COLORADO COMMUNITY RESPONSE

COLORADO
Office of Early Childhood
Department of Human Services

Implementation Manual

Establishing a powerful partnership to strengthen families' economic security, increase protective capacity and improve child safety in Colorado.

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Introduction

Building on the success of the Differential Response pilot project launched in 2010, leadership at the Colorado Department of Human Services (CDHS) researched how other states with similar child welfare structure (state supervised, county administered) address formalized structures to screened out families. In June, 2012, Governor John Hickenlooper announced the creation of the Office of Early Childhood (OEC) as a part of CDHS to consolidate and better administer early childhood programs in Colorado. This consolidation of programs and services supports parents by strengthening collaboration and coordination between state-level early childhood system and local delivery systems. The office brought together seven programs from four divisions within CDHS, Child Care Licensing, Child Care Quality Initiatives, Colorado Child Care Assistance Program, Early Childhood Councils, Early Childhood Mental Health Consultation, Early Intervention Colorado Program (Part C/Early Intervention), and Promoting Safe and Stable Families.

Program Introduction

In 2013, Governor John Hickenlooper introduced the 2nd phase of his enhanced child welfare plan, "Keeping Kids Safe and Families Healthy 2.0" recognizing the importance of child abuse and neglect prevention. In Colorado, many families referred to the child welfare system are either screened out or closed after assessment without provision of formalized services. As part of the cornerstone prevention programs formed under this plan, CCR is a promising practice for preventing child neglect and strengthening family functioning.

Annually, in the State of Colorado, 62% of alleged maltreatment referrals are screened out by Child Welfare (CW) agencies. CW may offer services to families screened out of the system but most often the CW referral is closed at this point. CCR is intended to reach families when they are facing stress in an effort to strengthen families, increase economic security, and reduce future referrals to CW for child neglect.

Colorado Community Response Program Overview

CCR is a voluntary prevention program working with families who have been reported to county child protective services (CPS) for alleged child abuse or neglect, but who are not receiving services because the referral was 1) screened out, or 2) screened in for further assessment, but the assessment was closed due to a finding that the report could not be substantiated. CCR Programs may not serve families with open CPS cases. CCR sites receive referrals directly from County Human Services Departments. Families work with a CCR family advocate to define their most pressing needs, develop family goals, and implement a plan to reach their goals. All program efforts are geared toward stabilizing the family so that risk factors are reduced and protective factors enhanced.

The CCR program seeks to prevent child neglect and strengthen family functioning by providing access to needed concrete services and enhancing support networks to meet their needs. The program was developed using the Strengthening Families Protective Factors Framework, a research-based and cost-effective framework developed by the Center for the Study of Social Policy (CSSP) over the last decade. The purpose is to increase family strengths, enhance child development,

and reduce child maltreatment. This approach helps child welfare systems, early education, child maltreatment prevention organizations, and other programs work with parents to build five protective factors that, when present, increase the overall well-being of children and families. The five protective factors include social connections, parental resilience, and concrete support in times of need, knowledge of parenting and child development, and social emotional competence in children. CCR is also designed to be a two generation strategy providing opportunities that meet both the needs of the parents and the needs of the children at the same time. For more information on the Strengthening Families protective factors framework please visit:
http://www.cssp.org/reform/strengthening-families/2013/SF_All-5-Protective-Factors.pdf**.**

For more information on a two generation approach, visit
http://ascend.aspeninstitute.org/pages/the-two-generation-approach.

As indicated in Figure 2, Colorado Community Response Program fits within a continuum of child maltreatment prevention and intervention services which includes a range of CW involvement. Families screened out following a maltreatment report or investigation may still have the need for services, and if so, can be considered potential recipients for early intervention. Efforts to systematically engage this population are infrequent, despite research evidence that such families have a significant risk of being re-reported to CW over time. To the extent that services to families who are reported to but not served by CW can prevent future maltreatment, Colorado Community Response provides a vital prevention program. Focused on engaging families in services designed to ameliorate risks and promote family strengths associated with child safety and well-being.
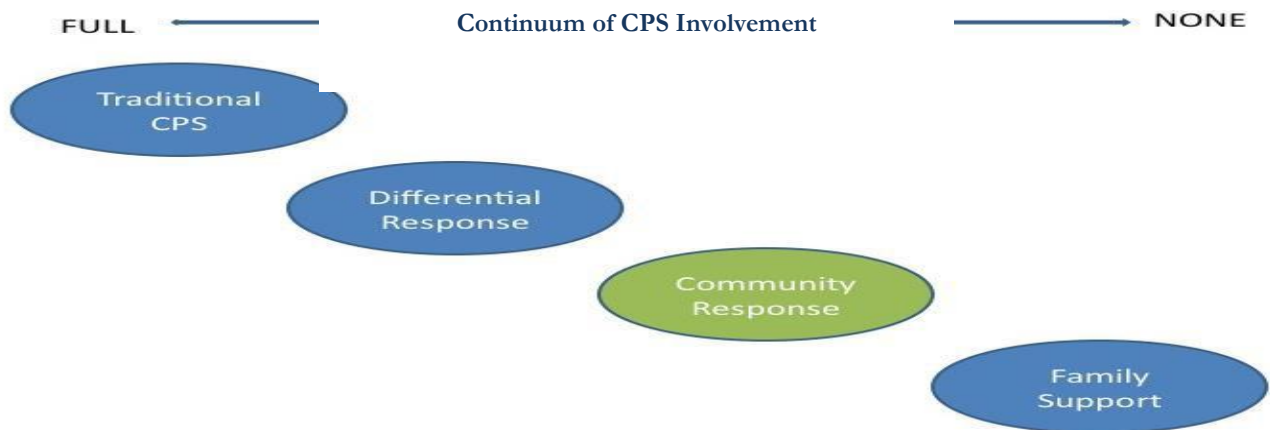
Figure 2: Continuum of child maltreatment prevention and intervention services.

Colorado Community Response Program Goals

- **To provide comprehensive voluntary services** for families reported to child protective services whose referral is screened out and/or closed after initial assessment;
- **To reduce re-referrals** to child protection services related to escalation of risks and prevent the high costs associated with being "screened in" to the child protection services;
- **To increase families' protective capacities** by promoting individual, family, & community strengths;
- **To address the link between poverty and neglect** by connecting families to vital economic and support services to mitigate risk factors associated with **child neglect**;
- **To promote safe, stable, nurturing relationships** that allow children to reach their full potential.
- **To increase economic security for families** by providing services that help reduce financial stress for families.

Mission Statement: To provide a comprehensive, community-based service continuum for families at risk for child neglect.

Vision Statement: Child maltreatment is prevented by strengthening families and improvement in financial well-being.

Program Area Map

Colorado Community Response (CCR) Service Areas
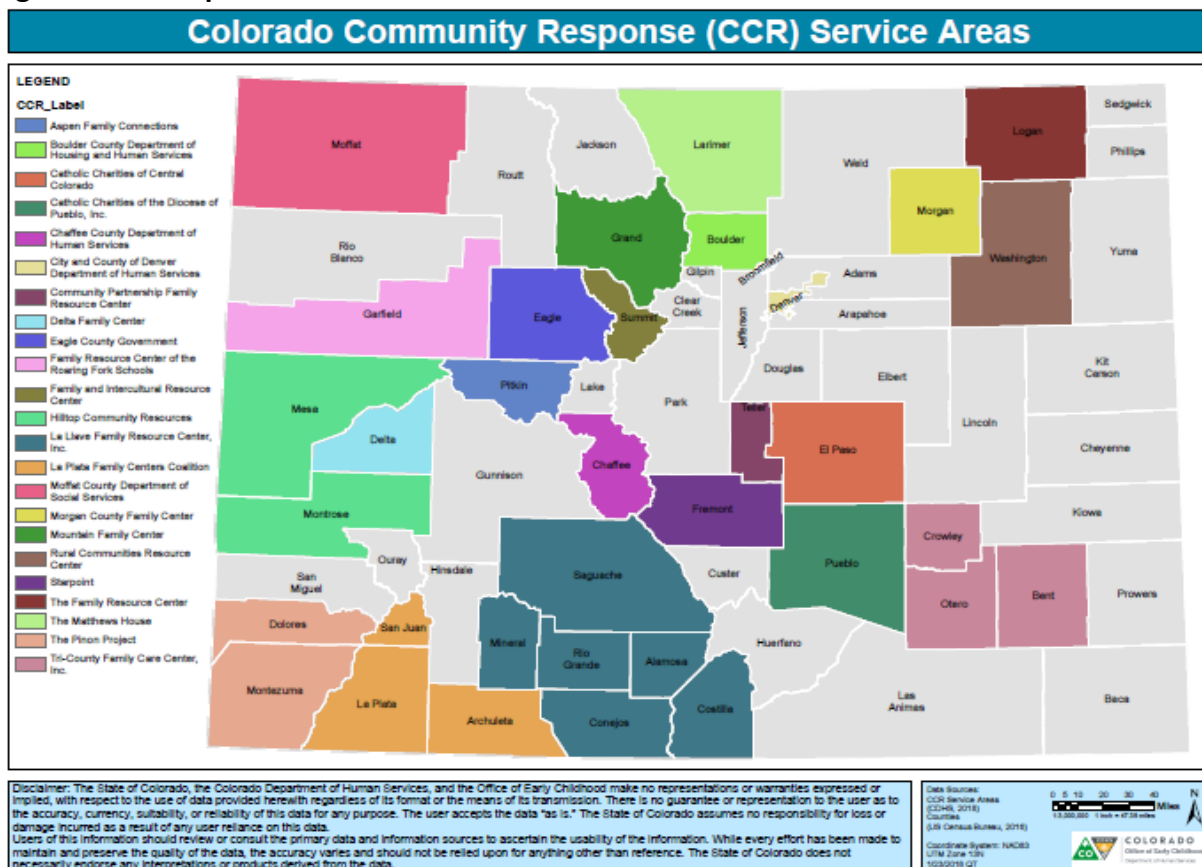
Colorado Community Response Provider Agencies

- **For County Departments of Human or Social Services:** Only one provider agency will be chosen to offer CCR in a given county. County departments of human services may only be associated with one CCR program. They may choose to apply to provide services or they may choose to support a community non-profit. County departments of human services should take into consideration the CCR program, as well as the site qualifications, staffing, and site requirements listed below, when choosing to partner with an external provider to deliver CCR in their county. County departments of human services will indicate their chosen provider by submitting a letter of support to the provider agency so that the provider agency may submit it along with their application (See Letter of Support, Appendix A).

- **For Community Non-profits:** Only one provider agency may apply to serve a given county(ies). Provider agencies will need to collaborate with county department of human services by acquiring a letter of support from the county(ies) to be served.

Colorado Community Response Target Populations

CCR participation is restricted to families with a screened out referral and/or closed assessment by child welfare. Families with children 0 to 17 are eligible, however, priority populations include families with children five years of age and younger, expecting and/or caregiving teens; single caregivers, and/or caregivers facing multiple challenges that increase risk of child neglect.

Neglect occurs when a parent or caregiver fails to provide adequate food, clothing, shelter, medical care, or supervision thereby endangering the physical well-being of the child. There are many complicating factors that may contribute to neglect including substance use, mental health, physical health, lack of financial resources, etc. While most people in financial need do not mistreat their children, poverty can increase the likelihood of neglect, particularly when poverty is combined with other risk factors such as depression, substance abuse, mental health, and social isolation.

Neglect accounts for over three-quarters of confirmed cases of child maltreatment in the United States, far more than physical or sexual abuse, but continues to receive less attention from practitioners, researchers, and the media. Some reasons may be that neglect is not well understood and is difficult to identify, prevent, and treat effectively.

Colorado Community Response and Child Welfare (CW) Partnership

CCR sites are required to develop and demonstrate strong collaborations with their county department(s) of CW. Collaboration with CW includes providing ongoing education to staff on the CCR program model, eligible populations and referral processes, as well as a feedback loop on referrals, enrollment and outcomes. CCR Supervisor and/or CCR family advocates are to be invited to a monthly CW meeting(s). This allows for open communication about the referral process and other procedural questions. Furthermore, the CCR Supervisor and CW designated personnel should agree on the best communication strategy for the partnership. With either partner (CCR site or CW) experience turnover, mandatory training should be conducted within 30 business days of the new hired staff's start date. This ensures continuity of services to families and children.

Colorado Community Response Referral Eligibility

CCR referral outreach is restricted to families with a screened out referral and/or closed assessment by child welfare to include:

- Families with a screened out child welfare referral.
- Families with a closed high-risk assessment (HRA) without opening to a case.
- Families with a closed Family Assessment Response (FAR) without service plan.

The following families may self-re-refer to CCR.

- Families referred to the program but outreach was unsuccessful.
- Families who initially declined to participate.
- Families previously participating in CCR requiring time limited assistance (30-90 days maximum).

When a family self-re-refers, they typically contact the CCR program who originally completed the outreach. If the family advocate is at caseload, or the program is at service capacity, program providers may create a waitlist.

Colorado Community Response Ineligible Referrals

Referrals resulting in an open CW case are not eligible for CCR services. It is possible that CW may open an assessment while CCR is actively working with a family. For those families, CCR may continue providing services during the assessment period and must request permission from the family to communicate with CW assessment worker about the family's service plan. In the event the assessment results in an open active case, services must be discontinued allowing CW to provide intervention services. Families are not eligible to receive CCR services as "Step Down" service when closing an open CW case.

CCR is a child neglect prevention program therefore; the following referral types are ineligible:

- Child Sexual Abuse
- Youth in Conflict
- Child Fatality

Excluded Screen out reasons:

- Family Information Unknown/Insufficient Information to Locate Family
- 3rd Party Incident
- Alleged Victim Over 18 Years of Age
- No current Allegations of Abuse and/or Neglect
- Custody Issues

Colorado Community Response Referral Process

Referrals will be provided from county CW TRAILS to CCR provider agency. Referrals are sent within 72 business hours after the decision has been made to screen out referral or within 30 calendar days of closing HRA/FAR assessment. CCR referrals sent closer to the screen out date and/or assessment closure date increases the probability of contacting families to provide services.

Colorado Community Response Referral Information

Information provided on the referral is limited to the address, phone number and family composition, including name(s) of known adults and child(ren) associated with the referral. Allegations contained in the referral will **not** be given to provider agencies. Type of allegation(s) have the potential to create pre-determined decision making around service goals and is not a strength based approach to preventing child maltreatment.

> Information contained in the referral is confidential. CCR sites and its employees agree to safeguard any information including confidentiality of the client/family and/or financial information in accordance with the rules of the Colorado Department of Human Services and the County Department of Human Services. Sites also comply with the rules and regulations of the Health Insurance Portability and Accountability Ac (HIPAA)

Colorado Community Response Referral Assignment

All referred families information will be in the CDHS data system and assigned to a CCR family advocate within 48 hours of receiving the referral. Considerations for assigning referrals should include location of family, current caseloads and service capacity of each family advocate. There is a maximum caseload of 25 families for each full-time family advocate. Caseloads should be a mixture of new referrals and families actively engaged in CCR services. **All referrals MUST be tracked in the CDHS data system.**

Colorado Community Response Referral Outreach Protocol

CCR referral outreach must begin within 48 business hours of receiving a referral and stay active and persistent over a three-week period. Most families that accept services do so within a shorter period of time. The following protocol is required as part of referral outreach when all information is available. Outreach can be discontinued early if the family accepts or actively declines CCR services.

Phone Calls – A minimum of **two** phone calls is required when trying to engage the family. The purpose of the call is to introduce CCR and schedule an appointment if the family accepts services. Calls must be placed on different days and at different times in an attempt to increase probability of contacting family.

1. If the family does not answer and there is an option to leave a voice message, leave a brief message with family advocate name, agency name, and contact phone number.
2. If someone answers the call but the family is not available, ask if you can leave a message with family advocate name, agency name, and contact phone number and inquire if there is a good time to call back.
3. If the number is disconnected or the person who answers the phone informs you that you have the wrong number, update CDHS data system and no additional phone contact should be attempted with that phone number.

Program Introduction Letter – A strength based letter should be sent to the family describing the CCR program and must include the family advocate name, agency name, and contact information. Information contained in the letter should be for the purpose of engaging the family in services and must not include referral source information.

Family Visit - A minimum of one family visit is required.   Typically the family advocate will have better success engaging a family during a face-to-face interaction. The purpose of the visit is to introduce CCR and schedule and intake if the family accepts services. Intake appointments can occur on the same day based on availability and the needs of the family.

1. If the family is not home, a program flier, brochure or other material should be left in a conspicuous place on the porch, in a screen door or outside the front door. Due to federal law, it cannot be put in a mailbox. Materials must include family advocate name, agency name, and contact information and must not mention referral source.
2. If another adult answers the door and the family is not home, the family advocate will briefly describe the program to the individual to build rapport. The family advocate will provide program flier, brochure or other material including family advocate name, agency name, and contact information. Information about the referral source will not be discussed with anyone except the participating family.

For all outreach attempts, think about other sources to obtain current contact information. One of your greatest resources is to call the county who made the referral and determine if additional contact information is available. Also think about other resources within your own organization. Do you have access to other data systems that may have contact information for the family you are trying to reach?

Families may want to understand why child welfare (CW) report was made and how CCR received their information. Family advocates can explain that the program was created because many families reported to CW in the past have been shown to be facing many stressors in their life. The family advocate should focus on how CCR can assist the family with family-identified goals. It is also a best practice to explain that the program delivery includes asking many questions about their current family and situation. The worker is clear about his or her role and asks questions to clarify expectations of the family. It is critical that the CCR worker and the family are in agreement of what is expected of each other, and the nature of the prevention services, including its limitations.

> **Referral Disclosure: Family advocate should disclose to the caregiver** how they received their information. It is not necessary to include this information on all correspondence during the engagement process. It is also a breach of confidentiality to mention the family was referred by CW in situations where others could learn about the CW referral (i.e. on a voice message or information left at the family's residence when the caregiver was not home).

Unable to Contact Letter - After all attempts have been exhausted if you believe you believe you have a valid address the CCR family advocate will send a letter to the caregiver indicating the program has recently been trying to contact them. Letter should include information on the benefits of the program and contact information for the family advocate.

During outreach and engagement families should be assured that participation in the program is **voluntary** and based on family identified goals focusing on improving family functioning, parenting skills, and economic resources. Families are expected to largely direct the service plan and delivery within the context of the program. Families should understand that the CCR program seeks to prevent child neglect and strengthen family functioning by providing access to needed concrete services and enhancing support networks to meet their needs. CCR cannot be successful if families are unwilling to engage in services or perceive the program as inappropriate to their situation. The presentation of the CCR program by the family advocate is essential to ensure that each family understands its purpose and the benefit and limitations for their family.

Colorado Community Response Outreach Documentation
Documenting outreach allows the family advocate to track activities until the referral is closed as having accepted or declining services. All outreach attempts must be documented on the referral in the CDHS data system. At minimum, the CHDS data system should reflect 5 outreach attempts unless contact information is deemed invalid or the family accepts or declines services. The following information is required as part of the outreach documentation.

1. The subject or outreach type (Phone, Letter, Drop by House or Family Visit).
2. Date of outreach.
3. Name of person contacted.
4. Outcome of Outreach.

During outreach and engagement families should be informed that CCR is a voluntary prevention program and that their participation is essential.

- Referrals where the family is unable to be contacted directly, or the family actively declines, must be closed. Family advocate must document and submit referral closure to site approving authority utilizing the CDHS data system.
- Referrals where the family accepts services should be documented and closed as accepting services. When the referral is closed a family case will automatically be created in the CDHS data system.
- When a family self-re-refers to the program, a referral must be created indicating the referral source as "CG-Re-Referral". The referral must document the reason for the re-referral and be closed as caregiver accepted services.

All referrals must be closed as caregiver having accepted or declining services. Family advocates should review the "CCR Referral User Manual" for additional information on documenting referrals, including outreach and other functionality available in the CDHS data system.

Colorado Community Program Requirements
Colorado Community Response is a 12 to 20 week voluntary prevention program. The intensity and timeline will depend on the participating family's goals, needs and willingness to meet with their family advocate. The CCR program should be delivered in the family's home or in a convenient location, as determined by the family. At a minimum, the CCR family advocate should meet face to face with the participating family at least four times (Intake, Goal Follow-Up, Economic Coaching,

and Case Closure). Each of these visits should last at least one hour to allow for the completion of the associated tools and assessments. Through the duration of the program, the CCR family advocate should maintain contact at least every other week with the participating family. These contacts may be by phone or in person depending on the families identified needs.

Colorado Community Response Intake Process

Begin now by scheduling an intake appointment with the family. When possible, schedule an intake appointment the same day the family agrees to participate in the program. This increases the opportunity to engage the family and begin CCR service delivery. The intake process is the first required face-to-face meeting and must take place in the home or another convenient location identified by the family.

The intake process is an opportunity to engage families and begin the process of building trust and rapport. The CCR intake form will be utilized to capture family demographic information including age, gender, ethnicity, primary language, income, and number of individuals residing in the home. Additional information captured on the CCR intake form assesses families' perception of their neighborhood/community, housing situation, education level, health coverage, and possible maternal depression, if applicable. These questions mirror the tracked indicators for the Child Maltreatment Prevention Framework for Action. Intake will be completed at initial visit and information will be captured utilizing the CDHS data system. Once the intake is complete the status of the client case will change from "in progress" to "active" automatically by the CDHS data system.

As part of the intake process families will be asked to complete the CCR participation agreement. This form outlines everything that will be expected from families as part of their voluntary participation in the program, as well as what they can expect from the Family Advocate. Participation agreements will be completed utilizing the CDHS data system. The family is now considered an active CCR participant.

Data Entry Requirements
Family advocates must document all information on the CCR intake form and participation agreement in the CDHS data system. If a participant is unwilling to answer or feels uncomfortable answering a particular item, the response is left blank. For more information on documenting forms refer to the "CCR Case Activities User Manual". The following forms must be completed in CDHS data system.
1. CCR Intake Form
2. CCR Participation Agreement Form

Colorado Community Response Program Delivery

The core components of the program include case management, family goal setting, financial education, flex funding, and resource referrals to meet economic and non-economic needs of the

family. Resource referrals may be to programs within the agency or to external organizations within the community.

Colorado Community Response Case Management
Case management facilitates the achievement of family goals through case advocacy, assessment, planning, and resource management and referral. The goal of CCR case management is to support family progress towards their goals in order to reduce the risk of child neglect. For case management, family goal setting and resource referrals the family advocates will introduce the Colorado Family Support Assessment Tool (CFSA) 2.0. Whenever possible, the tool should be administered at intake. If the CFSA 2.0 is not administered during intake a follow-up visit must be scheduled within two weeks of the initial intake. **Baseline and posttest completion of the CFSA 2.0 is a requirement for program participation.**

Effective Case Management
- Meeting the family where they are.
- Supporting the family in planning their future, not planning the future for them. Planning with the family, not for the family.
- Verbally identify family's skills and strengths.
- Family identified goal setting.
- Spending sufficient time with families to provide essential resources to meeting their identified goals.
- Substantiating the significant role of families in planning and making decisions.
- Match strengths and needs with solutions and services.
- Respond quickly to families' concrete needs.

Case Management Tasks
- Complete assessment tools as outlined below with the family to better understand strengths and areas of need.
- Coordinated case planning, information sharing, timely and ongoing communication.
- Provide support, encouragement, advocacy, transportation options, and connection to services.
- Help parents to develop leadership and advocacy skills for themselves and their community.
- Talk with families about stress and challenges that may be road blocks to solutions. Reflect with them on the normalization of these stressors.

Introducing the Survey
Introduce the survey by letting the family know you will be asking them questions to help understand the strengths of their family and identify areas of need. The first section of the survey should be presented as an opportunity to engage in a meaningful conversation with the family as a way to measure family resilience and set goals. The second part of the survey will ask questions about the families' experiences as a parent and their general outlook on life.

Colorado Family Support Assessment (CFSA) 2.0 Baseline/Post Survey: The family advocate will work with program participants to complete the CFSA 2.0 to reflect on their situation, set goals, and measure progress. The tool will take approximately 60 to 90 minutes to complete. The CFSA 2.0 is administered by the family advocate using their motivational interviewing skills. The assessment should be administered in a comfortable, private setting at a time when the participant is not easily distracted and can engage in an open discussion with the family advocate. Indicate to the family the CFSA 2.0 can be administered every 30 days (but not more frequently), if necessary until program completion. At case closure, the assessment must be administered again with family's only completing parts A and B to measure progress over time.

- **Part A: Colorado Family Support Assessment Domains (Baseline Completion).** The CFSA 2.0 identifies strengths across 14 domains and allows families to self-identify where they currently consider themselves on a scale of 1-5 with 5 being self-reliant. The assessment has undergone field-testing for reliability. Remember, the assessment is designed to be used as a conversation utilized for building trust and rapport with the family. Part A domains include:

1.	**Income***	2.	**Employment***
3.	**Housing***	4.	**Transportation***
5.	**Food Security***	6.	Child Care
7.	Child Education	8.	**Adult Education***
9.	**Cash Savings***	10.	Debt Management
11.	**Health Coverage***	12.	Physical Health
13.	Mental Health	14.	Substance Use

*Domains in the Economic Self-Sufficiency Scale. More information on the scale is available below.

- **Part B: Protective Factors Survey (Baseline Completion):** As part of the CFSA 2.0, CCR family advocates are required to have one parent complete the Protective Factors Survey (PFS). The PFS is a 20-item survey which contains general questions about parenting and an individual's outlook on life. The survey has undergone national field-testing for reliability and validity for use with families engaged in child neglect prevention programs. The stated purpose of the PFS is to provide agencies with feedback regarding a snapshot of the families they serve, changes in protective factors, and opportunities to increase individual family protective factors. The role of the CCR advocate in the survey process is to facilitate understanding, but not to tell participants how to answer.

- **Part C: Readiness to Change:** CCR family advocates are required to complete this when conducting Parts A & B of the CFSA 2.0. The readiness to change is a Likert scale between 1 and 10. The scale allows families to identify where they would most like to make change and how ready they are to establish goals in those identified areas.

- **Collaborative Goal Setting:** Goal setting has the capacity to promote family engagement and to facilitate coordinated service delivery. Family centered goal setting increases motivation, participation, and satisfaction regarding identified outcomes. The intention of CCR goal setting is to recognize a family's expertise in identifying the goals that will lead towards stabilization and family well-being. Successful goal setting occurs when there is a strong partnership developed between the CCR advocate and the family. **Each family participating in the program is required to identify and work towards the attainment of, at minimum, one Economic Self Sufficiency (ESS) goal.** Families may choose to select two additional goals in addition to their primary ESS goal. Goals should be written in a way that allows the family to complete the goal during their participation in the program. During case closure the CCR family advocate can create additional goals the family will accomplish on their own or they can be referred to another case manager to continue working on goals (see Closure section on page 22). An example may be a goal around education. The CCR program goal may be to complete college entrance applications, financial aid, and enrolling in classes. The goal the family may complete on their own is obtaining there college degree.

ESS Goal – Families who agree to participate in the program must set at minimum, one ESS goal within 30 days of completing the CFSA 2.0. ESS goal domains include Income, Housing, Transportation, Food Security, Health Coverage, Employment, Cash Savings and Adult Education.

- **Resource Referrals:** Family advocates will connect families to vital economic and non-economic resources in their community. Warm referrals to community services/resources within the scope of the CCR should be made with assistance as well as follow-up. Workers should seek out non-profit agencies for referrals when the CCR agency does not provide the direct service (see Network Building). CCR family advocate can call community programs directly to facilitate appointments and services and are able to attend appointments with participants, at the participant's request.

   Ultimately, CCR program providers have the responsibility of cultivating relationships with local organizations that provide assistance to families, such as substance use treatment, mental health, schools, libraries, health clinics, legal service organizations, food pantries, parent education, child care programs and more. The CCR family advocate should provide ongoing support to families as they attempt to navigate these systems.

It may take several contacts with the family to build rapport, complete the survey tools and partner with the family to answer all the questions, set goals, and make referrals. The process of completing the forms should be viewed as a collaborative exercise using motivational interviewing.

Colorado Community Response Financial Education

A primary focus of CCR program is assisting families in mitigating economic stressors. This includes working to enhance families' capacity to meet their expenses and, when possible, encourage savings. CCR Family Advocate will provide information around financial decision making utilizing the Budget Inventory (BI) worksheet, Financial Health (FH) worksheet and other tools provided by the Financial Health Institute (FHI). Family Advocates will assist families in overcoming credit problems, making plans to pay off existing debts, prioritizing bill payments, avoiding unnecessary financial fees and enhancing families' capacity to save. Decades of research show evidence of a strong correlation between poverty and child neglect. This relationship persists regardless of whether neglect is measured using official CPS reports or parent-reported risk behaviors related to neglect (e.g., high reliance on physical punishment, insufficient supervision, substance abuse).[1]

Studies have also demonstrated that childhood poverty is especially harmful to children during the early years of life.

- Toxic Stress
- Homelessness
- Food Insecurity
- Emotional Concerns

- Behavioral Concerns
- Physical Health
- Nutrition

Assure the family that talking about finances can be difficult for anyone. In the United States, it is also considered generally inappropriate, rude, tacky, and a bad idea to discuss income. Start the conversation about finances off gradually and begin with an easy questions to get to know the family "What lessons about money did you learn from your parents" or "what is something you want to buy but do not have enough money"? Make money a safe topic for families by building trust and ensuring families that money is a difficult conversation for all families. Meaningful conversations about money will focus less on how much one has and more about the impact or stress finances are causing the family. Indicate to the family that the Budget Inventory and Financial Health Survey are pre/post surveys.

- **Budget Inventory (BI) Baseline Survey:** The BI instrument is comprised of 43 questions and is utilized to determine families' current financial assets including earned income and public benefits. The instrument asks for the monthly monetary amount of assistance for services the family receives, and if the family does not receive a service, whether or not they are eligible. Research eligibility rules when families are denied benefits and attend meetings with economic support workers; and provide financial consultation to assist families in resolving credit problems, making plans to pay off existing debts, prioritizing bill payments, avoiding unnecessary financial fees (check cashing fees, predatory loans), and enhancing families' capacities to save.

- **Financial Health Survey (FHS) Baseline Survey:** CCR family advocate will work with families to complete the Financial Health Survey. The FHS is a series of 27 questions used to help identify and raise awareness about important concepts involving finances. By using this survey, families begin to identify financial challenges, determine financial goals, and connect with resources to help meet their goals and pursue financial stability. The survey will be administered as a baseline and post-test to help assess a family's perception of their finances and identify any behavior changes based on their participation in the CCR program.

- **Flex Funding:** It is anticipated that some families will require one-time flexible funds to address a concrete economic need that has immediate implications for child well-being and/or family stability and is directly caused by a shortage of economic resources. Flexible funds are available as a last resort to help provide support and stability to the family when all other formal and informal resources are unavailable to meet the needs of the family in a timely manner. The CCR family advocate is required to explore all possible sources of support before utilizing flex funds. Each CCR agency is responsible for documenting and monitoring flex funds requests and approvals. Flex funds are required to be reported on monthly expenditure reports in accordance with State Fiscal Rule 11 and must be distributed by contract end date. For more information regarding state fiscal rule please visit: https://www.colorado.gov/pacific/osc/fiscalrules

> If Flex Funding is provided, families must set a goal around flex funding. For example, if flex funding is provided to purchase a new washing machine the goal might be around cash savings. Helping the family create cash savings may allow them to purchase or repair an appliance in the future.

Flex Funding Considerations

In order to receive flex funding families have to be participating in CCR and complete all the required instrumentation tools. Funds must be provided directly to the vendor of services and cannot be given directly to the family. Vendors must be individuals or organizations that are credible and do not present a conflict of interest for the family or site.   Flex funding is used as a method to move families towards economic self-sufficiency. Family advocates must discuss with families about how they will meet this need and make a plan to cover these expenses in the future without the support of flex funding. Request should substantiate that all community resources have been explored and the family does not have a way of providing for goods and services without flex funding. The family should also be provided with an opportunity to pay a portion of expenses, if possible. Flex funding is intended to support expenses that will help families to achieve the following outcomes:

- Reduce Financial Hardship.
- Increase Safety.
- Increase learning or Education.
- Maintain or Secure Employment.
- Maintain or Secure Housing.
- Maintain or secure Quality Childcare

Examples of Flex Funding

Flex funds must be used on goods or services that align with the Colorado Community Response Program goals and one of the outcomes listed above. Examples of possible goods and services include, but are not limited to:

- Beds
- Rent or Mortgage Payments
- Home Repairs
- Mental Health/Substance Use Classes
- Educational (Registration, books)
- Child Care Expenses
- Respite Services
- Credit Counseling
- Health/Healthcare
- Automobile Repairs
- Transportation (Bus Passes, Gas Cards)
- Essential Appliances (Refrigerator, Stove)
- Utility Assistance
- Work Related Expenses (Tools, Uniforms)
- Food
- Driver's License/Birth Certificate Fee
- State Approved Car or Booster Seat

Data Entry Requirements

Family advocates must document all information on financial education in the CDHS data system. If a participant is unwilling to answer or feels uncomfortable answering a particular item, the response is left blank. For more information on documenting forms refer to the "CCR Case Activities User Manual". The following forms must be completed in CDHS data system.

1. Budget Inventory Baseline Survey.
2. Financial Health Survey Baseline Survey.
3. Flex Funding.
4. Client Activity.

Financial Health Institute Subscription

FHI's subscription is designed to assist with program implementation and address turnover issues within human services organizations. When an organization subscribes, they receive support for the entire year with how to implement the ideas they learn in the case manager training, plus they receive additional, on-going training opportunities to support them in their personal and professional development. Plus, FHI provides reports to the organization so they can see who is engaging and who is not, providing deeper insight into the value of the training.

Additional Program Requirements

Social Capital: CCR program provider sites must have a strategy to help build social capital for families. In addition, CCR sites should also be prepared to refer families to group-based support programs and parent education programs, as appropriate, as these can be additional vehicles to create social capital.

Social capital builds relationships, mobility, and trust in low-income families and communities. Social capital, at the level of the individual, is defined as the resources one gains by being part of a social network. Social capital allows families to develop relationships based on reciprocity, trust, and cooperation to help one another meet the needs of their families. Bridging social capital helps people move up the income ladder. For more information on social capital visit: https://www.hks.harvard.edu/programs/saguaro/about-social-capital.

Substance Use Screening Guide: In having a conversation with families about alcohol and drugs, it is important to establish yourself as a safe person to talk about substance use issues now, or in the future. The key to this being a successful conversation is to avoid judgment, stigma, and bias – actively listening and engaging with the family you are working with. The conversation guide will provide the opportunity to have conversations around key topics to include safe homes, safe caregiving, and child and family well-being.

Release of Information and Confidentiality

As the participating family identifies their goals, the CCR advocate will need the primary caregiver and other adults and children over the age of 12 in the family to sign authorizations for release of information. Depending on the participating family's goals and situation, this could include a therapist, counselor, doctor, County Income Maintenance staff, etc. Many agencies will have their own authorization for release of information form. The CCR worker may need to assist the participating family in obtaining, explaining, signing and returning the appropriate forms.

CCR Engagement Case Duration:

Engaging the family and completing the forms may take place on the same day or require multiple visits over a two week period. Effective family engagement will occur when advocates collaborate with the family to identify strengths and areas of need during their participation in the program. During the families' participation in CCR, it is important to recognize them as the experts on their respective situations and empowering them in the process. Other things to remember while engaging families in the CCR program:

- Be aware of your own biases and prejudices about families.
- Be consistent, reliable, and honest with families.
- Disclose all information to the families.
- Listen actively to each family member.
- Develop an understanding of families' past experiences, current situations, concerns, strengths, and potential.
- Think broadly about culture and not using it interchangeably with race or ethnicity.
- Honor the cultural, racial, ethnic, linguistic, and religious or spiritual backgrounds of families.
- Help families identify and build a social network.
- Seeking support is a sign of strength.
- Parents are resources for their children and the community.
- Everyone has goals and dreams that can be developed and realized.

During your time with the family check in frequently to see how things are going and what additional support may be required, communication is paramount. Taking time periodically to see where families are regarding goals and CCR program participation will keep them on track and help identify any current barriers to success. One of the biggest barriers may be day-to-day life. If in crisis or constantly on the go, stepping back to reflect on goals may help families reprioritize and move forward. Important questions to ask may include "What have you already accomplished" or "What have you been doing right and where are areas I can support you"? This is an opportunity to provide encouragement and celebrate successes.

One of the face-to-face visits with the family must focus on financial education and support. This is a great opportunity to revisit the Financial Health Survey, Budget Inventory Worksheet, and the need or use of flex funding with the family. If they have not completed the surveys, use this visit to accomplish these tasks and review their responses. Use these surveys to guide the conversation with the participant. There are many activities advocates can use from the Financial Health Institute Subscription. Please review those topics and determine if any of the learning modules are appropriate to complete with the family.

Documenting Case Activity
During the ongoing case process, family advocates may document client activity (family visit, phone calls, letters, etc.) Logging client activities allows workers to track their activities until the case is closed. In the CDHS data system, Client Activities are tracked using tasks. Utilizing tasks enables workers to track work that has been completed or is still pending.

Exit Planning and Case Closure
Discuss with the family the importance of case closure and exit planning. Planning for case closure begins at intake and should be discussed at regular intervals with the family. Ask the family questions like "How will we know when it is time to close your CCR case" or "What change(s) would you expect to see for you and your family to know you have completed services"? Remember to review these and other questions periodically to assess family engagement and the need for exit planning and case closure.

- **Exit Planning** is most effective when there is a mutually agreed upon process between the family advocate and the program participant. Where progress has been regularly reviewed with the family, it is likely that the decision to close will be mutually agreeable.
- **Case Closure** is the opportunity to complete CCR surveys and identify ongoing supports needed. Support may include their own social connection of friends, relatives, social support groups or other service providers in their community.

CCR Closing Process – Program Completers

The intent of CCR is to engage families during program participation until they have completed the program. At the point of case closure, the family advocate will complete a post CFSA 2.0, Budget Inventory Worksheet, Financial Health and Caregiver Satisfaction surveys. The closing process should be a face-to-face meeting at a time and place that is convenient for the family. If the family is unable to meet in person the family advocate may complete the surveys over the phone, except the Caregiver Satisfaction Survey. The advocate should have a meaningful phone conversation with the family about their current situation, acknowledge progress, revisit goals, and complete the CCR post evaluation tools.

- **Colorado Family Support Assessment (CFSA) 2.0 post survey:** The post CFSA 2.0 survey will be used to measure a family's progress in each of the 14 domains indicated earlier. The survey is also used to review goal attainment and measure movement in the protective factors.
- **Budget Inventory (BI) post survey:** The BI will be used to calculate a participants earned income and public benefits.
- **Financial Health post survey:** The FHS is used to measure progress and awareness about important concepts and financial stress during a family's participation in the program.
- **Caregiver Satisfaction Survey (CSS):** The caregiver satisfaction assesses a family's perception of CCR and the provider agency. The survey is administered by the family and responses are anonymous to program providers.

Case closure is an opportunity to celebrate successes with the family and acknowledge their accomplishments. Discuss with the family their progress in each of the CFSA 2.0 domains. Also review their goals and which have been achieved and those that are still in progress. It's ok if families are still working on longer term goals. Remind the family of the milestones they have completed and reaffirm their ability to complete remaining goals without CCR support. Family advocate should explore with the family any referrals/support the family may require at case closure. This may include their own social connection of friends or relatives or concrete supports in the community. Should the need arise, families may also contact their CCR advocate in barriers arise or the family needs to self-re-refer to the program.

After a week has passed, the family advocate will send a closing letter to the family. The letter will outline what goals the family completed during program participation and any referrals made at closing. Closing letter should provide CCR program contact information for families to self-re-refer back to the program if necessary.

Data Entry Requirements

Family advocates must document all case closure forms in the CDHS data system. If a participant is unwilling to answer or feels uncomfortable answering a particular item, the response is left blank. Part A questions are mandatory and the data system will require you to provide a response. An acceptable response may be "non-applicable" (NA) or "Not Enough Information" (NI). For more information on documenting forms refer to the "CCR Case Activities User Manual". The following survey/forms must be completed in CDHS data system.

1. CFSA 2.0 post survey part A and B.
2. Budget Inventory Post Survey.
3. Financial Health Post Survey.
4. Caregiver Satisfaction Survey.
5. Client Activity.
6. Referrals Made at Closure.
7. Closing Letter.

Once data entry requirements have been met the family case will be closed in the CDHS data system as "Successful Completion of Program". All case closures must be submitted to family advocate supervisor for approval. Supervisors should review documentation with the family advocate to ensure all surveys are documented completely before closing the case. For more information on closing a CCR case refer to the "CCR Case Activities User Manual".

CCR Closing Process – Family Disengaged

There may be many reasons why participants disengage from the program. Family instability such as frequent moves, disconnected phone, family crisis, or even a new job may cause a participant to lose contact with you. The goal of CCR is to reengage these families, whenever possible. If the participant misses an appointment or becomes unengaged after working with the family advocate effort must be made to contact the family. Family advocates must try to reengage the participant by stopping by the home and making a phone call. If the advocate is able to contact the family have a discussion about program participation. Does the family perceive the services to be beneficial and are they still motivated to continue working with CCR? If so, what are the challenges preventing the family from working towards goal attainment. Help families identify strategies to overcome these challenges and continue with CCR services. Schedule a follow up meeting within a few days just to check in and see how things are going. The meeting can be face-to-face or over the phone, whatever is convenient for the family. The family may also indicate this is not an appropriate time and may want to close services or self-re-refer at a later date. In this case, if the family has been participating for more than 30 days ask the family to complete the post instrumentation surveys.

For participants you are not able to contact send a letter informing them of their missed appointment. The letter should try to reengage families and provide a recap of the goals they have been working to accomplish. Communication with the participant should be empathetic and acknowledge that families sometimes get busy and miss appointments. In the letter, ask the family to contact you and reaffirm or let you know if they no longer wish to participate in the program. If you do not hear back from the family within two weeks send a follow up letter advising you are closing services. The letter should provide information for families to self-re-refer back to the program if necessary.

> **Data Entry Requirements**
> Family advocated must document all case closure information in the CDHS data system.
>   1. Closing Letter.
>   2. Client Activity.

Once all data entry requirements have been met the family case will be closed in the CDHS data system as "Family Disengaged". All case closures must be submitted to family advocate supervisor for approval. Supervisors should review documentation with the family advocate to ensure all baseline surveys and documentation is complete before closing the case. For more information on closing a CCR case refer to the "CCR Case Activities User Manual".

CCR Closing Process – Family Opted Out
During participation in the program families may decide to opt out of services. Reasons for ending services will vary by participant and the advocate should discuss with the family how they arrived at this decision. Think about the reason(s) the family is identifying and determine if they can be mitigated or managed through program participation. If so, does the family perceive the services to be beneficial and are they still motivated to continue working with CCR? If so, revisit goals and make a plan with the family to continue.

For families who are opting out of services think about participation versus engagement. Participation can be seen as taking action to complete surveys (Intake, CFSA 2.0, Budget Inventory, etc.) while engagement reflects a families investment to actively participate in services and take concrete steps to obtain identified goals and complete the program. If the family was participating in services and did not make progress toward goal attainment close the family as "Family Opted-Out". This would also be families who disengaged within the first 30 days of becoming an active program participant.

After a week has passed the family advocate will send a closing letter to the family. The letter will outline what goals the participant was working to obtain and any referrals made at closing. Closing letter should provide CCR program contact information for families to self-re-refer back to the program if necessary.

Data Entry Requirements

Family advocated must document all case closure information in the CDHS data system.
1. Referrals made at Closure.
2. Closing Letter.
3. Client Activity.

Once the all information has been updated the family case will be closed in the CDHS data system as "Family Opted-Out". All case closures must be submitted to family advocate supervisor for approval. Supervisors should review documentation with the family advocate to ensure all information is complete before closing the case. For more information on closing a CCR case refer to the "CCR Case Activities User Manual".

Families who were actively engaged in the program and made significant progress towards goal attainment may be considered "Successful Completion of Program". Ask the family from their prospective. Do they believe they have accomplished their goals and feel they were successful during program participation?

After a week has passed the family advocate will send a closing letter to the family. The letter will outline what goals the family completed during program participation and any referrals made at closing. Closing letter should provide CCR program contact information for families to self-re-refer back to the program if necessary.

Data Entry Requirements

Family advocates must document all case closure forms in the CDHS data system. If a participant is unwilling to answer or feels uncomfortable answering a particular item, the response is left blank. Part A questions are mandatory and the data system will require you to provide a response. An acceptable response may be "non-applicable" (NA) or "Not Enough Information" (NI). For more information on documenting forms refer to the "CCR Case Activities User Manual". The following survey/forms must be completed in CDHS data system.
1. CFSA 2.0 post survey part A and B.
2. Budget Inventory Post Survey.
3. Financial Health Post Survey.
4. Caregiver Satisfaction Survey.
5. Referrals made at closure.
6. Client Activity.
7. Closing Letter.

Once data entry requirements have been met the family case will be closed in the CDHS data system as "Successful Completion of Program". All case closures must be submitted to family advocate supervisor for approval. Supervisors should review documentation with the family advocate to ensure all surveys are documented completely before closing the case. For more information on closing a CCR case refer to the "CCR Case Activities User Manual".

CCR Closing Process – Open for CPS Case

While participating in CCR, some families may have safety and/or risk concern requiring child protective to open services. In the event services are opened, the family advocate must close CCR services. Advise the family to be open and honest with child protective services and discuss what they were working on during program participation. You may also obtain a release of information from the participant and share progress directly with child protective services, if the family permits.

After a week has passed the family advocate will send a closing letter to the family. The letter will outline what goals the participant was working to obtain and information for families to self-re-refer back to the program if necessary.

Data Entry Requirements
Family advocated must document all case closure information in the CDHS data system.
1. Closing Letter.
2. Client Activity.

Once the all information has been updated the family case will be closed in the CDHS data system as "Open for CPS Case". All case closures must be submitted to family advocate supervisor for approval. Supervisors should review documentation with the family advocate to ensure all information is complete before closing the case. For more information on closing a CCR case refer to the "CCR Case Activities User Manual".

Prevention Services Documentation Requirements

All CCR sites are required to maintain information on program activities and participants using the CDHS data system. Sites may only use outcome evaluation surveys provided by CDHS. For more information on documentation refer to the CDHS data system user manuals.

Referral
- Household
- Contacts
- Outreach
- Referral Closure

New Case
- CCR Intake
- Participation Agreement
- CFSA 2.0
- Goal Setting Topics
- Financial Health Survey
- Budget Inventory
- Flex Funding
- Client Activity
- Resource Referrals

Case Closure
- CFSA 2.0
- Financial Health Survey
- Budget Inventory
- Client Activity
- Resource Referrals
- Satisfaction Survey
- Closure Letter

Confidentiality: Provider agency and its employees recognize that reports of child abuse or neglect and the name and address of any child, family, or informant or any other identifying information contained in such reports are confidential and shall not be public information. C.R.S. 19-1-307(1)(a).

The provider agency acknowledges that information obtained and exchanged about clients is confidential. The agency will protect all confidential information pursuant to the requirements of state and federal law and will provide and maintain a secure environment that ensures confidentiality of all documents and information. This provision applies to all forms of confidential information including hardcopy, electronic, video, audio and photographic formats along with any and all confidential information contained in or accessed through any computerized data system that the agency may be granted access to under the terms of this Agreement. The Contractor shall not copy or use any such computerized data system except as specified in this Agreement and shall restrict access to any such computerized data system to only those authorized under this Agreement. The agency further acknowledges that release of confidential information is subject to the requirements of federal and state law. The agency can be liable for damages resulting from the improper disclosure of confidential information.

CCR Staff

CDHS has not established a minimum educational requirement for CCR family advocates or supervisors. At minimum, CCR advocates should have experience in the social/human service field working directly families to benefit children. When hiring, provider agency must consider the population their agency is serving and how they will provide culturally sensitive and appropriate services to that community. Culturally responsive services build upon identified family strengths, establish family economic security, develop positive natural family support systems, and create

optimal early childhood development, child safety and strong parent-child relationships. Each site is required to have at minimum one CCR family advocate and supervisor. Skills to look for when hiring staff include:

• Takes Initiative	• Problem Solver	• Persistent
• Strengths Based	• Listening Skills	• Good Communicator
• Empathy	• Critical Thinker	• Appropriate Boundaries
• Positive	• Flexibility	• Confidence
• Team Oriented	• Motivated	• Objective
• Articulate	• Problem Solver	• Goal Oriented

Supervision

The CCR family advocate and supervisor must have at minimum one face-to-face meeting bi-weekly to engage in reflective supervision, review caseload, provide support, and ensure CCR program model fidelity. Additional support can be provided through email or phone on an as needed basis for problem solving difficult cases, service coordination questions, flex fund approval, and to check in with the family advocate. The Supervisor may also include group supervision depending on the agency's size and resources.

Reflective Supervision

Reflective Supervision is a model of supervision utilized with in CCR. Reflective Supervision is a technique that focuses on relationship building and examining of personal assumptions and biases. This approach to supervision includes reflection of work content as well as personal reactions to situations and how those pieces interact with each other.

Program Administration

The CCR provider agency is responsible for implementing, monitoring and administering the Colorado Community Response Program model described in this manual. Agencies implementing CCR must agree to continually work with CDHS while delivering services and agree to participate in any state sponsored program evaluations. The main program administration responsibilities include:

- Establish and maintain collaborative relationships with community partners.
- Support CCR family advocate and supervisor.
- Accurately report program participant information in CDHS data system.
- Use only evaluation tools/surveys provided by CDHS.
- Ensure staff meet all CCR training requirements before delivering services.
- Submit reports as requested including mid-year and annual.
- Adhere to Statement of Work (SOW) and CDHS contract.
- Achieve to program performance targets.

CCR Training Requirements

All CCR family advocates and supervisors are required to attend Motivational Interviewing (2 days), Financial Health for Caseworkers (2 days), Protective Factors Training (online), mandated reporter training (online), CDHS data system training (1 day), Substance Use Conversation Guide (4 hours), CCR model (1 day) and the Colorado Family Supports Assessment 2.0 Administration training (1 day). Trainings are coordinated by CDHS and all CCR staff must be certified in the CFSA 2.0 and receive a certificate of completion in Motivational Interviewing, Protective Factors and Financial Health for Caseworkers. Training must be completed prior to serving families unless an exception is granted by CCR program manager. Program providers may also utilize the Colorado Child Welfare Training System (CWTS) to identify other high quality trainings that reflect the best practices in the field.

- **CCR Program:** This one day training around the concepts or CCR and the elements necessary to deliver services based on the program model.
- **Motivational Interviewing Training:** The practice of motivational interviewing is used to solicit information and help families recognize the potential benefit of participating in the CCR program. When used successfully, family advocates will be able to listen empathetically, build trust, set goals and provide support to families. MI is a family centered approach encouraging CCR participants to talk about their goals and their need for positive behavioral change. Principles of Motivational Interviewing include:
    - Express and Show Empathy Towards families.
    - Support and Develop Discrepancy.
    - Deal with Resistance.
    - Support Self-Efficacy.
    - Autonomy.
- **Colorado Family Support Assessment 2.0 Training:** The CFSA 2.0 is a tool developed by the Family Resource Center Association (FRCA) to measure family self-reliance across 14 domains, and help families set goals in selected domains. The tool also assesses caregiver's existing strengths and readiness to change. The family advocate uses MI techniques to work with families from a strengths-based approach to complete the assessment and follow up on progress. CFSA 2.0 Administration training and coaching support must be provided by the FRCA through one of their designated regional training providers. Ongoing coaching sessions are also available from FRCA for questions that may come up during the use of the assessment. For more information about the tool, training, and coaching support email info@cofamilycenters.org.
- **Protective Factors Training: (PFT):** The PFT is a serious of online courses designed to enhance your knowledge of the 5 protective factors for strengthening families. Online courses include:
    - Introduction to the Protective Factors.
    - Concrete Support in Times of Need.
    - Knowledge of Parenting and Child Development.
    - Parental Resilience.
    - Social Connections.
    - Social and Emotional Competence.

- o Moving from Knowledge to Action.

- **Mandated Reporter Training:** We all play a role in preventing and responding to concerns of child abuse and neglect. In Colorado, as a mandated report you are required to report suspected child maltreatment. This course will help you spot possible child abuse and neglect and give you the information on how to make a report to 844-CO-4KIDS.
- **Financial Health for Case Managers:** Financial Health for Case Managers is a two-day in-depth class that allows participants to deepen their understanding of the concepts of financial health and financial stress. It provides Case Managers and other Human Services professionals with essential tools to help them manage resources, reduce stress and improve health, for themselves and for their clients. Other required training includes:
  - o Economic Self-Sufficiency (Online).
  - o Working on Goals with Clients (Online).
  - o Economics of Poverty, self-Sufficiency and Eligibility Programs (Online).
  - o Savings and Routines (Online).
  - o Working with Ambivalence (Online).
- **CDHS Data System Training:** All sites are required to maintain information utilizing the CDHS approved data system. CCR staff will be trained on data system usage and data collection protocol. Training will be provided on site by CCR supervisor or an appointed designee.
- **Substance Use Conversation Guide:** Beginning a conversation around substance use with a family can often feel uncomfortable and awkward. This guide is designed to help professionals feel more confident in having difficult discussions around substance use, and provides tips on how to incorporate the topics of substance use and safe storage into the conversations you are already having with families.

Additionally, all CCR program provider staff are required to attend one annual event. In odd years, each program provider will attend a grantee orientation and The Strengthening Colorado Families and Communities conference in even years. CCR staff are also required to participate in a monthly peer learning call scheduled by CDHS. The following trainings are recommended but not required to deliver CCR services.

- Ethics and Boundaries.*
- Personal Safety and Well Being.*
- Trauma Informed Care.*
- Adverse Childhood Experiences.*
- Diversity and Personal Bias.*
- Bridges Out of Poverty.

As new CCR staff are hired, they should be provided ample time for training before they are assigned cases. Many CCR Agencies will also have the new staff shadow experienced staff or the supervisor on a number of visits or calls before being assigned his/her own cases. Depending on the education, experience and skills that new staff brings it will determine the initial training requirements.

*Trainings provided by Office of Early Childhood or Child Welfare Training System

Supporting Theories

Strengths Based Approach: Social workers and consumers form an egalitarian and supportive relationship to focus on the consumer's strengths. Social workers and consumers within the strengths based approach collaborate to identify resources that can support consumers. Through collaboration, consumers are supported in regaining power over their lives. Specific caseworker attributes such as being supportive, genuine, empathetic, helpful, respectful, nonjudgmental, accepting, accessible, and having effective communication skills have been identified by both the client and the caseworker as being associated with a helping relationship.

Family Centered Practice: The focus of this practice is on the family as a unit. "Family" shall be defined by the family to be inclusive of the family's unique culture and circumstances. Family-centered service delivery, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses on the family's strengths and capabilities.

Theory of Change: By engaging at-risk families in voluntary services, the risk of child maltreatment will be mitigated by strengthening families' protective factors, building social capital, increasing financial stability and self-sufficiency, and improving family functioning and well-being.

C-Stat
C-Stat is a performance-based analysis strategy that allows CDHS programs to better focus on and improve performance outcomes. By identifying areas of focus, CDHS determines what is working and what areas may need improvement to ensure the best outcomes for families. The goals are to collect timely data, increase transparency, and conduct regular executive meetings to assess the effectiveness of the strategies, and to identify new performance measures all in support of continuous quality improvement. Data collected by CCR sites will be used and analyzed on a monthly basis to align with C-Stat goals.

CCR C-Stat Measure 1
Measure 1 will look at the number of children whose family successfully completed CCR services and did not have a substantiated referral of abuse or neglect. CDHS will look at all families who successfully complete the program to determine if a substantiated referral was received within 6 months after case closure.

CCR C-Stat Measure 2

Measure 2 will look at families showing positive movement between entry and exit scores on the Economic Self Sufficiency (ESS) scale. The ESS scale is a combination of 8 domains located on the CFSA 2.0. Those domains include: Income, Employment, Housing, Transportation, Food Security, Adult Education, Cash Savings, Health Coverage. include:

CCR C-Stat Measure 3

Measure 3 will look at the number of families who set an ESS goal within 30 days of completing the CFSA 2.0. ESS goal setting is a requirement for all program participants.

In order to measure progress on the ESS scale families must identify at minimum, one goal, in any of the 8 domains.

Performance Targets
1. Site shall ensure, at minimum, the specified number of families are served as indicated in the statement of work (SOW)
2. Site shall ensure, 100% of families complete a baseline CFSA 2.0 with an 80% post comparison match.
3. Site shall ensure, at minimum, 100% of families identify and work towards one ESS goal.
4. Site shall ensure, at minimum, 100% of families' complete benefits inventory worksheet.
5. Site shall ensure, at minimum, 100% of families complete a financial coaching session and utilize appropriate curriculum from Financial Health Institute.
6. Sites shall ensure, at minimum, 100% of families complete the Financial Health survey with an 80% post comparison match.
7. CCR family advocate will participate, at minimum, in 10 out of 12 monthly peer learning calls organized by CDHS.