to availability issues, there is a need for more prevention services. One coordinator stated, “While there are some strong preventative services available through our CMP and other entities, vital services needed to keep kids safe at home are lacking in our county.”

Similarly, 53% of counties agreed or strongly agreed that the **capacity** of Core Services in their community is adequate to address the needs of children, youth, and families. This also continues a four-year downward trend from a high of 73% in CY 2015. Furthermore, 50% reported that not all services were available at an adequate capacity. These services include substance abuse treatment (19%), day treatment (14%), sexual abuse treatment (13%), trauma-informed services (11%), mental health services (10%), home-based services (10%), life skills (8%), intensive family therapy (8%), county designed services (6%) including domestic violence, MST, and wraparound services, and special economic assistance (2%).

The capacity issues for substance abuse treatment, mental health services, and trauma-informed services for adolescents are particularly acute. Specifically, inadequate staffing, clinician turnover, lack of coordination between providers, and limited bilingual staff impacts the capacity of these Core Services at the county-level. An increasing need for services delivered in Spanish and other languages and limited bilingual capacity for many locations continues to hinder service capacity for non-English-speaking service users. According to one coordinator, “Providers are aware of the increased need for bilingual therapists and some have incorporated targeted bilingual recruitment efforts in their hiring process. [We have] a process in place to assist providers in connecting with interpreter services as an alternative to long delays in a family being able to connect to bilingual services.”

Coordination challenges may be mediated by liaison positions that can strengthen connections, facilitate communication, and smooth the path for a continuum of services. Furthermore, many counties are continuously seeking new partnerships and relationships with providers, both public and private, to increase capacity and better tailor services to families. Collaborative efforts to increase capacity of services have focused on filling in the gaps in the existing care continuum, adding staff, transitioning services, working with providers to become Medicaid certified, and partnering with neighboring counties to provide needed services.

When asked about service accessibility, 48% of counties reported that there are barriers to accessing services that are available and have adequate capacity. Specifically, coordinators indicated that there are barriers to accessing substance abuse treatment (17%), sexual abuse treatment (14%), day treatment (14%), trauma-informed services (11%), mental health services (11%), home-based interventions (10%), intensive family therapy (7%), life skills (7%), county designed services (6%) including domestic violence, wraparound services, MST, mentoring, coaching, and mental health services, and special economic assistance (2%).

Overall, over 50% of counties agreed or strongly agreed that the availability and capacity of their Core Services program is adequate to address the needs of children, youth, and families.

The most frequently indicated barriers were transportation at 26%, lack of bilingual providers at 21%, clinician/therapist turnover at 19%, Medicaid coverage at 10%, family engagement at 9%, service costs at 6%, and other barriers at 10% including location of services, hours of operation, and medical coverage for non-Medicaid families. Service barriers were influenced by geographic region, limited resources, and funding complexity.

“Staff continues to provide transportation as needed to children and families to obtain the service when a provider is available outside of our local area. We assist families with transportation costs (gas, meals) if they have their own vehicle.”

Addressing transportation and access to services, increasing the number of Medicaid providers, and increasing the capacity for bilingual services, were among the top areas in which counties were taking steps to decrease identified barriers. Contracting with individual providers, using telehealth technology, enhancing family engagement, and applying for grants also were mentioned prominently. Telehealth seems to be a promising strategy that could address the transportation and distance barriers for families in accessing services, especially in rural and frontier counties, in which in-home services are not accessible.

5.2. Family First Implementation

The next section of the report asked coordinators to reflect on their preparation for and barriers in implementing Family First for their Core Services Program. Overall, 62% of counties report participating in any of the Family First committees, subcommittees, or task groups facilitated by CDHS. When asked how prepared their county was to implement the requirements of Family First as it relates to the Core Services Program, 10% of counties are extremely or very prepared, 53% are somewhat prepared, 25% are a little prepared, and 12% are not prepared. The major areas of concerns are: (1) lack of availability, accessibility, and capacity for Family First approved programs; (2) uncertain costs and bandwidth to develop and maintain evidence-based services; and (3) limited implementation information for Family First.

For many counties, especially rural, accessing Clearinghouse-approved, evidence-based services was the most frequently cited barrier to implementing Family First. Specifically, programs and services may not be locally or regionally available, while services that are available and thought to be effective, may not have sufficient evidence to be included in the Clearinghouse. For example, one rural county applied for grant funding for MST, but the application was denied because the population to be served was too small. The overall lack of access to evidence-based services and programming, along with a shortage of Medicaid providers in this space, were commonly cited challenges to implementing Family First. As stated by one coordinator, “From initial information, it appears that [our county] does not have the majority of approved interventions for Family First that will be reimbursed as prevention.”

Respondents expressed considerable concern about the costs of developing and maintaining evidence-based programs and services. Specifically, identifying and promoting programs for inclusion in the Clearinghouse is a slow and potentially costly process; as are the implementation and continuous quality improvement requirements for eligible programs. Furthermore, the costs of running programs with an “intense” fidelity monitoring requirement may be an expense that providers are unwilling to absorb. In addition, “The evidence based interventions are often pricey to train in and historically it has been difficult for providers to keep staff trained in such interventions so this may be a barrier.” Counties also expressed uncertainty about how reimbursement between Core Services allocations and Family First funding will work.

As for informational supports, counties expressed a need for implementation guidance and staff training to better understand the requirements of Family First. Many counties currently lack a clear direction and need an “action plan” for implementing Family First components. Specifically, there is confusion about billing, budgetary impacts, required resources, and how Family First will look for the front line and middle management personnel in child welfare agencies. The need for additional information is captured in the following quote: “I have attended calls and presentations, yet I still do not have a comprehensive idea of how Family First will apply to our community, what are the financial barriers, and how can we bolster the opportunities available through this act. My questions remained unanswered: 1) How will this apply to a rural community? 2) What services are approved that are available and not already paid through Medicaid?” In addition, judicial system partners in some counties consider congregate care as the best placement option to meet the needs of youth and thus, may not understand Family First criteria and how these placements must be managed.

5.3. Family First Collaboration

Coordinators were asked to describe county collaborative efforts to prepare for Family First implementation. Many identified efforts that involved information sharing and collaborative planning to increase community understanding about Family First. A common aim for collaboration was to become familiar with and understand Family First and its implications for new and existing evidence-based services for families in their communities. The three primary themes for Family First collaboration were: (1) increasing knowledge and understanding; (2) community engagement and education; and (3) increasing service capacity.

“Over the last year we have begun to have provider meetings to inform our Core Service providers of the standards and requirements of Family First. We have begun to have internal conversations with our finance team to ensure processes are in place to utilize the funding as mandated.”

Numerous coordinators referenced CDHS guidance and leadership in increasing their knowledge and understanding of Family First, particularly through trainings, webinars, and formal committees. Specifically, counties have received information from the Family First Implementation Team on candidacy determination, implementation timelines, and service array enhancement. Based on this peer learning, counties are initiating discussions with community partners and stakeholders about preparing and readiness for Family First implementation. Specifically, counties are presenting and sharing information about Family First with CMP stakeholders, family resource centers, and community-based services providers. One coordinator noted, “There has been a reinvigoration to collaborate and work together for solutions. The CMP is taking a new direction to ensure that difficult discussions have a space. There has been an effort to create a delinquency best practices team to work through gaps in services.” These discussions are focused on assessing local program and service capacity, operationalizing evidence-based practice, and looking ahead toward what a more robust focus on prevention will mean for child welfare and judicial system partners. For example, one county has “implemented a Family First committee facilitated by the chief juvenile judge that incorporates representation from all parts of the system including judicial, GAL’s, respondent parent attorneys, probation, DA’s office, CASA, and Human Services.”

Collaboration activities are also centered around assessing current service capacity, needs, and gaps in preparation for Family First implementation. Certain counties are further along with these assessment and planning processes. For example, one coordinator shared the following activities focused on increasing service capacity, “Information about the intention to reduce congregate care placements and increasing community evidence based services were shared at several collaborative meetings. The need for increasing evidence based services has been identified as the largest need for successful Family First implementation. The Interagency Oversight Group completed surveys for local partners to complete. This survey helped the team best understand what evidence based services were options under Family First, and allowed the team to understand what evidence based services were available, while informing partners what services were needed.” Another coordinator reported on “foster care recruitment and retention activities and a collaborative effort with the local Juvenile Services Department to review the juvenile delinquency process to determine avenues and opportunities of intervention.” Specific services also were identified as meeting or potentially meeting Family First requirements including motivational interviewing, wraparound, intensive school-based therapy, medically assisted treatment, intensive outpatient treatment, and parent-child interaction therapy.

5.4. Service Delivery

Coordinators were asked to share additional insights about the delivery of Core Services in their county including strengths and challenges. The responses to this question echoed the reported barriers to Core Services around Family First implementation, ways these barriers are being addresses, and new collaborative efforts to prepare for changes related to Family First. The geographic and cultural contexts of counties also intersected in ways that amplified strengths and compounded challenges.

“[Our] County has been working internally with providers to streamline the process from referral to service implementation. The County is in regular communication with providers about their openings and capacity and moving referrals to those providers who can quickly and effectively provide the right service for the family.”

Respondents identified an abundance of existing strengths around delivering Core Services in their counties. Many of the noted strengths centered on strong and stable relationships with collaborative partners and service providers from the substance abuse, early childhood, mentoring, mental health, trauma-informed services, and juvenile justice domains to name a few. Coordinators cited county-designed services and those tailored to the unique and specific needs of families in the community as strengths. Designing services responsive to local needs is thought to result in better services outcomes and increased buy-in by families and community partners. For example, one coordinator noted, “The court is more likely to allow a child to remain in their community when the child and family can participate in services that they have helped build.”

Local prevention service capacity was a frequently identified strength. For example, Program Area 3 services have expanded families’ access to counseling services, while cross-county and interagency collaboration has enhanced overall service availability, coordination, and quality. Respondents also spoke to the capacity for expanding and adding needed services by seeking out agencies that can fill specific services gaps. Counties with good access to mental health, substance abuse treatment, specialized providers, and trauma-informed care noted this strength. Another strength is the engagement of practice partners in reviewing data and outcomes to inform maltreatment prevention framework and service array development. Creativity and flexibility in building solutions, providing tailored interventions and access to alternative therapies, such as equine, art, and music therapies also were identified strengths. In addition, respondents identified cost savings through voluntary and preventative services and through increasing private Medicaid providers for mental health services.

Challenges identified by respondents parallel the barriers associated with Family First implementation. The most commonly identified challenges centered on the lack of access to and capacity for specific services, most notably substance abuse treatment, mental health services, and trauma-informed care. When available, there are often long waiting lists, especially for Spanish speaking providers. Problems accessing specialized services for sexual abuse victims and offenders also was noted. Coordinators frequently mentioned funding challenges including a lack of Medicaid providers and resistance to becoming Medicaid certified due to the time and complexity of becoming a provider along with low reimbursement rates and timely payment processing. One coordinator added, “Core Services and the overlap of Medicaid can sometimes be a difficult process in order to ensure the families are receiving the services they need. In general, there is a lot of overlapping between systems which can be extremely difficult to navigate.”

Staffing capacity, recruitment, and retention for DHS and community mental health agencies remain persistent challenges for county Core Services programs. Rural counties experience many of the same challenges as larger counties, but they are compounded by geography and smaller populations. Distance to service providers and transportation challenges dominate in rural locales, considerably limiting access to services. Smaller counties are most likely to lack service availability and families often must travel to other counties for needed treatment. Lastly, several counties voiced specific requests and/or suggestions regarding flexibility with funding, managing, and documenting their Core Services program.

6. Discussion

The discussion section of the Core Services Program Evaluation CY 2019 Report summarizes the key findings from the outcome and cost evaluations and the Family Preservation Commission Report. Implications for county and state policy and practice for the Core Services Program are discussed in the context of the enhancements to and limitations of the evaluation design and methodology.

6.1. Evaluation Conclusions

Similar to previous Core Service evaluations, the following conclusions illustrate the high level of overall program success as measured by service effectiveness, service goal attainment, subsequent child welfare involvement, and cost offset.

Core Services Program is Working as Designed. The findings from this report support the Core Services Program as an effective approach to strengthening Colorado families by keeping or returning children/youth home or in the least restrictive setting while maintaining safety. For example, 99% of children/youth who received prevention services remained home, which also indicates that the Core Services Program is serving the population targeted by the legislation. Furthermore, the Core Services Program is clearly providing the appropriate levels of support, as evidenced by the findings that less than 4% of children/youth had a subsequent placement after receiving or benefiting from Core Services.

Core Services Prevention Programming is Maintaining Consistently Positive Outcomes. The Core Services prevention programs again recorded consistently positive service effectiveness, service goal attainment, and follow-up outcomes in CY 2019. This is especially noteworthy given that there continues to be a downward trend in the perceived availability and capacity of Core Services from CY 2015 to CY 2019.

Core Services are Effective in Achieving Treatment Success. Seventy-five percent of all service episodes in CY 2019 were determined to be successful or partially successful with 84% of PA3 service episodes determined to be as such. Core Services coordinators reported that strong collaboration and relationships with community partners and providers, substance use disorder evaluation and treatment, behavioral and mental health services, trauma focused services, and strong wraparound services for families has positively impacted treatment success.

Core Services Facilitate Service Goal Attainment. The service goal was attained by 77% of children/youth with an involvement closed in CY 2019. Similar to past evaluations, the remain home service goal was attained in 94% of service episodes when calculated based on if the child/youth had an open removal on the day the service ended.

“Our County has seen positive results and positive impacts for families that receive Core Services [including] a reduced number of referrals and cases [that] the Department believes is connected to PA3 services that families are receiving.”

Core Services Impacts Subsequent Child Welfare Involvement. For the 5,981 distinct children/youth with a closed case in CY 2018, 46% of children/youth had a subsequent referral, 31% had a subsequent assessment, 6% had a subsequent founded assessment, 9% had a subsequent case, 4% had a subsequent placement, 9% had a subsequent DYS involvement (detention or commitment), and 1% had a subsequent DYS commitment. These follow-up outcomes represent a slight improvement to the outcomes for cases closed in CY 2017.

Core Services Provide Substantial Cost Offset for Colorado. Without the Core Services Program, it is estimated that Colorado counties would have spent an additional \$48 million in CY 2019 on out-of-home placements for children/youth. Over the past seven calendar years, an additional \$335 million would have been spent by county agencies statewide if OOH placements had been provided exclusively instead of a combination of Core Services and OOH placements. This figure is based on children/youth who were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered a less restrictive setting as a result of Core Services. Core Services coordinators noted that practice changes including intensive home-based treatment models, mentoring, and county designed services are used as alternatives to OOH placements.

6.2. Evaluation Enhancements

Enhancements to the evaluation of the Core Services Program continued during CY 2019. First, county-specific reports were produced and knowledge translations efforts were conducted with counties through webinars, workshops, and presentations. These ongoing training and consultation opportunities allow counties to make full use of available data for quality improvement purposes. Second, outcomes and costs for prevention and intervention services were further analyzed and compared. Third, the analysis of Core Services outcomes and costs on a subsample of children/youth receiving an adoption subsidy continued. Lastly, questions on county participation in Family First committees and county readiness to implement the requirements of the legislation were expanded to further contextualize the impact of further integrating evidence-based practices in the Core Services Program. Based on findings from the report, 62% of counties had participated in Family First committees, sub-committees, or task groups, up from 52% in CY 2018, while 63% of counties reported being somewhat, very, or extremely prepared to implement Family First requirements, up from 48% in CY 2018.

6.3. Evaluation Limitations

The primary limitation of the Core Services Program evaluation is that there are competing interventions, service population differences, and county-specific contexts that are not accounted for in the analyses. These potentially confounding factors may be related to overall outcomes or outcome differences and are hard to control without a rigorous experimental research design. Stated another way, while the positive and consistent outcomes from this year and previous years' reports support conclusions that the program is effective, it is not clear whether these positive outcomes are solely due to the Core Services Program. Other limitations include variations in data entry procedures and service delivery across counties. Even with these limitations, this report presents the best available data with the most appropriate analyses to evaluate the impact of the Core Services Program.

6.4. Evaluation Implications

Based on the outcome and cost evaluation findings, the key implication is that the Core Services Program is an essential component of the continuum of care in Colorado. Core Services are especially effective for county provided services, prevention services, and for children/youth with a service goal of remain home and/or a PA5 designation. As a result, increased efforts to improve outcomes for purchased services and for children/youth with a service goal of return home or a PA4 designation continue to be warranted.

The positive findings for service effectiveness and service goal attainment indicate that current Core Services prevention efforts should be enhanced and offered widely to families at risk for child welfare involvement to maximize the opportunity for lowering case numbers and stepping down children/youth to lower levels of care. The Core Services Program also aligns well with other child welfare prevention efforts recently implemented in the state. As such, future evaluation efforts should look across the prevention/intervention array to identify common metrics of outcome, cost, and process effectiveness to provide the state and counties with a holistic understanding of how prevention programs work together to promote the safety, permanency, and well-being.

Research consistently documents the health and social inequities experienced by vulnerable populations, with exclusion from meaningful services occurring by race and ethnicity, Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+) identities, age, socioeconomic level, and disability status. To help advance equity in the health and human services landscape, improved understanding of how the Core Services program is experienced by underserved communities is necessary. Using a community-engaged, youth-led participatory action research (YPAR) approach, CSU hopes to create a culturally responsive evaluation (CRE) that explores access to and impacts of the Core Services program for LGBTQ+ youth. The ultimate goals of this pilot evaluation are to: (1) inform the ongoing development of culturally responsive Core Services for LGBTQ+ youth; and (2) test the feasibility of CRE modules across multiple underserved communities within the overall statewide Core Services evaluation, as part of a multi-year strategic commitment.

Appendix A

Core Services Program Evaluation Methods

Outcome Datasets - General Considerations

In the Trails data system, Core Services are entered as “service authorizations.” The service authorization records dates of service, the goal of the service (e.g., remain home, return home, least restrictive setting), the client(s) receiving the service, the county responsible for the child/youth, the agency or individual providing the service (provider), the type of service, and whether the service is being paid for from Trails. Service authorizations must be recorded on behalf of a child/youth but, when entering Core Services in Trails, caseworkers must also specify the client(s) who are actually receiving the service which may be parents/guardians or children. In addition, when the service authorization is closed, outcome information is entered to track the degree to which the service was successful in achieving the Core Service goal.

Service Authorization Adjustments

To provide consistent, accurate, and comparable Core Service descriptive and outcome information statewide, the following adjustments were made to the Trails service authorization data:

- Individual Trails service authorization records were merged into “service episodes”
 - Some counties have a practice of closing and re-opening service authorizations each month or opening separate service authorizations for the periods in which services are authorized. Therefore, multiple service authorizations in Trails would exist for a single uninterrupted episode of service/treatment. If this data entry practice is not accounted for, then both the per-service costs and service-level outcomes will be inaccurate. To account for this, service authorizations were merged when needed to create an adjusted service episode. The service episode was created by merging individual service authorizations open any time during the calendar year within the same case, for the same provider and service type, and for the same set of clients receiving the service, as long as there was not a gap in service dates of more than 30 consecutive days. This adjusted service episode provides a more accurate representation of the duration, cost, and outcome of core service interventions.
- Service authorizations that did not represent actual service interventions were excluded according to the following criteria:
 - Service authorizations closed with an ‘Opened in Error’ or ‘Payee Wrong Code’ reason and for which no services were paid were removed.
 - ‘Yes-Pay’ service authorizations without payment details were excluded unless service was provided by the county department.
 - ‘No-Pay’ service authorizations for services not performed by the county department were included, as these are typically used to document blended funding services such as TANF.
- Program Area was determined based on the goal that was in place at the time service was initiated based on the child/youth for whom the service authorization is entered.
 - For Core Services provided to children with a finalized adoption, program area was determined using the referral type of the assessment that led to the subsequent involvement.
- Children/youth receiving or benefitting from service was based on the following criteria:
 - Program Area 3 (prevention) - services provided in these involvements are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in

the case. To account for this data entry limitation, all children/youth who are active in the involvement at the time the service is initiated are counted as a child/youth benefitting from the service.

- Program Area 4 (youth in conflict) and Program Area 6 (adoption and emancipation) - services provided in these cases only count children/youth for whom the service authorization was entered since these services are directed toward a specific child/youth.
- Program Area 5 (child protection) - services provided in these cases are typically connected to a parent but recorded on behalf of a child/youth in Trails. Because of this, the Trails service authorization may only be recorded for a single child/youth when in fact there may be several children/youth involved in the case. To account for this data entry limitation, all children/youth who are active in the case at the time the service is initiated are counted as a child/youth benefitting from the service.
- Clients receiving services - To determine the actual clients receiving services, the individuals specified as 'Client Receiving Service(s)' in the Trails service authorization were used, as this multi-selection list allows both adults and children/youth to be selected.

Service Goal Adjustments

Trails changes went into effect in 2010 that allow for the permanency goal at time of service initiation to be tracked and stored for each Core Service authorization. Data entry lags in service goal information occasionally leads to inaccurate service goals on Core Service authorizations. To account for this, the following adjustments were made to the service goal specified for service authorizations:

- If the specified service goal was 'Remain Home,' but the child had an out-of-home placement open at the time the service was open and that placement remained open for the first 30 days of the service, the goal was adjusted to 'Return Home.'
- If the specified service goal was 'Remain Home,' but the child has a removal within the first 30 days of the service, the goal was adjusted to 'Return Home.'
- If the specified service goal was 'Return Home,' but the child did not have an out-of-home placement within the first 30 days of the core service, the goal was adjusted to 'Remain Home.'
- No adjustments were made for the Least Restrictive Setting group, so the service goal indicated at time of service was used in the analyses.

Outcome Dataset Descriptions

The following datasets were used for the children and families served, services provided, service effectiveness, service goal attainment, and follow-up outcome analyses.

Clients Receiving Services Dataset

This summary dataset was used to determine the overall number of clients directly receiving services. This dataset used the clients specified in the Trails service authorization as 'Clients Receiving Services' and includes both adults and children.

- Used merged episodes (as defined above)
- Used service episodes open at any time during CY 2019

Children/Youth Receiving or Benefitting from Services Dataset

This summary dataset was used to determine the overall number of children either directly receiving or benefitting from services.

- Used merged episodes (as defined above)
- Children were identified as benefitting from or receiving a service as defined above
- Used service episodes open at any time during CY 2019

Services Received Dataset

This summary dataset was used to determine the overall number and type of services received.

- Used merged service episodes (as defined above)
- Used services received at any point in time during CY 2019

Service Effectiveness Dataset

This outcome dataset was used to analyze how effective each service was at achieving the intended Core Service goal using the outcome codes entered at time of service closure. The unit of analysis is per service episode (not per child/youth or per client).

- Used merged episodes (as defined above) closed in CY 2019
- The following service closure reasons were excluded because there is no service effectiveness outcome recorded in Trails: (1) Contract funds expended (only when system closed the service; include when caseworker selects); (2) Moved out of county; (3) Case transferred to another county; (4) Opened in error; (5) Change in funding source, and (6) Payee wrong code.

The PA3 program area type was further categorized into prevention and intervention based on the following criteria: Prevention group is for children/youth who had a screen-out referral or a closed assessment within 60 days prior to receiving PA3 services. The intervention group is for children/youth who had an open case within 60 days prior to receiving PA3 services.

Service Goal Attainment Dataset

This outcome dataset was used to determine whether the service helped the child/youth achieve the overall service goal and is analyzed on a per-child/youth, per service basis.

- Children/youth were identified as benefitting from or receiving a service as defined above.
- Children/youth with involvements closed during CY 2019 with a service episode that ended less than four years before the involvement end date (four years allows for Termination of Parental Rights (TPR)/Adoption cases to close).
 - Children/youth receiving Core Services in adoption cases were pulled into this dataset at the time the adoption case closed (i.e., end of subsidy). This is a limitation of Trails because the 'services' case is merged into the adoption subsidy case rather than being a separate involvement episode.
- Service goal attainment (Yes or No) was calculated as follows:
 - Remain home - service goal was attained if child/youth did not have a removal from home during service episode or after service episode closed while the involvement remained open. This also was calculated based on if the child/youth had an open removal on the day the service ended to provide consistency with past Core Services evaluations.
 - Return home and/or placement with kin - service goal was attained if child/youth either returned home to parents or permanent Allocation of Parental Responsibilities (APR)/Guardianship was granted to relatives based on removal end reason and/or living arrangement.
 - Least Restrictive Setting - service goal was attained if: (1) permanency was achieved; (2) lower-level placement change occurred during or after the service episode; (3) same-level placement change occurred during or after the service episode; or (4) no change in placement during or after the service episode. Service goal was not attained if higher level placement change occurred during or after the service episode (based on the following hierarchy: DYS - Walkaway - Residential - Group Home - Foster Care -Independent Living - Kinship Care)
- Service episodes with a service close reason of 'Death' were excluded.
- Service episodes with a service close reason of 'Assessment Evaluation Only' were excluded unless for Special Economic Assistance or for one of the following service types: (1) Family Group Decision Making; (2) Mediation; (3) CET/TDM; or (4) Family Empowerment. The service authorizations closed with an 'Assessment Evaluation Only' reason (that are not family meetings) do not represent actual therapeutic interventions.

Follow-up Outcomes Dataset

This outcome dataset was used to compare one-year follow-up outcomes for children/youth who received or benefitted from Core Services and whose case was closed with the child living with their parents. This dataset is analyzed on a per-child/youth, per-service basis.

- Children/youth were identified as benefitting from or receiving a service as defined above.
- Cases closed during CY 2018 with child/youth living with parents as ending residence and with a service episode that ended less than two years before the case end date.
 - Children that did not have an ending residence of living with parents were not included in this dataset because, generally, they do not have an opportunity for follow-up events. These ending residence reasons include cases closed with: (1) emancipation from OOH; (2) TPR/Adoption; (3) permanent custody/APR/Guardianship to kin; (4) youth committed to DYS; (5) transfer to Developmental Disabilities Services; (6) moved out of State; or (7) walkaway.
- Service episodes with a child age 18 or older time of case closure were excluded.
- Service episodes with a service close reason of 'Assessment Evaluation Only' were excluded unless for Special Economic Assistance (SEA) or for one of the following service types: (1) Family Group Decision Making, (2) Mediation, (3) CET/TDM, and (4) Family Empowerment. The service authorizations closed with an 'Assessment Evaluation Only' reason that are not family meetings do not represent actual therapeutic interventions.
- Follow-up outcomes include:
 - Subsequent referral/assessment/case/placement within one year
 - Subsequent DYS involvement (any)/DYS commitment within one year (for children ages 10 and older at time of closure)

Cost Datasets - General Considerations

All Core Services costs were pulled if the date of service fell within the calendar year regardless of date of payment. Pulling records based on date of payment rather than date of service will over-state costs as sometimes counties pay for several months of service in a single payment month (based on timing of bill submissions). As the report will be used for evaluation purposes and is not meant to be a financial accounting tool, pulling costs based on date of service is the most appropriate method of analyzing services provided in the calendar year.

Per-episode costs for county provided core services cannot be accurately obtained from Trails data because of the following limitations:

- County provided core service dollars are NOT evenly allocated across the Core Service types (e.g., a caseworker may spend 50% of time on home-based interventions and 50% of time on life skills). There is no designation in the available data systems (Trails or CFMS) for how each county designates its Core Services allocations into specific types of services.
- Not all service authorizations for county provided services are entered into Trails.

For counties that have shared Core Services contracts (fiscal agent counties in Trails), the expenditures were applied to the county that was responsible for the child (based on Trails service authorization), not the fiscal agent county. For guaranteed payments issued without any authorized children, the authorization county was set to the county that issued the payment.

Costs per Service Episode Dataset

This cost dataset was used to calculate the average cost per episode of service. As described above, per episode costs can only be obtained for purchased Core Services.

- Use expenditures for service episodes completed during CY 2019.
 - This ensures that services authorized at or near the end of the year do not get counted as they have not had sufficient time to incur expenditures.

- Uses merged episodes (as defined above)
- Only paid Core Services from fee-for-service contracts and from fixed-rate contracts (if documented in Trails as a service authorization) were included (costs for no-pay services cannot be calculated).
- Special Economic Assistance was not included in the cost per service episode calculations because it is a one-time service with a capped expenditure limit unless a waiver to increase the limit was approved (up to a maximum of \$2,000 per family per year).
- Actual service closure reason was used to conduct separate analysis for therapeutic services and therapeutic assessments/evaluations.

Costs per Child/Youth and Costs per Client Dataset

This cost dataset was used to calculate the average cost per child/youth receiving or benefitting from a service and average cost per client receiving a service. This dataset provides summaries for both county provided and purchased Core Services. This dataset pulls actual expenditures for service episodes open at any time in CY 2019.

- Uses merged episodes (as defined above)
- Children/youth were identified as receiving or benefitting from a service as defined above.
- This analysis did not break cost per child/youth and cost per client data out by service type.
- The total of all children/youth that received or benefitted from a Core Service during CY 2019 was divided by the total expenditures.
- The total of all clients who received a Core Service during CY 2019 was divided by the total expenditures.

Cost Offset Dataset

This cost dataset was used to calculate overall cost offset of the Core Services program as measured by the estimated additional annual costs that would be incurred in the absence of core services. Because Core Services are provided to children/youth at “imminent” risk of removal or for children/youth who have already been removed from the home and placed into out-of-home care; the basis of the overall cost offset calculation is the assumption that, in the absence of Core Services, all children/youth would have been placed in out-of-home care. This methodology for the cost offset calculation is as follows:

1. Determine the number of 'involved days' for all children/youth receiving or benefitting from Core Services during the calendar year (service was open at some point in the year). This number represents days in which a child/youth was involved in an open case in which Core Services were received.
2. Add all Core Services expenditures (including county provided) during year with all OOH placement expenditures incurred during year for all children/youth receiving or benefitting from Core Services,
3. Divide total Core Services and OOH expenditures for children receiving or benefitting from Core Services from step 2 by total involved days from step 1 to get the average actual cost per child/youth per involved day. This considers children/youth that were able to entirely avoid OOH placements by using Core Services, children/youth who were reunified in a shorter time frame by using Core Services, as well as children/youth who entered a less restrictive setting as a result of Core Services. This also accounts for the expenditures for OOH days for children/youth that received Core Services and were not able to remain home.
4. Derive an average OOH cost per day by dividing all OOH expenditures (including “no-pay” kinship placements) during year by the total number of OOH days for all children/youth in the year - this is the overall average daily cost of placement.
5. Compare average daily OOH cost from step 4 to total average Core Services and OOH costs per child/youth per involved day to get an average cost difference per involved day.
6. Multiply total number of involved days (from step 1) by average cost difference per involved day (from step 5) to get overall cost offset.
7. Divide average cost difference per involved day by average actual cost per involved day to get cost offset ratio. This measure is based on the ratio between what was spent on Core Services and OOH placements and what would have been spent on OOH placement along, with higher ratios indicating greater cost offset.

Appendix B

Core Services County Designed Programs by County for CY 2019

The Core Services county designed programs **bolded** are evidence-based services to Adolescents Awards \$4,006,949 Statewide - House Bill 18-1322 Family and Children's line, Footnote #39 (Long Bill)

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Adams	Supervised Therapeutic Visitation Service	Supervised Visitation
	Youth Intervention Program (Expansion - Ex)	Youth Intervention Program
	Youth Advocate Program	Child Mentoring/Family Support
	Family Team Meeting/Conference	Family Group Decision Making
	Mobile Intervention Team - Removal Protection Program	Family Empowerment
	Early Crisis Intervention (ECI)	Crisis Intervention
Alamosa	Domestic Violence Reduction Program	Domestic Violence Intervention
	Family Decision Making/Conference	Family Group Decision Making
	Intensive Mentoring Program (Ex)	Mentoring
	Nurturing Parenting	Nurturing Parenting
Arapahoe	Multi-Systemic Therapy (Ex) - Savio	Multi Systemic Therapy
	Savio Direct Link Program (Ex)	Direct Link
	Family Group Conferencing	Family Group Decision Making
Archuleta	Bridges Treatment Program	Behavioral Health
Baca	None	
Bent	Facilitated Permanency Round Tables	Permanency Round Tables
Boulder	Family Group Decision Making	Family Group Decision Making
	Multi-Systemic Therapy (Ex)	Multi-Systemic Therapy
	Community Infant Therapy Services Program	Child and Family Therapist
	Play Therapy	Play Therapy
	Supervised Visitation - Therapeutic	Supervised Visitation - Provided by Staff
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
	Behavioral Health Animal Assisted Therapy	(TBD - Trails Modernization)
	Post-Permanency Kinship Therapeutic Consultation and Supports	Therapeutic Kinship Supports/Services
Transition Age Support Services	Mentoring - Post Adopt	
Broomfield	Day Treatment Alternative	Day Treatment Alternative
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Community Based and Family Support	Community Based and Family Support
	Nurse Visiting Program	Nurturing Program
	Facilitated Family Engagement Meetings	Facilitated Family Engagement Meetings
Chaffee	Chaffee County Mentoring (Ex)	Mentoring
	Youth at Crossroads	Youth Intervention Program
	Nurturing Parent Program	Nurturing Program
Cheyenne	None	
Clear Creek	Community Based and Family Support	Community Based and Family Support
Conejos	Intensive Mentoring (Ex)	Mentoring
	Nurturing Parent Program	Nurturing Program
	School and Community Based Mentoring Services	Community Based and Family Support
	Facilitated Family Engagement Meetings	Family Engagement
Costilla	Intensive Mentoring Project (Ex)	Mentoring
Crowley	None	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Custer	Multi-Systemic Therapy (MST)	Multi-Systemic Therapy (MST)
	Functional Family Therapy (FFT)	Functional Family Therapy (FFT)
	Permanency Round Tables	Permanency Round Tables (PRT)
	Family Engagement Meeting	Family Engagement
Delta	Mentoring	Mentoring
	Day Treatment Alternative	Day Treatment Alternative
	Behavioral Health in School Setting	Behavioral Health
	Substance Abuse Intervention Team/Family Drug Court	Family Empowerment
	Structured Parenting Time	Structured Parenting Time
	Facilitated Family Engagement	Family Engagement
	Denver	Functional Family Therapy
Family Advocate Program (PREPT)		Supervised Visitation
Multi-Systemic Therapy (MST) (Ex)		Multi Systemic Therapy
Savio Direct Link Program		Direct Link
Domestic Violence Intervention		Domestic Violence Services
Team Decision Making (VOICES)		CET/TDM
Mental Health System Navigator		Mental Health - County No Pay
Substance Abuse Navigator		Substance Abuse - County No Pay
Dolores	None	None
Douglas	Multi-Systemic Therapy (MST)	Multi Systemic Therapy
	Functional Family Therapy	Functional Family Therapy
	Collaborative Family Services	Community Based Family Services & Support
	Domestic Violence Intervention	Domestic Violence Services
	Therapeutic Supervised Visitation	Supervised Visitation
	Mentoring	Mentoring
	Child Mentoring and Family Support	Child Mentoring and Family Support
Eagle	Trauma Informed Therapy/Services	Trauma Informed Services
	Therapeutic Supervised Visitation	Supervised Visitation
	Family Engagement Meetings	Family Engagement Meetings/Services
Elbert	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Family Coaching/Youth Mentoring (Ex)	Family Strengths
	Youth Mentoring	Mentoring
	Brain Mapping and Neuro-Therapy	Family Coaching
El Paso	Families Facing Future	Families Facing Future
	Nurturing Programs	Nurturing Program
	Cognitive Behavioral Therapy	Cognitive Behavioral Therapy
	Therapeutic Supervised Visitation	Supervised Visitation
	Domestic Violence	Domestic Violence Intervention Services
	Functional Family Therapy (Ex)	Functional Family Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Facilitated Family Engagement	Family Engagement
	Youth Advocate Program	Mentoring
	Family Treatment Drug Court	Family Empowerment
	High Fidelity Wraparound Services	Community Based Family Services & Support
	SafeCare Colorado	SafeCare
	Nurse Family Partnership	Nurse Family Partnership
	Life Skills Apprenticeship	Life Skills Apprenticeship
	Behavioral Health Navigators	Family Outreach
Parent Child Interaction Therapy	Parent Child Interaction Therapy	
Therapeutic Kinship Supports	Therapeutic Kinship Supports	

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Fremont	Behavioral Health in School Setting	Behavioral Health
	Family Group Conferencing	Family Group Decision Making
	Adolescent Support Group	Adolescent Support Group
	Functional Family Therapy (Ex)	Functional Family Therapy
	Parenting with Love and Limits	Parenting Skills
	Supervised Visitation	Supervised Visitation
	Family Treatment Drug Court	Family Empowerment - High
	Fremont Fatherhood Program	Family Outreach
	EPP/Family Treatment Court	Family Empowerment - High
	School Based Resources	Community Based Family Services & Support
	High Conflict Parenting Skills	Family Empowerment - Low
	Trauma Informed Treatment	Trauma Informed Care/Services
	Boys and Girls Club - Mentoring	Mentoring
	Caring Dads Program	Parenting Skills
	Permanency Round Tables	Permanency Round Tables
	Facilitated Family Engagement Meetings	Family Engagement Meetings
	Nurturing Parent Program	Nurturing Program
	Parents as Teachers	Parenting Skills
	Kinship Navigators/Supports	Kinship Navigators
	Garfield	Adolescent Mediation (Ex)
Collaborative Family Services		Community Based Family Services & Support
Nurturing Parenting Program		Nurturing Program
Gilpin	Family Engagement Meetings	Family Engagement Meetings
Grand	Parenting Time/Supervision	Supervised Visitation
Gunnison/ Hinsdale	Therapeutic Mentoring (Ex)	Mentoring
Huerfano	Reconnecting Youth (Ex)	Reconnecting Youth
	Facilitated Family Engagement Meetings	Facilitated Family Engagement Meetings
	Permanency Round Tables	Permanency Round Tables
Jackson	None	
Jefferson	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Team Decision Making (Ex)	CET/TDM
	Domestic Violence Consultation/Intervention	Domestic Violence Services
Kiowa	None	
Kit Carson	Functional Family Therapy (Ex)	Functional Family Therapy
	Facilitated Family Engagement Meetings	Family Engagement Meetings
	Family Support and Integration Services	Community Based Family Services & Support
Lake	High Fidelity Wraparound Program	Community Based Family Services & Support
	Multi-Systemic Therapy	Multi-Systemic Therapy
La Plata	Play Therapy	Play Therapy
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Ad. Dialectical Behavioral (Ex)	Youth Intervention Program
	Facilitated Family Engagement Meetings	Family Engagement
Larimer	Child Mentoring/Family Support	Child Mentoring/Family Support
	Therapeutic Supervised Visitation	Supervised Visitation
	National Youth Program Using Mini-Bikes (Ex)	Reconnecting Youth
	PCC Mediation (Ex)	Mediation
	Family Options 1	CET/TDM
	Family Options 2 - Family Unity Meetings	Family Empowerment
Family Options 3 - Family Group Conferencing	Family Group Decision Making	
	Life Nurse Visiting Program	Nurturing Program

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Larimer	Community Based Family Services and Support	Community Based Family Services & Support
(cont.)	Functional Family Therapy (Ex)	Functional Family Therapy
	Family Partnership	Mentoring
	Trauma Informed Behavioral Health	Trauma Informed Care/Services
	Family Advocate Program	Family Outreach
	Parent Education & Skills	Parenting Skills
	Family 2 Family Strengths	Family Strengths
	Therapeutic Foster/Adoption Support	Foster/Adoption Support
	Community Based Family Services and Support	Community Based Family Services & Support
Las Animas	None	
Lincoln	Foster Adopt Parents Support Services	Foster Care/Adoption Support
	Facilitated Family Engagement	Facilitated Family Engagement
	Kinship Supports	Kinship Supports
Logan	Play Therapy	Play Therapy
	Circle of Parents Substance Abuse Recovery	Community Based Family Services & Support
	Home Visitation Baby Bear Hugs	Early Intervention
	Family Engagement Meetings	Family Engagement Meetings
Mesa	Structured/Supervised Parenting Time	Structured Parenting Time
	Rapid Response (Ex)	Youth Intervention Program
	Day Treatment to Adolescents (Ex)	Adolescent Support Group
	Behavioral Health in the School	Behavioral Health
	Domestic Violence Intervention Services	Domestic Violence Intervention Services
	Child/Family Service Therapist	Child/Family Therapist
	Community Based Family Services and Support	Community Based Family Services & Support
	Mediation Program	Mediation
	Family Empowerment	Family Empowerment
	Therapeutic Mentoring for Youth	Mentoring
	Collab. Child/Family Substance Abuse Therapist	Child/Family Therapist
	Facilitated Permanency Meetings	Permanency Roundtables
	Therapeutic Mentoring for Youth	Mentoring
Moffat	Behavioral Health in the School	Behavioral Health
	Parenting with Love and Logic	Parenting Skills
	Facilitated Family Engagement	Family Engagement
Montezuma	Behavioral Health in the School	Behavioral Health
Montrose	Promoting Healthy Adolescents Trends (Ex)	Adolescent Support Group
	High Fidelity Wrap Around	Community Based and Family Support
	Youth/Adolescent Mentoring	Mentoring
	Facilitated Family Engagement	Family Engagement
Morgan	Family Group Decision Making	Family Group Decision Making
	Parenting With Love and Limits (Ex)	Parenting Skills
	Therapeutic Kinship Supports	Kinship Supports
Otero	Play Therapy	Play Therapy
Ouray/ San Miguel	Therapeutic Supervised Visitation	Supervised Visitation
	Parenting with Love and Logic Way	Parenting Skills
	Facilitated Family Engagement Meetings	Family Engagement Meeting
Park	Therapeutic Kinship Supports	Kinship Supports
	Facilitated Family Engagement Meetings	<i>Family Engagement Meeting</i>
Phillips	None	
Pitkin	Trauma Informed Services	Trauma Informed Services
	Family Engagement	Family Engagement

County	Service Type on Core Plan	Existing Service Type in Trails to be Used
Prowers	None	
Pueblo	Visitation Center	Supervised Visitation
	For Keeps Program (Ex)	Youth Outreach
	Functional Family Therapy	Functional Family Therapy
	Multi-Systemic Therapy	Multi Systemic Therapy
	Trauma Informed Behavioral Health	Trauma Informed/Care Services
	Campus Connects	Mentoring
Rio Blanco	Facilitated Family Engagement	Family Engagement
	Therapeutic Parenting Time	Parenting Skills
Rio Grande/ Mineral	Nurturing Parenting Program	Nurturing Parenting
	Facilitated Family Engagement	Family Engagement
Routt	Behavioral Health in the School	Behavioral Health
	Therapeutic Parenting/Coaching	Family Coaching
Saguache	Nurturing Parenting	Nurturing Parenting
	Facilitated Family Engagement	Family Engagement Meeting
San Juan	Multi-Systemic Therapy	Multi Systemic Therapy
Sedgwick	None	
Summit	Play Therapy	Play Therapy
	Community Infant and Child Program	Family Empowerment
	Therapeutic Supervised Visitation	Supervised Visitation
Teller	Multi Systemic Therapy (Ex)	Multi Systemic Therapy
	1451 Wrap Around/FGDM	Community Based Family Services & Support
	Family Group Decision Making	Family Group Decision Making
	Permanency Roundtables	Permanency Roundtables
	Nurturing Program	Nurturing Program
	Therapeutic Kinship Supports	Therapeutic Kinship Supports
	Therapeutic Parent/Child Visitation	Supervised Visitation
Washington	Play Therapy	Play Therapy
	Parent Child Interactional	Parent Child Interactional
Weld	Functional Family Therapy (Ex)	Functional Family Therapy
	TIGHT (Ex)	Reconnecting Youth
	Multi-Systemic Therapy (Ex)	Multi Systemic Therapy
	Foster Parent Consultation	Foster Care/Adoption Support
	Crisis Intervention	Crisis Intervention
	Family and Parent Mediation	Mediation
	Compass Program	Community Based Family Services & Support
	Role Model Mentoring	Child Mentoring/Family Support
	RMM Mentoring	Mentoring
	Behavioral Health System Navigator	Mental Health
	Kinship Therapeutic Consultation & Supports	Therapeutic Kinship Supports
	Post Adoption Services and Supports	Foster Care/Adoption Supports
	Nurse Consultation Program	Nurturing Program
Yuma	Mentoring to Adolescents	Mentoring
	Community Based Family Services - Baby Bear Hugs	Community Based Family Services & Support
	Foster Parent Therapeutic Consultation	Foster Care/Adoption Supports