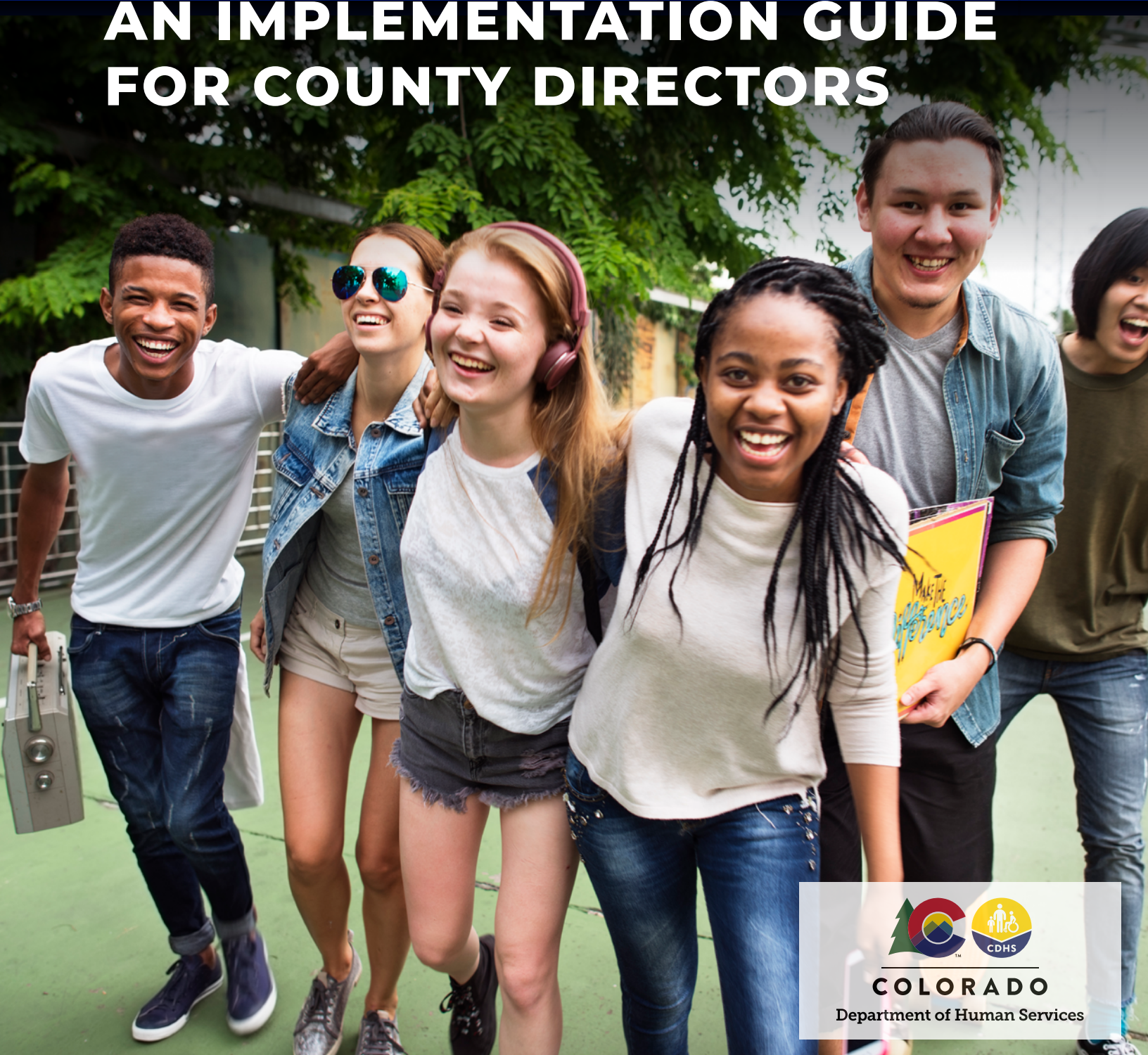


The Family First Prevention Services Act in Colorado

AN IMPLEMENTATION GUIDE FOR COUNTY DIRECTORS



COLORADO

Department of Human Services

Family First Prevention Services Act: Introduction to Colorado's Implementation Guide

BACKGROUND

The landmark Family First Prevention Services Act (Family First) was signed into law (P.L. 115-123) as part of the [Bipartisan Budget Act](#) on February 9, 2018. Family First includes historic federal Title IV-E finance reforms to help keep children and youth safely with their families and avoid out-of-home placement, emphasizes the importance of children and youth growing up in families, and helps ensure they are placed in the least restrictive, most family-like setting appropriate when foster care is needed. The law creates an expanded entitlement/50% reimbursement stream of federal funds to provide services to keep children and youth safely with their families. When out-of-home placement is needed, Family First allows federal reimbursement for care in family-based settings and certain congregate care programs for children and youth.

IMPLEMENTATION DEADLINE

October 1, 2021 was the federal implementation deadline for all states to comply with congregate care provisions of the law. The expanded entitlement for prevention services is voluntary and conditional upon approval of a state's Title IV-E Prevention Program Plan. The [Family First Implementation Dashboard](#) reflects Colorado's progress toward short-term federal compliance goals, medium-term state goals, and long-term system transformation goals.

PURPOSE OF THE IMPLEMENTATION GUIDE

The goal of this guide is to support county directors in the implementation of Family First by providing high-level information for directors and balancing detail when appropriate for major system changes. Each section of the guide is formatted to include: (1) an introduction, (2) "what county directors need to know," on the topic and (3) suggested "action steps" that are designed to be practical and easily digestible.

Acknowledgements

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TITLE IV-E PREVENTION SERVICES

What County Directors Need to Know

- + Federal reimbursement for Family First prevention services
- + Colorado's Family First Prevention Candidacy Definition
- + IV-E Candidacy Determinations
- + Prevention Continuum
- + Funding for Prevention
- + Family-Based Residential SUD Facilities
- + Trauma-informed care requirements
- + Fidelity Monitoring and Continuous Quality Improvement

Action Items

- ☑ Ensure child welfare caseworkers and supervisors are prepared for how child welfare practice will look different
- ☑ Learn about Family First eligible prevention services included in Colorado's plan that you may want to bring to your community
- ☑ Learn about residential substance use disorder treatment programs for parents with children
- ☑ Engage in the work to shape Colorado's prevention services
- ☑ Explore funding opportunities to build a continuum of prevention programs
- ☑ Access more information on understanding financial claiming for prevention services under Family First

CHILD WELFARE PLACEMENT CONTINUUM

What County Directors Need to Know

- + Federal Financing for Congregate Care Placements
- + Specialized Settings
- + Supporting Kin
- + Family-Like Placements in the Community
- + Qualified Residential Treatment Programs (QRTPs)
- + HCPF Policy for Residential Providers
- + Psychiatric Residential Treatment Facilities (PRTFs)
- + Family First Transition funding
- + Funding Options for Residential Treatment
- + Independent Assessment Process for Q RTP Placement

Action Items

- ☑ Meet with partners on the local level
- ☑ Prepare your county for the Independent Assessment process

YOUTH INVOLVED IN JUVENILE JUSTICE AND CHILD WELFARE

What County Directors Need to Know

- | | |
|---|---|
| + Family First Applies To Both Dependency and Neglect and Delinquency Court Cases | + Q RTP Placements |
| + Youth in the Juvenile Justice System are Candidates for Prevention Services | + Independent Assessment Process |
| + Family First Requires That The State Attest That No Policies Will Be Implemented That Will Further Drive Youth Into the Juvenile Justice System | + Youth Committed to the Division of Youth Services |
| + GAO Study Requirement | + Juvenile Justice Reform and Family First |
| | + SB19-108 Summary |
| | + SB21-071 Summary |
| | + Assessments |

Action Items

- ☑ Utilize the available resources related to Family First and Juvenile Justice Populations
- ☑ View and share the available trainings related to Family First and Juvenile Justice Populations
- ☑ Meet with local partners

TITLE IV-E PREVENTION SERVICES



Prior to Family First, federal Title IV-E child welfare funding could only be used if a child or youth was placed outside the home. Family First fundamentally restructures federal child welfare financing streams toward certain evidence-based prevention services aimed at keeping children/youth safely together with their parents/guardians whenever possible. Services can be provided to the child/youth, their parents and/or kin, regardless of the family's income.

Prevention Services and Programs Eligible for Title IV-E Reimbursement must:

- Be included in Colorado's five-year Title IV-E Prevention Program Plan;
- Provide interventions under a trauma-informed framework;
- Meet certain evidence-based requirements; and
- Be in one of the following service categories: (1) Mental health services; (2) substance abuse prevention and treatment services; (3) in-home parent skill-based programs; and/or (4) kinship navigator support services.

AT A GLANCE

What County Directors Need to Know

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Action Items

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What County Directors Need to Know

FEDERAL REIMBURSEMENT FOR FAMILY FIRST PREVENTION SERVICES

Colorado will receive partial federal reimbursement under Family First for delivery of a limited set of approved evidence-based prevention programs and services included in [Colorado's Title IV-E Prevention Program Plan](#). Colorado's Plan was approved by our Federal partners in September 2022. The plan has been scaled back significantly to align with the federal requirements around monitoring for safety. Currently, Colorado is only able to claim for delivery of specific services when there's open child welfare involvement. [This DCW memo details Colorado's phased approach](#). CDHS will be able to claim on eligible prevention expenditures dating back to October 1, 2021, and deposit drawdown into the Colorado Child Abuse Prevention Trust Fund (HB21-1248). Funding will be awarded via ongoing RFPs to strategically expand evidence-based prevention services over time and build programs in areas of the state where they don't already exist. More information from the state is available in this [state google drive folder](#).

COLORADO'S FAMILY FIRST PREVENTION CANDIDACY DEFINITION

For the state to claim federal reimbursement for Family First prevention services when delivered, county child welfare case workers and supervisors must be familiar with [Colorado's Family First Candidacy definition](#) to determine whether a child or youth is a "candidate for prevention services." In 2020, Colorado's Prevention Candidacy Definition was submitted for initial review to the federal government as a part of Colorado's draft state prevention services plan. CDHS is planning to submit an updated plan for official review and approval before October 2021. Colorado's Prevention Candidacy Definition is in draft version until the federal government approves [Colorado's State Title IV-E Prevention Program Plan](#).

IV-E CANDIDACY DETERMINATIONS

Note that new IV-E Prevention candidacy and traditional IV-E candidacy are separate determinations. Administrative costs can be claimed for two different types of "candidacy" once Family First is implemented: 1) New IV-E reimbursement for administrative and training costs related to preventing entry into foster care for ANY child who is a "candidate for foster care" under the state's candidacy definition, and 2) Traditional IV-E reimbursement for administrative activities related to pursuing the removal, or providing reasonable efforts to prevent the removal, of a candidate for foster care (conditioned on a child being eligible for Title IV-E foster care). The latter allowable use of Title IV-E Admin will continue to be an allowable use unchanged by Family First. Further details are available in this recorded lunch and learn session, hosted in partnership by CDHS and CHSDA: [Session Recording](#) and [Powerpoint](#).

PREVENTION CONTINUUM

Family First prevention services only represent a part of the continuum of services for strengthening families. There is no requirement that counties must have Family First-specific prevention services available in their communities. Rather, the goal is to ensure all counties have a continuum of high-quality prevention services that meet the needs of families and that over time, Family First-specific services are expanded across all areas of the state in order to increase access to evidence-based prevention services and maximize Colorado's federal drawdown to reinvest resources back into the continuum. The number of programs and services eligible for Family First federal reimbursement will continue to grow and change over time as more programs meet evidence standards for the Title IV-E Prevention Services Clearinghouse and are added to Colorado's prevention plan. Read the [Colorado Evaluation and Action Lab report](#) on short- and long-term strategy recommendations for implementing and scaling Family First evidence-based prevention programs and services in Colorado..

Expanding capacity looks different for small and medium counties with smaller caseloads in rural and frontier areas. Collaboration across groupings of counties or regionally must be considered. In addition, it will be important for counties, the state, and evidence-based model partners to continue discussions around: hybrid adaptations that incorporate a virtual component and still allow for model fidelity to be met; innovations that allow for some flexibility around minimum qualifications of the workforce as programs are being built. For example, some programs with master's level staffing requirements are willing to try out starting some staff with bachelor's, working towards earning their MA through the program.

FUNDING FOR PREVENTION

Counties will continue to use their Child Welfare Block, Core, Collaborative Management Program and other funding sources such as Promoting Safe and Stable Families grants, as well as partner with prevention partners and local providers, to provide a continuum of prevention services that best meet the needs of families in their communities. [see section below "[What funding opportunities are available to help build a continuum of prevention programs in your area?](#)"]

FAMILY-BASED RESIDENTIAL SUD FACILITIES

Family First allows for federal maintenance payments for the cost of caring for a child who resides with a parent in a family-based residential facility licensed to provide substance use treatment for adults. The cost of care for adults while in such treatment is often covered through Medicaid, but there has historically been no parallel funding stream to cover the child's costs of care. Family First addresses this barrier by allowing maintenance payment funding to be used for the child's costs. Please see more information about the current programs available in Colorado and where they are located [see section below: "[Where are the residential substance use disorder treatment programs for parents with children located in Colorado and how do they work?](#)"]

TRAUMA-INFORMED CARE REQUIREMENTS

Family First requires that states ensure that, "consistent with the agency's five-year title IV-E prevention plan, section 471(e)(4)(B) of the Social Security Act requires the title IV-E agency [CDHS] to provide services or programs to or on behalf of a child under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing." A subcommittee has created a standard for prevention service providers that would help us meet this requirement and work is ongoing. Additional guidance will be provided to counties that contract directly with providers for fulfilling this requirement.

FIDELITY MONITORING AND CONTINUOUS QUALITY IMPROVEMENT

Ensuring that CO has a consistent statewide process to monitor fidelity and engaging in the continuous quality improvement requirements of Family First is something that Colorado is currently in the process of figuring out. For some services, there is already an existing tool or metrics used for monitoring fidelity of that service. Then there are other services where that infrastructure doesn't already exist. Colorado is looking at how we can use some state Transition Funds for a contractor to develop and release a statewide CQI platform and create a process to standardize fidelity metrics across services. Additional guidance will be provided to counties regarding fidelity monitoring and Continuous Quality Improvement (CQI) requirements for providers of Family First prevention services.

Action Items:

ENSURE CHILD WELFARE CASEWORKERS AND SUPERVISORS ARE PREPARED FOR HOW CHILD WELFARE PRACTICE WILL LOOK DIFFERENT

- Caseworkers should understand the Family First Prevention Services Act and what it means to practice child welfare in their day-to-day work. There is a [Family First page](#) on Colorado's Child Welfare Training System website that offers: a "[Technical Assistance for Casework Staff](#)" Q&A resource, a suite of tipsheets and an [introductory web-based training](#).
- "Prevention candidacy" determinations are the mechanism through which Colorado can access (drawdown) federal reimbursement to support casework (administrative costs), training costs, and prevention services (direct costs) for children and families when kids can stay at home and/or stay with kin. States in their prevention plan have flexibility to define who is: a "[candidate for foster care](#)"/[at "imminent risk" of entering foster care](#) and thus, eligible for prevention services under Family First ([Colorado's Family First Candidacy definition](#)). Note that this can include youth involved in the juvenile justice system.
- Family First requires specific data to be entered and monitored in Trails in order to collect federal IV-E drawdown for prevention. Case workers complete the determination to identify youth and families who could benefit from federally reimbursable prevention services. In Trails, caseworkers must 1) fill out the IV-E Candidacy Determination Form ([Job Aide](#)) to determine whether a child or youth is a "candidate for prevention services," 2) complete an individual prevention plan in Trails, and 3) mark in Trails that an individual child or youth is receiving an evidence-based service.
- Caseworkers must be familiar with Colorado's Family First Candidacy definition. DCW has created a [Family First Candidacy Tip Sheet](#) and [video introduction](#) that provide caseworkers with best practices and guidance around Family First candidacy scenarios and how each scenario is entered in Trails. If a family/youth have been identified as prevention candidates, caseworkers in Trails will be prompted to complete an individualized prevention plan for each child or youth identified. CDHS' Division of Child Welfare Staff have created a "[Family First: Prevention Scenarios Tipsheet](#)" to provide guidance for county staff around entering individual prevention plans into Trails.
- Caseworkers must be familiar with evidence-based programs and services available to children, youth, and families that reside in your community. Caseworkers not only need to know what services are available, but also the target population and desired outcomes of these services so they can make appropriate referrals. Family First eligibility should not be a driver of these decisions, but rather the needs and goals of the child, youth and family.
- Note that new IV-E Prevention candidacy is separate from and will not replace the traditional IV-E candidacy for foster care maintenance. Administrative costs can be claimed for two different types of "candidacy" once Family First is implemented:
 1. Traditional IV-E reimbursement for administrative activities related to pursuing the removal, or providing reasonable efforts to prevent the removal, of a candidate for foster care (conditioned on a child being eligible for Title IV-E foster care). This allowable use of Title IV-E Admin will continue to be an allowable use unchanged by Family First, and
 2. New IV-E reimbursement for administrative and training costs related to preventing entry into foster care for ANY child who is a "candidate for foster care" under the state's candidacy definition.





LEARN ABOUT FAMILY FIRST ELIGIBLE PREVENTION SERVICES INCLUDED IN COLORADO'S PLAN THAT YOU MAY WANT TO BRING TO YOUR COMMUNITY

- The current list of evidence-based programs included in Colorado's Title IV-E Prevention Program Plan approved by Federal partners is:
 - Nurse-Family Partnership (NFP)
 - Parents as Teachers (PAT)
 - SafeCare
 - Healthy Families America (HFA)
 - Multisystemic Therapy (MST)
 - Functional Family Therapy (FFT)
 - Parent Child Interaction Therapy (PCIT)
 - Fostering Healthy Futures (Preteen)
 - Child First
- The following services require additional work in order to fully meet Family First requirements such that they can be included in CO's Prevention Program Plan and expenditures can be claimed by CDHS. Note: These services are already in communities across Colorado and can continue to be delivered and expanded. However, CDHS cannot claim on these services under the Family First expanded entitlement:
 - **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** This service is rated Promising on the Clearinghouse, therefore Colorado needs an ongoing rigorous evaluation plan. The evaluation design needs to be developed. We also need to build data infrastructure to meet fidelity monitoring and CQI requirements.
 - **High-Fidelity Wraparound:** The Clearinghouse rated this service as "promising" for another state. Colorado also completed an independent systematic review of this service and believes it will have a rating of "promising." Similar to TF-CBT, we will need an ongoing rigorous evaluation plan in place before it can be added to the State plan. Additionally, this service is currently funded through the federal COACT grant, so we would not be able to claim reimbursement on expenditures at this time.
 - **Motivational Interviewing (MI):** MI is rated well-supported in the Federal clearinghouse. Colorado is in the process of building a plan for integrating MI into casework practice, as well as designing a framework for claiming for MI when it is used in the delivery of other prevention services (e.g. Colorado Community Response).
- Directors, supervisors, and your local providers can take advantage of a [series of informational sessions](#) on the models recommended for the mental health services array as part of Family First:
 - Fostering Healthy Futures: [Recording Link](#)
 - Child First with Parent-Child Interaction Therapy: [Recording Link](#)
 - Functional Family Therapy and Multisystemic Therapy: [Recording Link](#)
 - Trauma-Focused Cognitive Behavioral Therapy: [Recording Link](#)
- CDHS engaged the Colorado Evaluation and Action Lab at the University of Denver to develop a short- and long-term strategy for expanding Family First-eligible prevention services in Colorado. Access the report: [Strategy for the evidence-based aspects of the Family First service continuum](#). The Lab published an [updated annual report in 2022](#).



LEARN ABOUT RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT PROGRAMS FOR PARENTS WITH CHILDREN

There are a handful of residential substance use disorder treatment centers for pregnant and parenting women and their children in Colorado. As of May 2021, Colorado has a total of 96 beds available statewide across 6 facilities in Denver, Jefferson, Pueblo, Weld, Arapahoe, and Mesa counties, many of which have waitlists. Each program is slightly different in terms of the age ranges of children that can accompany their parent to treatment (some facilities allow for children up to the age of 12). For the Special Connections program, mom's can enter treatment when they are pregnant or up to one year postpartum. In addition, moms with preschool- or elementary-aged children are eligible to enter some family-based programs due to Medicaid's expanded residential SUD benefit that took place January 1, 2021. There is no wrong door for referrals into any of these programs and clients can still be referred to a Special Connections program when there isn't a program in a client's region (the program and the client's RAE can work out single case agreements). A new program is currently being developed in El Paso County and there are other communities that have expressed an interest in and are working toward developing a program locally. For Special Connections programs, treatment is reimbursed by Medicaid and room and board is reimbursed by the local Managed Service Organization. For more information on these programs, visit the Substance Use Services for Pregnant and Parenting Moms section on [OBH's website](#). You can also reach out to the Office of Behavioral Health (303.866.7400; cdhs_obhfeedback@state.co.us) and/or reach out to your Regional Accountable Entity and [Managed Service Organization](#).

ENGAGE IN THE WORK TO SHAPE COLORADO'S PREVENTION SERVICES

- The [Colorado Evaluation and Action Lab](#) has done a preliminary analysis to identify alignment between documented needs within Colorado and evidence-based services rated by the clearinghouse. The [report](#) outlines short- and long-term strategy recommendations for implementing and scaling evidence-based practices in Colorado. The Lab published an [updated annual report in 2022](#).
- Directors can utilize existing forums to mirror some of the state-level conversations around available services, gaps, expansion and service adaptation needs at the local level: Local best practice court teams, local problem solving court committees, local collaborative management programs, local Juvenile Services Planning Committees, and other local collaborative bodies in your community. Utilize your child welfare data to discuss local service needs driving removals and out-of-home placements, with your local prevention partners.
- Directors are encouraged to participate in or apply for leadership positions for the following opportunities:
 - **Colorado Child Abuse Prevention Trust Fund Board.** Of the 17 board members, four appointees must represent county leadership, as either a county commissioner or a director of public health or of human or social services; three of whom must have expertise in human service or child welfare practice. This entity will make decisions about how to utilize the prevention drawdown funds the state receives to scale prevention programs by awarding grants through a regular RFP process. Per HB21-1248, the Colorado Human Services Directors Association (CHSDA), Colorado Counties Inc. (CCI) and Colorado Association of Local Public Health Officials (CALPHO) coordinated to appoint four new county leadership representatives to the Board, three of whom have expertise in human services and child welfare practice. The four appointees selected are: Clifford Brown, Director of Public Health, Custer County, OD, MPH, FAAD(D); Mary Berg, Executive Director of Jefferson County Human Services, LCSW; Janet Rowland, County Commissioner, Mesa County; and Martha Johnson, Director, La Plata County Department of Human Services and San Juan County Department of Social Services, LCSW.

- **Child Welfare Prevention Task Group:** While the Services Continuum workgroup is no longer meeting, remaining priority tasks and ongoing discussion will now occur within the new [Child Welfare Prevention Task Group](#) under Child Welfare SubPAC. The group meets monthly on the 2nd Friday of the month from 1:30-3:50pm. Several subgroups related to Family First have been formed, including: 1) Data and Research Subcommittee; 2) Statewide Prevention Integration Subcommittee; and, 3) County/Region/Local Implementation Subcommittee. All meeting information can be found [here](#).



EXPLORE FUNDING OPPORTUNITIES TO BUILD A CONTINUUM OF PREVENTION PROGRAMS

Primary, secondary, and tertiary prevention services are expensive to build and sustain. Partnerships with your behavioral health, public health, home visiting, juvenile justice, collaborative management program, and others in your county and/or region will be key. Reach out to and start a conversation with your local providers and state partners at CDHS that oversee respective prevention programs. More information is also available in a recorded lunch and learn session, “Funding to Support Prevention Services and Cross-System Financing Strategies,” hosted in partnership by CDHS and CHSDA: [Session Recording](#) and [Powerpoint](#).

- **Counties will continue to use their Child Welfare Block, [Core Services Program](#), Collaborative Management Program** and other funding sources, to provide a continuum of prevention services that best meet the needs of families in their communities.
- **Federal Family First Transition Act Funds:** The Family First Transition Act provides critical funding and flexibility to ensure a smooth and successful roll-out of Family First in Colorado. CDHS received over \$7.7 Million in transition funding to spend flexibly on implementation efforts. Due to the overwhelming interest from stakeholders regarding the use of transition funds, the Department created a diverse 15-member group, 6 of whom represent county human service departments, in July 2020. The group is charged with reviewing and prioritizing funding proposals and developing recommendations for the Department. Funding opportunities on the prevention services side include:
 - From 2020-2023, CDHS will be awarding up to \$1.5 million (\$500,000 each calendar year) for efforts that align with 1) Expanding the prevention services continuum in a way that addresses locally identified needs, meets Family First requirements, addresses inequities across the state, and emphasizes cultural responsiveness, and/or 2) Addresses known and potential barriers to Family First implementation. CDHS selected awards for the second round of Family First transition fund grants to support local Family First implementation activities in September 2021. More information about the recipients of awards is also available: [first round awardees](#); [second round awardees](#).
- **Federal Title IV-E Prevention in the Colorado Child Abuse Prevention Trust Fund:** The new federal reimbursement that Colorado receives on Title IV-E prevention services will be deposited into the Colorado Child Abuse Prevention Trust Fund and distributed via an RFP process for purposes of building and expanding programs and services identified in the federal clearinghouse or under evaluation for purposes of petitioning the federal government for inclusion in the clearinghouse. Note: A separate fund is available within the Trust Fund for mini-grants for training on child sexual abuse prevention and training on strengthening protective factors.
- **Temporary Assistance for Needy Families (TANF):** Individual county allocations are derived from Colorado’s county block grant using a formula based on economic and demographic factors. TANF funds beyond basic cash assistance are designed to be flexible and can be used for a wide array of services and supports. County departments of human/social services have flexibility in determining the most effective approach for accomplishing the four federal purposes of TANF within their local area and



within the parameters established by the state and federal government (Broad-based eligibility: lawfully present, income under \$75,000, and a child in the home). Counties in many cases can use their TANF allocations and local reserves for prevention programs.

- **Title IV-B Promoting Safe and Stable Families:** PSSF funds are awarded via an RFP process for purposes of providing family support services, family preservation services, reunification services, and adoption support services. PSSF awards include a match requirement for 30% of all awarded funds. Awards have been granted for the next five-year funding cycle (FFY 2022-2027), which begins October 2021. The next solicitation will be released 2026. Eligible applicants for a PSSF solicitation include County Departments of Social/Human Services, local Government agencies, and any private or not-for-profit community-based organization. Entities that are not a county department of human services will require a letter of support for the county departments of human services in the counties where they will be offering services. 2021 Stimulus funding: Colorado received an additional \$847,869 in stimulus funds for PSSF as a part of COVID relief. This one-year funding is likely to support the first cohort of Child First sites. Reach out to Jill Jordan (jill.jordan2@state.co.us) for more information.
- **Medicaid:** Coordination with your [Regional Accountable Entity \(RAE\)](#) and Medicaid will be vital. When considering where Medicaid may be able to pay first before other funding streams for Family First prevention services, a good place to start is with a conversation with the RAE and county at the table together. Counties can also reach out to local providers directly. There is also a group working on the claiming logistics in seeking to address Medicaid as the “Payer of first resort.” You can reach out to Brad Borges (bradly.borges@state.co.us), Ann Bartholomew (ann.bartholomew@state.co.us), and Kelly Sawka (kelly.sawka@state.co.us) for more information.
- **Home Visiting:** Historically, home visiting programs in Colorado have used a myriad of funding sources to build and sustain services. Colorado uses a combination of the following funding sources to fund different home visiting programs. Counties can reach out to the state intermediaries of respective home visiting programs for more information.
 - **Federal Funding Sources:** Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, Medicaid, Temporary Assistance for Needy Families (TANF). Stimulus dollars for the MIECHV program will be available to existing MIECHV sites.
 - **State Funding Sources:** General fund with line item for specific models; Tobacco or similar taxes dedicated to early childhood support; TGYS; and, Colorado Child Abuse Prevention Trust Fund.
 - **Local Funding Sources:** County Core dollars, local taxes
 - **Private Philanthropy**
- Note: The Home Visiting Investment Task Force began meeting in November 2020 to develop a strategy to scale a continuum of home visiting services in Colorado. After the initial phase of work, the group has been reauthorized to continue with implementation around the [Task Force Recommendations](#) and [Home Visiting Plan](#). For more information, please reference the group's reauthorized [charter](#), [membership](#), and [meeting details](#).
- **Title II of the Federal Child Abuse Prevention and Treatment Act (CAPTA):** Community Based Child Abuse Prevention (CBCAP) Funding in Colorado is currently being used to support cohorts of local communities in creating local child maltreatment prevention plans that align with the [Colorado Child Maltreatment Prevention Framework for Action](#). A request for interest for the next cohort of planning



sites is anticipated to be released in late 2021. A request for proposals for implementation funding will be released in late 2022 with funding to start in October 2023. Reach out to Essie Santillano (esmeralda.santillano@state.co.us) for more information.

- **Colorado Community Response (CCR)** is a voluntary prevention program working with families that have been screened out or assessed and closed without child welfare services. The program was developed around the Strengthening Families Protective Factors Framework to strengthen families and prevent child maltreatment. Program components include strength-based case management, family-driven goal setting, education, and support to improve financial well-being, flex funding, and resource referrals to support goal attainment. The program is awarded through a competitive solicitation. Awards have been granted for the next five-year funding cycle (FFY 2022-2027), which began in July 2021. The next solicitation will be released in 2026. Reach out to Aaron Miller (aaronc.miller@state.co.us) for more information.
- **SafeCare** is a voluntary in-home behavioral parenting program that targets risk factors for maltreatment by teaching parents/caregivers skills in three topic areas: home safety, child health, and parent-child/parent-infant interaction. SafeCare targets parents/caregivers of children ages 0 to 5 who have a history of child maltreatment or who have risk factors that may lead to maltreatment. As of July 2021, SafeCare is available in 38 counties across Colorado and is supported by the Kempe Center as the state intermediary. SafeCare is funded by state general funds.
- **Colorado's Tony Grampas Youth Services Program (TYGS):** Funds are provided to community-based organizations that serve children, youth and their families with programs designed to reduce youth crime and violence, youth marijuana use and prevent child abuse and neglect and school dropout. Eligible TYGS applicants include local governments, schools, nonprofit organizations, state agencies and institutions of higher education. TYGS operates on a three-year grant cycle. The current grant cycle runs July 1, 2020 through June 30, 2023. Contact Kristi Griffith (kristi.griffith@state.co.us) for more information.
- **Local CYDC Funding:** The Colorado Youth Detention Continuum (CYDC) is implemented locally within each of the state's 22 judicial districts. The Colorado General Assembly appropriates funds for CYDC programming and the Statewide Advisory Board is responsible for developing an allocation formula and allocating the funds. Jurisdictions use their allocations for a variety of purposes, including in some cases, providing treatment services to prevent or shorten out-of-home placement and further penetration into the system. Each local CYDC program has a Juvenile Services Planning Committee (JSPC) and a local coordinator to oversee implementation of local CYDC services.
- **Behavioral Health:** CDHS's Office of Behavioral Health (OBH) has previously released solicitations for the High Risk Families Cash Fund to support capacity for and provide services to high-risk parents, including pregnant and parenting women, and for services for high-risk children and youth with behavioral health disorders.
- **The Colorado Partnership for Thriving Families (CPTF)** aims to significantly reduce child fatalities and child maltreatment for all children zero to five by positively and proactively supporting strong and healthy family formation. The partnership's three main priorities are: 1) Systems Alignment: Align state and county human services, public health, and health care systems to place family well-being at the center. Focus on funding, data, and policy across systems; 2) Early Touch Points: Strengthen the well-being system service array to improve outcomes for parents and infants throughout pregnancy and the first year of life; and 3) Community Norms: Change community norms related to social connectedness to increase access to information on child development and informal support with parenting with



the intent to reduce parental stress and decrease child maltreatment. Counties can engage via three levels--participate, magnify and/or demonstrate--on any or all priority areas. Demonstration sites receive technical support and may be eligible to receive funding for projects. [This resource for county directors](#) provides specific examples of ways to engage w/ CPTF and what the Partnership offers, as well as current demonstration site projects and upcoming opportunities. Email Krishna Dahya (kdahya@illuminatecolorado.org) for more information about engaging in the Partnership.

- **Private Philanthropy**



ACCESS MORE INFORMATION ON UNDERSTANDING FINANCIAL CLAIMING FOR PREVENTION SERVICES UNDER FAMILY FIRST

In August 2021, the Colorado Department of Human Services and the Colorado Human Services Directors Association hosted a four-part discussion series about how claiming for prevention services under Family First will work in Colorado. Presentations, recordings and a follow-up Q&A are [available on this page](#).



TITLE IV-E PREVENTION SERVICES

Colorado's Family First Prevention Candidacy Definition

In 2020, Colorado's Prevention Candidacy Definition was submitted for initial review to the federal government as a part of Colorado's draft state prevention services plan. CDHS is planning to submit an updated plan for official review and approval before October 2021.

In Colorado, for the purposes of Title IV-E Prevention Services, a child/youth is a candidate for foster care when at serious risk of entering or re-entering foster care and who is able to remain safely in the home with provision of mental health, substance use disorder, or in-home parenting services for the child/youth, parent, or kin caregiver. Foster youth who are pregnant and/or parenting are also candidates. A child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of individual parents or children that may affect the parents' ability to safely care for and nurture their children.

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

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

A child is considered to be a IV-E Prevention Candidate when:

- The child is designated as being at "serious risk" of out-of-home placement (For more information, refer to [CDHS's IV-E Candidacy talking points](#))
- There is a prevention/treatment plan in place for the child/family; and,
- The child and/or their family is receiving an evidence-based service (as identified through Colorado's prevention plan)

DCW has created a [Family First Candidacy Tip Sheet](#) and [video introduction](#) that provide caseworkers with best practices and guidance around Family First candidacy scenarios and how each scenario is entered in Trails.



CHILD WELFARE PLACEMENT CONTINUUM



Family First is aligned with the progress Colorado is already making to reduce the use of out-of-home placements for children and youth involved in the child welfare system. Children and youth should, whenever possible, be placed in the home with family and/or kin with access to in-home services that prevent out-of-home placement. Only when out-of-home placement is the most appropriate option, children and youth whenever possible, should be placed: in their communities, in culturally-reflective homes, in the most family-like settings, in treatment-focused settings when appropriate, and always in the least restrictive placement setting.

AT A GLANCE

What County Directors Need to Know

- ⊕ Federal Financing for Congregate Care Placements
- ⊕ Specialized Settings
- ⊕ Supporting Kin
- ⊕ Family-Like Placements in the Community
- ⊕ Qualified Residential Treatment Programs (QRTPs)
- ⊕ HCPF Policy for Residential Providers
- ⊕ Psychiatric Residential Treatment Facilities (PRTFs)
- ⊕ Family First Transition funding
- ⊕ Funding Options for Residential Treatment
- ⊕ Independent Assessment Process for QRTF Placement

Action Items

- ✔ Meet with partners on the local level
- ✔ Prepare your county for the Independent Assessment process

What County Directors Need to Know

RESPONSIVE TO THE NEEDS OF CHILDREN, YOUTH AND FAMILIES ROBUST COMMUNITY-BASED WRAP-AROUND SERVICES AT EVERY LEVEL

IN-HOME	FAMILY-LIKE SETTINGS	SPECIALIZED GROUP SETTINGS	SHORT-TERM STABILIZATION	TREATMENT-FOCUSED SETTINGS
Community-based, prevention-focused services aimed at keeping families together	Kin (non-certified)	Supervised independent living settings	Assessment and stabilization	Qualified Residential Treatment Programs (QRTPs)
Services include mental health, substance abuse prevention and treatment, and parent skill-based	Traditional foster homes	Residential care and support services to survivors or those at risk of sex trafficking	Respite, foster	Psychiatric Residential Treatment Facilities (PRTFs)
	Therapeutic foster homes	Settings providing prenatal, postpartum or parenting supports	Respite, transitioning from facility	Division of Youth Services facilities
	Treatment foster homes			

CONTINUUM OF CARE

SUPPORT SERVICES PROVIDED POST-PERMANENCY

FEDERAL FINANCING FOR CONGREGATE CARE PLACEMENTS

Family First changed federal funding for placement reimbursement. Placement in Residential Child Care Facilities, group homes, and group centers are no longer eligible for federal reimbursement beyond 14 days, unless they are licensed and accredited as Qualified Residential Treatment Programs (QRTPs) or serve designated “carve-out” populations. This [CDHS Operation Memo](#) (OM-CW-2021-0015) offers further guidance about processes to operationalize congregate care provisions of the law.

SPECIALIZED SETTINGS

Family First allows for federal reimbursement of specific congregate care settings for certain populations, sometimes called “carve-out populations.” These specialized group settings include programs for youth at risk of or survivors of trafficking; prenatal or parenting youth; and youth 18 years of age or older living independently with supervision. This CDHS Operation Memo ([OM-CW-2021-0016](#)) offers further guidance about the standards for operating programs that provide specialized services to pregnant and/or parenting children/youth, children/youth who are survivors of sex trafficking or children/youth who are at risk of being trafficked. New rules for specialized settings have not yet been approved by the State Board.

SUPPORTING KIN

Family First further supports increased utilization of kinship families and reimburses for some Kinship Navigator Program services. We know that permanent or temporary placements with kin help maintain familial relationships and cultural connections, support parent reunification efforts, and often prevent further trauma and result in better outcomes for children and youth when they aren't able to remain safely in the home.

Additional information on efforts to support kinship caregivers:

- [Foster Source](#) is a nonprofit organization offering trauma education, relief services and therapeutic

services to foster and kinship families throughout Colorado. They are also working on a database called “Respite Source” to connect families with respite options.

- [CHAMPS Colorado](#) strives to ensure vulnerable kids are safe and thriving by promoting foster and kin families as a vital component of the child welfare system. They launched in May 2020 in partnership with Foster Source and are part of a national campaign to ensure quality parenting for all children in foster care. CHAMPS is engaging with CDHS to provide a foster and kin family voice in the implementation of child welfare policies. On the county level, CHAMPS is working in several pilot counties to improve programs for foster and kin families to ultimately increase retention rates.
- The Kinship Foster Taskforce has been established to discuss changes to statute and rule to reduce barriers for kin to become certified foster care providers and establish practices that better support kinship care.
- Colorado's Juvenile Justice Reform Bill (SB19-108) requires identification of kin for supports and placement purposes. In delinquency court cases, support is allowed for kinship providers.

FAMILY-LIKE PLACEMENTS IN THE COMMUNITY:

Colorado needs foster families that can effectively serve higher acuity children and youth, who historically have been placed in congregate care settings. While treatment foster care currently exists in a very limited capacity in the state, therapeutic foster care is a new level of care in Colorado. Effective July 1, 2021, new rates have been developed for Treatment Foster Care and Therapeutic Foster Care placements ([IM-CW-2021-0035](#)). Child maintenance rates were also updated effective July 1, 2021 and include respite and foster parents support costs. The Foster Care Placement Continuum Task Group is examining historical barriers contributing to the lack of treatment foster homes and creating a recruitment strategy for therapeutic foster homes. [CDHS has developed a set of key strategies](#), based on stakeholder input, for rightsizing and refining the placement continuum.

QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTPS)

Family First created a new short-term, high-quality, treatment-centered level of care called Qualified Residential Treatment Programs (QRTPs). QRTPs can be used for placement only when a child's or youth's behavioral health treatment needs cannot be met with any other lower level of care. QRTPs must have a trauma-informed treatment model, have registered or licensed nursing and other clinical staff available 24/7, be licensed by the state, and be nationally accredited. QRTPs should NOT be used for containment purposes or due to a lack of other placement options. To place a child or youth in a QRTP, the county child welfare agency must request an independent assessment by a qualified individual before or upon admission to a QRTP.

QRTP BASICS

LICENSED AND ACCREDITED

TRAUMA INFORMED CARE

REQUIRES INDEPENDENT ASSESSMENT

FAMILY/SIBLINGS INVOLVED IN TREATMENT

COURT APPROVAL

PROVIDES AFTERCARE SUPPORT

HCPF POLICY FOR RESIDENTIAL PROVIDERS

The Department of Health Care Policy & Financing (HCPF) has updated their [draft policy regarding child- and youth-serving residential treatment facilities](#). The only provider types that will be reimbursed by Medicaid after June 30, 2022, when HCPF's residential policy is fully implemented, are QRTPs and PRTFs. The two exceptions to this policy are: CHRP providers and SUD providers. This policy addresses the Institution for Mental Disease (IMD) considerations under Medicaid so the state can move forward

with residential facilities in alignment with Medicaid and new Title IV-E provisions of Family First. The new policy outlines that Medicaid reimbursement will be available for medically necessary stays in treatment facilities of 16 beds or fewer and provides further guidance on the transition for providers. This policy will go into effect no later than Oct 1, 2021 in order to allow QRTPs to enroll in Medicaid as a new provider type as required by Family First. However, there is an extended transition period up to June 30, 2022 for remaining providers/facilities to meet the guidelines of this policy. All facilities enrolling in Medicaid must complete HCPF's [attestation form](#) to demonstrate compliance with the new policy.

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTFS)

Beyond QRTP level of care, are there other options for a higher level of care? A [Psychiatric Residential Treatment Facility](#) (PRTF) is a higher level of care than a QRTP and operates primarily from a medical approach for higher acuity mental health conditions that may require stabilization efforts, medication management, and care for physical risk factors (i.e. self-harm, aggression, etc.). It is a non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient services benefit to Medicaid-eligible individuals under the age of 21. CDHS has created a reference guide that details differences between RCCF-QRTP, RCCF Non-QRTP, and PRTF levels of care. There is a [long version](#) of the resource and an [executive summary](#) version available. In addition, HCPF created a draft [PRTF Q&A factsheet](#) which attempts to answer some of the policy, process, and financing questions to accessing and utilizing this level of care. Funding (\$13.7M in FY 2022-23) for Medicaid services (PRTF placements) is included in the Block allocation to counties and goes through the county block allocation in CFMS. Services are entered in Trails as a “no pay” to counties. Questions around and barriers to accessing this level of care in Colorado started surfacing in 2021 when talking about the placement continuum. In early 2021 there were only two active PRTFs in the state of Colorado, which were primarily serving out of state residents. Effective July 1, 2021 the PRTF rate was increased to \$750 per day ([HCPF Provider Bulletin](#)). [View the facilities that are currently pursuing or already have a PRTF license.](#)

FAMILY FIRST TRANSITION FUNDING

SB21-278 required that CDHS assist residential placement providers in transitioning to models that are Title IV-E and medicaid eligible with Colorado Transition Act funding. About \$1.1 million of the state's transition funds were awarded in grants to providers. A separate solicitation for efforts focused on building a comprehensive continuum of placement options across the state was awarded in 2021. The opportunity included efforts to serve high acuity youth in family-like settings; recruitment and retention of therapeutic and treatment foster homes; enhanced supports for foster parents and kinship families; and efforts to better understand and respond to the needs of Colorado's children and youth in all types of care. More details about awardees can be viewed on this page.

FUNDING OPTIONS FOR RESIDENTIAL TREATMENT

This [flowchart](#) created by the Colorado Department of Human Services provides county child welfare agencies guidance regarding obtaining funding and approval for residential treatment for children and youth.

INDEPENDENT ASSESSMENT PROCESS FOR QRTP PLACEMENT

See [Independent Assessment Process for QRTP Placement](#)



Action Items

MEET WITH PARTNERS ON THE LOCAL LEVEL

- Conversations around Family First implementation and collaborative decision-making should happen at multiple levels. If you haven't already, reach out to your local bench, legal partners, Best Practice Court Team, Juvenile Services Planning Committee, and Collaborative Management Program partners, to see what they know about Family First, how it is impacting placement in your community, how it intersects with detention reform, and how it is impacting the court's role. Provide your perspective, ask questions, and emphasize what you think they need to know as it relates to being prepared for family first implementation in your community. Supplemental resources from ABA Center on Children and the Law: [Tool for Agency Leadership: Engaging the Legal Community in Implementing Family First; The Family First Prevention Services Act of 2018: A Guide for the Legal Community](#). This shareable handout includes all publically available web-based training resources for judicial and legal partners in Colorado on the Family First Prevention Services Act.
- Bring the [Administrative Service Organization](#) in your region into local conversations.
- Mirror state conversations on the local level to assess barriers and support solutions for the future placement continuum, including, treatment and therapeutic foster care options and QRTPs. Participate in ongoing state-led conversations around expansion of the placement continuum.

PREPARE YOUR COUNTY FOR THE INDEPENDENT ASSESSMENT PROCESS

- Access the [Family First Independent Assessment toolkit](#) on the Independent Assessment process: The toolkit includes an introduction to the required steps in the independent assessment process from the county's perspective; mock independent assessments, referral face sheets, court reports, process maps, fact sheets and training guides..
- What do caseworkers and supervisors need to know about the independent assessment process? CDHS has developed and is refining training on the independent assessment process and the CANS tool that your staff will be able to access. Prior to this training, you can prepare your child welfare staff by discussing their role in requesting the initial referral for and engaging throughout the independent assessment process when QRTP might be a good fit and how case planning may look different. Manage expectations that the independent assessment involves a tight timeline. This is a new process and it will take some time to adjust to all the steps. Caseworkers will be critical in:
 - Requesting the initial referral for the independent assessment process when QRTP might be a good fit for a child/youth,
 - Notifying, scheduling, coordinating, and facilitating all parties regarding the Family and Permanency meetings,
 - Ensuring proper documentation, and
 - Generating and submitting the Child Welfare Court Report.



- Have local conversations with your Administrative Service Organization, RAE, CYMHTA, and court/legal partners.
- [Watch the Division of Child Welfare Town Hall](#) about the different assessment processes for the Children and Youth Mental Health Treatment Act (CYMHTA) and the independent assessment process for QRTP placement.





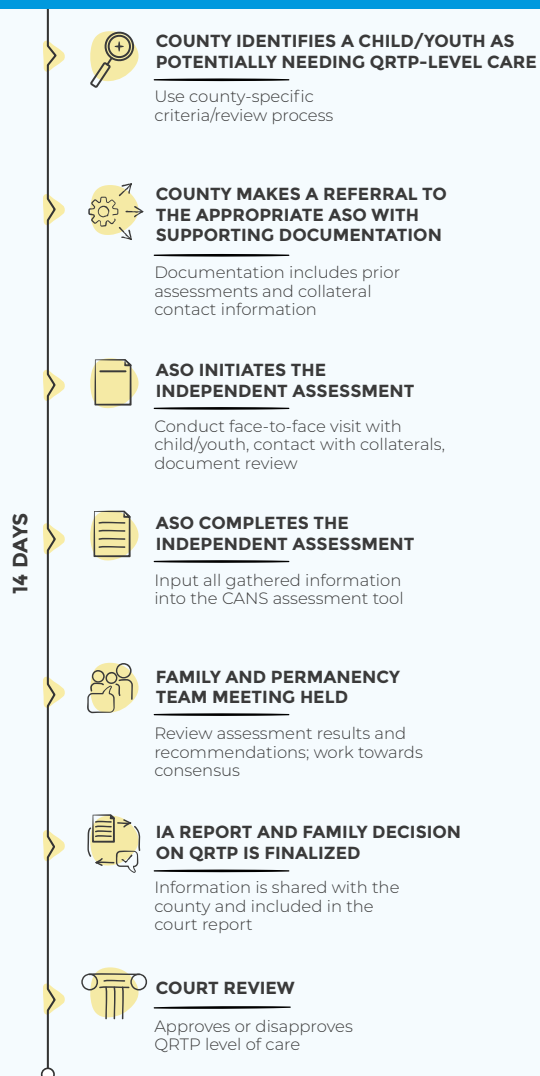
CHILD WELFARE PLACEMENT CONTINUUM

Independent Assessment: What You Need To Know

Children and youth — those involved in child welfare and those involved in juvenile justice — who can't grow up safely at home should be in the least restrictive setting, ideally with a kin or foster family. However, sometimes young people need services and treatment in a congregate care setting to achieve stability before transitioning to a family-like setting or returning home.

Family First creates a new facility license type called a Qualified Residential Treatment Program (Q RTP). Family First requires the use of an Independent Assessment to determine the level of care a young person may need.

The IA Process



How does the Independent Assessment process work?

Once a county or the Division of Youth Services (DYS) determines a child or youth may benefit from treatment at a Q RTP, the county will make a referral for an Independent Assessment. The Colorado Department of Human Services has contracted with the regional Administrative Services Organizations (ASOs) to implement the Independent Assessor process in Colorado.

Who is a Qualified Individual?

Qualified Individuals are licensed behavioral health professionals who have advanced training in trauma, cultural considerations, Family First requirements and the placement continuum, and are contracted directly with the Administrative Service Organizations and overseen by the CDHS Office of Behavioral Health. The Qualified Individuals will be completing the Independent Assessment.

What is the difference between the CANS tool and the Independent Assessment?

The Independent Assessment is completed by a licensed behavioral health professional who completes a full psychosocial assessment, reviews all provided documentation, meets with the child or youth, speaks with a wide variety of individuals, and has completed a robust set of training. The CANS tool is used after the psychosocial assessment to help the behavioral health professional identify key needs and strengths with the family and child or youth. The CANS tool is also used to frame the assessment in a measurable way and to work with all parties involved to gain a consensus of the needs and strengths.

How do counties use the Independent Assessment?

The Independent Assessment is used to develop a shared treatment and care plan. Counties will notify family members, children and youth about the process and will schedule a family and permanency meeting within eight days of the referral for an Independent Assessment to bring all concerned parties together. During those eight days, the Independent Assessment will be completed.

At that meeting, everyone will discuss treatment and care goals and determine if QRTP is the level of treatment required. This recommendation as well as the Independent Assessment will be presented to a judicial officer who will make the final determination.

Citations

C.R.S. 19-1-103 (87.7) "Qualified individual" means a trained professional or licensed clinician, as defined in the federal "Family First Prevention Services Act". "Qualified individual" must be approved to serve as a qualified individual according to the state plan. "Qualified individual" must not be an interested party or participant in the juvenile court proceeding and must be free of any personal or business relationship that would cause a conflict of interest in evaluating the child, juvenile, or youth and making recommendations concerning the child's, juvenile's, or youth's placement and therapeutic needs according to the federal Title IV-E state plan or any waiver in accordance with 42 U.S.C. sec. 675a.

C.R.S. 26-6-102 (30.3) "Qualified individual" means a trained professional or licensed clinician, as defined in the federal "Family First Prevention Services Act". "Qualified individual" must be approved to serve as a qualified individual according to the state plan. "Qualified individual" must not be an interested party or participant in the juvenile court proceeding and must be free of any personal or business relationship that would cause a conflict of interest in evaluating the child, juvenile, or youth and making recommendations concerning the child's, juvenile's, or youth's placement and therapeutic needs, according to the federal Title IV-E state plan or any waiver in accordance with 42 U.S.C. sec. 675a.



Independent Assessment and Youth Committed to DYS

The Independent Assessment is used in conjunction with the DYS assessment process for youth who have been committed. A referral is made for the Independent Assessment when it is determined that the youth's security level does not require a secure state operated youth center for initial or ongoing treatment needs. The Independent Assessment is used to support the less secure placement of the youth while serving their DYS commitment. The Independent Assessor will participate in the Initial Treatment Planning Multi-Disciplinary Team (MDT) meeting that occurs when the youth is placed at a QRTP. The members of the MDT typically consist of the client manager, clinical treatment staff, the youth, and their legal guardian or other members of their support system. The Initial Treatment Planning MDT will include the Independent Assessment as well as discuss the Youth's Development Plan (YDP) to include treatment goals and objectives. The Initial Treatment Planning MDT occurs within 30 days of placement. For DYS youth, instead of the court, CDHS's Administrative Review Division (ARD) reviews the placement in a QRTP 60 days from initial placement, 90 days from initial placement, and every subsequent 90 days after that.

Implementation FAQs

To place a child or youth in a QRTP, the county child welfare agency or Division of Youth Services must request an independent assessment before or upon admission to a QRTP. An Administrative Service Organization (ASO) coordinates the qualified individuals. On the county side, caseworkers and supervisors will screen for the appropriateness of QRTP placement and request an independent assessment. For youth in the Division of Youth Services, the Administrative Review Division will conduct the initial and all follow-up reviews. The entire assessment process from the time of referral to the completed assessment summary is completed within 14 days. Ideally the process should be completed before placement, but it must be completed within 10 business days of placement if that's not possible. Federal funding for a child/youth/juvenile in QRTP placement is initially allowed for up to 30 days and then only allowed past that timeframe if the independent assessment determines that a QRTP is the appropriate level of care. A lack of lower-level placement options is not a justification for QRTP placement.

The independent assessment process, Qualified Individuals and Administrative Service Organizations for all counties.

The CDHS Office of Behavioral Health contracts with the [Administrative Service Organization \(ASO\) in your region](#), who is then responsible for contracting directly with and hiring the qualified individual(s) needed and managing quality assurance. Qualified Individuals must be licensed behavioral health professionals, trained in the Child and Adolescent Needs and Strengths (CANS) tool and take advanced Family First and trauma-informed care trainings. As of October 1, 2021, the independent assessment process for all counties is up and running. ASOs continue to be concerned about Qualified Individual capacity, workforce shortages and waitlists.

How will the Office of Behavioral Health ensure that ASOs hire Qualified Individuals and have adequate capacity across all counties by October 1?

Contractually, ASOs are required to provide independent assessments in a timely manner. The ASOs will have access to qualified individuals in other regions and they are trying to share resources during this initial phase of implementation. If an ASO does not have available qualified individuals, they will need to inform OBH and DCW immediately so they can problem solve to ensure that the assessment is done within the timeframes. In the short-term, OBH guidance allows for virtual visits for the next calendar year, while encouraging face-to-face visits whenever possible. OBH will be attending regional county/ASO/judicial meetings to answer any procedural or process questions. For concerns related to this issue reach out to Andrew Gabor at andrew.gabor@state.co.us.

What does the independent assessment process by the qualified individual entail?

The independent assessment process includes a full psychosocial assessment (CANS), direct contact

with the child or youth, family or caregivers, interviews with a variety of professionals, and a Family and Permanency meeting. An assessment summary will be created at the end of the assessment and given to the referring party. The summary will include level of care recommendations, clinical recommendations, history of services, time spent in a QRTP to date, if consensus was achieved during the Family and Permanency meeting, findings from the psychological assessment tool, and short- and long-term clinical goals. The qualified individual must specify why the needs of the child cannot be met other levels of care. A lack of lower-level placement options is not a justification for QRTP placement.

What happens after the independent assessment is complete?

Once the independent assessment is complete, the ASO will give an assessment summary to the referring party — the county child welfare agency or the Division of Youth Services. The county includes the assessment recommendation in the report to the court. The court must then “determine and approve” the QRTP placement within 60 days and find that the placement provides the most effective, least restrictive level of care, and is consistent with the permanency plan. If any party objects to QRTP placement or the independent assessment does not recommend QRTP level of care, the court hearing must be within 30 days of placement instead of 60. Judges, magistrates and other judicial system partners (Dependency and Neglect and Delinquency) have access to training on [Colorado's QRTP Benchcard](#) and the independent assessment process. County directors also have access to [QRTP Benchcard training specific to child welfare practice](#).

What happens when either 1) the independent assessment does not recommend QRTP placement, but the court orders placement in a QRTP, or 2) the independent assessment process recommends QRTP placement, but the court orders differently?

The Court shall give great weight to the recommendation in the independent assessment. If the Court deviates from the recommendations in the assessment, the Court shall make specific findings of fact set forth in 19-1-115(4)(h). Federal funding for a child/youth/juvenile eligible for Title IV-E will no longer be available after 30 days. The county match will not change after October 1, 2021. Although the state may revisit conversations about changing the match down the line when sufficient provider capacity is reached in all areas of the state, there will be no change in the near future. After Family First takes effect, there may be an overall reduction in the block that could affect all counties due to the loss of IV-E eligible placements. The full effect will be dependent on provider's decisions to transition to IV-E eligible placements and the capacity of different provider types across the state.

What happens after the court approves placement in a QRTP?

The decision must be re-reviewed at each placement/review hearing, no less frequently than every 90 days. The following limitations apply for how long different-aged youth can be in a QRTP placement:

- nonconsecutive months. Continued placement requires approval by the Executive Director of CDHS.

- A child/youth/juvenile over 13 can be in QRTP placement for 12 consecutive months or 18 nonconsecutive months. Continued placement requires approval by the Executive Director of CDHS.
- [This memo \(OM-CW-2021-0021\)](#) outlines the process for how counties can request a length of stay waiver from CDHS for continued IV-E eligible placement in a QRTP beyond the lifetime limit.

What if a child or youth qualifies for QRTP but there are no available options? Colorado's overall vision is to rightsize and build a robust placement continuum that is responsive to the needs of children, youth and families in every community.

CDHS has developed a [set of key strategies](#), based on stakeholder input, for rightsizing and refining the placement continuum. If there are no QRTP beds available when needed, county staff will need to find the next most appropriate, least-restrictive placement and treatment option until a QRTP placement becomes available.

How is Colorado working to ensure all communities have adequate bed capacity for QRTP placements?

CDHS has set a minimum target of having 250 QRTP beds across the state. When Family First is implemented on October 1, children and youth are grandfathered into their current settings until they are moved from those settings. This gives the state a longer runway to get to an adequate number of minimum QRTP beds in every community. [Access the draft analysis of residential providers' transition plans](#), which shows the latest information on providers that have received QRTP approval; providers that have submitted a complete application to become a QRTP and are close to approval; facilities pursuing a PRTF license; and facilities pursuing other options.

- **CDHS Licensing** is providing one on one coaching, transition planning and technical assistance to facilities that are applying to become a QRTP and/or need to adapt their business model.
- **Transition Funding:** SB21-278 requires that CDHS assist residential placement providers in transitioning to models that are Title IV-E and medicaid eligible with Colorado Transition Act funding. About \$1.1 million of the state's transition funds were [awarded](#) in grants to providers.
- **Joint CDHS and HCPF Town Halls on Family First Providers** cover up-to-date information on the following topics: Child placement rates for provider types; New rates for treatment and therapeutic foster care and age-based rates for standard foster care developed by the Foster Care Workgroup that will take effect July 1st; Identified QRTP needs and updated provider QRTP application process and information about aftercare services; HCPF rule clarification and implications; PRTF placement type and new rates; and Resources - where to find answers and how to get technical assistance. A recording of the June 3rd town hall can be [accessed here](#). Notes for quick reference are also available to Directors on [CHSDA's site](#).

What happens after a child/youth/juvenile is discharged from a QRTP?

Rules for QRTP discharge and aftercare plans are outlined in 7.705.208.

- Within 45 calendar days of admitting a child/youth into care, the QRTP must develop a discharge and aftercare plan, in collaboration with the county department of human services or placing entity, the child/youth, and the family engagement and permanency team.
- The plan must describe the services and resources needed by the subsequent care provider to meet the needs of the child/youth and how those services and resources will be provided.
- The program must provide family-based aftercare support for at least six months post-discharge as determined in the plan.'
- The plan must be reviewed and/or modified no less than monthly during the child/youth's placement and during aftercare services.
- The plan must be incorporated into the discharge summary.

Does the QRTP provider have to provide aftercare services?

QRTPs may or may not directly provide aftercare services, however they support the case management of aftercare services for all children/youth. QRTPs in some instances will have to contract with the RAEs. In other cases, local mental health centers or community-based providers may support aftercare services.

Are there differences between the independent assessment process done by the Qualified Individual and the evidentiary review completed by the Administrative Review Division?

Yes, there are differences in the process. The independent assessment addresses clinical needs and provides placement recommendations taking into consideration the CANS and all other relevant case information. The ARD review considers the independent assessment, initial and ongoing CANS, clinical documentation, progress in treatment up to the date of review and all other relevant case information provided by the county to determine if QRTP placement is and continues to be the most appropriate level of care.

There is no appeal process for the QI's independent assessment recommendations; however, ARD findings can be appealed. Rules regarding the appeal process are currently moving through review by the State Board. The procedure will be similar to how appeals are currently handled for the ARD Out-of-Home reviews. For additional questions you can reach out to Tim Russell at ARD, timothy.russell@state.co.us.

For Dependency & Neglect Cases:

- The Court always conducts the initial review following placement. If all parties consent, subsequent reviews can be conducted by the ARD. The ARD's first review in these cases would be prior to the 90th day of placement. The ARD review considers the independent assessment, initial and ongoing CANS, clinical documentation, progress in treatment up to the date and all other relevant case information provided by the county to determine if QRTP placement is and continues to be the most appropriate level of care.

For Voluntary Placements and youth committed to DYS:

- There is no ongoing court involvement with these cases so ARD is required to review these QRTP placements both initially and ongoing. The ARD will conduct the initial review per timeframes in statute. This review will incorporate the Independent Assessment placement recommendations. The ARD will review again prior to 90 days after placement and then every 90 days thereafter to determine if QRTP level of care is still necessary.

YOUTH INVOLVED IN JUVENILE JUSTICE AND CHILD WELFARE



In Colorado, the Family First Prevention Services Act also applies to the juvenile justice/delinquency system. Statutorily and by rules in Colorado, the child welfare system is required to serve youth beyond the control of their parents and youth in conflict, when they are referred to the county agency through the juvenile justice system, either by pre-trial, a local collaborative management program, probation or directly or by placement and service evaluations order by the court. Family First efforts toward prevention of out-of-home placement and further penetration into the juvenile justice and child welfare systems should continue to be coordinated throughout the juvenile justice system, including in: current and prior child welfare cases, municipal delinquency cases, at arrests, in diversion programs, pre-trial programs, probation, commitment to the Division of Youth Services, and parole.

AT A GLANCE

What County Directors Need to Know

- ⊕ Family First Applies to Both Dependency and Neglect and Delinquency Court Cases
- ⊕ Youth in the Juvenile Justice System Are Candidates for Prevention Services
- ⊕ Family First Requires That the State Attest That No Policies Will Be Implemented That Will Further Drive Youth Into the Juvenile Justice System
- ⊕ GAO Study Requirement
- ⊕ QRTP Placements
- ⊕ Independent Assessment Process
- ⊕ Youth Committed to the Division of Youth Services
- ⊕ Juvenile Justice Reform and Family First
- ⊕ SB19-108 Summary
- ⊕ SB21-071 Summary
- ⊕ Assessments

Action Items

- ⊙ Utilize the available resources related to Family First and Juvenile Justice Populations
- ⊙ View and share the available trainings related to Family First and Juvenile Justice Populations
- ⊙ Meet with local partners



What County Directors Need to Know

+ FAMILY FIRST APPLIES TO BOTH DEPENDENCY AND NEGLECT AND DELINQUENCY COURT CASES

It also is an opportunity to get involved with families if a youth is starting to act out beyond control of parents but may not have picked up delinquency charges.

+ YOUTH IN THE JUVENILE JUSTICE SYSTEM ARE CANDIDATES FOR PREVENTION SERVICES

Family First offers an opportunity for stakeholders to come together to continue to discuss preventing out of home placement earlier on and throughout a case and ways to help keep youth at home or return home if they have been in detention or out-of-home placement. Colorado's [Family First Juvenile Justice Crosswalk](#) outlines opportunities around preventing further involvement in the child welfare and juvenile justice systems.

+ FAMILY FIRST REQUIRES THAT THE STATE ATTEST THAT NO POLICIES WILL BE IMPLEMENTED THAT WILL FURTHER DRIVE YOUTH INTO THE JUVENILE JUSTICE SYSTEM

In order to assist in the evaluation of the impact of Family First regarding this provision, [Colorado SB20-162](#) requires that the Court make a finding of whether the lack of available and appropriate congregate care placements is a contributing factor in committing a juvenile to the Division of Youth Services.

+ GAO STUDY REQUIREMENT

Family First requires that a study and report by GAO be published by December 31, 2025 on the impact of the Family First congregate care restrictions on state juvenile justice systems. The Colorado Evaluation and Action Lab is working on a data project to connect data in Trails and the court system using the [Linked Information Network of Colorado](#) to support this requirement.

+ QRTP PLACEMENTS

Once Family First is implemented, placement in Residential Child Care Facilities, group homes, and group centers will no longer be eligible for federal child welfare reimbursement, unless they are licensed and accredited as Qualified Residential Treatment Programs (QRTPs) or serve designated "carve-out" populations

+ INDEPENDENT ASSESSMENT PROCESS

Youth involved in a delinquent court case will need to follow the independent assessment process for placement in a QRTP. For delinquent crossover youth with an open dependency and neglect case, the review would go through the court or the CDHS Administrative Review Division if parties consent (after the first review). QRTPs may not be used for containment purposes or due to a lack of other placement options. The independent assessment and the Court may disagree about QRTP placement. The Court shall give great weight to the recommendation in the independent assessment. If the Court deviates from the recommendations in the assessment, the Court shall make specific findings of fact set forth in 19-1-115(4)(h). Federal funding for a child/youth/juvenile eligible for Title IV-E will no longer be available after 30 days.



YOUTH COMMITTED TO THE DIVISION OF YOUTH SERVICES

The independent assessment will be used in conjunction with the DYS assessment process for youth who have been committed. A DYS Client Manager would initiate a referral for the independent assessment if it's determined that the youth's treatment needs could be served in a less secure placement during commitment. For youth committed to the Division of Youth Services and no longer under the jurisdiction of the court, the Administrative Review Division will review the placement in a QRTP within 60 days after placement. What happens when the independent assessment does not recommend QRTP placement for youth committed to DYS? For Youth in DYS, the youth would not move into another level of placement without careful consideration. If a youth is placed in a QRTP and does not meet criteria for that placement, DYS would then be responsible for the cost of care through general fund dollars.

JUVENILE JUSTICE REFORM AND FAMILY FIRST

The juvenile justice system in Colorado has undergone significant reform that in many ways interacts with Family First child welfare reforms. It is essential to have these reform conversations with all partners across child welfare and juvenile justice at the table together. Because Family First changes federal funding for placement reimbursement (and placement in RCCFs, group homes, and group centers are no longer eligible unless it's an approved QRTP placement or for carve-out populations), the placement continuum available to child welfare is in flux. If the independent assessment process does not recommend QRTP placement for a youth/juvenile, sufficient step-down placement options in each community for this population, and/or wraparound services that allow youth/juveniles to be with family or kin, are needed. At the same time as Family First is changing placement options to no longer reimburse for congregate care settings, new restrictions on the use of detention and further reductions in detention bed caps are taking place in the juvenile justice system. Detention is limited to, "only those children who pose a substantial risk of serious harm to others or that are a flight risk from prosecution." [SB21-071](#) further reduced the detention bed cap to 215 beginning in FY21-22. It's important to have joint conversations in your community about how SB19-108, detention reform, SB21-071, and Family First all intersect together and implications for out-of-home placement options in the community for juvenile justice youth.

SB19-108 SUMMARY

[SB19-108](#) created a juvenile justice reform committee that began meeting in June 2019 and is charged with oversight of:

- Adopting a **Relative Information Form** that requires the parent or guardian to identify kin and/or persons with a significant relationship with the juvenile, that may be contacted concerning a juvenile's potential need for services or placement with those persons. The form can be filled out before or at the initial court hearing. Prior to the court hearing, the CYDC coordinator would initiate the completion of the form with the family. Each jurisdiction is working through details regarding the completion and use of the form in different scenarios. Coordinate with your local CYDC coordinators around the latest version. This aligns with Family First efforts to further support increased utilization of kinship families. We know that permanent or temporary placements with kin help maintain familial relationships and cultural connections, support parent reunification efforts, and often prevent further trauma and result in better outcomes for children and youth when they aren't able to remain safely in the home.



- Adopting a validated risk and needs assessment tool to be used statewide to assist: 1) juvenile courts in determining the actions to take for each juvenile subject to the jurisdiction of the juvenile court, 2) the Division of Youth Services in development of case and reentry plans and the determination of supervision levels for juveniles committed to DYS, and 3) juvenile probation departments in the development of case plans and the determination of supervision levels for juveniles placed on probation.
- Adopting a research-based detention screening instrument for screeners statewide to inform placement of juveniles in a detention facility. Note: The revised Juvenile Detention Screening and Assessment Guide (JDSAG) will be piloted starting in 2021 in order to be validated.;
- Adopting a validated mental health screening tool and assessment for probation. Note: The MAYSIII has been selected.;
- Identifying, in collaboration with the Delivery of Child Welfare Task Force (established in SB 18 254), shared outcome measures for service providers receiving state funds and serving juveniles placed on probation and parole;
- Identifying shared outcome measures for diversion, juvenile probation, and DYS, including a common definition of recidivism.

SB21-071 SUMMARY

- Update: The CYDC State Advisory Board voted in October 2022 to [finalize Performance Standards and Outcome Measures](#) in accordance with SB21-071.
- For the Fiscal Year 2021-22 and each fiscal year thereafter, the number of available juvenile detention beds statewide is limited to 215.
- A working group must develop a mechanism for judicial districts (JDs) to loan detention beds to other JDs in cases of need.
- A working group for criteria for placement of juvenile offenders, which must include at least three representatives from county departments of human services, will:
 - Establish a set of criteria for both detention and commitment for the purposes of determining which juvenile offenders are appropriate for placement in the physical or legal custody of the department of human services. This set of criteria must promote a more uniform system of determining which juveniles should be placed in the physical or legal custody of the department of human services.
 - Examine the availability of alternatives to youth detention and the use of detention beds, and examine necessary investments in alternatives to youth detention, including less restrictive placements that serve alleged and adjudicated juvenile offenders and community-based services that allow alleged and adjudicated juvenile offenders to live with family or kin.
 - Develop performance standards and outcome measures to evaluate the degree to which alleged and adjudicated offenders are in the least restrictive setting with appropriate services.
 - The performance standards and outcome measures must: evaluate whether the number of alternative placements, range of services offered by such placements, and community-based services available



meet the needs of youth in each judicial district and county; and determine whether and how specific data and outcome measures must be reported to evaluate the efficacy of less restrictive placements and community-based services.

- Advise the department concerning policies, procedures, and best practices related to serving youth in the least restrictive setting.
- Review data and provide recommendations: To enhance the continuum of community-based services and placement options for alleged and adjudicated juvenile offenders, including recommendations to improve availability and quality of less restrictive alternative placements and community-based services for youth; Regarding any further reduction of available detention beds and the allocation of detention beds across the state; Future data collection and reporting to assist the working group in completing its duties.
- On or before July 1, 2023 and on or before July 1 each year thereafter, the department of human services shall submit a report that includes: an analysis of the data collected in accordance with and progress toward meeting the performance standards and outcome measures; the status of implementation efforts; an analysis of the continuum of in-home and out-of-home placement options and supports for alleged juvenile offenders, including:
 - the availability and demand for less restrictive alternative placements in each judicial district and county
 - the availability and use of funding for less restrictive alternative placements in each judicial district and county
 - the availability, demand and use of funding for community-based services in each judicial district and county, offered to alleged and adjudicated juvenile offenders that assist in allowing children to live with family or kin
 - An analysis of barriers to placing youth in less restrictive alternative placements
 - The number of youth in detention awaiting placement in a less restrictive community setting
 - An analysis of the number of youth placed in less restrictive alternative placements, by type, and the length of stay
 - An analysis of the involvement if youth and their families and their satisfaction with less restrictive alternative placements.

ASSESSMENTS

There are several assessments used in and across the juvenile justice system in Colorado from the time of arrest, detention, pre-trial release, evaluation for out-of-home placement with county departments, probation, and commitment to DYS. Whereas the independent assessment process for QRTP placement includes a full psychosocial assessment that will inform level of care and clinical recommendations, no other assessments used with the juvenile justice population are level of care tools. However, there is still uncertainty about the various assessments. Some questions that are coming up in communities are:



- Will community safety & risk assessments ever conflict with the level of care recommendations from the independent assessment?
- How do we build court awareness and trust in the assessments so that everyone has a common baseline to inform case planning?
- How can we ensure assessments across the child welfare and juvenile justice systems that are not level of care tools, are coordinated to continually assess least-restrictive placement options in tandem with service needs and supports?
- How do we ensure the Qualified Individuals have access and the ability to review the different assessments across CYDC, probation, DYS, and others when relevant and appropriate? The Family First

Action Items:



UTILIZE THE AVAILABLE RESOURCES RELATED TO FAMILY FIRST AND JUVENILE JUSTICE POPULATIONS

- The [DRAFT Family First Juvenile Justice System Flowchart](#) shows the intersection of Colorado's juvenile justice, child welfare systems and Family First, as well as highlights changes as a result of SB19-108. It highlights where prevention could be considered, as well as, where the independent assessment process for QRTP placement must be followed.
- The [QRTP Benchcard](#) was created to help judicial officers and members of the legal community understand rules and regulations that should guide their work related to placing a child or youth in a QRTP.
- A [catalog of survey responses](#) regarding services and approaches that are working well in county practice, specific to preventing out-of-home placement and further involvement for juvenile justice-involved youth, is available for jurisdictions to learn from each other.
- [Juvenile Justice and Family First Reforms Survey Response Summary](#): The goal of this survey was to gather data on: how informed juvenile justice stakeholders feel and how much training they have received about Family First; identify training and education gaps for particular roles; gauge interest on engaging with partners around different aspects of Family First; and, gather perspectives around how Family First and Juvenile Justice Reforms are intersecting locally. Individual survey response summaries are also available for each judicial district.
- The Juvenile Justice workgroup is currently developing 1) a resource that will capture the various assessments used in the juvenile justice system; 2) a youth and family version of the Juvenile Justice System Flowchart; and 3) more training resources for additional juvenile justice professionals.



VIEW AND SHARE THE AVAILABLE TRAININGS RELATED TO FAMILY FIRST AND JUVENILE JUSTICE POPULATIONS

- A Recording of CHSDA's Session on Juvenile Justice and Family First Reforms (July 2021) is [available to county Directors](#).
- In July 2021, judicial and delinquency partners in the 18th judicial district (Arapahoe, Douglas, Elbert, Lincoln) hosted an event to increase knowledge of system reform efforts around Family First and Juvenile Justice Reform SB19-108. The [event recording](#), [presentation materials](#), and [follow-up Q&A](#) are available as a resource to all jurisdictions interested in facilitating similar conversations.
- A [QRTP Benchcard training](#) is available for the juvenile justice community. Additional [bench card trainings](#) are available for GALs, county attorneys, child welfare directors, CASA volunteers, and judicial officers.
- Colorado's Children, Youth and Families (CCCYF) Virtual Convening [Plenary on the Family First Prevention Services Act](#) is a training resource available to the judicial community.

MEET WITH LOCAL PARTNERS

Use your local Best Practice Court Team (BPCT), Juvenile Service Planning Committee, and/or Collaborative Management Program partners to start or continue conversations about the intersections of Family First, juvenile justice, child welfare, and Senate Bill 19-108 Juvenile Justice Reform and SB 21-071 Limits to Detention, including:

- Use your local crossover youth plan to discuss ways to identify youth who might be eligible for prevention services to prevent out of home placement, earlier on. Discuss what services are available in your jurisdiction, as well as service gaps and local needs.
- Review the QRTP process and discuss with your jurisdiction partners how to complete it for youth who are delinquent.
- Assess least-restrictive options in the placement continuum in your jurisdiction and work through various case scenarios where crossover youth will go if they:
 - do not qualify for detention, are not recommended for QRTP placement via the independent assessment process and cannot go home.
 - do not qualify for detention, are not recommended for QRTP placement via the independent assessment process, but the court orders it anyway.
 - do not qualify for detention, are recommended for QRTP placement via the independent assessment and the court agrees, but there are no QRTP beds available.
- Review the [Juvenile Justice and Family First Reforms](#) survey response summary for your judicial district. Discuss local responses to the open-ended question: How do you see Juvenile Justice and detention reforms along with Family First impacting the placement and services of juvenile delinquents in your local judicial district? What do you see as the biggest challenges? What opportunities are you excited about the most through these reform efforts?

